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Structural validity of the Persian version of the Suicide Capacity Scale among Iranian college students

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Abstract

Objectives: This study was the first step in translating the Suicide Capacity scale (SCS-3) from English to Persian and then determining its structural validity in a sample of Iranian students.

Methods: The sample consisted of 600 participants selected by the convenience sampling method and answered the questionnaires of the Suicide Behaviors Questionnaire-Revised (SBQ-R) Depressive Symptom Index-Suicidality Subscale (DSI-SS), suicide attempt, and suicidal capacity(SCS-3).

Results: The single-group factor analysis suggested that the three-factor model shows the goodness of fit with the data.

Practical Implications: Suicide capacity is a psychometric tool that can be included in public health studies, health psychology, and empirical research to identify suicide-related behaviors in different populations.

KEYWORDS
reliability, structural, suicide, suicide capacity, validity

1 | INTRODUCTION

Suicide is one of the leading causes of mortality globally and the second leading cause of mortality among young people (Barzilay et al., 2019). One million people worldwide commit suicide each year (Moller et al., 2021). Also, for one death by suicide, 20–25 nonfatal suicide attempts occur (Maltsberger et al., 2015).

In the case of academic examples, more than 1100 suicides are reported in universities each year. Statistics have increased dramatically in recent years. Reports from the National Student Health Assessment Center (NCHA) in the United States show that in the past 12 months, nearly 9% of college students take the risk of suicide seriously, and 1.4% report suicide (Association, 2015). According to the statistics, suicide in Iran is on the rise. A conservative estimate shows that in 2016, there were nearly 7920 suicides and more than 19,8000 suicide attempts in Iran, which in the last two decades, the suicide rate has doubleddecades (Kiani et al., 2021). In a study of 421 people in Iran, 15.9% reported lifelong suicidal ideation, 11.9% reported having a permanent suicide plan, and 7.8% reported persistent suicide attempts (Vasegh & Ardestani, 2018). Given the current socioeconomic crisis, the suicide rate in Iran is expected to increase further, which may lead to more stress for Iranian adults who do not see a future for themselves.

There are various theories about suicide. Some social theorists, including Shneidman (1985), defined suicide as a response to severe pain; Durkheim (1951) defined suicide as emphasizing the role of social isolation; Baumeister (1990) defined suicide as an escape from depression; and Abramson et al. (Alloy et al., 2000) emphasized the role of despair in suicide (Klonsky & May, 2015). Recent suicide theories, however, emphasize a structure called "suicide capacity" that may facilitate the process of converting suicidal ideation into a suicide attempt.

Suicide capacity was first proposed in the Interpersonal Theory of Suicide (ITS) in the form of acquired ability to commit suicide (Chu et al., 2017). This theory states that suicide is difficult because it requires overcoming strong and natural fears such as pain, injury, and

death. In particular, it claims that the ability to overcome these barriers and engage in suicidal behaviors is gained through life experiences such as painful and provocative events that may lead people to habituation (experiences such as trauma, pain, war, nonsuicidal self-harm, and high-risk activities such as skydiving) (Wong et al., 2020). From the perspective of ITS, people with higher suicidal potential are more likely to turn their suicidal thoughts into action (Shahnaz et al., 2020).

Following the release of the ITS, other perspectives expanded on the concept of suicidal ideation. For example, O'Connor's (2011) Integrated Motivational–Volitional Model (IMV) considered volitional factors to be more effective than acquired factors in suicidal behavior and stated that factors such as access to lethal tools, suicide planning, exposure to suicide, impulsivity, and not fearing death, mental imagery, and suicidal behavior in the past are among the factors affecting suicidal capacity (O'Connor & Kirtley, 2018). Similarly, Klonsky and May's (2015) three-step theory of suicide considers three factors involved in suicide capacity, which are as follows: (1) dispositional factors that refer to genetic variables such as low pain sensitivity, nonavoidance of injury, and other factors that increase the ability to commit suicide; (2) practical factors that make suicide easier or more possible, such as more accessible access to and better knowledge of deadly tools, can increase a person's practical capacity to act upon suicidal ideation, and (3) acquired factors are the same structure introduced by ITS. Three-stage theory states that the dispositional, practical, and acquired factors that enhance suicidal ideation ultimately play a role in translating suicidal ideation into action (Wongpakaran et al., 2019, Yang et al., 2019).

Psychologists have always discussed suicide, and given the growing number of people who deprive themselves of the blessings of life, the study of this phenomenon is important not only for scientific research but also for humanity (Turecki et al., 2019). However, most people who think about suicide do not attempt suicide (Rogers & Joiner, 2019); for example, in the United States, only one in seven adults commit suicide with suicidal ideation. These statistics show that the transition from suicide ideation to suicide attempt is almost rare, and the important point is to understand who this transition is for, when, and why (Shahnaz et al., 2020).

Research has cited various factors such as depression, hopelessness, and impulsivity for suicidal ideation (May & Klonsky, 2016); however, it is still unclear exactly what distinguishes suicidal ideation from Suicide attempt and why suicidal ideation sometimes leads to action and sometimes not (Wolford-Clevenger et al., 2020). Many researchers have linked cultural and social contexts and characteristics to suicide. They believe that along with other risk factors for suicide, including psychological and physical diseases, cultural factors play a major role in a suicide attempt (Stack & Kposowa, 2016).

Although the concept of suicidal capacity has attracted much theoretical attention, there are important limitations on operationally defined. In fact, there is no suitable tool to measure it, especially in a country like Iran. The suicide Capacity Scale-3 (SCS-3) is a short practical scale with six items that assesses three factors influencing suicide capacity introduced by Klonsky and May's ITS. Although this scale has had appropriate reliability, coefficient, and validity in various studies (Shahnaz et al., 2020), it has not been investigated in Iranian culture yet; therefore, in this study, we translated and validated the Suicide Capacity Questionnaire so that we can use this instrument in future studies with more confidence. Based on the study's objectives, we developed two hypotheses: The first was to determine the structural validity of the suicide capacity scale Second, suicidal capacity subscales are positively related to suicidal ideation and behavior.

2 | METHODS

2.1 | Participants and procedures

The study population included all students of the University of Mohaghegh Ardabili aged 18 years and older. After completing the process of preparing and obtaining a license and code of ethics, due to the Coronavirus disease 2019 (Covid 19) pandemic, the questionnaires were first designed and set up in the form of Google Form and then the questionnaire link distributed to professors and students through coordination with the university education and cooperation of professors in the active virtual networks (including Telegram, WhatsApp, etc.). It should be mentioned that along with the questionnaire link, the necessary explanations about the objectives of the research, no compulsion in the study, maintaining the confidentiality of participants' personal information and how to respond to the questionnaires, as well as an address for subsequent calls were sent.

The sampling was performed among students of three fields of humanities, engineering, and basic sciences. Ultimately, a total of 40 out of 640 questionnaires were dismissed due to being unfilled.

2.2 | Instruments

Klonsky and May (2015)'s SCS-3 is a six-item measure designed to assess three characteristics that contribute to suicide capability; these include (1) dispositional capability, (2) acquired capability, and (3) practical capability. For each item, participants indicate how much they agree with the statements ranging from 0 (Strongly Disagree) to 6 (Strongly Agree). The SCS-3 was positively correlated with the acquired capability for suicide scale, an established measure of acquired suicide capability (Klonsky & May, 2015).

The Bryslin method was used to translate the SCS-3. In this method, two individuals who were fluent in Persian and English were asked to cooperate in the process. The first person, a psychologist, translated the English version of the scale into Persian. The second person, an English language expert who had not seen the English scale and its statements, was asked to translate the Persian version into English. At first, the formal validity of the translated version was modified with the opinion and cooperation of two psychologists and three university professors. Then the translated version was

compared with the original English version, and its problems were fixed. Finally, to get feedback from the participants to understand the content of the items and fix possible problems, the scale was distributed among 25 individuals by convenience method, and the ambiguity existing in some words was removed.

2.2.1 | The Suicide Behaviors Questionnaire-Revised (SBQ-R)

Review of the Suicidal Behavior Questionnaire (SBQ-R). This questionnaire assesses the lifetime level of suicidal behaviors, level of suicidal ideation in the past year, the relationship between suicidal intent to others, and the likelihood of future suicide attempts. The possible total scores are between 3 and 18; higher scores reflect more suicidal behaviors (Aloba et al., 2017; Osman et al., 2001). This questionnaire was translated into Persian in Iran by Amini-Tehrani et al. (2020). Their analysis showed that the one-factor version is approved in the Iranian sample, and the factor loadings of the questions are between 0.70 and 0.83. The composite reliability and the average variance extracted were 0.87 and 0.63, respectively (Amini-Tehrani et al., 2020). Also, in this study, the factor loadings of the questions are between 0.59 and 0.83. The composite reliability and the average variance extracted were 0.54 and 0.81, respectively. The reliability coefficient in the present study was 0.82.

2.2.2 | The Depressive Symptom Index-Suicidality Subscale (DSI-SS)

This scale measures the abundance and intensity of suicidal ideations at this time. The 4-question scale is a self-report that evaluates the existence of thoughts and their intensity and motivation for suicide. Each item on the scale comprises a set of phrases that are scored from 0 to 3. The highest score is 12. The higher the score, the bigger the problem. Two studies reported an excellent internal consistency, convergent validity, and an ability to differentiate from nonattempters in the statistical population (von Glischinski et al., 2016). This questionnaire was translated into Persian by Mohammad et al. (2004) in Iran. Also, in the study conducted in Iran, the correlation coefficient between suicide attempts and DSI-SS was 0.60, and it was 0.49 between DSI-SS and General Health Questionnaire (GHQ12). Also, the reliability of the DSI-SS questionnaire in the Iranian population was appropriate and significant ($a = 0.91$). Also, in this research, the factor loadings of the questions are between 0.80 and 0.90. The composite reliability and the average variance extracted were 0.66 and 0.90, respectively. The reliability coefficient in this study was 0.90.

2.2.3 | Suicide attempt

We used a case based on research conducted by Stenzel et al. (2020). The question was as follows: How many times have you attempted to commit suicide in the past when you, to some extent, intended to die? In the study, the responses were scored from 0 to 5 or more. Approximately 8% (079.0) attempted to take their lives once, while 3% attempted twice or more (Stenzel et al., 2020).

2.3 | Ethical considerations

The Ethics Committee approved the study of the Ardabil University of Medical Sciences and After initial permission from scale developers, the research was conducted. Ethical considerations were carefully observed during the research process. The participants verified that their details while the questionnaires were anonymous. The participants were also notified of their right to refuse to complete the questionnaires at any research stage.

2.4 | Face validity

A qualitative method was used to evaluate the formal validity of SCS-3. For this purpose, a group consisting of five experts and university professors was asked to determine the difficulty level. The degree of inconsistency, ambiguity in the statements, or the presence of inadequacies in the meanings of words, and finally, their opinions were applied as minor changes in the scale.

2.5 | Content validity

Content validity addresses the extent to which the items cover the purpose of the assessment. It can be examined both qualitatively and quantitatively. In the qualitative review of content validity, five professors were asked to present their corrective views in written form after carefully studying the items on the scale. In evaluating the quality of content validity, they were also asked to consider the grammar, the use of appropriate words, the significance of the questions, the placement of the questions in their proper place, and the time of completing the designed tool. After collecting the opinions of experts, the necessary changes in the scale were considered. Afterward, the content validity ratio (CVR) was used to quantitatively evaluate the content validity and to ensure the selection of the most important and correct content. Also, the content validity index (CVI) was used to ensure that the scale questions are best designed to measure the desired content. To measure the CVR, 12 transactional analysts were asked to score each question based on a three-point Likert scale as follows: (1) not necessary, (2) helpful but not necessary, and (3) necessary. Based on Lawshe's table and according to the number of the experts (12 experts), if the index number is greater than 62%, the presence of the related item is necessary and significant at $p < 0.05$ level (Lawshe, 1975). The coefficients of all items were above 62%, and no items were deleted. CVI is assessed based on three criteria of "simplicity and fluency," "relevance," and "clarity" in a four-point Likert scale including irrelevant (1), need for serious

review (2), relevant but need for review (3), and fully relevant, (4) and the item score must be greater than 0.79 (Waltz & Bausell, 1981). In the CVI, there was no need to modify or delete any item.

2.6 | Data analysis

Data were analyzed using SPSS-25 software, AMOS-24 software, and G * Power. The following methods and tools were used for different analyses: SPSS software for descriptive analyses (e.g., mean, standard deviation, and as well as the Kolmogorov–Smirnov test), confirmatory factor analysis for initial analyses (exploring lost data, multivariate output data, and normality), Amos software for capability reliability, mean-variance extracted, and G* Power software to calculate the effect size and test power.

2.7 | Initial analysis

Initial analysis showed that there was no deviated data in the total data. We had only 3% missing data, which was examined and replaced using the regression attribution method. According to Jammalamadaka et al. (2021), a skewness value between −2 and + 2 and a kurtosis value between −7 and + 7 indicate the normality of the distribution (Jammalamadaka et al., 2021). The Mahalanobis d2 distance was used to identify multivariate deviant points, with the maximum d2 value of 21.984. This value is divided by the number of items (6), which equals 3.66, and this value was less than the threshold of 4, which showed that there is no deviant data in the total data.

3 | RESULTS

Out of 600 participants in this study, 139 (23.2%) were males, and 461 (76.8%) were females. The age mean and standard deviation was 23.34 ± 4.81 for men and 23.01 ± 4.32 for women. A total of 387 (64.5%) had a bachelor's degree, 191 (31.8%) master's degree, and 22 (3.7%) had PhD. The economic status of 113 subjects (18.8%) was weak, 308 subjects (51.3%) were average, 118 subjects (19.7%) were good, and 61 subjects (10.2%) were very good. A total of 73 (12.2%) subjects were smokers (Table 1).

In the present research, skewness values ranged from −0.621 to 1.17, and the kurtosis values fell between −1.23 and 0.160. The results of the Kolmogorov–Smirnov test also confirmed that the data were normally distributed ($p > 0.05$). Results of the χ^2 Q-Q plot for multivariate normality, the formation of a 45° angle, and the concentration of points around the straight line indicated that the distribution was normal. Table 2 shows the mean, standard deviation, skewness, and kurtosis of all suicidal capacity scale questions.

TABLE 1 Participant demographics

Demographic characteristics	*N*	%	Mean (SD)
Sex (female)	461	76.8	
Sex (male)	139	23.2	
Age	600		23.09 (3.58)
Housing situation			
No	421	70.2	
Yes	179	29.8	
The economic situation			
Low	113	18.8	
medium	308	51.3	
Relatively high	118	19.7	
high	61	10.2	
Smoking			
Yes	73	12.2	
Psychiatric history			
Yes	66	11.0	
I live			
Father	4	0.7	
Mother	29	4.8	
Parents	288	48.0	
Another watch	99	16.5	
None	180	30.0	
Possibility of suicide in the future			
Low probability	53	8.8	
Likely	29	4.8	
Most probably	14	2.3	
Attempter status multiple			
One attempt	49	57.0	
Multiple attempt	37	43.0	

TABLE 2 Means, standard deviations, skewness, and kurtosis of the items of for the Three sub scales of *SCS-3*

Items	Mean	Std. deviation	Skewness	Kurtosis
SCS1	3.73	1.66	−0.621	−0.327
SCS2	2.62	1.95	0.255	−1.23
SCS3	3.68	1.79	−0.594	−0.739
SCS4	3.54	1.86	−0.447	−0.932
SCS5	1.26	1.77	1.17	0.160
SCS6	1.30	1.79	1.10	−0.077

Abbreviation: SCS, Suicide Capacity Scale.

3.1 | Structural validity

The Structural validity of the SCS-3 data was assessed using confirmatory factor analysis by the maximum likelihood method (Figure 1). First, the factor loads of the questions were examined, and if the question had a negative factor load or factor load less than 0.4, it was removed (Wang & Rhemtulla, 2021).

The validity of a model can be assessed using some criteria called goodness-of-fit indicators. Permissible limits of fitness indices are as follows: χ^2 by degree of freedom (CMIN/DF < 5), root mean square of residual measurement error (RMSEA < 0.08), incremental fitness index (IFI > 0.9), and Tucker–Lewis index (TLI > 0.9), and comparative fitness index (CFI > 0.9) (Mueller & Hancock, 2019). The results of examining the fit indices of the measurement model indicated the good fitness of the model with data (CMIN/DF = 1.212, IFI = 0.998, CFI = 0.998, TLI = 0.996, and RMSEA = 0.019). The analysis results confirmed the 3-factor model with strong standardized factor loadings (i.e., values ≥ 50). Standardized factor loadings for dispositional capability factor were obtained from 0.59 (Item 1) to 0.62 (Item 2), for acquired capability factor, were achieved from 0.74 (Item 3) to 0.76 (Item 4) and for practical capability factor, were ranged from 0.86 (Item 5) to 0.85 (Item 6). All factor loadings were statistically significant ($p < 0.001$).

The internal consistency reliability of the three factors was assessed using Cronbach's *a* coefficient. Cronbach's *a* coefficient for the subscales of dispositional capability, acquired ability, and practical capacity were 0.714, 0.746, and 0.855, respectively and for the whole scale was 0.72. Thus, the results of the analysis showed the acceptable internal consistency for all three components.

3.2 | The invariance test of suicide capacity in attempter and nonattempter individuals

In this section, the stability of three-factor scores in the two attempter and nonattempter groups was tested via the confirmatory factor analysis method (Table 3).

To analyze factor invariability of the three-factor SCS-3, a basic measurement model without equality was first created and tested in the two groups. Then the invariance of the sizes was tested in both groups. In this factor analysis design, the two sexes were limited by equal regression weights. The results showed that in the unrestricted model and the restricted model, regression weights were equal for both groups ($\Delta\chi^2 = 0.2$, $df = 3$, and $p = 0.94$).

3.3 | The invariance test of SCS-3 in sexes

This section tested the stability of three-factor scores in both sexes using confirmatory factor analysis (Table 3).

To analyze the factor invariability of the three-factor suicide capacity scale, a basic measurement model without equality constraint was first created and tested in the two groups. Then, the invariability of the values was tested in both groups. In this factor analysis scheme, the two sexes were restricted through equal regression weights. The results suggested that the regression weights were equal for the two groups ($\Delta\chi^2 = 3.2$, $df = 3$, and $p = 0.362$).

3.4 | The invariance test of SCS-3 in the age group

This section tested the stability of three-factor scores in the two age groups under 22 years and over 22 years using confirmatory factor analysis (Table 3).

To analyze the factor invariability of the three-factor SCS-3, a basic measurement model without equality constraint was first created and tested in the two groups. The invariability of the values was then tested in both groups. In this factor analysis design, the two genders were limited by equal regression weights. The results suggested that the regression weights were equal for the two groups ($\Delta\chi^2 = 1.9$, $df = 3$, and $p = 0.593$).

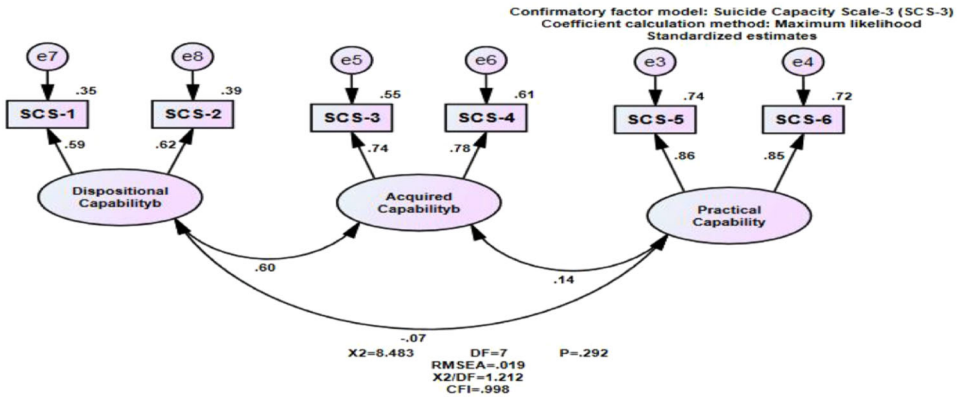

FIGURE 1 Confirmatory factor analysis with factor loadings for the Three subscales of *SCS* scale ($p < 0.01$) [Color figure can be viewed at wileyonlinelibrary.com]

TABLE 3 Standardized factor loadings for the three subscales of SCS scale and compare multigroup

Items	Item factor loading Total	Nonsuicidal group	Suicide attempt group	Men	Women	Under 22 years of age	Over the age of 22 years
SCS1	0.59	0.59	0.54	0.53	0.63	0.61	0.59
SCS2	0.62	0.65	0.52	0.77	0.56	0.64	0.58
SCS3	0.74	0.70	0.97	0.68	0.76	0.70	0.81
SCS4	0.76	0.81	0.67	0.86	0.74	0.82	0.73
SCS5	0.86	0.84	0.89	0.85	0.86	0.86	0.85
SCS6	0.85	0.81	0.92	0.84	0.85	0.83	0.87

Abbreviation: SCS, Suicide Capacity Scale.

TABLE 4 Correlations between the studied variables

Variable	No suicide attempt SBQ-R	DSI-SS	Attempter SBQ-R	DSI-SS
1. Dispositional capability	−0.113*	−0.064	0.082	0.081
2. Acquired capability	0.007	0.026	0.247*	0.179*
3. Practical capability	0.524**	0.424**	0.515**	0.454**

Abbreviations: DSI-SS, Depressive Symptom-Suicidality Subscale; SBQ-R, Suicidal Behaviors Questionnaire-Revised.

*p < 0.05 level (2-tailed); **p < 0.01.

3.5 | Concurrent validity

Correlation matrix analysis related to the study variables shows that among the factors of the SCS-3 in the suicide attempt group, the acquired capability has a significant positive relationship with suicidal SBQ-R (r = 0.247, p < 0.05) and DSI-SS (r = 0.179, p < 0.05). The practical ability also has a significant positive relationship with suicidal SBQ-R (r = 0.515, p < 0.01) and DSI-SS (r = 0.454, p < 0.01). In contrast, in the nonattempter group, the relationship between dispositional ability and SBQ-R is significant and negative (r = −0.113, p < 0.05). The relationship between practical capacity and suicide DSI-SS (r = 0.524, p < 0.01) and SBQ-R (r = 0.424, p < 0.01) is significant and positive (Table 4).

To compare the scores of SCS-3 between the two suicide attempt and without suicide attempt groups, univariate analysis of variance was used, the results of which are presented in Table 5.

Table 5 indicate that in the two groups of attempter and nonattempter, a significant difference was found in the component of dispositional and acquired capacity. These results suggested that the two subscales of dispositional capacity and acquired capacity cannot distinguish between suicidal and nonsuicidal individuals. But in the suicide attempt group, individuals have a higher practical capacity compared with the nonsuicide group (F = 60.398, p < 0.001), and this shows a strong effect size (d = 0.819). These results indicated that the subscale of practical capacity could distinguishes suicide attempters and nonattempters. The average number of suicide attempters in this subscale is higher than the average of nonattempters.

4 | DISCUSSION

This study was conducted to investigate the structural validity of the SCS-3 and to determine the correlation of its subscales with the idea and behavior of suicide in Iranian society to examine the statistical characteristics of the SCS-3 in Iranian samples for the first time and to provide results on the intercultural application of this scale.

The results of one-group factor analysis showed that the three-factor model fits well with the data. The results of multigroup factor analysis showed the invariability of factor structure and regression weights between sex, age, and suicide attempt and nonattempter groups. Among the factors of SCS-3 in the suicide attempt group, the acquired ability has a significant positive relationship with suicidal SBQ-R, and DSI-SS and practical ability have a significant positive relationship with suicidal behavior and ideation. In contrast, in the nonattempter group, the relationship between dispositional ability and suicidal SBQ-R is negative and significant. The association between practical capacity and suicide DSI-SS and SBQ-R is significantly positive. The findings showed high internal consistency of the scale and subscales of suicide capacity. The results also showed that the subscale of practical capacity could distinguish people who attempt suicide from those without suicidal attempts. The average number of people who attempt suicide in this subscale is higher than the average of people without attempts.

This study is in line with Shahnaz et al., (2020) research, who showed that the Suicide Capacity Scale has desirable psychometric properties. Each of the areas of suicidal ideation identified is emphasized in one or more suicide theories. The first factor, that is,

TABLE 5 Differences on factor analytically derived *SCS-3* between No suicide attempt and attempter groups

Variable	Group	*N*	*M*	*SD*	*df*	*F*	*d*	*sig*
Dispositional capability	Attempter	86	7.49	2.81	1598	2.968	0.197	0.085
	No suicide attempt	514	6.91	3.06				
Acquired capability	Attempter	86	5.96	3.71	1598	3.683	0.065	0.572
	No suicide attempt	514	6.19	3.34				
Practical capability	Attempter	86	5.01	3.91	1598	60.398	0.819	0.001
	No suicide attempt	514	2.15	3.01				

Abbreviation: SCS, Suicide Capacity Scale.

acquired capability, represents the fear of death. Theories about suicide and suicidal capacity have shown that the fear of death is a strong barrier to suicide, even among those who tend to commit suicide. Thus, those less afraid of death may have a greater capacity to attempt suicide (Rimkeviciene et al., 2017).

The next factor is the practical component, which indicates practical ability and is defined in the three-step theory of Klonsky and May (2015) as factors that make suicide easier or more possible. Knowledge and access to deadly tools, for example, are considered effective factors in the practical capacity that may enable a person to act on his suicidal thoughts easily. There are some reasons to believe that practical capacity may be a strong risk factor for suicide and a target of intervention (Anestis et al., 2017).

The next factor is dispositional capability, which indicates pain tolerance, which refers to a person's ability to tolerate physical pain. This factor indicates an increase in physical pain tolerance and endurance in the transition from suicidal ideation to action. This factor indicates increased physical pain tolerance and endurance in the transition from suicidal ideation to attempting it (Chu et al., 2017).

But As for the difference between practical capacity and acquired capability and dispositional capability, to die by suicide, one must reduce some of the fear associated with suicidal behavior. If not say impossible, it should be said that it is very unusual to find someone who was born with a low level of fear of committing suicide. Another point is that we can point to the role of mental imagery of suicide and imagery of suicide in the future, in which the person has mental imagery about being killed or dying, and this mental imagery about suicide is thought to increase the likelihood of committing suicide(O'Connor & Kirtley, 2018).

So this is one of the reasons why it can be said that acquired capability and dispositional capability do not have enough power to explain suicide compared with practical capacity. Another point is that in the practical capacity of suicide, we are somehow dealing with planning for suicide. According to the research of Kiani et al. (2021), mental planning of action can significantly affect suicide attempts (Chelmardi et al., 2021).

Also, the study population's lack of a significant relationship between the dispositional factor and the suicide ideation and behavior/attempt can be due to living conditions in Iranian society. This is because of the lack of a significant relationship between acquired factors such as fear of death and suicidal behaviors due to the social constraints and difficulty of living in societies such as Iran and the many problems in economic, career, social and cultural domains, and so forth and the high rate of depression in such societies, especially among young people and students.

Altogether, these findings show that suicidal capacity is a broad and multidimensional structure and that various dimensions of suicidal capacity can be measured reliably. Second, the suicidal capacity scale is a suitable tool for measuring this component in Iranian society. In general, the findings of this study should be interpreted with caution due to some limitations. The first limitation was that Cronbach's α calculated the reliability of the study, and no retest was performed, which should be examined in future research. Therefore, the results cannot be generalized to all the people of the country. Longitudinal research should examine whether different dimensions of suicide capacity predict different outcomes, such as suicide attempts and death.

5 | CONCLUSION

The SCS-3 scale is a three-factor scale, and its structure does not change in the age, sex, attempter, and nonattempter suicidal subgroups. The results also indicated that the practical capacity subscale could distinguish suicidal individuals from nonsuicidal individuals. It can be used to distinguish between people who attempt suicide and ideational and normal individuals in the research and treatment field.

6 | IMPLICATIONS FOR NURSING PRACTICE

Suicide capacity is a psychometric tool that can be included in public health studies, health psychology, and empirical research to identify suicide-related behaviors in different populations. So what is most important to us is to identify people who are more likely to attempt suicide. This tool can help researchers and clinical professionals in this critical matter.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

DATA AVAILABILITY STATEMENT

Data available on request from the authors

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