

Emergence of Suicide from Ideation to Action among Medical Students: A Qualitative Study

Hadi. Ansari¹, Zahra. Nikmanesh^{2*}, Sana. Nourimoghadam², Bahman. Kord Tamini²

¹ Department of Psychology, BA.C., Islamic Azad University, Bandar Abbas, Iran

² Associate Professor, Department of Psychology, Faculty of Education and Psychology, University of Sistan and Baluchestan, Zahedan, Iran

* Corresponding author email address: znikmanesh@ped.usb.ac.ir

E d i t o r	R e v i e w e r s
Thseen Nazir ¹ Professor of Psychology and Counseling Department, Ibn Haldun University, Istanbul, Turkey thseen.nazir@ihu.edu.tr	Reviewer 1: Mohammadreza Zarbakhsh Bahri ¹ Associate Professor (Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran. Email: M.Zarbakhsh@Toniau.ac.ir Reviewer 2: Seyed Ali Darbani ² Assistant Professor, Department of Psychology and Counseling, South Tehran Branch, Islamic Azad University, Tehran, Iran. Email: Ali.darbani@iau.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence “In the present study, interviews continued until saturation was achieved” needs substantially greater methodological transparency. The authors should explain how saturation was operationalized, who determined that saturation had been reached, and at what interview no substantively new codes or categories emerged. It would strengthen the manuscript to distinguish between code saturation and meaning saturation and to indicate whether additional interviews were conducted after preliminary saturation as a confirmation step. Simply stating that 11 interviews were sufficient because saturation occurred is circular unless the decision-making process is documented.

The participant characteristics reported in Table 1 appear inconsistent with the description of the sample as comprising both “medical interns and specialty residents.” The table contains a “Year of Residency” column for all 11 participants and lists medical specialties for every participant, suggesting that the sample may actually consist entirely of residents rather than a mixture of interns and residents. The authors should resolve this discrepancy throughout the manuscript. If interns were included, their training status should be clearly represented in Table 1; if they were not included, references to interns in the title, objective, Methods, Discussion, and conclusion should be removed or corrected.

Table 1 contains a specialty labeled “Minor Specialty,” which is not a standard or sufficiently informative scientific designation. The authors should verify the original Persian term and replace it with the exact recognized medical specialty in English. Similarly, “Surgery” should be specified more precisely if the participant belonged to general surgery or another surgical specialty. Precise specialty classification is important because workload, duty structure, exposure to critically ill patients, and suicide-related stressors may differ substantially across disciplines.

The authors state that “seven subthemes and 53 initial codes were extracted,” yet Tables 2 and 3 as currently presented appear to contain 34 risk-factor codes and 19 protective-factor codes, which indeed total 53. This numerical consistency is useful, but the manuscript should more clearly describe the hierarchical structure of the analysis. Specifically, the terms “main theme,” “subtheme,” “initial code,” “category,” and “theme” should be defined and used consistently. At present, “Risk factors” and “Protective factors” appear to function as overarching domains, while the seven identified constructs function as subthemes. The authors should clarify whether these are categories, themes, or subcategories according to the chosen content-analysis framework.

The Results section needs direct participant quotations to establish qualitative credibility. For example, the manuscript reports “Humiliation, insults, and disrespect from faculty members and senior residents” with a frequency of 21, but no verbatim excerpt is provided to show how participants described this experience or how the researchers interpreted it. At least one or two representative quotations should be provided for each major subtheme, accompanied by anonymous participant identifiers. Quotations are especially important for analytically complex concepts such as “feeling trapped in work,” “master–subordinate hierarchical structure,” and “responsible concern for the family’s future,” because these labels involve interpretation that readers need to evaluate against the original accounts.

The use of frequency counts throughout Tables 2 and 3 requires clarification. For instance, “Humiliation, insults, and disrespect from faculty members and senior residents” has a frequency of 21 despite the study including only 11 participants. The authors must explicitly state whether frequency refers to the number of coded segments, the total number of mentions, or the number of participants endorsing the code. If frequencies represent coded references, readers should not interpret them as prevalence. The manuscript should therefore define the unit of counting and avoid implying quantitative importance solely on the basis of frequency, since a less frequently mentioned experience may still have high conceptual significance in qualitative research.

The code “Use of sedatives and stimulants” is currently classified under “Structural and burnout-related pressures,” but its conceptual placement is questionable. Substance use may represent a maladaptive coping response, a behavioral consequence of occupational strain, or an independent risk factor rather than a structural pressure itself. The authors should revisit this coding decision and explain whether participants described sedative and stimulant use as imposed by working conditions, as an adaptation to long shifts, or as part of the pathway toward suicidality. Similar scrutiny should be applied to codes such as “private-life pressures” and “housing difficulties,” which may belong to broader psychosocial or socioeconomic categories rather than professional responsibility.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In the Research Instrument paragraph, the sentence “To establish the validity of the interview protocol, a content validity approach based on expert judgment was employed” should be reconsidered conceptually. Terms such as “validity of the instrument” and conventional content validity are derived primarily from quantitative measurement traditions and may not be the most appropriate terminology for a semi-structured qualitative interview guide. The authors should explain whether expert review was used to assess relevance, clarity, comprehensiveness, and sensitivity of the interview questions rather than treating the guide as a psychometric instrument. The manuscript would benefit from using qualitative terminology such as credibility, methodological appropriateness, and refinement of the interview guide.

The description of the interview procedure is insufficiently detailed for replication. The paragraph stating that “semi-structured interviews were conducted face-to-face” should be expanded to report who conducted the interviews, the interviewer’s academic and professional background, whether the interviewer had prior relationships with participants, where interviews typically occurred, whether field notes were taken, whether repeat interviews were conducted, and whether participants were given transcripts for verification. The authors should also provide several examples of the central interview questions or include the full interview guide as supplementary material, particularly because the study investigates a highly sensitive phenomenon.

The ethics paragraph requires additional information because of the elevated sensitivity of interviewing participants about suicide. The sentence “Given the sensitivity of the research topic, particular emphasis was placed on adherence to ethical principles” is appropriate but incomplete. The authors should describe the safety protocol used if a participant disclosed current suicidal intent, an active plan, imminent risk, or severe emotional distress during the interview. The manuscript should clarify whether a psychiatrist, psychologist, crisis service, or emergency referral pathway was available and whether the interviewer received training in suicide-risk response. Ethical approval and informed consent alone are not sufficient methodological safeguards in research directly addressing suicidality.

The Data Analysis section is currently too brief to support evaluation of analytic rigor. The statement “Data obtained from the interviews were analyzed using qualitative content analysis with an inductive approach” should be followed by a stepwise explanation of the analytic procedure. The authors should describe transcription, repeated reading, identification of meaning units, condensation, generation of initial codes, comparison of codes, formation of subcategories or subthemes, abstraction into higher-order categories, and iterative revision. The manuscript should also clarify whether coding was conducted primarily in Persian and translated afterward or whether English translations were used during coding, because language can materially affect meaning in qualitative analysis.

The Trustworthiness section relies heavily on “intercoder agreement” and reports an agreement coefficient of 87%, but this is insufficient as the principal demonstration of qualitative rigor. The authors should address the broader criteria of credibility, dependability, confirmability, and transferability. For example, the manuscript should report whether prolonged engagement, peer debriefing, member checking, negative-case analysis, reflexive journaling, audit trails, or thick description were used. Furthermore, the formula presented as “Percentage agreement = $\text{Number of agreements} \div (\text{Number of agreements} + \text{Number of disagreements}) \times 100$ ” does not adjust for chance agreement. The authors should justify why simple percentage agreement was selected rather than Cohen’s kappa or another reliability coefficient and explain precisely what counted as an “agreement.”

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.