

# FOCUS ON RESEARCH

## OBSERVATION AND ACUTELY ILL PSYCHIATRIC IN-PATIENTS: A SOCIAL JUDGEMENT ANALYSIS

### Researchers

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### Aim

1 To investigate medical and nursing staff judgements regarding whether or not an individual is at risk of committing suicide in acute in-patient psychiatric care.

2 To examine the decision making of medical and nursing staff regarding the use of 'observation' in the care of patients seen as suicidal. Observation in this context describes the level of supervision prescribed for the patient; '**general observation**' in which the nurse is expected to have general knowledge of the patients whereabouts throughout the day; '**constant observation**' in which an allocated member of staff is expected to have the patient in their sight continually; '**special observation**' where an allocated nurse must permanently be within arms length of the patient.

### Project Outline/Methodology

The study used Social Judgement Analysis. Vignettes (case studies) were produced using a computer programme written for the study simulating the in-patient characteristics in terms of the known factors associated with suicide risk. Practitioners judgements and decisions made on the case studies were then analysed using statistical regression techniques to show how much weight is attached to each item of information used in the judgement.

### Key Results

Analysis indicated significant variation between individual practitioners in the information they use to make risk assessments. Models of group judgements indicated that both psychiatrists and mental health nurses perceive suicidal ideation and previous suicide attempts as the key factors in predicting suicide risk. Decisions on the observation level the patient should be placed on were significantly affected by risk assessments. There were three main cluster groupings of health care professionals who had similar judgement policies, indicating that risk predictions may be linked to individual practitioner characteristics as well as patient characteristics.

### Conclusions

Suicide risk prediction and management amongst psychiatric in-patients remains a challenging task. The study suggests that practitioners rely on a relatively small number of variables in making judgements and decisions. The variables that practitioners attended to consistently (suicidal ideation and previous suicide attempts) are strongly linked to suicide risk in the literature but are not in themselves sufficiently reliable predictors of suicide risk amongst in-patients.

### What does this study add to the field?

Prior to this study almost nothing was known about how practitioners judged suicide risk and how such judgements influenced decisions around the use of observation as risk management strategy despite the clinical significance of the issue. This study adds to the literature by providing insight previously lacking into this complex area and suggests future research must consider how more use of dynamic indicators might be incorporated into practitioner judgements.

### Implications for Practice or Policy

Suicide amongst in-patients is a highly sensitive topic with no tools available to reliably establish the degree of risk of suicide meaning practitioners must instead use clinical judgement. Despite individual tragedies the low numbers of in-patient suicides in Scotland indicates the generally high quality of such judgements. There is of course no room for complacency and further research is warranted.

### Where to next?

Further research is required to confirm whether the results obtained have 'ecological validity' that is they reflect how practitioners make judgements and decisions about real patients as opposed to simulations.

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