

# Suicide Risk Assessments: A Mixed Method Study of Nurses' and Patients Experiences with Evidence-Based Practice

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# Co-authors, Funding, Objectives

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The learner will be able to:

1. Describe nursing practice congruence and divergence of key constructs of evidence-based suicide risk assessment.
2. Describe the theme 'the dance-who will invite whom?' in understanding the relationship approaches that may facilitate or hinder evidence-based suicide risk assessment.
3. Identify one key implication for nursing education regarding evidence-based practice of evidence-based suicide risk assessment.

# Background

- ▶ June, 2011, a Canadian Provincial Mental Health Centre revised their suicide risk assessment policy, as per best practice guideline: *Assessment and Intervention of Adults at Risk for Suicidal Ideation and Behaviour* (RNAO, 2008).
- ▶ nursing leaders implemented the policy within the institution over the subsequent 1.5 years;

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# Research Questions

1. What is the evidence that suicide risk assessments adhere to best practice recommendations, as measured, by proxy, within nursing documentation?
2. What are nurses' perspectives of their knowledge of suicide risk assessment and practice?
3. What are the clients' experiences of the assessments of their suicide risk by nurses?



# Method

- ▶ **cross sectional, mixed-method, post-intervention**

(guideline implementation and education) design at a Canadian Provincial Centre for Mental Health Care (CPMHC).

- ▶ **quantitative chart audit instrument**, developed for this study & based upon concepts from the seven guideline recommendations, measured evidence of congruence within nursing documentation

- ▶ **qualitative focus groups: nurses & individual interviews: patients**

triangulation, complementarity, & expansion

(Green, Araceli & Graham, 1989)

# Data Collection

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Following ethics approval from university and hospital:

## **Convenience sampling**

1. **Chart audits:** Medical Records selected for post discharge patients that met criteria
2. **Nurses:** Inpatient units, had BPG seminar
3. **Patients:** 3 months post discharge for suicide risk

# Two BPG Recommendations:

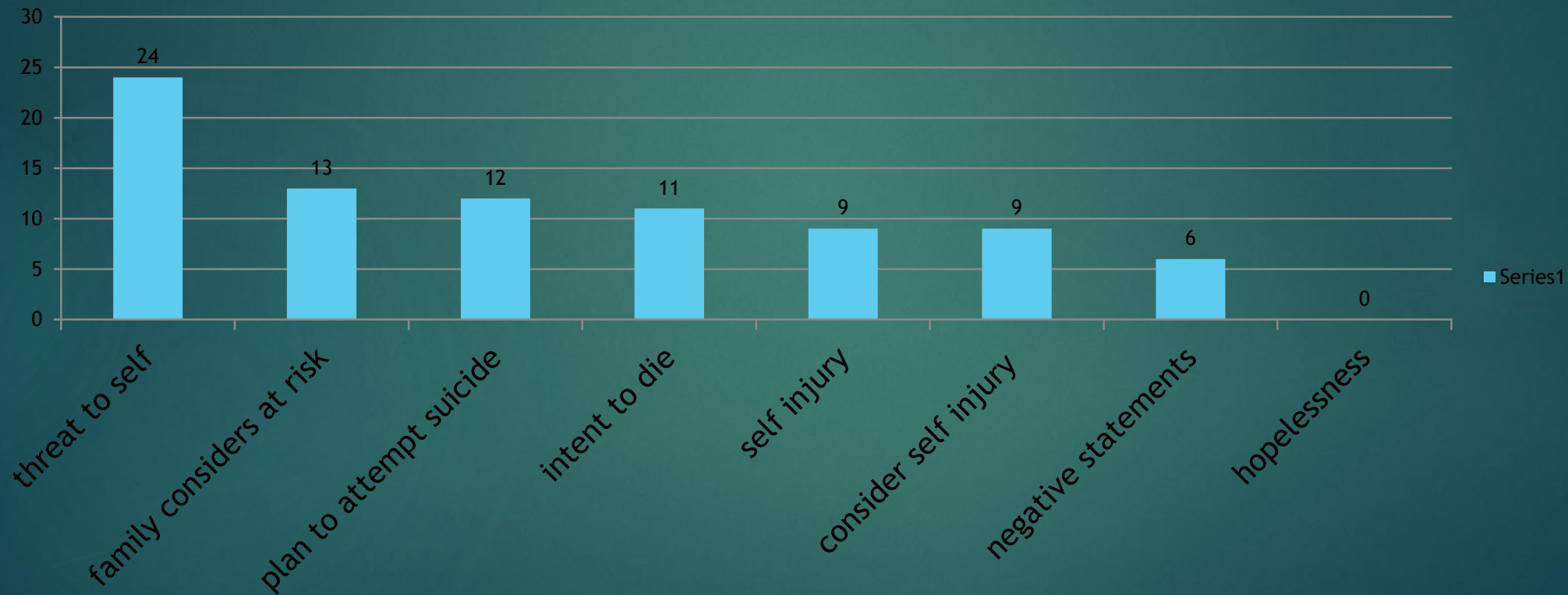
1. takes seriously .....direct or indirect statements
2. recognizes, assesses and documents key risk indicators:  
suicidal ideation, behaviour, and plan, protective factors  
(RNAO, 2009).

# Descriptive Data: Chart Audits

N = 34 : Long Term Care n = 15 Acute Care = 19

Suicide Risk Indicator: Reason for Admission

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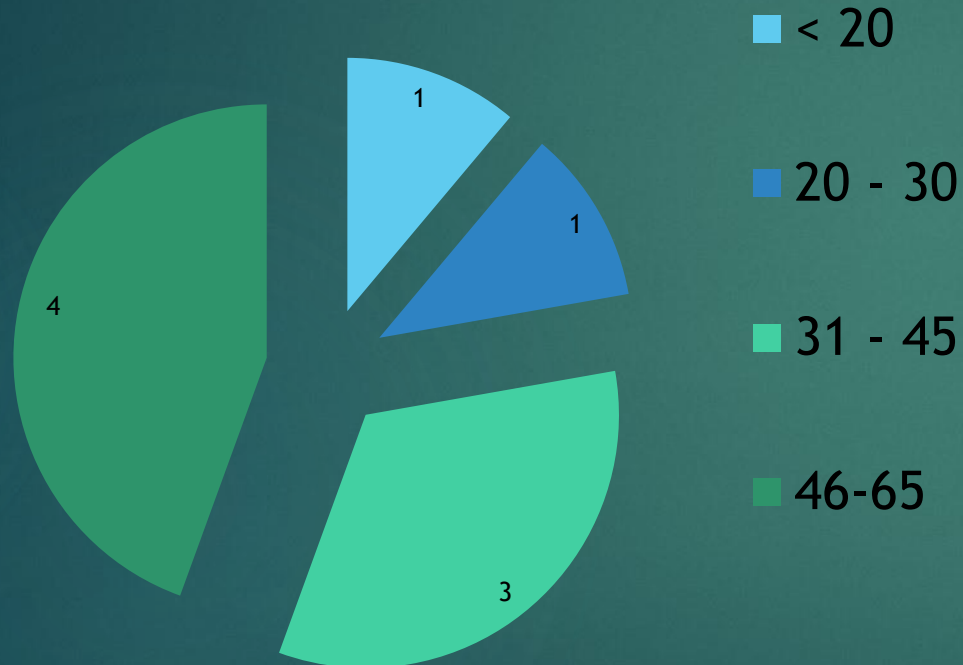


# Descriptive Data: Patients N = 9

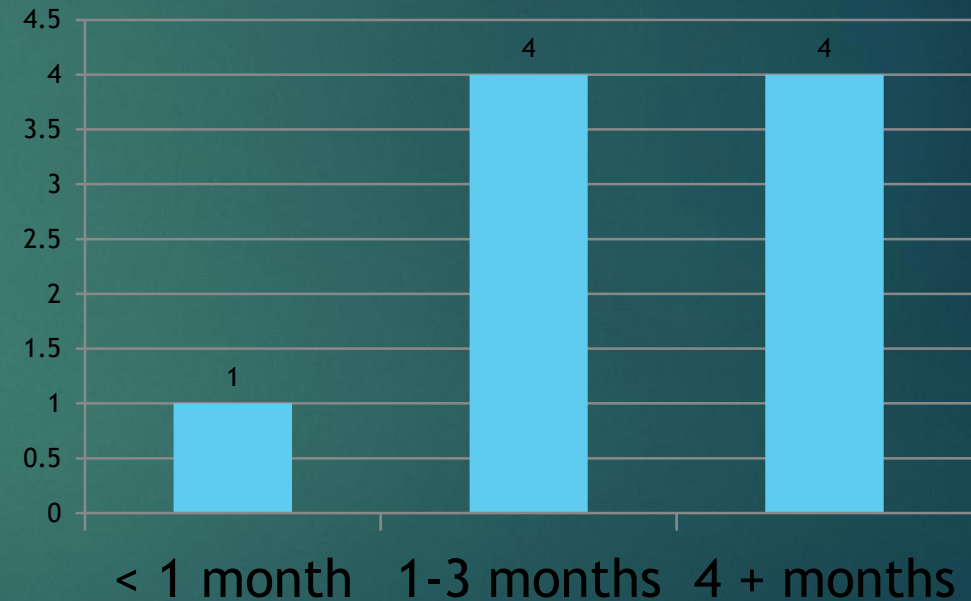
Female = 6, Male = 3

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Age in Years



Length of Time Post Discharge



# Patients' Perspectives:

Frequency: What did nurse Assess?

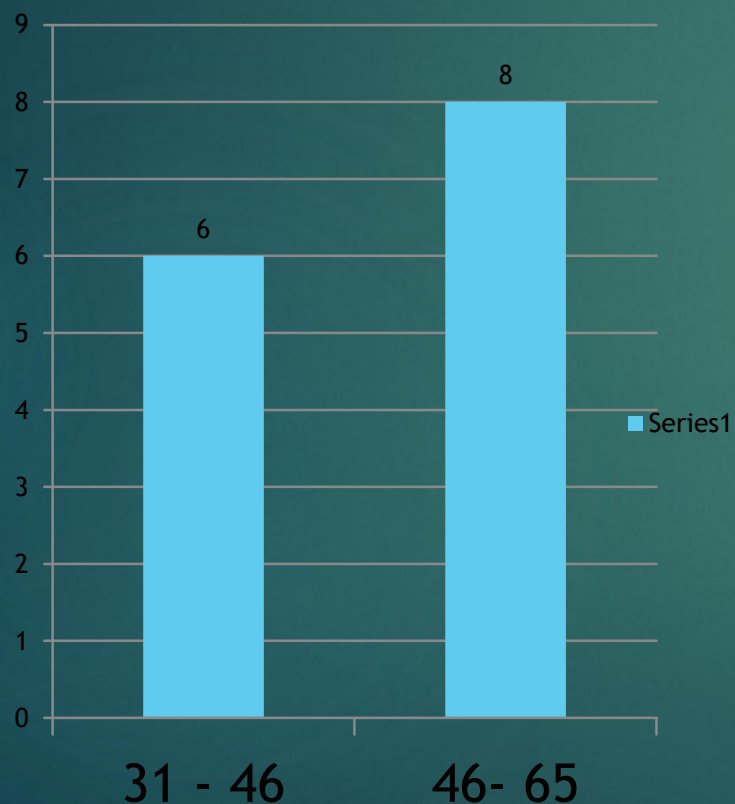
- ✓ for suicidal ideation n = 9
- ✓ for suicidal behaviour n = 5
- ✓ for suicide attempt n = 5
- ✓ for self harm n = 4
- ✓ for self injury n = 3

# Nurses Demographics N = 14

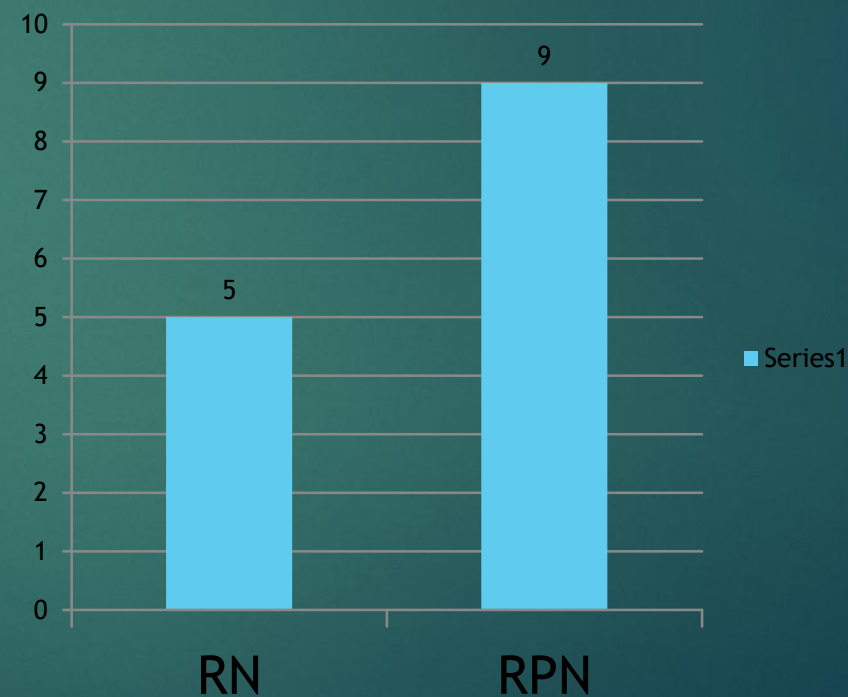
Female = 10 Male = 4

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Age



Professional Designation

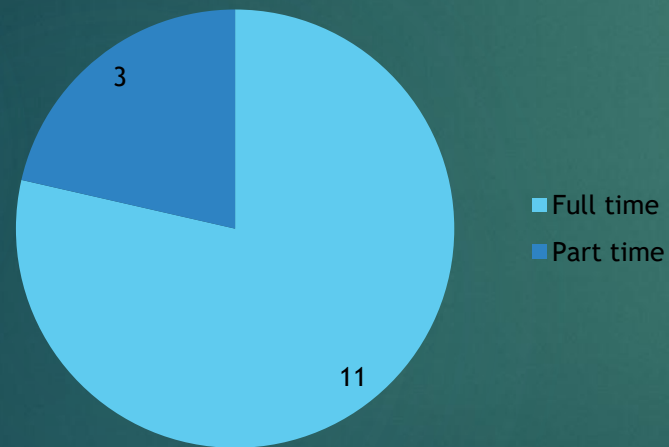


# Nurses Demographics N = 14

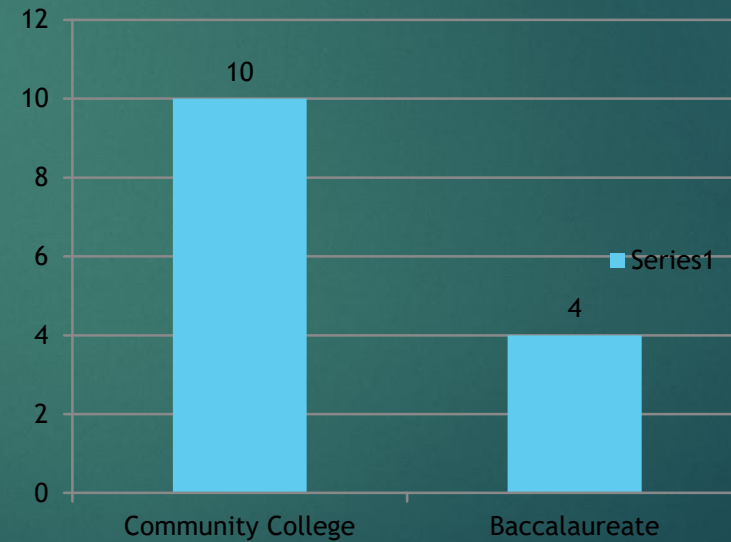
Female = 10 Male = 4

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## Employment Status



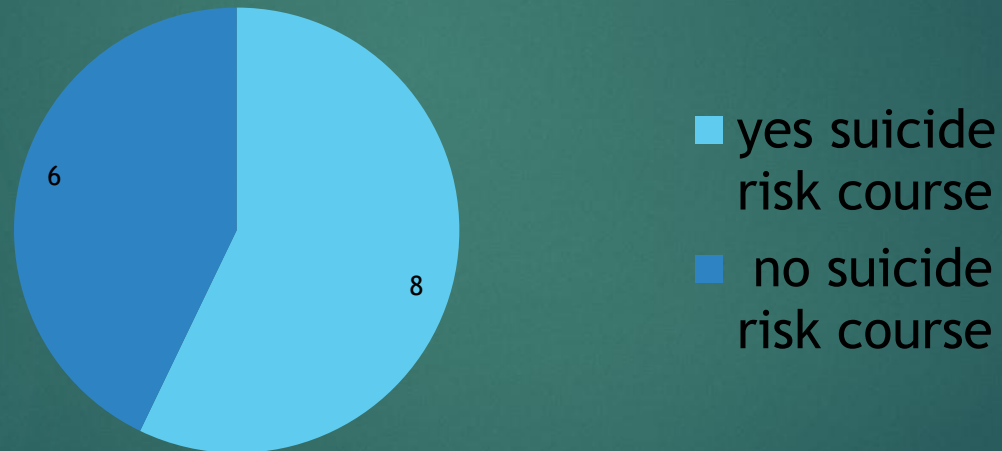
## Education Level



# Nurses Demographics N = 14

Female = 10 Male = 4

## Previous Suicide Risk Assessment Courses





# Chart Audit Results

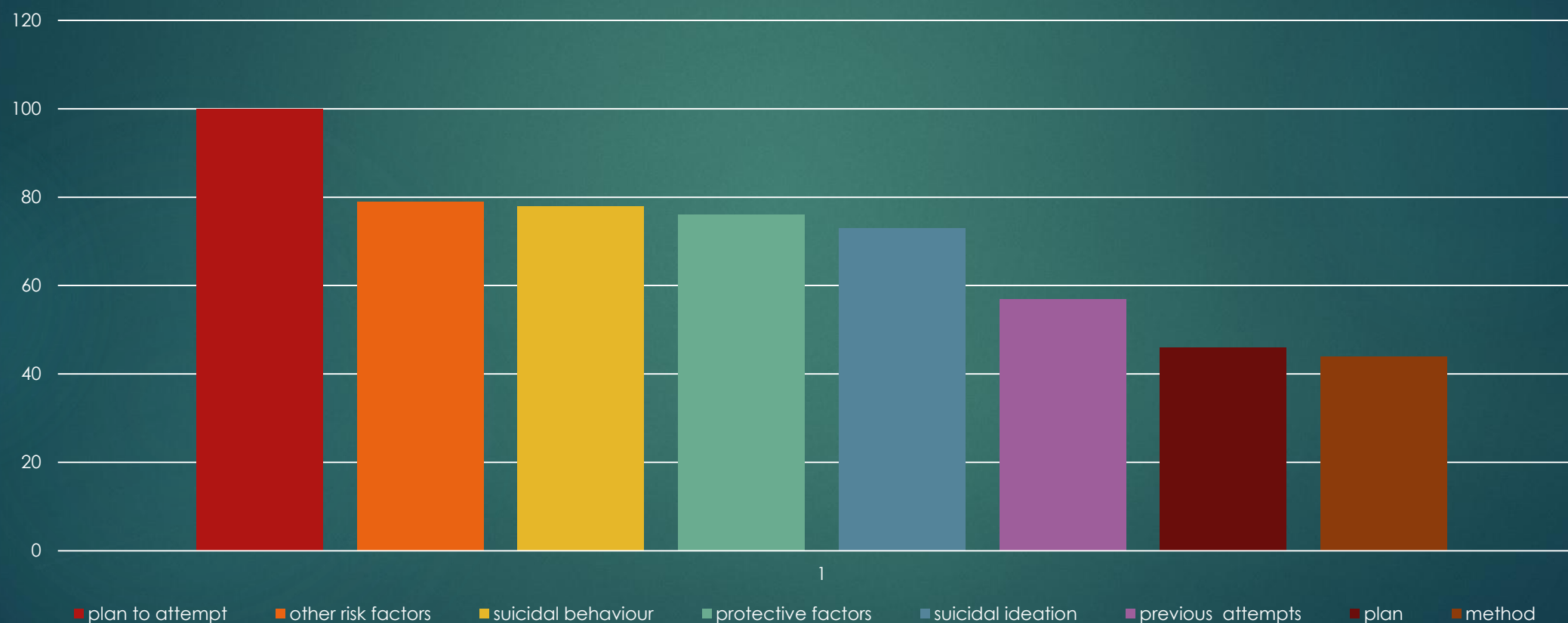
- ▶ **6 possible different areas** in the chart for nurses to document suicide risk assessment and care
- ▶ **No statistically significant association:**  
between reason for admission and nurses' documentation of similar BPG recommendation

# Frequency of Documentation by Factor

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Percent Documentation of Suicide Factor



# Theme I : Assessment as a 'Dance': Who will invite Whom?

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both patient and nurse sense they're in a 'dance': who will initiate the conversation about suicide

.."if you don't want to talk, then that's **part of the dance** that you play.... (pt 1.)

"I find that by being straightforward ..**asking them questions...not trying to dance** around the subject that they will be more straightforward with you" "also they...[patients]seem to want to sometimes hide that fact from us (group 3,nurse 1)

You're **spidey senses go up** [laughs]...spidey sense is a good way...We just call them our spidey senses...just sort of get that tickle in your neck, and you're like 'okay **this person is this person need watching**...like spiders" (group 2, nurses 1 & 3)

# Theme II: Need to be Comfortable to Talk about Suicide

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*"I would try to find the ones {nurses} ..I paid close attention to **which nurses I was comfortable with..**" (pt 2)*

that I want them **to be comfortable** and I want them to be able to talk to me. Um, that it's a priority... some of them won't wanna talk about their suicide attempts or their feelings at that moment so you kind of have to integrate those questions into, uh, what you're talking about at the time" (group 1, nurse 1)

I don't, don't think so. They kinda let me bring that up to them, and **let me talk when I was comfortable with them.. which I found good (pt 6)**

it's a skill too to interview people ..**need to make them feel comfortable** to be able to talk with you" .....



# Triangulation of data

- ▶ Risk assessment: chart audit: ~ all charts had evidence of documentation of some component of suicide risk specific to plan to attempt, 100 % had complete or partial documentation of patient's plan to attempt ~ 2/3 had evidence of documentation of ideation/actual suicide plan/method/take seriously
- ▶ Confirmation of documented evidence by patient and nurse narratives as direct and frequent asking: conveys taking seriously
- ▶ Lack of documented evidence confirmed by patient and nurse narratives that describe a 'dance' in assessment... resides in the nurse-patient therapeutic relationship



# Nursing Practice Implications

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The conversation about suicide:

- ▶ Suicide assessment is grounded in the nurse-patient relationship:  
linear approach to singular BPG implementation limits holistic care
- ▶ Patients and nurses seem to engage in a 'dance' with each other to initiate the conversation about suicide:  
nurse sensitivity to patient cues of readiness to talk
- ▶ 'Comfort' for nurses and patients for the conversation about suicide to occur: nurse attention to development of rapport that creates trust and comfort

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# Conclusion

Guideline implementation requires attention to related guidelines to provide holistic patient care

Patient narratives are essential to understand the dynamic of the nurse-patient relationship in suicide risk assessment and beyond

Multi-site studies are required to explore risk assessments across practice settings

# Contact Information

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Thank you!

# References

Greene, J., Caracelli, V., & Graham, W. (1989). Toward a Conceptual Framework for Mixed-Method Evaluation Designs. *Educational Evaluation and Policy Analysis*, 11(3) p. 255-274.

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