IJ Psychiatry and Behavioral Sciences
Volume 20 · Issue 3 · e173256

OPEN PEER REVIEW

Exploring Nurses' Experiences of Caring for Patients Following a Suicide Attempt: A Descriptive Phenomenological Study

Maysam Safari Nezhad, Amir Jalali, Parvin Abbasi, Rostam Jalali, Alireza Abdi, Ali Akbar Vaisi Raygani, AliReza Khatony

SUBMITTED	REVISED	ACCEPTED	DOI
2 Jul 2026	13 Jul 2026	23 Jul 2026	10.5812/ijpbs-173256

About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

More about open peer review: brieflands.com/knowledgebase/opr

Contents

1 **Original submission** Referee 1, Referee 2, Associate Editor, Editor-in-Chief 2
2 **Revision 1** Associate Editor, Editor-in-Chief 9
Authors' reply to reviewers 10
Reviewer and editor comments 19

1 Original submission

4 comments · 7 Jul 2026 – 7 Jul 2026

Referee 1 Reviewer

MAJOR REVISION 7 Jul 2026

Dear Authors,

We have reviewed the manuscript, and the comments below provide additional scientific-review points that are distinct from the editorial-screening issues. The major comments address substantive scientific, methodological, interpretive, and COREQ-related reporting issues, while the minor comments address clarity, presentation, language, tables, and reference currency.

The manuscript explores nurses' experiences in caring for patients who have attempted suicide using a descriptive phenomenological design. The study draws on semi-structured interviews with nurses working in emergency and inpatient hospital wards in Kermanshah and reports four main themes related to responsibility, compassion and self-protection, organizational preparedness, and spirituality. The topic is clinically and ethically important because nurses are frequently involved in frontline care for suicidal patients, and their experiences may influence care quality, stigma, and patient safety.

The manuscript has several strengths. It addresses a relevant mental-health and suicide-care topic in a clinical nursing context where staff experience, emotional burden, and professional preparedness are important for patient outcomes. The study uses in-depth semi-structured interviews, reports a named qualitative analytic approach, and presents participant quotations to support the thematic findings. The inclusion of personal, organizational, and spiritual dimensions gives the findings potential relevance for suicide-care training, clinical supervision, and culturally sensitive mental-health practice.

Major Comments:

1. Clarify the sampling strategy, recruitment pathway, and saturation decision (COREQ: domain 2, study design and sampling):

> *The manuscript states that purposive sampling with maximum variation was used and that saturation was reached after eight interviews, but it does not provide enough detail about how eligible nurses were identified, approached, or invited, or whether any declined participation. It also reports an initial plan to interview 10–12 nurses while stopping after eight interviews (source: Methods; Abstract, Methods). This matters because qualitative credibility depends not only on naming purposive sampling but also on showing that the sample was sufficiently information-rich and that the saturation decision was analytically justified rather than merely asserted.*
> *Author to-do list:*
>
> ** Describe the recruitment pathway, including who identified eligible nurses and how participants were contacted (source: Methods).*
> ** Report whether any eligible nurses declined participation or withdrew, and provide reasons if known (source: Methods).*
> ** Explain how maximum variation was operationalized across gender, ward type, work experience, and education level (source: Methods; Table 1).*
> ** Justify why saturation was considered adequate after eight interviews despite the initially planned 10–12 interviews (source: Abstract, Methods).*

2. Strengthen reporting of interviewer characteristics, reflexivity, and researcher influence (COREQ: domain 1, research team and reflexivity):

The manuscript reports that interviews were conducted and that analysis was supervised by a qualitative research expert, but it does not adequately describe the interviewer's credentials, occupation, prior relationship with participants, assumptions about suicide care, or reflexive management of potential bias (source: Methods; Data Analysis; Rigor). This is important because suicide care is emotionally and morally sensitive, and participants' responses may be influenced by the interviewer's identity, professional role, and perceived institutional relationship.
Author to-do list:

** Identify who conducted the interviews and report their qualitative research training or professional background (source: Methods).*
** State whether the interviewer had any prior relationship with participants before data collection (source: Methods).*
** Describe the researchers' assumptions or potential biases regarding suicide care and how these were managed reflexively (source: Rigor).*
** Add a brief reflexivity statement explaining how the research team minimized influence on data collection and theme interpretation (source: Methods; Rigor).*

3. Provide more transparent detail on the interview guide and data-collection procedures (COREQ: domain 2, data collection):

The manuscript states that in-depth, semi-structured interviews lasted 60–70 minutes and that two pilot interviews were excluded, but it does not provide the main interview questions or prompts, details about privacy in the interview setting, information on whether repeat interviews were conducted or field notes were used, or whether transcripts were returned to participants (source: Methods). Without these details, readers cannot adequately assess the depth, consistency, and credibility of data collection.
Author to-do list:

** Provide the main interview guide questions or add them as a supplementary file (source: Methods).*
** Report where interviews were conducted and whether privacy was ensured during interviews (source: Methods).*
** Clarify whether repeat interviews were conducted or whether each participant was interviewed only once (source: Methods).*
** State whether field notes were taken during or after interviews (source: Methods).*
** Clarify whether transcripts or findings were returned to participants for checking (source: Rigor).*

4. Reconcile the inconsistency in subtheme reporting and improve the auditability of theme development (COREQ: domain 3, analysis and findings):

The abstract reports that 100 initial codes were condensed into 6 subthemes and 4 main themes, whereas the Results section states that the same 100 codes were condensed into 9 subthemes and 4 main themes (source: Abstract, Results; Table 2). This inconsistency directly affects confidence in the analysis process and must be reconciled because the number of subthemes is a central finding of the qualitative analysis.
Author to-do list:

** Correct the number of subthemes consistently in the abstract, results narrative, and Table 2 (source: Abstract; Results; Table 2).*
** Explain how 100 initial codes were condensed into the final subthemes and main themes (source: Data Analysis; Results).*
** State whether coding was performed independently by more than one researcher and how disagreements were resolved (source: Data Analysis; Rigor).*
** Consider adding a brief coding tree or supplementary analytic table linking sample codes to subthemes and themes (source: Table 2; Data Analysis).*

5. Deepen the interpretation of participant quotations and theme boundaries (COREQ: domain 3, reporting findings):

> *The findings section includes participant quotations, but several themes are presented in a compact way, and the boundaries between emotional burden, accountability, burnout, stigma, spirituality, and organizational unpreparedness could be more analytically developed (source: Results, themes 1–4). The manuscript would be stronger if the authors moved beyond listing themes and codes toward explaining how these experiences interact in clinical practice and how variation across participants shaped the analysis.*
> *Author to-do list:*
>
> ** Add more interpretive explanation after key quotations to show how each quotation supports the relevant subtheme (source: Results, themes 1–4).*
> ** Clarify whether experiences differed by ward type, years of experience, gender, or education level where the data support such comparisons (source: Table 1; Results).*
> ** Explain how spirituality functioned both as support and as moral judgment without conflating culturally sensitive care with religious stigma (source: Results, theme 4; Discussion).*
> ** Ensure that each theme has sufficient quotation support from more than one participant where possible (source: Results, themes 1–4).*

Minor Comments:

1. Tables and figures:

> *The manuscript contains two tables and no figures or images presented as manuscript figures. Table 1 is cited in the text, and Table 2 is cited in the text; no figure citation audit is applicable because no manuscript figures are present (source: Results; Table 1; Table 2). Table 2 should be checked for formatting consistency, including the label "Sub theme 1.-3," inconsistent hyphenation of "Sub-theme/Subtheme," and line wrapping that may reduce readability (source: Table 2).*

2. Early-stage editorial and language red flags:

> *The manuscript requires language editing for grammar, capitalization, and clarity. For example, "However, Data saturation was considered achieved" should be revised to "However, data saturation was considered achieved" because "data" should not be capitalized mid-sentence (source: Abstract, Methods). The phrase "the cost of the payment is spent on the design and data collection of the study" should be revised to "The funding supported the study design and data collection" because the current wording is unclear and non-idiomatic (source: Funding support statement). The phrase "they took part in in-depth, semi-structured interviews lasting 60–70 minutes each" is understandable but should be checked against whether each participant had one interview or multiple interviews (source: Abstract, Methods). The phrase "Sub theme 1.-3" should be corrected to "Sub-theme 1.3" because the current numbering is typographically incorrect (source: Table 2).*

3. Consistency of terminology:

> *The manuscript uses related terms such as "suicidal patients," "patients who had attempted suicide," and "patients after a suicide attempt." These terms should be standardized where possible to avoid ambiguity between patients with suicidal ideation, patients with a previous attempt, and patients admitted after an acute attempt (source: Title; Abstract; Background; Results).*

4. Reference currency:

> *References published before 2010 should be reviewed for continued relevance and replacement with more recent sources unless they are foundational or methodologically necessary. The main example is Lincoln and Guba's 1985 reference on trustworthiness, which may be retained as a seminal qualitative-methods source if justified, while the authors should*

> *ensure that the surrounding qualitative-methodology and suicide-care literature is sufficiently current (source: References, Ref 29).*

5. Reference presentation and formatting:

> *Several references include DOI and PMID/PMCID information, while others do not. The authors should standardize reference formatting according to the journal style and ensure consistent presentation of article titles, journal names, DOI formatting, PMID/PMCID information, and edition details where applicable (source: References).*

Please revise the manuscript carefully in response to these scientific and reporting comments.

Best regards,
Scientific Reviewer

Referee 2 Reviewer

MAJOR REVISION 7 Jul 2026

Dear Authors,

Thank you for submitting your manuscript to the journal. Following our initial editorial screening, the issues below must be corrected before the submission can be considered complete for further evaluation.

Please note that references are very important for publication, and all cited sources must include a DOI/PMID when one is supplied, be cited appropriately in the manuscript text, and be suitable for the journal.

2-1- Subtheme reporting inconsistency must be corrected:

* What the author wrote: The manuscript reports 100 initial codes condensed into 6 subthemes and 4 main themes in the abstract, but reports 9 subthemes and 4 main themes in the Results section. (source: Abstract; Results; Table 2)
* Why correction is required: This must be corrected because internal inconsistency currently prevents reliable assessment of the qualitative findings and the final analytic structure. (source: Abstract; Results; Table 2)
* To do: Reconcile the number of subthemes across the abstract, results narrative, and Table 2. (source: Abstract; Results; Table 2)

2-2- Study period and recruitment pathway are incomplete:

* What the author wrote: The manuscript reports that data were collected over four months and that purposive sampling with maximum variation was used, but does not clarify the calendar period, recruitment pathway, number approached, refusals, or withdrawals. (source: Methods)
* Why correction is required: This must be corrected because the manuscript is not fully evaluable without sufficient information about participant identification, recruitment flow, and timing of data collection. (source: Methods)
* To do: Provide the calendar data-collection period, recruitment pathway, number of eligible nurses approached, number declining participation, and withdrawal information if applicable. (source: Methods)

2-3- Interview procedures and interview guide details are incomplete:

* What the author wrote: The manuscript states that in-depth, semi-structured interviews lasting 60–70 minutes were conducted, but does not report the interview guide questions, privacy of the interview setting, field-note use, repeat-interview status, or whether transcripts were returned to participants. (source: Methods; Rigor)
* Why correction is required: This must be corrected because the manuscript is not fully evaluable without transparent reporting of qualitative data-collection procedures. (source: Methods; Rigor)

* To do: Add the main interview questions, interview setting details, privacy conditions, field-note status, repeat-interview status, and transcript-return status. (source: Methods; Rigor)

2-4- Reflexivity and researcher characteristics are insufficiently reported:

* What the author wrote: The manuscript reports that the analysis was supervised by a qualitative research expert, but does not clarify the interviewer's credentials, relationship with participants, assumptions, or reflexive management of researcher influence. (source: Data Analysis; Rigor)
* Why correction is required: This must be corrected because the manuscript is not fully evaluable without information on researcher positioning and potential influence in a sensitive qualitative study. (source: Data Analysis; Rigor)
* To do: Provide a concise reflexivity statement describing interviewer characteristics, prior relationship with participants, relevant assumptions, and steps taken to manage researcher influence. (source: Data Analysis; Rigor)

2-5- Limitations section is missing:

* What the author wrote: The manuscript does not report a dedicated limitations section or a clear statement of methodological limitations. (source: Discussion; Conclusion)
* Why correction is required: This must be corrected because the manuscript is not fully evaluable without transparent acknowledgment of limitations related to design, sampling, setting, transferability, and interpretation. (source: Discussion; Conclusion)
* To do: Add a limitations section addressing sample size, single-region setting, recruitment limitations, participant self-report, transferability, and potential researcher influence. (source: Discussion; Conclusion)

2-6- Reference integrity requires further internal review:

* What the author wrote: The manuscript contains 40 references, with 32 references containing a DOI or PMID and 14 references requiring further review for DOI/PMID absence, old publication year, or missing in-text citation. (source: References; manuscript text)
* References with DOI/PMID: Ref 1 - Dubue et al., Ref 4 - Richardson et al., Ref 5 - Himayanti et al., Ref 9 - Mueller et al., Ref 10 - Karimi et al., Ref 11 - Sela et al., Ref 12 - Zhang et al., Ref 13 - Gunawan et al., Ref 14 - Hee et al., Ref 15 - Motillon-Toudic et al., Ref 16 - Fontão et al., Ref 17 - Clua-García et al., Ref 18 - Omerov et al., Ref 19 - Yarborough et al., Ref 20 - Derblom et al., Ref 21 - Hagen et al., Ref 22 - Jasemi et al., Ref 23 - Yunitasari et al., Ref 25 - Shaw et al., Ref 27 - Praveena et al., Ref 28 - Sanders, Ref 30 - Goudarzian et al., Ref 31 - Légaré et al., Ref 32 - Najafi et al., Ref 33 - Lee, Ref 34 - Khosravi et al., Ref 35 - Amini et al., Ref 36 - Babapour et al., Ref 37 - Babaii et al., Ref 38 - Manning et al., Ref 39 - Shamsaei et al., Ref 40 - Jalali et al. (source: References)
* References requiring further review:

* Ref 2 - WHO — lacks a DOI/PMID in the manuscript reference list; please add a DOI or PMID if available or verify the citation manually. (source: References)
* Ref 3 - Lim et al. — lacks a DOI/PMID in the manuscript reference list; please add a DOI or PMID if available or verify the citation manually. (source: References)
* Ref 6 - Khatami et al. — lacks a DOI/PMID in the manuscript reference list; please add a DOI or PMID if available or verify the citation manually. (source: References)
* Ref 7 - Shirani-Esfahani et al. — lacks a DOI/PMID in the manuscript reference list; please add a DOI or PMID if available or verify the citation manually. (source: References)
* Ref 8 - Zamorano et al. — lacks a DOI/PMID in the manuscript reference list; please add a DOI or PMID if available or verify the citation manually. (source: References)
* Ref 24 - Absalom — lacks a DOI/PMID in the manuscript reference list; please add a DOI or PMID if available or verify the citation manually. (source: References)
* Ref 26 - Holloway et al. — lacks a DOI/PMID in the manuscript reference list; please add a DOI or PMID if

available or verify the citation manually. (source: References)
* Ref 28 - Sanders — published in 2011 or earlier; replace with a newer source unless there is a strong justification for retention. (source: References)
* Ref 29 - Lincoln et al. — lacks a DOI/PMID in the manuscript reference list and was published in 2011 or earlier; please verify manually and justify retention as a seminal qualitative-methods source if retained. (source: References)
* Ref 34 - Khosravi et al. — This reference is not cited in the manuscript text. (source: References; manuscript text)
* Ref 35 - Amini et al. — This reference is not cited in the manuscript text. (source: References; manuscript text)
* Ref 36 - Babapour et al. — This reference is not cited in the manuscript text. (source: References; manuscript text)
* Ref 37 - Babaii et al. — This reference is not cited in the manuscript text. (source: References; manuscript text)
* Ref 40 - Jalali et al. — This reference is not cited in the manuscript text. (source: References; manuscript text)
* Why correction is required: This must be corrected because the manuscript is not fully verifiable without complete, cited, current, and internally checked references. (source: References; manuscript text)
* To do: Correct the reference list, add a DOI or PMID where available, manually verify all references requiring further review, cite retained references in the manuscript text, justify retention of older sources where necessary, and remove or replace unsupported references. (source: References; manuscript text)

Please revise the manuscript accordingly and submit a corrected version together with any required supporting material.

Kind regards,
Screening Reviewer

Associate Editor

MAJOR REVISION 7 Jul 2026

Dear Authors,

Your manuscript is a research article examining nurses' experiences in providing care for patients who have attempted suicide, using a descriptive phenomenological qualitative design. The topic is relevant to mental health care, suicide prevention, and clinical service quality, and the manuscript has potential value for readers interested in nursing practice within psychiatric and emergency-care contexts. Overall, the manuscript is promising but requires substantial revision before it can be considered sufficiently complete and methodologically transparent.

The strongest aspect of the manuscript is its clinically meaningful focus on frontline nurses' experiences with suicidal patients, including emotional burden, accountability, compassion, organizational preparedness, and spirituality. These dimensions are important for improving suicide-care training, staff support, and culturally sensitive communication in mental-health services.

The scientific review indicates that the study design is broadly appropriate for the research question, but the reporting requires greater transparency in sampling, recruitment, interviewer characteristics, reflexivity, interview procedures, and analytic development. The manuscript also needs correction of internal inconsistencies in the reported number of subthemes, clearer presentation of qualitative findings, a dedicated limitations section, improved language editing, and careful reference review. These issues are correctable, but they currently limit the manuscript's methodological auditability and editorial readiness.

Title and abstract: 7/10
Introduction and rationale: 8/10

Methods rigor: 6/10
Results presentation: 6/10
Discussion and interpretation: 7/10
Reporting quality: 6/10
Language and structure: 6/10
Clinical relevance or scholarly value: 8/10
Overall quality: 7/10

The manuscript may be reconsidered after major revision. The authors should revise the submission carefully to strengthen qualitative reporting, resolve internal inconsistencies, improve methodological transparency, address editorial-screening requirements, and polish language and formatting before the manuscript proceeds further in evaluation.

Kind Regards,
Associate Editor

Editor-in-Chief MAJOR REVISION 7 Jul 2026

Dear Authors,

Thank you for submitting your manuscript to the journal. After editorial assessment and review, we find that the manuscript addresses a relevant and potentially valuable topic; however, it requires major revision before it can be considered further.

Please revise the manuscript thoroughly in accordance with the reviewer and editorial comments, with particular attention to qualitative reporting transparency, internal consistency of the findings, methodological detail, limitations, reference integrity, and language clarity. A revised manuscript should be submitted together with a detailed point-by-point response explaining how each comment has been addressed.

Kind Regards,
Editor-in-Chief

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Editor and Reviewers,

We would like to sincerely thank you for the time and effort you devoted to reviewing our manuscript. We greatly appreciate your constructive comments and valuable suggestions, which have helped us improve the quality and clarity of our work.

We have carefully considered all the comments and revised the manuscript accordingly. In the following pages, we provide a point-by-point response to each comment. All modifications made in the revised manuscript have been highlighted for ease of reference.

We hope that the revised version satisfactorily addresses all the concerns raised by the reviewers, and we appreciate your consideration of our revised manuscript.

Sincerely,

Corresponding Author

****

Response to Reviewer 1

We sincerely thank the reviewer for the careful evaluation of our manuscript and for the constructive and encouraging comments. We greatly appreciate your positive assessment of the clinical relevance of the topic, the qualitative methodology, and the potential contribution of our findings.

We have carefully addressed all of the reviewer's comments and revised the manuscript accordingly. For the reviewer's convenience, all revisions made in the revised manuscript have been highlighted in **yellow**. A detailed point-by-point response to each comment is provided below.

Comment 1: Clarify the sampling strategy, recruitment pathway, and saturation decision (COREQ: domain 2, study design and sampling).

Response: We sincerely thank the reviewer for this valuable and constructive comment. In response, we have substantially revised the Methods section to provide a clearer description of the sampling strategy, participant recruitment process, implementation of maximum variation sampling, and the rationale for data saturation.

Specifically:

- We clarified that eligible nurses were identified with the assistance of ward supervisors, head nurses, and nursing colleagues in the participating hospitals. Potential participants were approached either in person during their work shifts or contacted by telephone, and the study objectives were explained before obtaining informed consent. **(Page:3- line:10-11)**
- We added information regarding participant recruitment, indicating that ten eligible nurses were invited to participate, of whom eight agreed to participate. No participant withdrew after enrollment**. (page:3-line:11-14)**

- We further explained that maximum variation sampling was achieved by recruiting participants with different genders, educational levels, work experience, and clinical wards. **(Page3.line:9)**
- We also justified the decision to stop recruitment after eight interviews by explaining that data saturation was achieved, as no new codes, categories, or concepts emerged during the final interviews despite the initial plan to recruit 10–12 participants. **(Page3.line:12-13)**
- In the **Abstract**, we clarified that although an initial sample of 10–12 nurses had been planned, data saturation was achieved after eight interviews because no new codes, concepts, or themes emerged. All corresponding revisions have been highlighted in **yellow** in the revised manuscript. **(Page 1.Line:10-11)**
- In addition, **Table 1** has been revised to better demonstrate the implementation of maximum variation sampling by including participants' clinical ward type alongside their gender, education level, and work experience. This revision provides a clearer description of the diversity of the study sample and addresses the reviewer's recommendation **.(Page 4)**

****

Comment 2: Strengthen reporting of interviewer characteristics, reflexivity, and researcher influence (COREQ: Domain 1, Research Team and Reflexivity).

Response:

We sincerely thank the reviewer for this insightful comment. In accordance with the COREQ reporting guidelines, we have revised the manuscript to provide additional information regarding the interviewer, researcher reflexivity, and strategies used to minimize potential researcher influence.

1. **Interviewer characteristics:** We clarified in the **Methods** section that all interviews were conducted by the first author, who has formal training and experience in qualitative research and was responsible for data collection throughout the study**.(Page 3.line22-27)**
2. **Prior relationship with participants:** We added a statement in the **Methods** section indicating whether the interviewer had any prior relationship with the participants before data collection and clarified that participation was voluntary. **(page3.line22-27)**
3. **Researcher assumptions and potential bias:** We expanded the **Rigor** section to acknowledge that the research team recognized the potential influence of their prior knowledge and assumptions regarding suicide care. We also described how these assumptions were continuously reflected upon during data collection and analysis to minimize potential bias**.(page4.line11-12)**
4. **Reflexivity:** A brief reflexivity statement has been added to the **Methods** and **Rigor** sections, explaining that the researchers maintained a reflexive approach throughout the study by documenting analytical decisions, engaging in regular discussions within the research team, and ensuring that the findings were grounded in participants' narratives rather than researchers' preconceptions**. (page4.line11-12). (PAGE3-**line24-27).

****

Comment 3: Provide more transparent detail on the interview guide and data-collection procedures (COREQ: Domain 2, Data Collection).

Response:

We sincerely thank the reviewer for this valuable suggestion. In response, we have revised the manuscript to provide a more comprehensive description of the interview guide and data collection procedures in accordance with the COREQ checklist.

1. We added the main interview question and examples of probing questions to the **Methods** section (or provided the complete interview guide as a supplementary file).(page:3-line17-19)
2. We clarified that the interviews were conducted in a private room at the participants' workplace, where privacy and confidentiality were ensured throughout the interviews.(page3-line16)
3. We stated that each participant was interviewed only once and that no repeat interviews were conducted. (page:3-line21-22)
4. We clarified that field notes were recorded during and immediately after the interviews to capture contextual observations and non-verbal cues.(page:3-3-line:20-21)
5. We further clarified the member-checking process in the **Trustworthiness** section by specifying whether interview transcripts and/or the preliminary findings were returned to participants for verification. (page:4-line:12-14)

****

Comment 4: Reconcile the inconsistency in subtheme reporting and improve the auditability of theme development (COREQ: Domain 3, Analysis and Findings).

Response:

We sincerely thank the reviewer for this valuable comment. In response, we carefully revised the manuscript to improve the transparency and consistency of the analytical process.

1. We corrected the inconsistency in the number of sub-themes throughout the manuscript. The number of sub-themes has been consistently reported as **six** in the Abstract, Results, and Table 2.(page:1-line16)
2. We expanded the **Data Analysis** and **Results** sections to clarify how the initial codes were compared, refined, and grouped according to similarities into six sub-themes, which were subsequently synthesized into four main themes.(page4:line1-6)
3. We clarified that the initial coding was performed by the first author and subsequently reviewed with the corresponding author. Any differences in coding or theme interpretation were discussed until consensus was reached under the supervision of a qualitative research expert. .(page4:line1-6)
4. We appreciate the reviewer's suggestion regarding the inclusion of a coding tree or supplementary analytic table. Considering the journal's space limitations, we instead provided a more detailed description of the

coding and theme-development process within the manuscript to improve the transparency and auditability of the analysis.(**Supplementary File**).

****

Comment 5: Deepen the interpretation of participant quotations and theme boundaries (COREQ: Domain 3, Reporting Findings).

Response:

We sincerely thank the reviewer for this insightful comment. We have revised the Results section to move beyond a descriptive presentation of themes and provide a more interpretive explanation of participants' experiences.(**page:6-8. All highlighted items have been incorporated into the Results section under the relevant themes and subthemes.)**

1. We added analytical explanations after key quotations to clarify how each quotation supported the related sub-theme and to demonstrate the meaning underlying participants' experiences.(page:6-8-line:1-27)
2. We further clarified the relationships and boundaries between emotional burden, professional accountability, compassion, self-protection, organizational limitations, and spirituality by explaining how these experiences interacted within clinical practice.(6-8.all the All highlighted items have been incorporated into the **Results** section under the relevant themes and subthemes.(
3. We expanded the interpretation of the spirituality theme to distinguish between spirituality as a source of hope and resilience and situations in which moral interpretations contributed to stigmatizing attitudes toward suicidal patients.)All highlighted items have been incorporated into the **Results** section under the relevant themes and subthemes.(
4. We reviewed the findings section to ensure that each theme was adequately supported by participant quotations and that quotations from different participants were used where available.)All highlighted items have been incorporated into the **Results** section under the relevant themes and subthemes.(
5. Regarding variations across participant characteristics, we clarified that no consistent differences in experiences were identified based on gender, education level, work experience, or clinical ward type; therefore, the findings were interpreted according to shared meanings across participants.)All highlighted items have been incorporated into the **Results** section under the relevant themes and subthemes.(

Due to the journal's word limit for manuscript publication, we were required to present the most concise version of the Results section while retaining the essential themes and subthemes.

****

Minor Comments

Comment 2: Early-stage editorial and language red flags

Response:

Thank you for identifying these language and clarity issues. We carefully revised the manuscript to improve grammar, capitalization, and wording consistency. Specifically, “Data saturation” was corrected to “data saturation,” the funding statement was revised for clarity as “The funding supported the study design and data collection,” and the interview description was clarified to indicate that each participant completed one in-depth semi-structured interview lasting 60–70 minutes. The typographical error in Table 2 (“Sub theme 1.-3”) was also corrected to “Sub-theme 1.3.”)**The entire text.(**

Comment 3: Consistency of terminology

Response:

Thank you for this important suggestion. We reviewed the manuscript and standardized terminology related to participants who had attempted suicide. The term “patients who had attempted suicide” was used consistently throughout the manuscript to avoid ambiguity with patients experiencing suicidal ideation or other suicidal behaviors.)**The entire text.(**

****

Comment 4: Reference currency

Response:

Thank you for this valuable comment. We reviewed the references published before 2010 and updated the literature where appropriate. Foundational methodological references, including Lincoln and Guba’s criteria for trustworthiness, were retained because they remain essential and widely recognized sources in qualitative research methodology. We also ensured that the surrounding qualitative research and suicide-care literature included sufficiently current references. (**In accordance with the journal's word limit and reference restrictions, we reduced the number of references by 19. We also added the DOI information where available.)**

Source: References

****

Comment 5: Reference presentation and formatting

Response:

Thank you for pointing out this issue. We carefully reviewed and standardized the reference list according to the journal’s formatting requirements. Article titles, journal names, DOI information, PMID/PMCID details (where applicable), and other bibliographic elements were checked and presented consistently throughout the reference section. **In accordance with the journal's word limit and reference restrictions, we reduced the number of references by 19. We also added the DOI information where available.)**

****

Response to Reviewer 2 (Screening Reviewer)

We sincerely thank the reviewer for the careful evaluation of our manuscript and for the constructive comments. We have carefully revised the manuscript according to all recommendations. Our point-by-point responses are provided below. We sincerely thank the reviewer for the valuable comments. **As many of your comments substantially overlapped with those of the previous reviewer, the corresponding revisions have been highlighted in yellow, consistent with the color used for Reviewer 1. Revisions made in response to comments unique to your review have been highlighted in green for clarity.**

Comment 2-1. Subtheme reporting inconsistency

Reviewer comment:
The manuscript reports 100 initial codes condensed into 6 sub-themes and 4 main themes in the abstract, but reports 9 sub-themes and 4 main themes in the Results section.

Response:
Thank you for identifying this inconsistency. We carefully reviewed the qualitative analysis and corrected the discrepancy. The abstract, Results section, and Table 2 have now been revised to consistently report the same number of initial codes, sub-themes, and main themes throughout the manuscript.

Changes made:
The abstract, Results section, and Table 2 have been revised for complete consistency.(page1.line:16)-(page:5.line:6)

Comment 2-2. Study period and recruitment pathway

Reviewer comment:

The study period and participant recruitment process were incompletely described.

Response:
Thank you for this valuable suggestion. We have expanded the Methods section by specifying the exact data collection period (month and year), describing the participant recruitment pathway, reporting the number of eligible nurses approached, the number who declined participation, and confirming whether any participants withdrew from the study.

Changes made:

Additional recruitment and study timeline information has been incorporated into the Methods section.)**The corresponding revisions are highlighted in yellow and green on Lines 5–28, indicating the revisions made throughout the process.(**

Comment 2-3. Interview procedures

Reviewer comment:

Details regarding the interview guide, interview setting, privacy conditions, field notes, repeat interviews, and transcript return were missing.

Response:
We appreciate this important comment. The Methods section has been revised to provide greater transparency regarding the interview process. We have included the main interview questions, described the interview setting and privacy arrangements, clarified the use of field notes, stated whether repeat interviews were conducted, and reported whether interview transcripts were returned to participants for verification.

Changes made:

The interview procedure has been described in greater detail in the Methods section**. (page3-line:5-28)**

Comment 2-4. Reflexivity and researcher characteristics

Reviewer comment:

Researcher characteristics and reflexivity were insufficiently reported.

Response:
Thank you for this valuable recommendation. We have added a reflexivity statement describing the interviewer's educational background and qualitative research experience, confirming the absence (or presence) of any prior relationship with participants, outlining the researcher's assumptions, and explaining the strategies used to minimize researcher influence throughout data collection and analysis.

Changes made:

A reflexivity statement has been added to the Methods/Rigor section. **(page4.line11-12). (PAGE3-**line24-27).

Comment 2-5. Limitations

Reviewer comment: The manuscript lacks a dedicated limitations section.

Response:
Thank you for highlighting this issue. A separate Limitations section has now been added to the Discussion. It addresses the study's sample size, single-region setting, recruitment limitations, reliance on participant self-report, transferability of findings, and the potential influence of the researchers during data collection and analysis.

Changes made: A dedicated "Limitations" subsection has been added to the Discussion. **The corresponding revision has been highlighted in green in the Limitations section.(page11.line:7-12)**

Comment 2-6. Reference integrity

Reviewer comment:

Several references require DOI/PMID verification, updating, in-text citation, or replacement.

Response:
Thank you for this careful review. We have thoroughly checked all references. DOI or PMID identifiers have been added wherever available, references without identifiers have been manually verified, missing in-text citations have been inserted where appropriate, outdated references have been justified or replaced with more recent literature when possible, and references not cited in the manuscript have either been cited appropriately or removed.

Changes made: The reference list and corresponding in-text citations have been comprehensively revised.(The corresponding revisions are highlighted in **yellow** in the **References** section.(

Comment 2-7.

Response:
We appreciate the reviewer's observation. The revised manuscript has been checked carefully to improve originality of wording and reduce textual similarity.

Changes made:

We sincerely appreciate the reviewer's valuable comments and believe that these revisions have substantially improved the quality, transparency, and reporting of our manuscript. (**All the main text).**

****

Response to the Associate Editor

We sincerely thank the Associate Editor for the thorough evaluation of our manuscript and for the constructive and encouraging comments. We greatly appreciate the recognition of the clinical relevance and potential contribution of our study to suicide prevention, mental health nursing, and the quality of psychiatric care.

We carefully considered all of the recommendations and have substantially revised the manuscript accordingly. Specifically, we have:

- Revised the title, abstract, and results to ensure consistency in the reporting of themes and subthemes.
- Expanded the Methods section by providing additional details regarding the study period, participant recruitment process, sampling procedures, interview setting, interview guide, field notes, transcript verification, and other qualitative data collection procedures.
- Added a reflexivity statement describing the interviewer's characteristics, relationship with participants, and measures taken to minimize researcher influence.
- Improved the transparency of the qualitative analysis and clarified the development of themes and subthemes.

- Added a dedicated "Limitations" subsection discussing methodological limitations, transferability, and potential sources of bias.
- Carefully reviewed and corrected the reference list by adding DOI/PMID identifiers where available, updating citations, and ensuring consistency between the reference list and in-text citations.
- Thoroughly edited the manuscript for language, grammar, formatting, and readability.

We believe that these revisions have substantially strengthened the methodological transparency, reporting quality, and overall clarity of the manuscript. We sincerely appreciate the Associate Editor's valuable comments and hope that the revised manuscript is now suitable for further consideration.

2 Revision 1

2 comments · 19 Jul 2026 – 23 Jul 2026

Associate Editor

ACCEPT 19 Jul 2026

dear authors
Thank you for a well-done revision.
best

Editor-in-Chief

ACCEPT 23 Jul 2026

It is hereby confirmed that, after scientific and internal evaluation, the above manuscript is, in my opinion, suitable for publication in the IJPBS.
This is to confirm that, after scientific and in-house evaluation, the above-mentioned manuscript has been finalized and accepted for publication in the journal. Please follow your article's progress on the website for any revisions.