

ORIGINAL RESEARCH**The risk of suicidal behaviour and coping strategies among BSc nursing and GNM students****¹Deepak K. Shandily, ²Lovesampuranjot Kaur, ³Annie Richard Louis**^{1,2}Professor, Faculty of Nursing, Desh Bhagat University, Mandi Gobindgarh, Punjab, India³MSc Nursing Student, Desh Bhagat University, Mandi Gobindgarh, Punjab, India**Correspondence:**

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Statement of Problem

“A comparative study to assess the risk of suicidal behaviour and coping strategies among BSc Nursing and GNM students in Desh Bhagat University school of Nursing, Mandi Gobindgarh, Punjab”.

Material and method: A descriptive comparative research design were used present study. Total sample for the study used were 60 subjects by convenient sampling technique. Ratingscale and Brief COPE scale were used to collect the data in the study i.e., demographic profile sheet and rating scale. The data was collected from subject in Desh Bhagat University schoolof Nursing Punjab, after explaining them the purpose of study.

Results: The result of study showed that that the mean value of suicidal risk was 92.27 with standard deviation was 20.0 in BSc Nursing and mean value of Using Coping Strategies was96.10 with standard deviation was 16.06 in BSc Nursing, where as in GNM mean value of Suicidal risk was 81.63 and its standard deviation was 23.08, mean value of using coping strategies was 82.50 &its standard deviation was 19.83 in GNM students. The ‘t’ value of suicidal risk behavior was 1.8523 which was significant statistically in both groups, where as in ‘t’ value of using coping strategies was 5.5330, which was statistically significant in both groups. Hence the research hypothesis was accepted.

Conclusion: There is no significance association between the level of scores and other demographic variables (Age, Gender, Residential area, Religion, Marital status, educationalstatus, type of family, monthly income of the head of the family, education of the head of the family, occupation of the head of the family).it was concluded that the authorities should make use of the media to reach out to the population and to make them more aware of the reality and effectiveness of risk of suicidal behaviour and coping strategies. The government should act as a role model to the private sector in showing ways of providing treatment at affordable costs

Key Words: Suicidal Behavior, Coping Strategies, BSc Nursing, GNM

Introduction

The word suicide breaks down into the Latin words sui and cedere which together translates to (killing oneself). Suicide is the type of deliberate self-harm and is defined as an intentional human act of killing oneself. Suicide has become one of the biggest social problems of our time affecting all our lives or the others. It is a day-to-day experience and everyday news in a society (**Goldsmith 2002**)

Marco Innamorat et. al (2020) An institutional based cross-sectional study was conducted at College of Health and Medical Science, Haramaya University on a total of

757 participants to assess suicidal ideation and attempt. This study showed that the high prevalence of suicidal ideation and attempt in undergraduate medical students as compared to the prevalence of suicidal behaviour among other university students who were studying in other fields. Cumulative Grade Point Average, current alcohol use, depression, anxiety and poor social support were the factors statistically associated with the suicidal ideation. Depression and anxiety were the ones associated with the suicidal attempt. Early screening, detection and management of suicidal behaviour and associated mental health problems were recommended for undergraduate medical students.

Coping mechanisms and support systems are important. Biological factors like genetic predisposition to mental illnesses also play a role. A person with a higher level of predisposition may go on to develop a clinical illness which can become a risk factor for self-harm or suicide. It depends on how they are able to cope and handle stress.” Child activists point out that many students especially above the age of 14 yrs. don’t find a proper way to cope up or vent their anxiety which makes stress management difficult (**Mrazek PJ 1994**)

Suicide is considered a serious global issue that needs to be prioritized by public policies and health agendas. One death per suicide is estimated every 40 seconds, and one attempt every two or three seconds, with about 75% of suicide deaths occurring in low- and middle-income countries. Brazil occupies the eighth position in suicide numbers in the Americas. Most deaths from suicide are considered avoidable, but the topic is complex, stigmatized, and insufficiently understood (**WHO 2019**)

Nurses have an important role in suicide prevention. However, they often do not perceive themselves sufficiently prepared for providing this care. The literature has also shown association between negative attitudes related to suicide, unprepared professionals, stigma, discrimination, and inadequate quality of care. However, knowledge about these issues is still limited, especially among nursing students (**Rev. Latino 2019**)

Need of the study

A variety of factors have been identified as being risk factors for suicidal behaviour. One of them is the way a person dealing with stressful situations. It is not the stressful situation alone that leads to a serious outcome, but rather the way in which the person copes with it. A study presented results which support a theory of two paths to a suicide attempt. Both paths include vulnerability factors such as low self-esteem, low self-efficacy, loneliness and separation/divorce. One path is suggested to comprise factors related to depression and hopelessness, while the other one includes a negative appraisal of one’s own problem-solving capacity. Sundqvist et al. elucidated the pathways to suicidal behaviour using a time- geographic life charting combined with a survey of a person’s coping capacities. They found three different pathways. The first pathway where predominantly adaptive coping capacity was used, the second where both adaptive and maladaptive coping were used, and the third where mainly maladaptive coping capacities were used. Apart from capacities to cope with stressful life events, the potential pathways illustrate a suicidal person’s social capability, predisposing life events, precipitating life events, and illness course, which all offer an extensive picture and knowledge about the suicidal individual. (**Dieserud,2001**)

Sharadha Naveen & Vinuprasad Venugopalan et. al (2019) A cross-sectional study was conducted in a medical college hospital of Kerala on total 287 first & second year medical students who were not exposed to psychiatry teaching were recruited for the study by total enumeration method. Students participated in this study have more of rejecting attitudes towards suicide. But less than half of them take it as a sign of mental illness. When it comes to attitude towards a suicidal person, our medical students have a

very high acceptance score and also are ready to help them. Studies involving students who complete undergraduate psychiatry training will help to know about the change that the training brings into the attitudes.

Based on the review of literature, it is a well-known that the adults (>18 years) are more vulnerable for suicidal behavior. Thus, this age group require knowledge on risk factors and preventive measures for suicidal behavior. So, the investigator felt need to conduct this study to assess the risk of suicide and coping strategies for suicidal behavior among adults. Thus, this age group require knowledge on risk factors and preventive measures for suicidal behavior. So, it is a need to conduct this study, to assess the risk of suicide and coping strategies for suicidal behavior among young adults.

Statement of the problem

A comparative study to assess the risk of suicidal behavior and coping strategies among BSc Nursing and GNM students in Desh Bhagat University, Mandi Gobindgarh, Punjab.

Objectives

- To assess the risk of suicidal behavior among BSc Nursing and GNM students
- To assess the use of coping strategies among BSc Nursing and GNM students
- To compare the mean score of suicidal behavior and coping strategies among BSc Nursing and GNM students
- To find out the association between suicidal risk and coping strategies of BSc Nursing students with their Socio-demographic variables.
- To find out the association between suicidal risk and coping strategies of GNM students with their Socio-demographic variables

Aimed of study

The present study aimed to assess the risk of suicidal behavior and coping strategies among BSc Nursing and GNM students in Desh Bhagat University, Gobindgarh, Punjab

Research hypothesis

H1: There will be a significant difference between the mean score of suicidal behaviour in BSc Nursing and GNM students.

H2: There will be a significant difference between the mean score of coping strategies in BSc Nursing and GNM students

Research approach and research design

A quantitative research approach and Comparative design was considered as a good fit for the present study. “

Research setting of the study

The research study was conducted in Institute of Nursing, Desh Bhagat University, Gobindgarh, Punjab

Population

The population under the study was the students of GNM and BSc Nursing in Institute of Nursing, Desh Bhagat University Punjab. Once the eligibility of sample was established, written informed consent was obtained by.

Sample size

The sample of the study comprised of 60 subjects with students of GNM and BSc Nursing in Institute of Nursing, Desh Bhagat University Punjab

Sampling technique

Convenient sampling was used to select the students of GNM and BSc Nursing in Institute of Nursing, Desh Bhagat University Punjab

Development of the tool

The following data tools were used to obtain the data

- Demographic data profile sheet
- Rating Scale for assess the Suicidal Behavior
- Brief COPE Scale for assess the coping strategies

Analysis and interpretation**Section 1: Frequency and percentage of suicidal behavior and use of coping strategies among BSc Nursing and GNM students**

Table1. Frequencies and percentage, distribution of demographic variables related to suicidal behavior and use of coping strategies among BSc Nursing and GNM students

N=60

Demographic Variables	GNM Students Frequency	Percentage	BSC Students Frequency	Percentage
Age				
17-21 years	24	80%	29	97%
22-26 years	5	17%	0	0%
27-31 years	1	3%	1	3%
32-35 years	0	0%	0	0%
GENDER				
Male	15	50%	8	27%
female	15	50%	22	73%
Educational Status				
GNM	30	100%	0	0%
BSC	0	0%	30	100%
Religion				
Hindu	8	27%	9	30%
Muslim	7	23%	12	40%
Christian	14	47%	6	20%
Others	1	3%	3	10%
Marital Status				
Married	3	10%	2	7%
Unmarried	27	90%	28	93%
Divorced	0	0%	0	0%
Other	0	0%	0	0%
Education of the Head of the family				
Professional Degree	1	3%	1	3%
Graduate	7	23%	12	40%
Intermediate	7	23%	4	13%

High School	9	30%	6	20%
Middle School	3	10%	5	17%
Primary School	2	7%	1	3%
Illiterate	1	3%	1	3%
Occupation of head of the Family				
Professional	10	33%	9	30%
Semi professional	2	7%	9	30%
Clerical	5	17%	4	13%
Skilled Worker	5	17%	5	17%
Semi-Skilled Worker	3	10%	1	3%
Unskilled Worker	1	3%	0	0%
Unemployed	4	13%	2	7%
Income of the Head of the Family				
Rs.47348 and above	5	17%	6	20%
23674-47347	6	20%	5	17%
17756-23776	3	10%	6	20%
11837-17755	5	17%	3	10%
7102-11836	4	13%	6	20%
2391-7101	2	7%	1	3%
Less than 2390	5	17%	1	3%
Type of residential area				
Rural	19	63%	18	60%
Urban	11	37%	12	40%
Town	0	0%	0	0%
City	0	0%	0	0%
Type of Family				
Joint	17	57%	14	47%
Nuclear	11	37%	16	53%
Extended	0	0%	0	0%
Single parent or step family	2	7%	0	0%

Table 1 shows that subjects studied were distributed into various categories according to Age, Gender, Residential area, Religion, Marital status, educational status, type of family, monthly income of the head of the family, education of the head of the family, occupation of the head of the family. These findings were as follows.

According to age in GNM, maximum 24(80%) Students were in age group of 17-21 years followed by 5 (17%) were 22-26 year of age and minimum 1 (3%) student were in 27-31 years of age group. Where as in BSc Nursing maximum 29(97%) Students were in age group of 17- 21 years and minimum 1 (3%) student were in 27-31 years of age group

Regarding gender distribution in GNM 15(50%) students were females and 15(50%) were males. Where as in BSc Nursing 22(73%) students were females and minimum 8(23%) students were males.

According to religion in GNM, maximum 14(47%) students were Christian followed by 8(27%) were Hindu, followed by 7(23%) were Muslim, and minimum 1(3%) were Others. Where as in BSc Nursing, maximum 12(40%) students were Muslim followed by 9(30%) were Hindu, followed by 6(20%) were Christian, and minimum 3(10%) were Others.

On the basis of educational status in GNM, maximum 30(100%) students are in BSc Nursing where as In BSc Nursing Maximum 30(100%) are in GNM.

On the basis of Marital status in GNM, maximum 27(90%) were unmarried and minimum 3(10%) were married where as in BSc Nursing maximum 28(93%) were unmarried and minimum 2(7%) were married

On the basis of education of the head of the family in GNM Students Parents, Maximum 9(30%) were completed Highschool followed by 7(23%) are completed intermediate and graduation followed by 1(3%) completed professional degree followed by 2(7%) were completed primary schooling and minimum 1(3%) were illiterate where as in BSc Nursing Maximum 12(40%) were completed Graduation followed by 6(20%) are completed High school followed by 5(17%) completed middle school followed by 1(3%) were completed Professional Degree and minimum 1(3%) were illiterate.

On the basis of Occupation of head of the family of GNM Students, Maximum 10(33%) were professional job followed by 5(17%) were in clerical and skilled worker followed by 3(10%) semi- skilled workers followed by 2(7%) were semiprofessional followed by 4(13%) were unemployed and minimum 1(3%) were unskilled worker where as in BSc Nursing students Family Maximum 9(30%) were professional and semiprofessional job followed by 5(17%) were in skilled worker followed by 4(13%) clerical job followed by 2(7%) were unemployed and minimum 1(3%) were semiskilled worker

As per monthly family income (in rupees) in GNM, highest 6 (20%) parents had monthly family income of Rs.23674-47347, followed by 5(17%) parents with more than 47348 and less than 2390, followed by 4(13%) parents with Rs 7102-11836 and least 2(7%) parents with monthly family income of Rs 2391-7101 where as in BSc Nursing students Family highest 6 (20%) parents had monthly family income of Rs.17756-23776, more than 47348 and 7102- 11836, followed by 5(17%) parents with Rs-23674-47347, followed by 3(10%) parents with Rs 11837-177355 and least 1(3%) parents with monthly family income of Rs 2391-7101 and less than 2390.

As per Type of residential area of GNM students, maximum 19(63%) were in rural area followed by 11(37%) were in urban area where as in BSc Nursing maximum 18(60%) were from rural area and 12(40%) were from urban area.

As per type of families of GNM students, maximum 17(57%) were joint family followed by 11(37%) were nuclear family and minimum 2(%) were single parent or step family where as in BSc Nursing students, maximum 16(53%) were from nuclear family and 14(47%) were from joint family.

Section 2: Assessment of the risk of suicidal behavior among BSc Nursing and GNM students

Table 2: Assessment of the risk of suicidal behavior among BSc Nursing and GNM students N=60

Level of Knowledge	BSc Students		GNM Students	
	Frequency	Percentage	Frequency	Percentage
Mild Risk	27	90%	15	50%

Moderate Risk	3	10%	13	43%
Severe Risk	0	0%	2	7%

Table: 2 depicts that in BSc Nursing, maximum 27(90%) students had Mild Risk and 3(10%) students had moderate Risk where as in GNM students maximum 15(50%) students had Mildrisk followed by 13(43%) students had Moderate risk and 2(7%) students had Severe risk.

Hence, it's confirmed that maximum students had mild risk of suicidal behaviour

Section 3: Assessment of the use of coping strategies among BSc Nursing and GNM students

Table 3: Assessment the use of coping strategies among BSc Nursing and GNM students

N=60

Level of Practice	BSc Students		GNM Students	
	Frequency	Percentage	Frequency	Percentage
Problem focused coping	30	100%	8	27%
Emotion focused coping	0	0%	22	73%
Avoidant coping	0	%	0	0%

Table 3: depicts that in BSc Nursing, maximum 30(100%) students had problem focused coping strategy where as in GNM, maximum 22(73%) students had Emotion focused coping strategy and 8(27%) students had Avoidant coping strategy.

Hence, it's confirmed that maximum student had using problem focused coping strategy.

Section 4: Comparison of mean score of suicidal behavior and use of coping strategies among BSc Nursing and GNM students

Table 4: Comparison of mean score of suicidal behavior and use of coping strategies among BSc Nursing and GNM students

N=60

GROUP	Mean		Standard Deviation		Unpaired t test	
	Suicide Behavior	Coping Strategies	Suicide Behavior	Coping Strategies	Suicide Behavior	Coping Strategies
BSc Students	92.27	96.10	20.0	16.06	1.8523	5.5330
GNM Students	81.63	82.50	23.08	19.83	Significant	Significant

P=<0.05

Table -4 Comparison of suicidal risk behavior and use of coping strategies among BSc Nursing and GNM students.

The analysis reveals that the mean value of suicidal risk was 92.27 with standard deviation was 20.0 in BSc Nursing and mean value of Using Coping Strategies was 96.10 with standard deviation was 16.06 in BSc Nursing, where as in GNM mean value of Suicidal risk was 81.63 and its standard deviation was 23.08, mean value of using coping strategies was 82.50 & its standard deviation was 19.83 in GNM students. The 't' value of suicidal risk behavior was 1.8523 which was significant statistically in both groups, where as in 't' value of using coping strategies was 5.5330, which was statistically significant in both groups. Hence The Research Hypothesis Was Accepted

Section 5: Association between suicidal risk of BSc Nursing and GNM students with their Socio-demographic variables

Table 6: Association between suicidal risk of BSc Nursing students with their Socio-demographic variables

N=60

Demographic Variables	Frequency of BSC Students			Chi Square	DF	p- Value	Result
	Average Behaviour	Moderate Behaviour	Inadequate Behaviour				
Age							
17-21 years	26	3	0	0.115	1	0.735	NS
22-26 years	0	0	0				
27-31 years	1	0	0				
32-35 years	0	0	0				
GENDER							
Male	7	1	0	0.076	1	0.782	NS
female	20	2	0				
Educational Status							
GNM	0	0	0	-	-		
BSC	27	3	0				
Religion							
Hindu	9	0	0	5.000	3	0.172	NS
Muslim	11	1	0				
Christian	4	2	0				
Others	3	0	0				
Marital Status							
Married	2	0	0	0.238	1	0.626	NS
Unmarried	25	3	0				
Divorced	0	0	0				
Other	0	0	0				
Education of the Head of the family							
Professional Degree	1	0	0	2.593	6	0.858	NS
Graduate	10	2	0				
Intermediate	4	0	0				
High School	6	0	0				
Middle School	4	1	0				
Primary School	1	0	0				
Illiterate	1	0	0				
Occupation of head of the Family							
Professional	9	0	0	7.778	5	0.169	NS
Semi professional	6	3	0				
Clerical	4	0	0				
Skilled Worker	5	0	0				
Semi-Skilled Worker	1	0	0				
Unskilled Worker	0	0	0				
Unemployed	2	0	0				
Income of the Head of the Family							
Rs.47348 and above	6	0	0	9.167	6	0.164	NS

23674-47347	5	0	0				
17756-23776	5	3	0				
11837-17755	3	0	0				
7102-11836	6	0	0				
2391-7101	1	0	0				
Less than 2390	1	0	0				
Type of residential area							
Rural	15	3	0	2.222	1	0.136	NS
Urban	12	0	0				
Town	0	0	0				
City	0	0	0				
Type of Family							
Joint	11	3	0	3.810	1	0.051	NS
Nuclear	16	0	0				
Extended	0	0	0				
Single parent or step family	0	0	0				

P=<0.05

Table 6 depicted that Chi square values showing the association between the level of score and socio demographic variable. Based on the objective used to Chi-square test used to associate the level of knowledge and selected demographic variables. There is significance association between the level of scores and Duration of illness. The calculated chi-square values were less than the p- value at the 0.05 level of significance.

There is no significance association between the level of scores and other demographic variables (Age, Gender, Residential area, Religion, Marital status, educational status, type offamily, monthly income of the head of the family, education of the head of the family, occupation of the head of the family). The calculated chi-square values were less than the P-value at the 0.05 level of significance.

Table 7: Association between suicidal risk of GNM students with their Socio-demographic variables

N=60

Demographic Variables	Frequency of GNM Students			Chi Square	DF	P-Value	Result
	Average Behaviour	Moderate Behaviour	Inadequate Behaviour				
Age							
17-21 years	12	11	1	3.629	4	0.458	NS
22-26 years	3	1	1				
27-31 years	0	0	0				
32-35 years	0	0	0				
GENDER							
Male	8	6	1	0.144	2	0.930	NS
female	7	7	1				
Educational Status							
GNM	15	13	2	-	-		-
BSC	0	0	0				
Religion							
Hindu	4	3	1	2.323	6	0.888	NS

Muslim	3	4	0				
Christian	7	6	1				
Others	1	0	0				
Marital Status							
Married	0	3	0	4.359	2	0.113	NS
Unmarried	15	10	2				
Divorced	0	0	0				
Other	0	0	0				
Education of the Head of the family							
Professional Degree	0	1	0	12.089	12	0.436	NS
Graduate	4	3	0				
Intermediate	4	2	1				
High School	4	5	0				
Middle School	2	1	0				
Primary School	1	0	1				
Illiterate	0	1	0				
Occupation of head of the Family							
Professional	6	4	0	9.317	12	0.676	NS
Semi professional	1	1	0				
Clerical	3	2	0				
Skilled Worker	2	2	1				
Semi-Skilled Worker	2	3	0				
Unskilled Worker	1	0	0				
Unemployed	0	3	1				
Income of the Head of the Family							
Rs.47348 and above	3	2	0	8.215	12	0.768	NS
23674-47347	2	4	0				
17756-23776	2	1	0				
11837-17755	1	3	1				
7102-11836	3	1	0				
2391-7101	1	1	0				
Less than 2390	3	1	1				
Type of residential area							
Rural	10	8	1	0.243	2	0.886	NS
Urban	5	5	1				
Town	0	0	0				
City	0	0	0				
Type of Family							
Joint	8	8	1	3.876	4	0.423	NS
Nuclear	7	3	1				
Extended	0	0	0				
Single parent or step family	0	2	0				

P<0.05

Table 7 depicted that Chi square values showing the association between the level of

score and socio demographic variable. Based on the objective used to Chi-square test used to associate the level of knowledge and selected demographic variables. There is significance association between the level of scores and Duration of illness. The calculated chi-square values were less than the p- value at the 0.05 level of significance. There is no significance association between the level of scores and other demographic variables (Age, Gender, Residential area, Religion, Marital status, educational status, type offamily, monthly income of the head of the family, education of the head of the family, occupation of the head of the family). The calculated chi-square values were less than the p-value at the 0.05 level of significance.

Discussion

The analyzed data has been organized and presented in the following sections.

Section 1: Frequency and percentage of suicidal behavior and use of coping strategies among BSc Nursing and GNM students

Section 2: Assessment the risk of suicidal behavior among BSc Nursing and GNM students

Section 3: Assessment the use of coping strategies among BSc Nursing and GNM students

Section 4: Comparison of suicidal behavior and use of coping strategies among BSc Nursing and GNM students

Section 5: Association between suicidal risk of BSc Nursing and GNM students with their Socio-demographic variables

Section 1

Analysis of demographic variables and information related to suicidal behavior and use of coping strategies among BSc Nursing and GNM students

Section 1 shows that subjects studied were distributed into various categories according to Age, Gender, Residential area, Religion, Marital status, educational status, type of family, monthly income of the head of the family, education of the head of the family, occupation of the head of the family. These findings were as follows.

According to age in BSc Nursing, maximum 24(80%) Students were in age group of 17-21 years followed by 5 (17%) were 22-26 year of age and minimum 1 (3%) student were in 27-31 years of age group. Where as in GNM maximum 29(97%) Students were in age group of 17-21 years and minimum 1 (3%) student were in 27-31 years of age group

Regarding gender distribution in BSc Nursing 15(50%) students were females and 15(50%) were males. Where as in GNM 22(73%) students were females and minimum 8(23%) students were males. According to religion in BSc Nursing, maximum 14(47%) students were Christian followed by 8(27%) were Hindu, followed by 7(23%) were Muslim, and minimum 1(3%) were Others. Where as in GNM, maximum 12(40%) students were Muslim followed by 9(30%) were Hindu, followed by 6(20%) were Christian, and minimum 3(10%) were Others. On the basis of educational status in BSc Nursing, maximum 30(100%) students are in BSc Nursing where as In GNM Maximum 30(100%) are in GNM. On the basis of Marital status in BSc nursing, maximum 27(90%) were unmarried and minimum 3(10%) were married where as in GNM maximum 28(93%) were unmarried and minimum 2(7%) were married. On the basis of education of the head of the family in BSc Nursing Students Parents, Maximum 9(30%) were completed Highschool followed by 7(23%) are completed intermediate and graduation followed by 1(3%) completed professional degree followed by 2(7%) were completed primary schooling and minimum 1(3%) were illiterate where as in GNM Maximum 12(40%) were completed Graduation followed by 6(20%) are completed High school

followed by 5(17%) completed middle school followed by 1(3%) were completed Professional Degree and minimum 1(3%) were illiterate. On the basis of Occupation of head of the family of BSc nursing Students, Maximum 10(33%) were professional job followed by 5(17%) were in clerical and skilled worker followed by 3(10%) semi-skilled workers followed by 2(7%) were semiprofessional followed by 4(13%) were unemployed and minimum 1(3%) were unskilled worker where as in GNM students Family Maximum 9(30%) were professional and semiprofessional job followed by 5(17%) were in skilled worker followed by 4(13%) clerical job followed by 2(7%) were unemployed and minimum 1(3%) were semiskilled worker. As per monthly family income (in rupees) in BSc Nursing, highest 6 (20%) parents had monthly family income of Rs.23674-47347, followed by 5(17%) parents with more than 47348 and less than 2390, followed by 4(13%) parents with Rs 7102-11836 and least 2(7%) parents with monthly family income of Rs 2391-7101 where as in GNM students Family

Section 2: Assessment of the risk of suicidal behavior among BSc Nursing and GNM students

It shows that in BSc Nursing, maximum 27(90%) students had Mild Risk and 3(10%) students had moderate Risk where as in GNM students maximum 15(50%) students had Mild risk followed by 13(43%) students had Moderate risk and 2(7%) students had Severe risk. Hence, it's confirmed that maximum students had mild risk of suicidal behaviour. In contrast to this study Mellisa macelli, Marie Navaro et al 2021 conducted a study on 70 students. Was done to identify the main predictors of suicidal thoughts and behaviours among college students within one-year of baseline assessment study sample comprised participants in the ongoing internet-based Students' Health Research Enterprise (i-Share) project—a prospective population-based study on students' health which was launched in some French universities in 2013. To predict suicidal thoughts and behaviours at follow-up, random forests models with 70 potential predictors measured at baseline, including sociodemographic and familial characteristics, mental health and substance use were used. Model performance was measured using the area under the receiver operating curve (AUC), sensitivity, and positive predictive value. At follow-up, 17.4% of girls and 16.8% of boys reported suicidal thoughts and behaviours. The models achieved good predictive performance: AUC, 0.8; sensitivity, 79% for girls, 81% for boys; and positive predictive value, 40% for girls and 36% for boys. Among the 70 potential predictors, four showed the highest predictive power: 12-month suicidal thoughts, trait anxiety, depression symptoms, and self-esteem. A parsimonious set of mental health indicators that accurately predicted one-year suicidal thoughts and behaviours in a community sample of college students.

Section 3: Assessment of the use of coping strategies among BSc Nursing and GNM students

It shows that in BSc Nursing, maximum 30(100%) students had problem focused coping strategy where as in GNM, maximum 22(73%) students had Emotion focused coping strategy and 8(27%) students had Avoidant coping strategy. Hence, it's confirmed that maximum student had using problem focused coping strategy.

Section 4: Comparison of suicidal behavior and use of coping strategies among BSc Nursing and GNM students

The analysis reveals that the mean value of suicidal risk was 92.27 with standard deviation was in BSc Nursing and mean value of Using Coping Strategies was 96.10 with standard deviation was 16.06 in BSc Nursing, where as in GNM mean value of Suicidal

risk was 81.63 and its standard deviation was 23.08, mean value of using coping strategies was 82.50 & its standard deviation was 19.83 in GNM students. The 't' value of suicidal risk behavior was 1.8523 which was significant statistically in both groups, where as in 't' value of using coping strategies was 5.5330, which was statistically significant in both groups.

Section 5: Association between suicidal risk of BSc Nursing and GNM students with their Socio-demographic variables

There is no significance association between the level of scores and other demographic variables (Age, Gender, Residential area, Religion, Marital status, educational status, type offamily, monthly income of the head of the family, education of the head of the family, occupation of the head of the family). The calculated chi-square values were less than the P-value at the 0.05 level of significance.

Summary

This chapter deals with the summary of the study. As knowledge and skills are important to aware of the suicidal behaviour in society. In this study, the researcher tried to develop a tool to assess the risk of suicidal behaviour and coping strategies among BSc Nursing and GNM students in Desh Bhagat University School of Nursing, Mandi Gobindgarh, Punjab

Objectives of the study

- To assess the risk of suicidal behavior among BSc Nursing and GNM students
- To assess the use of coping strategies among BSc Nursing and GNM students
- To compare the mean score of suicidal behavior and coping strategies among BSc Nursing and GNM students
- To find out the association between suicidal risk and coping strategies of BSc Nursing students with their Socio-demographic variables.
- To find out the association between suicidal risk and coping strategies of GNM students with their Socio-demographic variables

Research methodology

In this study a comparative descriptive research design was used to assess the risk of suicidal behaviour and coping strategies among BSc Nursing and GNM students in Desh Bhagat University School of Nursing, Mandi Gobindgarh, Punjab. Total sample for the study used were 60 subjects by convenient sampling technique. Two tools were used to collect the data in the study i.e., demographic profile sheet and rating scales. Validity of research tool was established under the guidance of various experts from the field of Mental Health (Psychiatry) Nursing. The pilot study was conducted for the feasibility of study. Permission to conduct the study was taken from ethical committee and Principal of Institute of Nursing Desh Bhagat University. Analysis of the data was done by using both descriptive and inferential statistics.

Data collection process

Data was collected through demographic data profile sheet and rating scales. The steps of data collection are as follow: The data was collected from subject in Institute of Nursing Desh Bhagat University, after explaining them the purpose of study.

Results

The result of study showed that that the mean value of suicidal risk was 92.27 with

standard deviation was 20.0 in BSc Nursing and mean value of Using Coping Strategies was 96.10 with standard deviation was 16.06 in BSc Nursing, where as in GNM mean value of Suicidal risk was 81.63 and its standard deviation was 23.08, mean value of using coping strategies was 82.50 & its standard deviation was 19.83 in GNM students. The 't' value of suicidal risk behaviour was 1.8523 which was significant statistically in both groups, where as in 't' value of using coping strategies was 5.5330, which was statistically significant in both groups. Hence the research hypothesis was accepted.

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