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Walden University

College of Nursing

This is to certify that the doctoral study by

Aaron Ross Ledbetter

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

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Walden University
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Executive Summary: Staff Education Project
Staff Education to Close a Knowledge Gap Regarding Restraints

by

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Summary

The purpose of this Executive Summary is to address a gap in knowledge that I attempted to close regarding restraint utilization. Restraints, both physical and chemical, have been prevalent over the past ten years and with their increased utilization during the pandemic which has continued post-pandemic. Nursing as a culture has become more reliant on restraints as it allows more time for nurses to provide care elsewhere.

Both physical and psychological complications have been recognized during the utilization of physical restraints. Their prominence, although helpful with time constraints for nurses, have shown to negatively impact the patients who they are used on. The goal of nursing is to provide quality care to provide patients with the best outcome. This Doctoral Project is based on a knowledge gap that could negatively impact the quality of care provided, along with causing harm, both mentally and physically to patients.

To close the gap in knowledge, a pre/post-test assessment with education provided to help close the gap. There were individual education sessions during shift change and lunch breaks, along with an educational poster in the breakroom to catch those nurses that were missed. The pre/post-test questions were the same so a percentage of correct answers were tallied and compared between the pre/post-tests to reflect the effectiveness of the education provided. The data analysis revealed an 82-percentage point increase in knowledge score post education session, with nursing feedback primarily stating less restrictive forms of compliance before applying restraints, both chemical and physical.

Background

As the population increases, the nursing shortage continues to grow as well. With nurses being short staffed, they are forced to save time by cutting corners by not taking the proper steps in providing quality care based on evidence-based practice. One corner that is cut is being reliant on restraints, as opposed to attempting less restrictive forms of restraints first. As previously mentioned, there are negative patient outcomes associated with restraints, closing this gap could potentially decrease those negative outcomes.

Per Ertuğrul & Özden (2022), detailed training on the use of physical restraint, including education on alternative techniques, rights, along with the legal ramifications, significantly improved the knowledge and attitude the nurse interns. Nurses and providers have become more reliant on restraints, out of necessity and care expectations, that lesser restrictive attempts are often skipped and the most restrictive is utilized as it gives both the nurse and the provider a piece of mind that the patient is safe from harming themselves or others.

Staff Education Project Development

The Doctoral Project took place at a relatively small, community-based hospital within the Intensive Care Unit (ICU) and Progressive-Care Unit (PCU), and Medical Surgical Pediatrics Unit (MSP). There was a total of 51 participants, from both day shift and night shift. A pre-test was given to each participant of the study during a week-long attempt to get as many participants as possible. The pre-post tests were kept anonymous, although the individual applicant was assigned a number, to assess for education effectiveness.

Education sessions were held over the next week via a PowerPoint slide show and an educational poster that was placed in the breakroom that had the information from the slides of the PowerPoint on it. Attempts were made to be present for both day and night shift to try and catch as many participants as possible from the initial pre-test. Lastly, a post-test was given to the participants that consisted of the same questions from the pre-test, but with the addition of a question regarding if they intended to use the newly gained knowledge in their practice, and if so, how did they plan to use it.

I initially had 62 participants who began the pre-test, but 5 were either unable to continue due to medical leave, or were no longer interested in participating which led to the total number of participants of 57 who were able to complete the pre-test, educational sessions, along with the post-test. The 5 participants who were unable to complete the either the education session or post-test were not included in the final data calculation.

Results

The data from the project revealed an 82-percentage point increase in the knowledge score regarding restraint alternatives with 97% stating they will begin to attempt less restrictive measures or that they already do attempt less restrictive measures first. The data was overwhelmingly positive in regard to closing a knowledge gap, which ultimately should improve the quality of care provided and lead to a better patient experience. If the project were attempted again, I think it would be beneficial to have patient feedback regarding their experience, both those who were restrained and those who has less restrictive alternatives attempted prior to restraints.

The limitations of the study were based around the size of the hospital, as well as the demographic of the patients within the ICU, PCU and MSP. The hospital has a 96-

bed capacity, with the majority of the bed availability in the Medical-Surgical Unit, which utilizes restraints less often than the participating units. The ICU is an 8-bed unit that maxes out at 7 beds to allow for a code bed with staffing levels typically at 5 RNs. The PCU is a 6-bed unit, with typical staffing of three patients to 1 nurse requiring 3 RNs per shift, and lastly, the MSP unit has a 42-bed capacity and can have anywhere from 12 to 20 nurses scheduled for adequate staffing. The low number of daily staff required multiple trips to the facility for testing as well as for education sessions.

The other limitation is the demographic of the patients. The hospital received a large number of patients with either drug/alcohol dependence, or mental health issues, and a good deal have both. A patient that comes in with pancreatitis, will more often than not have a complication of alcohol or drug dependence for which they withdrawal from while hospitalized. This population is often erratic and unreconcilable which leads to the early implementation of restraints, both physical and chemical.

The project is important to more than the local site in regard to is universal application. Restraints are used throughout the nation, not to mention throughout the world. Teaching how less restrictive measures can positively impact the quality of care provided, not to mention how EBP supports the utilization of less restrictive measures having a positive impact on patient satisfaction can better the field of nursing and raise the standard of care (Thake & Molnar & Frank, 2024).

Conclusions

The doctoral project regarding a knowledge gap associated with restraint reduction techniques showed that the gap can be closed, improving not only the quality of care provided, but also patient outcome. Although restraints do serve a purpose, the

studies show the least restrictive measure should be attempted first, and attempts should be implanted to de-escalate restraints based on patient condition, both physically and cognitively. The results of the project could be shared system wide, potentially with the leadership committee to be included in the New-Graduate Internship Program. Restraints are not a part of nursing curricula and education and habits are primarily taught within the hospital. Education new graduates before bad habits are formed could better train nurses and allow them to reshape the culture surrounded around restraints.

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