

# Psychometric Validation Of The Suicidal Behaviour Questionnaire-Revised Among Indian Nursing Students: Construct Validity, Reliability, And Gender Invariance

Dhanpal HN<sup>1\*</sup>, Chikke Gowda HN<sup>2</sup>, Shamili<sup>3</sup>, Pushpa DM<sup>4</sup>

<sup>1</sup>\*Professor cum Principal, Department of Psychiatric Nursing, Victory College of Nursing, Rajiv Gandhi University of Health Sciences, [dhanpal2000@gmail.com](mailto:dhanpal2000@gmail.com), ORCID: 0000-0002-3037-3751

<sup>2</sup>Professor, Department of Community Health Nursing, Harsha College of Nursing, Rajiv Gandhi University of Health Sciences, [chikegowda@gmail.com](mailto:chikegowda@gmail.com), ORCID- 0009-0006-3226-0378

<sup>3</sup>Research scholar, Department of Psychiatric Nursing, Dayanand Sagar College of Nursing Sciences, [drshamili.kowshik@hotmail.com](mailto:drshamili.kowshik@hotmail.com), ORCID- 0000-0003-2616-1219

<sup>4</sup>Department of Pediatric Nursing, Victory College of Nursing, Rajiv Gandhi University of Health Sciences, [pushpasp178@gmail.com](mailto:pushpasp178@gmail.com), ORCID: 0009-0002-0414-4995

\*Corresponding Author- Dhanpal HN  
[dhanpal2000@gmail.com](mailto:dhanpal2000@gmail.com)

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## Abstract

**Background & Aim:** Although the English version of the Suicidal Behaviour Questionnaire-Revised (SBQ-R) has been widely used in clinical and nonclinical settings in India, its psychometric properties have not been formally evaluated in an Indian context. This study assessed the construct validity, reliability, and gender invariance of the SBQ-R to determine its applicability among Indian nursing students.

**Methods & Materials:** A cross-sectional online survey was conducted among 300 undergraduate nursing students from two nursing colleges. Data were collected using a three-part self-administered questionnaire: Part 1 included the informed consent form, Part 2 gathered demographic information, and Part 3 comprised the SBQ-R to assess suicidal thoughts and behaviours. Construct validity and reliability were evaluated using confirmatory factor analysis (CFA), and measurement invariance across gender was assessed using multi-group CFA (MGCFA).

**Results:** Confirmatory factor analysis (CFA) supported a good single-factor model fit ( $\chi^2 p > 0.05$ ,  $\chi^2/df < 2$ , SRMR = 0.0139, CFI = 0.996, TLI = 0.989, RMSEA = 0.056), with strong factor loadings ranging from 0.73 to 0.81. Convergent validity was established with an average variance extracted (AVE) of 0.57 and composite reliability (CR) of 0.91. The SBQ-R demonstrated good internal consistency in the Indian sample, with omega and alpha coefficients of 0.83 and 0.80, respectively. Multi-group CFA confirmed measurement invariance across gender.

**Conclusion:** The results demonstrate that the SBQ-R possesses acceptable validity, reliability, and gender invariance, supporting its applicability for assessing suicidal thoughts and behaviours among Indian nursing students

**Key words:** Suicide, Suicidal Ideation, Students, Psychometrics, Questionnaires

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## Introduction

The number of suicides in India has been steadily increasing in recent years, with over 170,924 deaths reported in 2022 (1). The highest suicide rates are observed among individuals aged 15 to 24 years, reflecting global trends in youth suicide (2). Suicide-related behaviours have also been identified as a significant concern among college students (3).

Screening for suicidal thoughts and behaviours is a crucial initial step in youth suicide prevention, as it facilitates the early identification of individuals at risk (4,5). Early detection enables the implementation of targeted prevention and intervention strategies to mitigate suicide risk (4). Self-report instruments are widely used for identifying suicidal ideation in both clinical and non-clinical populations (6). While clinical interviews remain the gold standard for suicide assessment, they require trained professionals and limiting their applicability in many settings (7). In

\*Author for Correspondence: [dhanpal2000@gmail.com](mailto:dhanpal2000@gmail.com)

contrast, self-report tools are efficient, easy to administer, and suitable for large-scale use (5). These instruments also allow individuals who may be hesitant to disclose suicidal thoughts in clinical interviews to respond more openly (8). Additionally, studies have demonstrated a high degree of concordance between self-report measures and clinical interviews in the assessment of suicidal ideation (9).

The Suicidal Behaviour Questionnaire-Revised (SBQ-R) (10) is a brief self-report instrument with strong psychometric properties demonstrated across diverse populations and cultures (11,12). It is validated for use in both clinical and non-clinical settings, (10) and is recognized for being user-friendly, cost-effective, time-efficient, and objectively scored (12). A systematic review identified the SBQ-R as one of the top three brief measures for assessing suicide-related thoughts and behaviours (13). In India, the English version of the SBQ-R has been widely used in both clinical and

non-clinical contexts, particularly among college students (14,15,16,17). However, no formal studies have examined the psychometric properties of the SBQ-R English version in an Indian sample. Evaluating these properties is essential to ensure the tool's validity and reliability across diverse populations 18.

This study aimed to evaluate the psychometric properties of the English version of the SBQ-R, with a focus on construct validity, reliability, and gender invariance. Confirmatory factor analysis (CFA) was conducted to assess the model fit, while multi-group analysis was used to examine measurement invariance across genders. It was hypothesized that the English version of the SBQ-R would exhibit a unidimensional factor structure, acceptable convergent validity, adequate reliability as indicated by coefficient omega and Cronbach's alpha, and measurement invariance between male and female participants.

## Methods

### Study design and setting

This study employed a descriptive, cross-sectional survey design to collect data from two nursing colleges in Bangalore Rural, Karnataka, India, between 13 May and 12 June 2024. The study adhered to the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guidelines (19).

### Study population and sample size

Purposive sampling was utilized to recruit 300 nursing students enrolled in the B.Sc. (N) program from two nursing colleges. Based on established guidelines, a sample size greater than 200 is considered adequate for confirmatory factor analysis (CFA) involving instruments with up to 40 items (20). Eligibility criteria included being 18 years or older and providing informed consent to participate. Students reporting a history of mental illness were excluded from the study.

### Instrument

The data collection instrument was a three-part, self-administered questionnaire. The first part included the informed consent form, while the second part comprised seven questions capturing demographic information such as age, gender, family type, place of residence, and socioeconomic status. The third part consisted of the Suicidal Behaviour Questionnaire-Revised (SBQ-R), which contains four items assessing retrospective and prospective suicidal thoughts and behaviours. Item 1 evaluates lifetime suicidal ideation and attempts (LSIA) with four response options scored from 1 to 4. Item 2 assesses the frequency of suicidal ideation (FSI) over the past 12 months, with responses ranging from 1 to 5. Item 3 examines communication of a suicide plan (CSP) with three response options scored 1 to 3. Item 4 assesses the risk of future suicidal behaviour (RFSB), with six response options scored from 0 to 6. The total SBQ-R score ranges from 3 to 18, with a cut-off score of  $\geq 7$  indicating the presence of suicidal behaviour (10). The SBQ-R has demonstrated

acceptable internal consistency (Cronbach's  $\alpha = 0.76$ ), and in nonclinical samples, a cut-off score of 7 has shown 83% sensitivity and 96% specificity (10).

### Procedure

Permission to collect data was obtained from two nursing colleges. Participants were recruited in batches, and the purpose and procedures of the study were explained prior to obtaining informed consent. A structured online questionnaire, developed using Google Forms and comprising three sections, was distributed to 350 consenting students via existing college WhatsApp groups. Participants were given 30 days to complete the survey, with multiple reminders sent during this period to encourage participation.

### Data analysis

Confirmatory factor analysis (CFA) was conducted to assess model fit and to evaluate the construct validity and reliability of the SBQ-R through the calculation of Average Variance Extracted (AVE), Composite Reliability (CR), McDonald's omega and Cronbach's alpha. Multi-group confirmatory factor analysis (MGCFA) was employed to examine measurement invariance across gender. All statistical analyses were performed using SPSS version 16.0 (21) and JASP version 0.19.3 (22).

### Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee prior to data collection (HCON/HI/IERC/2024-25/18). Electronic informed consent was obtained from all participants. Confidentiality and anonymity were strictly maintained throughout the study. Participation was entirely voluntary, and participants were free to withdraw at any time without any consequences.

## Results

### Socio-demographic Characteristics

A total of 300 nursing students participated in the online survey, yielding a response rate of 85.7%. Participants ranged in age from 18 to 27 years, with a mean age of  $21.08 \pm 2.62$  years. The majority of participants were female ( $n = 178, 59.3\%$ ), while 122 (40.7%) were male. Regarding religious affiliation, 107 students (35.7%) identified as Christian, followed by Hindu ( $n = 96, 32.0\%$ ) and Muslim ( $n = 76, 25.3\%$ ).

In terms of residence, 132 students (44.0%) lived in rural areas, 94 (31.3%) in urban areas, and the remaining participants resided in semi-urban areas. Most students belonged to nuclear families ( $n = 199, 66.3\%$ ), while 101 (33.7%) reported living in joint families. The largest proportion of participants ( $n = 123, 41.0\%$ ) reported a monthly family income between Rs. 10,000 and Rs. 30,000, followed by 77 students (25.7%) with a monthly income between Rs. 31,000 and Rs. 50,000.

Regarding birth order, 118 students (39.3%) were the second-born child in their family, while 110 (36.7%) were first-born. A majority of participants ( $n = 198,$

66.0%) reported no involvement in substance use. None of the respondents reported a history of mental illness. The mean score for suicidal behaviours, as measured by the Suicidal Behaviours Questionnaire-Revised (SBQ-R), was  $6.57 \pm 3.63$ .

**Construct validity of SBQ-R  
Standardized loading factor**

Factor loadings indicate the strength of the relationship between an observed variable and its underlying latent construct. Higher factor loadings represent stronger associations with the latent factor. In this study, all four items on the scale demonstrated factor loadings exceeding 0.70, surpassing the acceptable threshold of 0.50 (23), thereby supporting the construct validity of the measure

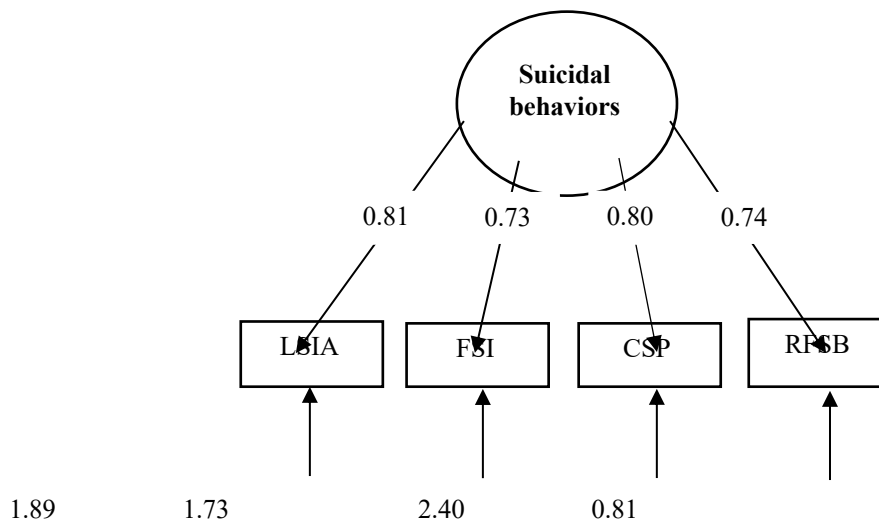
**Model fit**

Several fit indices are commonly used to assess the overall fit of a measurement model to the data. In this study, widely accepted indices including Chi-square statistics, the Standardized Root Mean Square Residual (SRMR), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Goodness-of-Fit Index (GFI), and Root Mean Square Error of Approximation (RMSEA) were used to evaluate the adequacy of the single-factor structure of the SBQ-R (24). The obtained values for all fit indices met the recommended thresholds, indicating a good model fit. Threshold values for each index are presented in Table 1. Figure 1 illustrates the single-factor structure of the SBQ-R, including standardized factor loadings and measurement error terms.

**Table 1-Model Fit Indices and their cut of value**

Fit indices	Adequate fit indices values	Observed fit indices values	Result
Chi-square (24)	p>0.05 Insignificant	P=0.14 Insignificant	Good model fit
Chi-squared over degree of freedom ( $\chi^2/df$ ) (24)	<2 Good fit <3 Acceptable fit	1.926	Good fit
SRMR (24)	<0.08 Good fit	0.0139	Good fit
CFI (24)	>0.95 Good fit >0.90 Acceptable fit	0.996	Good fit
TLI (24)	>0.95 Good fit >0.90 Acceptable fit	0.989	Good fit
GFI (24)	>0.90 Good fit	0.999	Good fit
RMSEA (24)	<0.05 Good fit <0.08 Acceptable fit	0.056	Acceptable fit

**Note-**df-degree of freedom, SRMR-Standardized Root Mean Square Residual, CFI-Comparative Fit Index), TLI-Tucker Lewis Index, GFI-Goodness of Fit Index, and RMSEA-Root Mean Square Error of Approximation.



**FIGURE 1 Single factor structure of SBQ-R**

(Chi-Square=3.85, df=2, p-value=0.14, CFI=0.996, RMSEA=0.056)

**Note-** LSIA: Lifetime suicidal ideas and attempts, FSI: Frequency of suicide ideation, CSP: Communication of a suicide plan, RFSB: Risk of future suicide behaviour

**Convergent validity**

Convergent validity assesses whether items intended to measure a latent construct are indeed related, as predicted by theory. It is established when all factor loadings in the measurement model are statistically significant. In this study, convergent validity was evaluated using the average variance extracted (AVE), with a threshold of  $\geq 0.50$  indicating acceptable validity (24). The SBQ-R demonstrated good convergent validity, with an AVE of 0.57.

**Composite reliability**

Composite reliability (CR) assesses the internal consistency of a latent construct, with a value of  $\geq 0.70$  indicating acceptable reliability (23). The SBQ-R demonstrated good internal consistency, with a CR value of 0.91.

**Reliability**

The internal consistency of the SBQ-R was assessed using McDonald's omega ( $\omega$ ) and Cronbach's alpha ( $\alpha$ ). Values of  $\geq 0.70$  for both coefficients are generally considered indicative of acceptable reliability (25). In the present study, the SBQ-R demonstrated good

internal consistency in the Indian sample, with a McDonald's omega ( $\omega$ ) of 0.83 and a Cronbach's alpha ( $\alpha$ ) of 0.80.

**Gender group Invariance**

Measurement invariance was evaluated to determine the structural equivalence of the SBQ-R across gender groups, each of which met the required sample size for multigroup confirmatory factor analysis (MGCFA) (26), following established procedures. The analysis proceeded through four hierarchical steps: configural, metric, scalar, and strict invariance. Each step imposed progressively stringent constraints on the model, and nested model comparisons were conducted to assess the adequacy of fit at each level. Evidence for invariance was evaluated using two criteria: a non-significant change in the chi-square statistic ( $\Delta\chi^2 > 0.05$ ) and a change in the Comparative Fit Index (CFI) of  $\leq 0.01$ , consistent with established guidelines (27,28). The SBQ-R demonstrated full measurement invariance across gender at all four levels, indicating that the construct is measured equivalently in male and female participants. Table 2 summarizes the results of the measurement invariance tests across the four levels.

**Table 2: Tests for SBQ-R measurement invariance across genders**

Model	$\chi^2$	df	CFI	TLI	RMSEA	Model compared	$\Delta\chi^2$	$\Delta$ df	$\Delta$ p	$\Delta$ CFI
Configural	4.704	4	0.999	0.996	0.034					
Metric	8.955	7	0.996	0.993	0.043	Metric vs Configural	4.251	3	> 0.05	0.003
Scalar	16.767	10	0.987	0.984	0.067	Scalar vs Metric	7.812	3	> 0.05	0.009
Strict	18.792	14	0.990	0.992	0.048	Strict vs Scalar	2.025	4	> 0.05	0.003

**Note:** df-degree of freedom, SRMR-Standardized Root Mean Square Residual, CFI-Comparative Fit Index), TLI-Tucker Lewis Index, and RMSEA-Root Mean Square Error of Approximation.

**Discussion**

Developing and validating a new instrument is a resource-intensive process that requires substantial time and effort. Therefore, the present study aimed to examine the construct validity, internal consistency, and gender invariance of the English version of the Suicidal Behaviors Questionnaire-Revised (SBQ-R) for use within an Indian population. Construct validity was evaluated through convergent validity, assessed using confirmatory factor analysis (CFA), standardized factor loadings, average variance extracted (AVE), and composite reliability (CR). CFA results supported a good fit for the single-factor model ( $\chi^2 p > 0.05$ ,  $\chi^2/df < 2$ , SRMR = 0.0139, CFI = 0.996, TLI = 0.989, RMSEA = 0.056), with standardized factor loadings ranging from 0.73 to 0.81. The AVE and CR values were 0.57 and 0.91, respectively, indicating acceptable convergent validity. These findings corroborate previous research supporting the construct validity of

the one-factor SBQ-R model in diverse populations (4,29,30,31).

The Omega coefficient ( $\omega$ ) and Cronbach's alpha ( $\alpha$ ) measures of internal consistency were used to assess the reliability of the SBQ-R. The results indicated good internal consistency in the Indian sample, with an omega value of 0.83 and alpha value 0.80. This finding is consistent with previous studies that utilized the English version of the SBQ-R across diverse populations, which also reported acceptable reliability estimates (12,29).

The MGCFA tests for different levels of invariance (configural, metric scalar, and strict) each with increasing constrains on models parameter and comparison (Metric vs Configural, Scalar vs Metric, and Strict vs Scalar) supported single factor structure of SBQ-R and invariance across the genders. This implies males and females perceived the instrument items equally and similar construct was measured across genders. The findings that the SBQ-R demonstrates

gender invariance in this study are consistent with previous studies (4,32,33).

### Implications for Nursing Practice

The findings of this study have important implications for nursing practice. The validated English version of the Suicidal Behaviour Questionnaire-Revised (SBQ-R) offers a reliable, efficient, and gender-invariant tool for the early identification of suicidal thoughts and behaviours among nursing students. Its use can support proactive screening in nursing colleges, enabling educators and administrators to identify at-risk students and provide timely support, counselling, or referrals to mental health services.

Regular use of such screening tools promotes mental health awareness and helps integrate psychological well-being into nursing education and training. By identifying and addressing mental health challenges early, nursing institutions can reduce stress, burnout, and suicide risk among students, fostering safer and more supportive learning environments.

### Strengths and Limitations

A key strength of this study was its relatively large sample size (N = 300), which is considered adequate for conducting both CFA and MGCFA. However, the generalizability of the findings is limited by the sample being drawn from only two nursing colleges within a specific region of India. Moreover, administering the SBQ-R in English may restrict its applicability to populations in other regions or cultural contexts where English proficiency varies. Internal consistency reliability was assessed using McDonald's omega and Cronbach's alpha, which yielded satisfactory results. To further establish reliability, future research should assess test-retest reliability. Additionally, translation and cultural adaptation of the SBQ-R into regional languages, followed by psychometric validation, is recommended to enhance its applicability across diverse populations.

### Conclusion

The English version of the SBQ-R demonstrated acceptable psychometric properties in a sample of undergraduate nursing students in India. The unidimensional factor structure was consistent with previous findings and supported by evidence of good construct validity and internal consistency. Furthermore, measurement invariance across gender was established, indicating the instrument's appropriateness for use with both male and female participants.

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