

Risk Factors for Suicide Attempts in Patients Hospitalized in Mostafa Hospital, Ilam: A Qualitative Study

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Abstract

Background: Suicide is a complicated multifactorial phenomenon. Researchers have attempted to identify the reasons for suicide in different communities. The present study aimed to identify and scrutinize the risk factors for suicide among hospitalized patients.

Methods: This qualitative grounded theory study was conducted using in-depth interviews with 53 hospitalized patients in Mostafa Hospital in Ilam, Iran in 2021. Semi-open questions were asked by a psychologist. The interviews continued until reaching the saturation point and achieving the specific objectives of the study. Finally, coding was performed using the grounded theory method.

Results: A history of suicide attempts was reported by almost two-thirds of the individuals. The results of the primary coding of the items showed that the most important categories paving the path for committing suicide were social, financial, and family factors.

Conclusion: According to the results of the present study, the most important causal conditions contributing to suicide attempts were psychological factors, addiction and its related problems, divorce and its related problems, and love failure.

Keywords: Attempts, Hospitalized, Qualitative study, Risk factors, Suicide

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Introduction

Suicide is a conscious attempt to end one's own life. This attempt may either turn into suicide perpetration or remain only as an emotion (1). According to estimations, about 7.7% of people in society, including young men and women and the elderly, have suicidal ideation (2), about 5% of whom will eventually commit suicide (3). While statistics show that mortality from suicide is three times higher in men than in women, women commit suicide four times more frequently than men (4).

Suicide is a complicated multifactorial phenomenon. In terms of etiology, suicide results from the interaction of various biological, genetic, psychological, social, cultural, and environmental factors. The most important reasons for suicide have been noted to be domestic violence, labeling, deprivation, and depression (5). In a study by Shakeri and Jafarizadeh in Fars province, Iran, psychological disorders were reported to be the most important reason for suicide (31.3%) (6). Suicide attempt has also been significantly associated with parental discord, physical, verbal, or sexual abuse during childhood, a history of suicide attempt in the family or relatives, a history of drug abuse in the family, and referral to a psychiatrist (7-10). Moreover, in a study by Hemati et al in Abadan, Iran on women who had suicide attempts,

it was concluded that suicide attempt was actually a way of expressing and achieving one's desires and reacting to and managing dominance behaviors, restrictions, accusations, and pessimism (11).

Ilam province is among the first three provinces in the country for the prevalence of suicide and suicide attempts. In the past, suicide in Ilam province was mostly attempted by women in the form of self-immolation. As time goes by, the incidence of suicide increases, as it currently ranks first in the country in terms of mortality. In addition, the simultaneous increase in suicide rates and the prevalence of mental disorders with the end of the Iraq war against Iran led to structural and cultural changes in the social context of Ilam province.

Accordingly, it is necessary to pay special attention to social, cultural, and economic conditions in the province. Studies show that although suicide is a deliberate and personal act, it increases under the influence of social factors. Knowing the social factors affecting suicide along with other psychological and family factors can give us new ideas to intervene in the process of suicide.

In-depth interviews with people who have recently attempted suicide are among the most important means to investigate the causes of suicide. Therefore, the present study aimed to identify and scrutinize the reasons for



suicide among the perpetrators admitted to hospitals in Ilam, Iran.

Methods

This qualitative grounded theory study aimed to investigate the reasons for suicide attempts. For this purpose, in-depth interviews were conducted with 53 perpetrators admitted to Mostafa Hospital in Ilam, Iran in 2021 who were selected using purposive sampling. The interviews addressed the participants' perceptions and interpretations of the causes of suicide, the way of committing suicide, and its ensuing consequences.

In-depth interviews were conducted according to a standard protocol by a psychologist who was accompanied by an assistant with a master's degree in psychology to take notes and record the interviews. At the beginning of the interview, participants were assured of the confidentiality of their information and were briefed about the objectives of the study and the way of using the results. The interviews were conducted only after obtaining informed consent and when the participants were physically and mentally ready to patiently respond to questions. Depending on the circumstances, anonymous interviews were conducted either in written form or using audio recordings without mentioning the patients' first and last names. The interviews continued until there was nothing new to be revealed. Each interview lasted for an average of 30-40 minutes. On the same day, the interviews were transcribed verbatim and then the open codes were classified according to the specific objectives of the study, and finally converted into separate and specific themes. Finally, coding was performed. The interviews continued until reaching saturation (i.e., the emergence of no new themes in interviews) and achieving the specific objectives of the study (i.e., determining the individual, psychological, social, and cultural factors contributing to suicide attempts).

The tool used in this study was a questionnaire with semi-open questions, which was completed via conducting in-depth interviews with perpetrators of suicide. Semi-structured individual interviews were held using open- and closed-ended questions. In parallel with the interviews, note-taking and audio recording were performed. As the flow of the questions depends on the process of each interview and the answers provided by the interviewees, the sequence of the questions was variable in each interview.

After transcribing the recorded interviews and the responses provided to the written questionnaires, the data were initially categorized based on the specific objectives of the study and then converted into separate and specific themes. Finally, coding was performed using the grounded theory method.

Results

Out of a total of 53 interviews, one interview was excluded

from the analysis due to the ambiguity of its content and 52 interviews were analyzed. The youngest participant was a 17-year-old girl, and the eldest was a 70-year-old man (Table 1).

In the open-coding phase, 102 items that reflected the participants' understanding and interpretation of suicide were extracted. In the next phase, closely related and semantically similar concepts were classified into 14 main themes (Table 2).

Causal conditions

Based on the results of the coding process, the most fundamental factors paving the ground for committing suicide were related to psychological factors, addiction and its related problems, divorce and its related problems, and love failure (Table 2). Accordingly, psychological factors comprised a key category contributing to suicide attempts. A 35-year-old man with a diploma, who was married and had a son, noted, "...I am currently taking medicine because of the diagnosis of panic disorder. I have already tried to kill myself two times, the first time with poison and the second time with a rope, but I did not succeed. About 11 years ago, I loved my cousin, but my father threatened me with a gun not to marry her, so I was forced to marry another girl, while we did not love each other. My parents do not support us; they themselves are constantly fighting at home..." (Participant 7).

Contextual conditions

The results of the primary coding of the items showed that the most important categories paving the path for committing suicide were social, financial, and family factors (Table 2). One of the fundamental elements under the category of family problems was outrageous fanaticism in the family. A 17-year-old female with high school education noted, "...After they proposed several times, and because of my mother's insistence saying that he is good-looking and wealthy, we got engaged. After a few acquaintance sessions, I realized that I should not marry him, but my father said that it was a disgrace to our family, so I was forced to marry him. After that, I endured loneliness for many long, my husband was an alcoholic, and he would not come home from work. So, I took a lot of tramadol pills and committed suicide..." (Participant 9).

Intervening conditions

The results of the coding of the items showed that the most important intervening conditions contributing to suicide attempts were having no religious attachments and gender inequality (Table 2). In this study, the lack of religious attachment was identified as one of the key intervening factors involved in suicide attempts. A 22-year-old woman explained, "...I do not believe in prayers, and if I die, I would certainly go to hell. I have problems with my fiancé, and I suddenly decided to take

Table 1. The participants' demographic characteristics

Participant code	Gender	Age (y)	Education	Job	Marital status
1	Female	65	Illiterate	Housewife	Married
2	Male	19	High school	Jobless	Single
3	Female	26	Academic	Student	Single
4	Male	67	Illiterate	Driver	Married
5	Female	22	Academic	Student	Married
6	Male	70	Illiterate	Retired	Married
7	Male	35	Diploma	Employee	Married
8	Male	24	High school	Jobless	Single
9	Male	24	Academic	Student	Divorced
10	Female	17	High school	Student	Single
11	Male	40	Academic	Jobless	Married
12	Female	25	High school	Housewife	Single
13	Female	38	High school	Driver	Divorced
14	Female	28	Diploma	Jobless	Married
15	Male	18	High school	Jobless	Single
16	Male	30	Academic	Jobless	Single
17	Female	17	High school	Jobless	Single
18	Female	24	Academic	Student	Single
19	Female	22	Diploma	Housewife	Single
20	Female	25	Diploma	Jobless	Single
21	Male	26	Illiterate	Jobless	Single
22	Male	29	Academic	Employee	Single
23	Male	24	Diploma	Jobless	Single
24	Female	24	Diploma	Housewife	Married
25	Male	42	Diploma	Jobless	Married
26	Female	18	Diploma	Student	Single
27	Male	34	Academic	Employee	Single
28	Male	29	Academic	Jobless	Married
29	Female	28	Academic	Nurse	Married
30	Female	20	High school	Housewife	Married
31	Male	23	Academic	Employee	Single
32	Male	23	Diploma	Jobless	Married
33	Male	22	Academic	Student	Single
34	Female	23	Diploma	Jobless	Single
35	Female	29	Academic	Employee	Single
36	Male	23	Academic	Jobless	Single
37	Male	20	Diploma	Jobless	Single
38	Female	41	High school	Employee	Married
39	Male	23	Diploma	Jobless	Single
40	Male	18	High school	Jobless	Single
41	Female	14	Illiterate	Student	Single
42	Female	34	Academic	Housewife	Married
43	Male	23	Diploma	Jobless	Single
44	Female	19	Diploma	Housewife	Single
45	Male	20	Diploma	Jobless	Single
46	Female	18	Illiterate	Student	Single
47	Male	43	High school	Jobless	Married
48	Female	48	Diploma	Employee	Married
49	Male	31	High school	Jobless	Married
50	Female	17	High school	Student	Single
51	Female	32	High school	Housewife	Married
52	Female	20	Diploma	Jobless	Single

my own life with pills. My fiancé says, 'We should spend the dowry money on my investments', but my father disagrees and says that the money is only for buying goods. My fiancé says that we should live with my parents for a whole year, no arguing with that! So, I suddenly decided to commit suicide..." (Participant 37).

Interactions

The coding of the items showed that the most important interaction problems were the lack of support and stigmatization (Table 2). Lack of positive interaction in the family was identified as a key category that was defined as the lack of support and stigmatization. In her interview, a 22-year-old woman, single and with a diploma, stated, "... I committed suicide yesterday by taking 40 acetaminophen pills because my father disagrees with me doing sex reassignment surgery, saying that he won't pay for it. So, I decided to commit suicide. I have previously tried to hurt myself as well. My relatives are aware of my problem, tormenting me with their looks and words. I have received approval for this surgery from a medical commission. The social welfare organization has promised to help us with 20 million tomans; I myself have the money for emptying my breasts and uterus, but my family does not support me. Because I wear boyish clothes, they say that I have brought them disgrace..." (Participant 19).

Outcomes

Based on the results of the coding process, family disruption, social exclusion, and suicidal ideation were the most important consequences of committing suicide (Table 2). The presence of multiple problems in the family can lead to its disruption, and committing suicide is one of its consequences. A 65-year-old woman stated, "...my children are waiting for me to die and share my inheritance. My youngest child constantly argues with my other children. I am against the sale of the lands. I would say that land is like one's honor. I say to them, when I died, you can sell them, but they would not accept and are constantly arguing. So, I committed suicide to kill myself, and not just to scare my children. But after two days, my daughter found out and took me to the hospital ..." (Participant 1).

Discussion

This qualitative study aimed to investigate the reasons for committing suicide from the perspective of perpetrators by interviewing the patients hospitalized due to suicide attempts. The results revealed almost two-thirds of the perpetrators in their interviews mentioned a history of suicide attempts. In a study by Kheirabadi et al, 30% of the perpetrators and 17% of their families had a history of suicide attempts (12). In another study, Bakhtar and Rezaeian noted that the presence of a history of suicide

Table 2. Primary codes and main themes of suicide attempts

Main themes	Codes	Meaning units/open codes
Causal conditions	Psychological factors	Family history of suicide
		Feeling despair and hopelessness
		Having access to suicide tools
		Feeling tired from life condition
Addiction and its related problems	Addiction and its related problems	Depression
		Emotional problems
		Anxiety
		Lack of resilience
Divorce and its related problems	Divorce and its related problems	Lack of self-esteem
		Death of loved ones
		Sex reassignment
		Being sexually assaulted
Love failure	Love failure	Drinking problems
		Smoking
		Addiction
		Having an addicted family member
Social conditions	Social conditions	Parents' having affectional problems, Polygamy
		Being divorced
		Having a divorced family member
		Parental divorce
Economic conditions	Economic conditions	Parental disagreement with marriage
		Forced marriage
		Parental insistence on marriage
		Not being happy with the marriage
Family conditions	Family conditions	I will force her to divorce me
		Being under the influence of social media
		Following suicide news
		Living in suburbs
Unemployment	Unemployment	History of incarceration
		Lack of recreation facilities in the living place
		Being bankrupted
		Unemployment
Poor economic condition	Poor economic condition	Poor economic condition
		Being agonized by having no job
		Becoming aimless after graduation
		Having no time for paying attention to the surroundings
The presence of the elderly in the family	The presence of the elderly in the family	The presence of the elderly in the family
		The presence of a patient in the family
		Constant arguments and bad mouth in the family
		Having unreasonable fanaticism in family
Living in a shared place with another family	Living in a shared place with another family	Living in a shared place with another family
		Believing only in God
		Having no religious beliefs
		Not praying for believing God does not need the prayers
Parents having better relationships with their sons	Parents having better relationships with their sons	Parents having better relationships with their sons
		Having out-of-wedlock relationships with the opposite sex
		My family has problems with honor and unreasonable prejudices
		Modeling and imitating
The father not giving money	The father not giving money	The father not giving money
		The family not caring for one's problems
		They say you have ruined our reputation, my brother wanted to kill me.
		I have left the home.
Family disruption	Family disruption	I had to get a divorce.
		I had to work as a prostitute.
		I was fired from work.
Social exclusion	Social exclusion	I have committed suicide several times.
		I had constant suicidal ideation.
		I have no remorse; I will do it better the next time.

attempts in the family or relatives was significantly associated with committing suicide, and this risk was intensified in the presence of mood disorders (such as depression), psychiatric problems (such as personality disorder), and substance abuse (13).

According to the results of the coding of items, the most important causal conditions contributing to suicide attempts were psychological factors, addiction and its

related problems, divorce and its related problems, and love failure. In a study by Shaker et al, 40.7% of those committing suicide had a history of psychological disorders, the most important of which were severe depression and schizophrenia (14). In a study by Safiri and Rezaeinasab, the most important reasons for committing suicide were masculinity, domestic violence, stigmatization, deprivation, and depression (5). In

another study, 31.3% of people who attempted suicide had a history of depression (6). It seems one of the most prevalent psychological changes among adolescents is establishing an intimate relationship with the opposite sex to form a new family. Difficulties in marriage and love are also among the reasons for attempting suicide by adolescents.

The results of the coding of the items showed that the most important contextual conditions for suicide attempts were social, economic, and family conditions. In a qualitative study by Kiani et al, the most important underlying family factors were reported to be parental divorce (legal or emotional), being psychologically and physically harassed by parents, addiction, a history of psychological disorders, and a history of suicide attempts by parents (15). In a meta-analysis study, it was reported that economic problems (12%) and family issues (30%) were the most important factors contributing to the incidence of suicide attempts (16). In a qualitative study by Golchin et al., socioeconomic pressures were noted as the underlying causes of suicide attempts (17). Field and level of education are one of the major factors in defining the social class and prestige. Thus, the importance of this issue in the society causes adolescents to bear great psychological pressures. Finally, if the adolescent is unable to tolerate this pressure, he/she may use unreasonable methods such as suicide to escape from such pressures.

The results of the coding process showed that the most important intervening conditions in suicide attempts were the lack of religious attachment and gender inequality. One of the ways to achieve peace in life is to believe in spiritual and religious beliefs and adhere to religious rules. In this vein, various studies have confirmed the role of religion in thwarting suicidal ideation. Studies have also shown a noteworthy difference in the rate of suicide between Islamic countries and other countries with different religions. Spiritual and religious beliefs play an important role in foiling the psychosocial factors contributing to suicide attempts by encouraging compromising attitudes and patience in the face of unpleasant events, augmenting positive attitudes and self-esteem, nurturing hope, and finally, preventing despair. Religious beliefs act as buffers against psychological and emotional distress and provide a sense of comfort to distressed individuals. Thus, it can be said that religion serves as a protective factor against suicide attempts. Nevertheless, in the present study, the protective effect of religion was not detected.

The coding of the items showed that the most important interactional factors contributing to suicide attempts were the lack of support and stigmatization. In a study by Emad and Hadianfard, it was shown that religious strictures had an inverse and significant relationship with the incidence of suicide attempts (18). Studies have indicated an increase in the incidence of suicide among homosexual and bisexual men, which can be due to being

rejected by parents and peers and social stigmatization. However, the rate of suicide shows no rise in homosexual and bisexual women, which can be due to the different and diverse social roles of women compared to men.

Conclusion

According to the results of the present study, the most important causal conditions contributing to suicide attempts were psychological factors, addiction and its related problems, divorce and its related problems, and love failure. Concerning these different factors, the purpose of primary prevention is to identify individuals predisposed to attempting suicide based on the risk factors found in this study. According to the results, it is suggested to develop educational programs for adolescents, families, and the community, especially the schools, about the risk factors for suicide attempts through workshops, brochures, seminars, media, and effective stress management strategies. For secondary prevention, it is essential to identify and treat psycho-emotional problems in the early stages before they become troublesome for adolescents. Besides, since the history of attempting suicide is a risk factor for attempting suicide again, in tertiary prevention, these adolescents should be under control and support after discharge from the hospital to avoid recurrence.

Authors' Contribution

Conceptualization: Yousef Veisani, Fathola Mohamadian.

Data curation: Yousef Veisani.

Investigation: Yousef Veisani, Fathola Mohamadian.

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Competing Interests

The authors have no conflict of interest.

Ethical Approval

This study was approved under the code of ethics IR.MEDILAM.REC.1399.164 by the ethics committee of Ilam University of Medical Sciences.

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