



CODEN [USA]: IAJ PBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2567531>Available online at: <http://www.iajps.com>

Research Article

**A CROSS-SECTIONAL RESEARCH TO IDENTIFY STRESS  
HANDLING STRATEGIES AND NEGATIVE SELF-  
DESTRUCTION INDICATORS LEADING TO SUICIDAL  
TENDENCIES**<sup>1</sup>Ali Raza, <sup>2</sup>Hammad ur Rehman, <sup>3</sup>Ayesha Tabassum<sup>1</sup>Medical Officer at THQ Level Hospital Chowk Azam Layyah, <sup>2</sup>Medical Officer at THQ Karor Lal Eason, <sup>3</sup>THQ Karor Lal Eason**Abstract:**

**Objective:** To recognize the ways of dealing with stress as positive and negative indicators of self-destructive ideation among medicinal understudies.

**Method:** This cross-sectional explanatory examination was directed from January to October 2017, and included understudies matured 19 – 25 years chose from 3 open division restorative universities situated in Lahore in Punjab area of Pakistan. Staggered blended techniques inspecting was utilized. Two institutionalized scales were utilized to evaluate the self-destructive ideation and methods for dealing with the stress of the members.

**Results:** Of the 1200 subjects, 640 (53%) were guys and 560 (47%) were females. Self-diversion ( $p < 0.05$ ), dynamic adapting ( $p < 0.0001$ ), utilization of enthusiastic help ( $p < 0.05$ ), utilization of instrumental help ( $p < 0.001$ ) positive reframing ( $p < 0.0001$ ), arranging ( $p < 0.001$ ), humor ( $p > 0.05$ ), acknowledgment ( $p < 0.001$ ) and religion ( $p < 0.0001$ ) were negative indicators of self-destructive ideation while disavowal ( $p < 0.0001$ ), substance use ( $p < 0.05$ ), venting ( $p > 0.05$ ) and self-fault ( $p < 0.0001$ ) were sure indicators of self-destructive ideation.

**Conclusion:** A psycho-instructive program must be acquainted for therapeutic understudies to empowering them to embrace the correct adapting methodologies so as to deal with unpleasant circumstances.

**Keywords:** Coping Strategies, Suicide, Medical Students.

**Corresponding author:****Ali Raza,**

Medical Officer at THQ Level Hospital Chowk Azam Layyah.

QR code



Please cite this article in press Ali Raza et al., A Cross-Sectional Research To Identify Stress Handling Strategies And Negative Self-Destruction Indicators Leading To Suicidal Tendencies., Indo Am. J. P. Sci, 2019; 06(02).

**INTRODUCTION:**

The intense idea of educational modules and riotous scholarly exercises put a load on restorative understudies and give them less chance to unwind and get ready for amusement which may prompt uneasiness, discouragement, stretch and other psychological wellness problems [1, 2]. Factors like scholastic weight, the dread of disappointment, visit examinations, protracted courses alongside other wellbeing and psychosocial issues result in pressure which may lead towards self-destructive ideation among students [3 – 5].

Suicide is a demonstration of intentionally killing oneself. Self-destructive conduct includes self-destructive ideation, arranging and endeavour. The greater part of the general population who want to slaughter themselves don't really submit suicide however they are in danger of ending their lives on their own [6].

Writing demonstrates a disturbing proportion of sorrow and self-destructive conduct among medicinal understudies everywhere throughout the world [4, 5, 7]. Suicide, after mishaps, is the second most normal reason for death among therapeutic understudies and professionals [8, 9]. Physicians indicated more elevated amounts of self-destructive ideation and conduct contrasted with restorative understudies. Then to a great degree occupied timetable and worry of thinking about patients do not give them a chance to take legitimate consideration of themselves. Their extreme routine does not enable them to save a sensible measure of time for rest, unwinding and entertainment [8]. An ongoing report directed in the United States demonstrated that 11% of restorative understudies submitted suicide. It further announced that restorative experts and understudies are at a high hazard for self-destructive ideation and melancholy contrasted with the other population [9].

Correspondingly, another examination led in Canada found self-destructive ideation in 11% of therapeutic understudies of whom just 16% visited specialists for mitigation of their symptoms [10].

As of late a disturbing ascent in suicides among therapeutic understudies and experts has been accounted for in Pakistan [11]. various investigations have been completed on self-destructive conduct among medicinal understudies in the created world yet this issue has been less inquired about in creating nations like Pakistan, Nepal and India. Restorative understudies of this locale confront numerous social issues alongside scholarly pressure which further prompts self-destructive behaviour [12 – 14].

Adapting systems are psychological and conduct endeavours that are utilized to keep up harmony between the interior and outside requests upon an individual and to manage passionate and maladaptive stressors [15, 16]. Two styles of adapting that have been generally utilized are a dynamic and avoidant cop about going up against stress though refusal, liquor/tranquillize use, and social separation is incorporated into avoidant adapting strategies [4, 16]. However, it has been proposed to contemplate every single adapting methodology to comprehend an example of ways of dealing with the stress of people. In an examination the understudies were solicited to keep a record from their disappointments, their favoured adapting techniques and their fulfilment level regularly for 3 to 14 days. The outcomes demonstrated that the members differently utilized self-blame, conduct separation, enthusiastic or instrumental help, disavowal, self-diversion, venting, substance use and religion as their favoured methodology. Be that as it may, the understudies who utilized avoidant techniques such as self-fault, venting, social withdrawal and substance utilize a detailed larger amount of dissatisfaction [15]. Avoidant adapting is another mental hazard factor for negative reactions to unpleasant life occasions and is watched more in guys than females. Of these negative reactions, self-destructive ideation is more common [15].

Comparative outcomes have been shown by another investigation directed on the misery and nervousness dimensions of military veterans. Larger amounts of nervousness and summed up tension issue were seen among the veterans who utilized forswearing and avoidant adapting techniques to lessen their pressure while the members just with social help who utilized arranging and critical thinking methodologies revealed noteworthy lower dimensions of sorrow and anxiety [16].

To put it plainly, adapting methodologies as mental or conduct endeavours are being utilized to ace, endure, diminish, or limit distressing events [15, 16]. Use of compelling and proper adapting techniques may defuse the effect of recently faced unpleasant circumstances which may additionally diminish the event of emotional wellness issues, and writing demonstrates that adapting systems can be learnt [17].

Medicinal experts assume a key job in the psychological and also physical wellbeing of any country on the planet. Along these lines, their very own psychological and physical wellbeing matters a great deal. Amid the requesting and feverish time of

their investigation and preparing, they have to know and practice positive and helpful approaches to manage their pressure so they might be increasingly profitable for themselves and for others in light of the fact that the demise of one therapeutic expert is the passing of many patients who could have been treated by that healer [11]. Recent examinations have discovered prescription incapable over the long haul for patients with stress and tension. Subsequently, the world is turning towards adapting methodologies to manage pressure, tension and depression [17].

The present investigation was intended to recognize positive and negative adapting procedures as determinants of self-destructive ideation among restorative understudies.

### SUBJECTS AND METHODS:

This cross-sectional explanatory examination was directed from January to October 2017, and included understudies matured 19 – 25 years chose from 3 open division restorative universities situated in Lahore in Punjab area of Pakistan. Likewise, educated assent was taken from the members.

Staggered blended techniques testing was utilized to choose therapeutic understudies matured 19 – 25 years. At the principal level, 2 urban areas were chosen advantageously and at the second dimension by reason, all administration therapeutic universities situated in the chose urban communities were drawn closer for information accumulation. Just three foundations offered authorization to gather information. At the third dimension, the likelihood proportionate stratified system was utilized and populace of every one of the taking an interesting school was isolated into 2 bunches based on sex. At the fourth dimension, the example measure was resolved from the two strata (male and female) from every one of the three foundations. The proportionate example estimate was determined with the assistance of a numerical recipe,  $n = N/(1+N(e)^2)$  with a 95% certainty level [18].

Statistic data of the members was acquired on a self-created shape. So as to evaluate the self-destructive conduct, an institutionalized instrument, suicide practices survey updated (SBQ-R) 19 was managed.

It contains 4 things which survey self-destructive ideation, arranging and endeavour. The scale has great unwavering quality and legitimacy to evaluate self-destructive ideation among non-mental and in addition mental populace. The determined alpha unwavering quality for mental patients is  $\alpha 0.87$  and for college, understudies are  $\alpha 0.76$ .

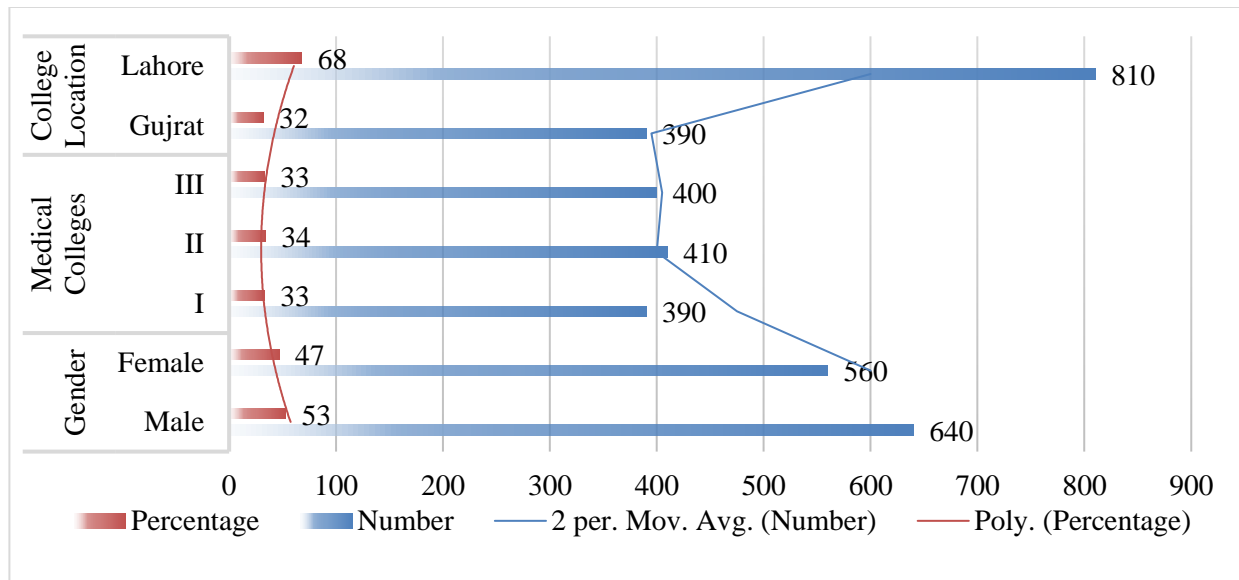
Moreover, brief adapt inventory [20] (BCI) was utilized to gauge the adapting systems of the therapeutic understudies. BCI is a 4-point Likert type scale. It comprises of 14 subscales and 28 things. The alpha dependability of these subscales ranges from  $\alpha 0.50$  to  $\alpha 0.73$ . These 14 subscales speak to 14 unique and free adapting systems. They are: Distraction: Distract one's musings from unpleasant occasion by getting included something; Active Coping: Behavioral and mental endeavors utilizing their own assets; Denial: One declines to encounter the circumstance that is hard to deal with; Substance Abuse: Harmful substances that may harm physical and psychological well-being; Emotional help: To get care, acknowledgment, warmth, compassion, trust, consolation and love from others; Instrumental help: Services, material merchandise and monetary help from others; Behavioral Disengagement: Manipulation of the framework for an ideal result by staying away from to go up against the circumstance; Positive reframing: Transforming thinking by reexamining the things emphatically; Venting: To unveil or impart the distressing occasions to other people; Planning: Carefully sorting out and orchestrating things so as to achieve wanted objectives; Humor: Effort to interest others by one's correspondence; Acceptance: One's consent to any circumstance; Religion: Practices as indicated by the standards and social framework that interface with the otherworldly, and Self-point the finger at: An intellectual procedure in which an individual characteristics the event of an upsetting occasion to oneself.

### RESULTS:

Of the 1335 subjects selected, 1200 (89.9%) finished the survey. Of them, 640 (53%) were guys and 560 (47%) were females. In addition, 390 (32%) subjects hailed from Gujrat and 810 (68%) from Lahore.

**Table – I:** Frequencies and percentages of the sample according to the demographic characteristics.

| Demographic Features |        | Number | Percentage |
|----------------------|--------|--------|------------|
| Gender               | Male   | 640    | 53         |
|                      | Female | 560    | 47         |
| Medical Colleges     | I      | 390    | 33         |
|                      | II     | 410    | 34         |
|                      | III    | 400    | 33         |
| College Location     | Gujrat | 390    | 32         |
|                      | Lahore | 810    | 68         |

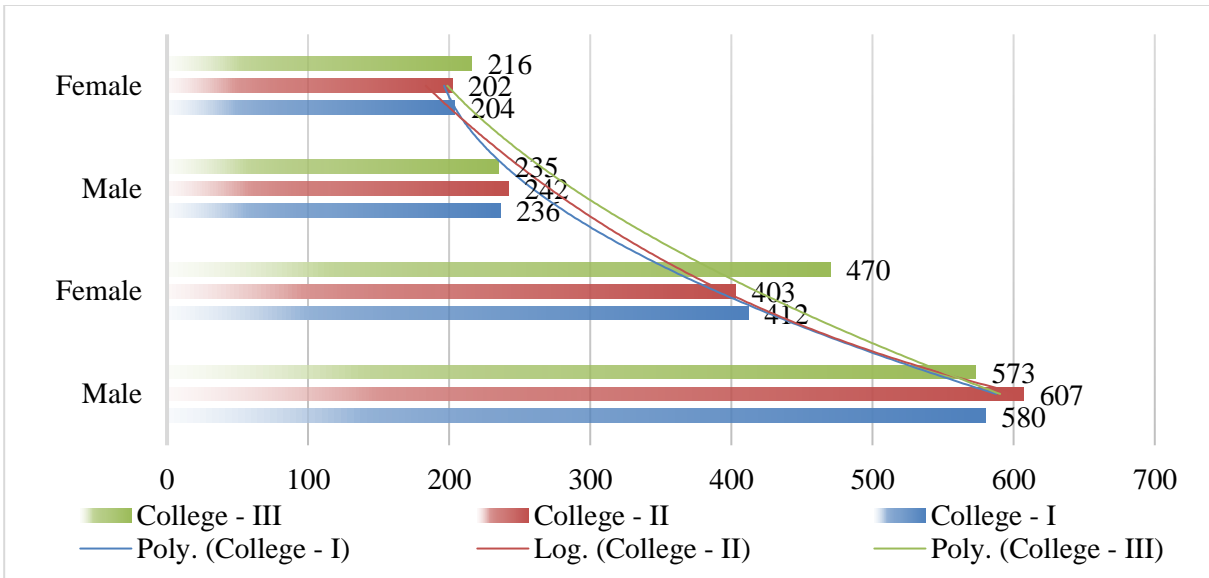


Various leveled relapse demonstrated that self-diversion ( $p < 0.05$ ), dynamic adapting ( $p < 0.0001$ ), utilization of enthusiastic help ( $p < 0.05$ ), utilization of instrumental help ( $p < 0.001$ ) positive reframing ( $p < 0.0001$ ), arranging ( $p < 0.001$ ), humor ( $p > 0.05$ ),

acknowledgment ( $p < 0.001$ ) and religion ( $p < 0.0001$ ) were negative indicators of self-destructive ideation though refusal ( $p < 0.0001$ ), substance use ( $p < 0.05$ ), venting ( $p > 0.05$ ) and self-fault ( $p < 0.0001$ ) were certain indicators of self-destructive ideation.

**Table – II:** College Wise Gender Distribution

| College       | Male | Female | Male | Female |
|---------------|------|--------|------|--------|
| College - I   | 580  | 412    | 236  | 204    |
| College - II  | 607  | 403    | 242  | 202    |
| College - III | 573  | 470    | 235  | 216    |



Of the statistic factors, age was a positive yet immaterial indicator while sex was a negative yet powerless indicator of self-destructive conduct. As sexual orientation was a dichotomous variable, in this manner a fake variable was made where the male was given 0 and female was given 1. Females were 8 bring down in self-destructive conduct. Be that as it

may, the thing that matters was noteworthy ( $p < 0.05$ ) at the initial step just, and was immaterial ( $p > .05$ ) when adapting systems were entered at the second step. Progressive relapse was likewise connected on other statistic factors, similar to a month to month salary.

**Table – III:** Hierarchical Regression analysis on coping strategies for identifying

|                           | Model - I |       | Model - II |        |
|---------------------------|-----------|-------|------------|--------|
|                           | B         | B     | B          | B      |
| Constant                  | 29.41***  |       | 2.75***    | 0.05   |
| Age                       | 0.1       | 0.11  | 0.06       | -0.02  |
| Monthly Income            | -0.02     | -0.04 | -0.01      | 0.03   |
| Gender                    | -8.85*    | -0.15 | -1.86      | -0.12  |
| Self-Distraction          |           |       | -0.61*     | -0.45  |
| Active Coping             |           |       | -3.02***   | *0.37  |
| Denial                    |           |       | 1.09**     | 0.26   |
| Substance Use             |           |       | 0.78**     | -0.14  |
| Use of Emotional Support  |           |       | -1.77*     | -0.06  |
| Behavioural Disengagement |           |       | -0.53**    | 0.08   |
| Venting                   |           |       | 0.25**     | 0.05   |
| Positive Reframing        |           |       | 0.06       | -0.16  |
| Planning                  |           |       | -0.79***   | -0.74  |
| Humour                    |           |       | -0.20      | -0.47  |
| Acceptance                |           |       | -0.54**    | -0.12  |
| Religion                  |           |       | -0.47**    | -0.098 |
| Self-Blame                |           |       | 0.19***    | 0.057  |
| R2                        | 0.20      |       | 0.79       |        |
| F                         | 40.18***  |       | 101.09***  |        |
| ΔR2                       | 0.18      |       | 0.74       |        |

\* $p < .05$ , \*\* $p < .001$ , \*\*\* $p < .0001$

**DISCUSSION:**

The examination recognized self-diversion, dynamic adapting, utilization of enthusiastic help, utilization of instrumental help, positive reframing, arranging and religion as negative and defensive ways of dealing with the stress of self-destructive ideation among restorative understudies. At the end of the day, the utilization of these adapting methodologies decreases the danger of self-destructive conduct among the understudies. Late examinations demonstrated that endeavour to pick up the sensitivity, care and love and in addition budgetary help, administrations from others to deal with the upsetting circumstance altogether lessen the strain and increment the likelihood of adaptability [21]. In basic words, the utilization of dynamic adapting, enthusiastic and substantial help, positive reframing, arranging and religion are conversely connected with self-destructive conduct of restorative understudies. The outcomes are in accordance with the discoveries of past research [15, 22, 23].

Positive reframing is another ground-breaking adapting technique in which the understudies rebuild their sentiments and musings in a positive and professional social way. The discoveries of the present examination have recognized positive reframing as a solid defensive way of dealing with the stress of self-destructive practices among therapeutic understudies. Positive reframing, dynamic adapting and arranging were observed to be related to versatility and great results. These outcomes are in accordance with the past discoveries where arranging and critical thinking was observed to be related with less pressure contrasted with abstaining from adapting which was identified with the abnormal state of distress [22]. Similarly, the utilization of positive reframing, cleverness and acknowledgement assume huge jobs in diminishing everyday life stretch. Indeed, even understudies with high compulsiveness who utilized reframing revealed an abnormal state of satisfaction [15]. The consequences of the present investigation are additionally practically identical with the past examination on military veterans which presumed that those members demonstrated larger amounts of sorrow and summed up uneasiness issue who use denying and avoidant adapting techniques, for example, social separation to manage their day by day life upsetting circumstance. In any case, members who were utilizing critical thinking adapting procedures and had social help announced a lower dimension of melancholy and anxiety [9].

Then again, social withdrawal, venting, self-fault and forswearing gave off an impression of being

inadequate and positive indicators of self-destructive contemplations among the medicinal understudies in this investigation. Comparative outcomes were accounted for by ongoing studies [15 – 20]. The outcomes are additionally predictable with an ongoing report which found that exceptionally focused on understudies utilized conduct withdrawal and venting contrasted with the members with low pressure who answered to utilize positive reframing, instrumental help and dynamic ways of dealing with stress [14].

The great impacts of positive reframing, arranging, utilization of instrumental and passionate help and acknowledgement might be because of the critical thinking nature of these techniques. It is apparent that an individual who decides on these methodologies attempts to comprehend and rebuild the issue so as to understand it though venting, conduct separation, forswearing and self-fault are negative adapting procedures which don't assist their clients with looking into the issue top to bottom. Venting and conduct withdrawal may offer help to the individual for a brief timeframe however over the long haul these techniques are exceptionally ineffectual to manage pressure.

Age and month to month salary are not noteworthy indicators of self-destructive conduct. This implies adapting techniques assume solid jobs in self-destructive practices of therapeutic understudies paying little heed to age and month to month pay. In any case, month to month salary developed as a negative indicator of self-destructive ideation while age showed up as a positive indicator. The outcomes are predictable with the discoveries of past research which announced a larger amount of worry among the restorative understudies of low financial status and it demonstrated that their pressure expanded with age [14]. A conceivable clarification is that medicinal instruction is costly and understudies from families with centre or low pay may feel pressure.

Despite the fact that sexual orientation showed up a powerless and unimportant indicator of self-destructive ideation, the aftereffects of the present investigation demonstrated that guys scored higher on self-destructive conduct contrasted with females. The outcomes are bolstered by the discoveries of a past study [24]. Males in our way of life assume the jobs of bread-workers and play out the majority of the significant duties of their families, in this way they bear progressively social weight contrasted with females. This weight may lead them towards stress and self-destructive ideation.

Based on its discoveries the present investigation

prescribes the incorporation of a psycho-instructive program to be actualized through advisors on therapeutic understudies which can assist them with opting for proper ways of dealing with stress as indicated by their upsetting circumstance. Self-destructive conduct is a wide-going issue with hidden reasons for various natures which could be social, monetary and mental. In this manner, further investigations ought to be led to investigate the commonness and components of self-destructive ideation on a bigger scale among restorative understudies and also experts with the goal that a powerful preventive program might be planned.

### CONCLUSION:

Positive reframing, arranging, dynamic adapting and acknowledgement can lessen the danger of self-destructive ideation while venting, social withdrawal and forswearing are negative ways of dealing with stress which increment the danger of self-destructive ideation.

### REFERENCES:

- Osman A, Bagge CL, Guitierrez PM, Konick LG, Kooper BA, Barrios FX. The suicidal behaviour questionnaire-revised (SBQ-R): validation with clinical non-clinical samples. *Assessment*. 2001; 5:443-54.
- Carver CS. You want to measure coping but your protocol's too long: Consider the brief COPE. *Int J Behav Med*. 1997; 4:92-100.
- Ostdick JH. Evaluate your stressors to better cope. [Online] [Cited 2017 Sep 08]. Available from: URL: <https://www.success.com/article/11-strategies-for-managing-stress>.
- Tran AN, Ornelas IJ, Kim M, Perez G, Green M, Lyn MJ, et al. Results from a Pilot Promotora Program to Reduce Depression and Stress among Immigrant Latinas. *Health Promot Pract*. 2014; 15:365-72.
- Ito M, Matsushima E. Presentation of Coping Strategies Associated with Physical and Mental Health During Health Check-ups. *Community Ment Health J*. 2017; 53:297-305.
- WHO. Age-standardized rates, male:female ratio. [Online] [Cited 2017 Sep 18]. Available from: URL: [http://www.who.int/gho/mental\\_health/suicide\\_rates/en/](http://www.who.int/gho/mental_health/suicide_rates/en/).
- Akram B, Iliyas M. Coping Strategies, Mental Health and HIV Status: Predictors of Suicidal Behaviour among PWIDs. *J Pak Med Assoc*. 2017; 67:568-572.
- Minayo MCS, Cavalcante FG, Colet CS. A qualitative study on suicide attempts and ideations with 60 elderly in Brazil. *Cien Saude Colet*. 2015; 20:1655-66.
- Wilkinson TJ, McKenzie JM, Ali AN, Rudland J, Carter FA, Bell CJ. Identifying medical students at risk of underperformance from significant stressors. *BM C Med Educ*. 2016; 16: 43.
- Grossman DC. (2016) Reducing the Stigma: Faculty Speak Out About Suicide Rates Among Medical Students, Physicians: [Online] [Cited 2017 March 20]. Available from: URL: <https://news.aamc.org/medical-education/article/reducing-stigmasuicide-rates/>
- Rotenstein LS, Ramos MA, Torre M, Segal B, Peluso MJ, Guille C, et al. Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: A systematic review and meta-analysis. *JAMA*. 2016; 316:2214-36.
- Mahmood K. Time to act - an alarming rise in suicides among medical professionals in Pakistan. *J College Phys Surg Pak*. 2016; 26: 947-9.
- Chauhan H, Shah H, Chauhan SH, Chaudhary SM. Stress in medical students: a cross-sectional study. *Int J Biomed Adv Res*. 2014; 5: 292-4.
- Waqas A, Khan S, Sharif W, Khalid U, Ali A. Association of academic stress with sleeping difficulties in medical students of a Pakistani medical school: a cross-sectional survey. *Peer J*. 2015; 3: e840.
- George LS, Balasubramanian A, Paul N, Leelamoni, K. A study on perceived stress and coping mechanisms among students of a medical school in South India. *J Evid Based Med Healthc*. 2016; 3:2349-562.
- Stoeber J, Janssen DP. Perfectionism and coping with daily failures: positive reframing helps achieve satisfaction at the end of the day. *Anxiety Stress Coping*. 2011; 24:477-97.
- Neupert SD, Ennis GE, Ramsey JL, Gall AA. Solving Tomorrow's Problems Today? Daily Anticipatory Coping and Reactivity to Daily Stressors. *J Gerontol B Psychol Sci Soc Sci*. 2016; 71:650-60.
- European College of Neuropsychopharmacology (ECNP). (2017, September 5). Coping skills affect women's anxiety levels, study shows. *Science Daily*. [Online] [Cited 2017 Oct 03]. Available from: URL: [www.sciencedaily.com/releases/2017/09/170905125529.htm](http://www.sciencedaily.com/releases/2017/09/170905125529.htm).
- Taro Y. Elementary sampling theory. In: Taro Y, eds. *Englewood Cliffs, NJ: Prentice-Hall Inc, 1967*.
- Akram B, Rafi Z. Demographic and Psychological Determinants of Academic Achievement of Medical Students. *J Appl*

- Environ Biol Sci. 2017; 7: 1-6.
21. Hoe DC, Wah CK, Rian CA, Eliza Au E, Goud BK, Kamath U. Stress manifestations of medical students and its relation with gender and lifestyle changes. *Int Med J Stud Res.* 2012; 2: 37-45.
  22. Nair S, Ramesh, Hiremath SG, Chethana KV, Raghunath P. Perceived stress among medical undergraduates in a private medical college in Raichur, India. *Int J Recent Sci Res.* 2013; 4: 428431.
  23. Ludwig A, Burton W, Weingarten J, Milan F, Myers DC, Kligler B. Depression and stress amongst undergraduate medical students. *BMC Med Educ.* 2015; 15:141.
  24. Abdel Rahman AG, Al Hashim BN, Al Haji NK, Al Abbad. Stress among medical Saudi students at the College of Medicine, King Faisal University. *J Prev Med Hyg.* 2013; 54: 195-9.