

## Nursing students' attitude toward suicide attempters

Sir,

We sincerely thank you for your interest in our work,<sup>[1]</sup> and appreciate your valuable comments and research endeavors in area of suicide.<sup>[2]</sup> We acknowledge that Suicide Opinion Questionnaire (SOQ) has been criticized several times. Despite this SOQ continues to be widely used for attitudinal studies in various countries.<sup>[3-6]</sup> It is intended to compare attitudes toward suicide among different communities, evaluation of training programs or educational activities for health professionals, and other related areas.<sup>[7]</sup> Authors have differently interpreted the available forms of this questionnaire (15 factor, 8 factor, and 5 factor model).<sup>[8]</sup> Its mean internal consistency and test-retest reliabilities are 0.70 and 0.65, respectively.<sup>[9]</sup> In a recent systematic review Kodaka *et al.* concluded that each of available scale has its own characteristics and should be used in accordance with research purposes.<sup>[9]</sup> In the same line,

purpose as well as student population as we intended to measure their knowledge and attitude toward suicide attempters, not specifically stigma of suicide. We agree that the Stigma of Suicide Attempt (STOSA) scale and the Stigma of Suicide and Suicide Survivor (STOSASS) scale are helpful to quantify stigma at individual as well as at population level, in order to provide targeted supportive interventions and to measure changes in the beliefs and attitudes.<sup>[10]</sup> But it was not our purpose in the index study.<sup>[11]</sup>

In the index study,<sup>[11]</sup> attitudes scores among students from both the institutes were significantly different for 17 attitudinal statements and students from first institute were having more positive and less uncertain attitude compared with their peers in another institute. The same group was more knowledgeable about suicide as they had more clinical exposure of suicide attempters. Our study participants had uncertain responses for 25 attitudinal statements, which we accept as major hindrance to draw conclusion. But we left those responses as 'uncertain' rather shifting them toward 'favorable' or 'unfavorable' as it may change the study results substantially. Such uncertain responses might be due to their lack of knowledge about the subject or unclear attitude toward such population.

We further emphasize the vital need for having indigenous instruments to assess health professionals' attitude toward suicide attempters rather than using various instruments, which were originally derived for different populations with different health needs and challenges.

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