Jundishapur Journal of Chronic Disease Care
Volume 14 · Issue 1 · e150067

OPEN PEER REVIEW

Stigma of Suicide Attempt: The Psychometric Properties of the Persian Version of the Stigma of Suicide Attempt Scale

Forouzan Behrouzian, Hamzeh Rostami, Maryam Sadat Khalili, Esmaeil Mousavi Asl

SUBMITTED	REVISED	ACCEPTED	DOI
19 Jun 2024	9 Aug 2024	22 Sep 2024	10.5812/jjcdc-150067

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, Associate Editor, Editor-in-Chief 2
2 **Revision 1** Referee 1, Associate Editor, Editor-in-Chief 3
Authors' reply to reviewers 4
Reviewer and editor comments 11

1 Original submission

3 comments · 26 Jun 2024 – 1 Jul 2024

Referee 1 Reviewer

MAJOR REVISION 26 Jun 2024

dear author
There are some comments about your manuscript.
The methodology of this manuscript is really imperfect. You did not mention obtaining permission from the scale developer or having the final version of the scale confirmed by the scale developer.
Why did you not assess face and content validity?
The discussion is really imperfect; it should be revised.
best wishes

Associate Editor

MAJOR REVISION 1 Jul 2024

Dear Author,
Based on our reviewers' comments, your manuscript needs some revision in all sections. Please revise and resubmit.
Thank you

Editor-in-Chief

MAJOR REVISION 1 Jul 2024

Dear Author,
Thank you for your submission to JJCDC. We appreciate the effort you have put into your manuscript. While the study is indeed interesting in the chronic illness field, our reviewers have provided some valuable feedback that we believe will enhance the quality of your article.
We kindly request that you carefully consider the reviewers' comments and make the necessary revisions to all parts of the manuscript. We value your contribution to our journal and hope that you will resubmit the revised manuscript at your earliest convenience.
Thank you once again for choosing to submit your work to JJCDC. We look forward to receiving your revised manuscript.
Best regards,

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.

Reviewer 1:	Response
1- . *In the introduction of the abstract, the necessity of Iranizing the questionnaire should be discussed more*	With greetings and respect to the dear reviewers, and with thanks for your valuable comments, 1- The necessity of the research was mentioned in the abstract section. 1- Stigma can weaken social cohesion and increase the likelihood of social isolation and marginalization of key groups, prevent people from seeking urgent health care and discourage and demotivate them from engaging healthy and health-oriented behaviors. n Iran, there is no scale to measure the stigma of suicide, and the absence of a reliable and valid tool is noticeable.
2- *A better sampling method can be used in the work method*	2- Although convenience sampling is not the best sampling method, given the COVID-19 period and the restrictions we had, we used this sampling method. Also, given that the sampling method was applied at the time of data collection, it is not possible to change it now, and changing it now would be contrary to research ethics.
3- *Of course, for validity and reliability, the opinion of at least one of the relevant professors is necessary*	3- The process of translation and back-translation of the scale was carried out by specialists in clinical psychology and psychiatry who are faculty members of the university. After this process, the scale was administered to a sample of 20 people, the problems in it were corrected, and the final scale was prepared for administration to the said individuals To examine validity, construct validity using confirmatory factor analysis, and convergent and divergent validity were used, which are among the most common methods of examining validity. To examine reliability, internal consistency using Cronbach's alpha was used. When the intention is to standardize a questionnaire from another culture for a new culture, exploratory factor analysis is not needed and confirmatory factor analysis is used, and there

	.is no need for an expert panel and calculation of the CVI
4- Use more and more related words in the vocabulary key	.The words reliability, validity, Scale were added -4
5- In the introduction, it is necessary to focus more on the tools related to the measurement of suicide stigma	There were two other instruments related to suicide -5 .stigma, which were mentioned in the study Among the instruments that exist in the field of suicide stigma is the Stigma of Suicide Scale (SOSS), which was developed by Batterham et al. (35). It is a 16-item scale with three subscales, tigma, isolation/depression, and glorification/normalization, which had appropriate psychometric properties (35). The Personal Suicide Stigma Questionnaire (PSSQ) was developed for personal stigma related to suicide (36). It is a 16-item scale with three subscales, Rejection, Minimization, and Self-blame, which had .appropriate psychometric properties (36)
6-The article is about tool making and Iranization of tools, not an explanation about suicide	Material was added about the existing instruments in the -6 field of stigma worldwide. In the Introduction, the importance of stigma was discussed for this reason: given that stigma in society is high, especially regarding mental disorders, and we had no instrument to measure it in Iran, it .was strongly emphasized
7- In the methodology, the number of 291 people is not enough to generalize to the whole Ahvaz University of Medical Sciences	According to Kline, the minimum sample size in -7 confirmatory factor analysis is 200 people. On the other hand, ten people per item should participate in the study. Given that the number of items was 13, and therefore taking attrition into account and to increase the power of the study and the statistical analysis, 291 people participated in the study. Certainly, in our research, as in other research, given the correlational nature and the use of self-report

	.instruments, caution should be exercised in generalization
8- In order to Iranized the questionnaire, it is necessary to use expert professors and specialized translators, which are not mentioned	-8 The principles of translation and back-translation were carried out according to the guidelines on the principles of translation and back-translation by specialists in clinical psychology and psychiatry who are faculty members of the .university The Stigma of Suicide Attempt (STOSA) Scale was developed based on guidelines for intercultural adaptation of instruments (34). Initially, the original version of The Stigma of Suicide Attempt (STOSA) Scale was translated from English into Persian by four professors of clinical psychology. Differences in translations were resolved by agreement. In the next step, the Persian translated version of The Stigma of Suicide Attempt (STOSA) Scale was translated into English by two mental health professionals fluent in both Persian and English. The final translation of The Stigma of Suicide Attempt (STOSA) Scale was reviewed by the authors. The Stigma of Suicide Attempt (STOSA) Scale was implemented on a sample of 20 people and the problems in it were corrected. The final scale was prepared to be implemented on the mentioned people.
9- Unfortunately, there are no statistics from Iran or even the Middle East in the article	-9 Dear reviewer, I did not understand exactly what you meant. If you mean suicide statistics in Iran, in some articles the frequency statistics of suicidal ideation, suicide attempts and suicide have been reported, although the statistics are not accurate. If you mean the prevalence of stigma in the East and Iran, there are no statistics in this .field Suicide is a critical issue that kills approximately 800,000 people annually and accounts for 1.5% of global death. Although suicide attempt rates are about 20 to 30 times higher than complete suicide rates
10- It is better to separate students according to their field of study	-10 Dear reviewer, you are right, but unfortunately we had not asked about the field of study in the demographic .questions
	.More recent references were used -11

11- Unfortunately, most of the references are old. It is necessary to update the references.	38- Maruf MM, Shormi FR, Sajib MWH, Acharjee P, Ara H, Roy S, et al. Level and associated factors of literacy and stigma of suicide among Bangladeshi physicians: A cross-sectional assessment. Ment Illness. (2022) 2022. doi: 10.1155/2022/9914388 37- Jafari A, Mokhtari AM, Moshki M, Rahmani F, Naddafi F, Nejatian M. Psychometric properties of the Persian short form of the Stigma of Suicide Scale. Frontiers in Psychiatry. 2024 Jul 26;15:1394237. 39- Saeed F, Zangenehnia N, Poursaadati MZ, Noroozi M, Khaledi EK, Mousavi SB, Gupta AK, Rajeh YN, Shoib S. Psychometric Properties of Persian Short Forms of the Literacy and Stigma of Suicide Scales on the Iranian Population. IJ Psychiatry and Behavioral Sciences. 2024;18(1).
12- *the methodology of this manuscript is really imperfect, you did not mention about getting permission from scale developer moreover about the scale confirmation by scale developer after preparing final version of the scal*	Permission was obtained from the scale developer, and -12 the principles of translation and back-translation were carried out according to the guidelines, as stated in the text The Stigma of Suicide Attempt (STOSA) Scale was developed based on guidelines for intercultural adaptation of instruments (34). Initially, the original version of The Stigma of Suicide Attempt (STOSA) Scale was translated from English into Persian by four professors of clinical psychology. Differences in translations were resolved by agreement. In the next step, the Persian translated version of The Stigma of Suicide Attempt (STOSA) Scale was translated into English by two mental health professionals fluent in both Persian and English. The final translation of The Stigma of Suicide Attempt (STOSA) Scale was reviewed by the authors. The Stigma of Suicide Attempt (STOSA) Scale was implemented on a sample of 20 people and the problems in it were corrected. The final scale was prepared to be implemented on the mentioned people.
13- *why did not you face and content validity?*	-13 To examine validity, construct validity using confirmatory factor analysis, and convergent and divergent validity were used, which are among the most common methods of examining validity. To examine reliability, internal consistency using Cronbach's alpha was used. When the intention is to standardize a questionnaire from another culture for a new culture, exploratory factor analysis is not

	needed and confirmatory factor analysis is used, and there is no need for an expert panel and calculation of the CVI.
14- the discussion is really imperfect it should be revised	-14 The Discussion section was corrected and much material was added, which is marked in yellow.
-15 There is no need to present the fit indices in the abstract.	-15 The fit indices were removed from the abstract.
-16 Why did you use these scales to examine convergent and divergent validity?	-16 Dear reviewer, the reason for choosing these instruments to examine convergent and divergent validity was the literature and research background. The self-compassion scale was used to examine divergent validity, and the stigma scale and external shame scale were used to examine convergent validity. It was expected that self-compassion would correlate negatively with stigma, and that external shame and stigma would correlate positively with the stigma scale.
-17 Previous findings should be presented in the Introduction.	-17 Previous studies on this same scale were mentioned in the Introduction section.
Should the procedure be explained? -18	First, permission for the questionnaire was obtained from the original develope Coordination and permission were obtained from the officials of Ahvaz University Medical Sciences to enter the research setting, a written letter of introduction was provid and an ethics code was obtained to carry out the research project. The procedure of th research was the completion of a questionnaire, which was given to individuals aft obtaining their consent. During the research, in the event of an occurrence that wou contradict the continuation of the research, cooperation with the volunteer would b terminated. After approval of the proposal and obtaining permission, the prepare questionnaires were given to the participants. If any ambiguity arose for a person answering the questions, it was resolved and the questions were made fully understood. addition, a guide sheet for completing the questionnaire, a consent form, and also th method of using the information were given to the participants along with th questionnaire. In addition, the participants were free to withdraw from further cooperatio at any stage of the research. In addition, to increase the accuracy and motivation of th

	volunteers to cooperate and to ensure the accuracy of responses, they were told that if th wished to know the result of the research, they could write their email address at the top the questionnaire. To control the effect of order and fatigue, the scales were presented correspondingly different orders. Conducting this research did not impose any financi .cost on the participan After obtaining permission from the developer of the questionnaire, and going through the stages of translation and back-translation according to the standards, The Stigma of Suicide Attempt (STOSA) Scale was developed based on guidelines for intercultural adaptation of instruments (34). Initially, the original version of The Stigma of Suicide Attempt (STOSA) Scale was translated from English into Persian by four professors of clinical psychology. Differences in translations were resolved by agreement. In the next step, the Persian translated version of The Stigma of Suicide Attempt (STOSA) Scale was translated into English by two mental health professionals fluent in both Persian and English. The final translation of The Stigma of Suicide Attempt (STOSA) Scale was reviewed by the authors. The Stigma of Suicide Attempt (STOSA) Scale was implemented on a sample of 20 people and the problems in it were corrected. The final scale was prepared to be implemented .on the mentioned people
Explain how outliers -19 ?were handled	Dear reviewer, given that it was the COVID-19 period -19 and the data were collected via a link, and the link was designed so that the person had to answer all questions before being able to submit, we had no incomplete data. For normality of the data, the Kolmogorov-Smirnov and Shapiro-Wilk tests were used, which showed that the data were .normally distributed
Present the ceiling and -20 .floor effects	.Presented -20). Across all 291 individuals, scores on the STOSA total ranged from the minimum score of 19 and maximum score of 51. With regard to the

	minimum and maximum, only 0.0% of individuals achieved the bottommost possible score of 13, and 0% of individuals achieved the highest possible score of 52.
State the inclusion -21 and exclusion criteria .precisely	Inclusion criteria: being a student, fluency in the Persian -21 language and age over 18 years; exclusion criterion: .unwillingness to cooperate. This was stated in the text
Convergent and -22 divergent validity should be explained, and why it correlates negatively with .compassion	Dear reviewer, it has been explained in the text and is -22 marked in yellow. People who have more self-compassion, because they are kind to themselves and others and regard themselves as part of the human experience, have less stigma. People who have external shame have more stigma toward both their own and others' mental health problems, which is consistent with the research literature and has .been stated in the text
The Discussion -23 should be compared with other studies of this .instrument	.Added -23
The limitations -24 should be .methodological	New limitations were added to the limitations section, -24 and the limitations are methodological ones that affect the .results
State the -25 application of the research findings for .future studies	This section on the application for researchers, -25 therapists and health policymakers was presented in the .Discussion section
For what reason did -12 you not perform test- ?retest reliability	Due to the restrictions during the COVID-19 period and -26 time constraints, unfortunately it was not done, and it is one of the weaknesses and limitations of the study, which is .mentioned in the limitations section

2 Revision 1

3 comments · 22 Sep 2024 – 22 Sep 2024

Referee 1 Reviewer

ACCEPT 22 Sep 2024

Fortunately, the author revised the manuscript correctly, so the decision is Accept.

Associate Editor

ACCEPT 22 Sep 2024

Dear author,
I believe this manuscript in its current format is ready for publication. Thank you for choosing JJCDC for your publication.
With best regards.

Editor-in-Chief

ACCEPT 22 Sep 2024

Dear author,
This manuscript in its current format is ready for publication. Thank you for choosing JJCDC for your publication.
With best regards.