

SUICIDAL ATTEMPT : FACTORS, SERIOUSNESS & COPING BEHAVIOUR

Ravinder

Life is a sacred trust given to man by God, and self-destruction is an act of desecration of this trust and mutilation of the divine mansion.

The existence of life is a very complicated web. Its origin is a single point, simple in nature, but as time passes, the process of life keeps on intermingling with the day-to-day activities. The whole span of life includes struggles, achievements, successes failures. Needs have increased tremendously and so have the stresses and anxieties. Some are able to cope, while the others are unable and being lost in them one finds a way of communication which is nothing but a cry for help—suicide.

The most common methods for committing suicide in India are, hanging, pills, electric shock, jumping off, cutting the veins, jumping in front of a running train, self-immolation, shooting etc., depending upon one would like to convey the message to those who are left behind. In nutshell, an individual performs this act when he fails to cope with his circumstances.

According to Folk Man (1984) coping can be defined as active or passive attempt to respond to a situation of threat with the aim of removing the threat of reducing the emotional discomfort. Stuart and Sundean (1986) identified that most prominent coping behaviour in suicide is denial, even though the individual may verbalize that his behaviour is potentially harmful. Rationalization is also used. The non compliant patient may give numerous reasons for his inability to comply with his health care plan. These explanations are ways of decreasing the anxiety and fear that are related to the recognition of a serious illness Regression

Author : H. No. 777, Gurdev Nagar,
Ludhiana

is another characteristic of these patients.

Objectives

1. To identify the precipitating factors

"Not that suicide always comes from madness, there are said to be occasions when a wiseman takes that course: but generally speaking, it is in access of reasonableness that people kill themselves"

Voltaire

- among the attempted suicidal patients.
2. To assess the relationship of precipitating factors with demographical variables like age, sex, marital status, birth order, type of family, place of living, religion, education and socio-economic status.
3. To assess the seriousness of attempt among attempted suicidal patients.
4. To identify the coping behavior of attempt among attempted suicidal patients.
5. To assess the relationship of coping behavior with various demographic variables.
6. To identify the areas for nursing intervention among attempted suicidal patients.

Methodology

An explanatory research approach was adopted. The sample consisted of 50 attempted suicidal patients who were selected by purposive sampling from the medical wards of Christian Medical College & Hospital and Dayanand Medical College & Hospital, Ludhiana. The data collection was based on the predetermined criteria of attempted suicidal patients except unconscious and burn patients.

Using validated and highly reliable tool ($r=0.95$), the data was collected by semi structured interview schedule constructed by the investigator. The interview was conducted by the investigator herself on three

subsequent days for each patient to identify the exact precipitating factors which led to suicidal attempt.

Analysis and Findings

The data was analysed in descriptive and influential terms.

Percentage "z" value mean standard deviation and "t" test were applied. The major findings revealed 80% subjects had long standing stresses and 100% subjects had immediate precipitating factors prior to suicidal attempts whereas 50% (male) had history of addiction. A comparison of precipitating factors with various socio-demographic variables revealed that poor interpersonal relationships are significantly higher in age group 25-35 years than 15-25, 35-45 years ($p<0.05$) and 45-55 years ($p<0.01$). Similarly domestic strife is significantly higher in age groups 25-35 years than other age groups ($p<0.01$). Domestic strife is significantly higher ($p<0.001$) in married, middle born, in joint family, in low level of education and in middle socio economic status class. Whereas love failure is significantly higher in Hindus and middle socio economic status class ($p<0.05$).

The findings related to coping behavior revealed that majority of subjects (66%) had used adaptive coping. Coping checklist score was significantly higher in subjects with high level of education than illiterates ($P<0.05$).

Conclusion

It is difficult to make broad generalization because the size of the sample was small and data collected were based on verbal responses of the sample subjects. Yet, the following conclusions were drawn: suicide attempt is serious irrespective of sex, this act takes places when fewer people are at home and there is not much difference between impulsive (52%)

and planned suicide (48%).

It was concluded that all the subjects had immediate precipitating factors, which varies from serious stress to minor domestic strife. There was significant relationship of age, marital status, birth order, place of living, type of family, religion, education and socio-economic status and precipitating factors like poor interpersonal relationship, domestic strife, financial stress etc. It was further concluded that majority of subjects (66%) had used adaptive coping which shows that is instrumental in their survival after suicidal attempt.

Education

1. Prevention of suicide can be strengthened by emphasizing on health education to general public regarding identification of tension and stress areas and importance to relieve the tension by expressing and sharing, keeping agricultural chemicals e.g. Alphas which are

most frequently used to attempt suicide in safe custody, educating family members and patients regarding prevention of relapse.

2. Conducting an in service education programme for medical and nursing professionals.

Nursing Administration

Assisting nursing and hospital administration in formulation of policies in the hospital regarding (i) referral for psychiatric consultation, (ii) ongoing assessment as a routine by Nurses to identify the patient's distresses, which usually go unnoticed.

Nursing Practice

Assisting the staff Nurses and other professionals to learn psychiatric nursing skills like assessment of the language of suicidal individual; skill of consistent interaction in entering the suicidal patient's world and in developing skill in conducting therapeutic interaction in medical wards.

BIBLIOGRAPHY

1. Adam, K.S. (1985), "Attempted Suicide" Psychiatric Clinics of North America 8, 2, 183.
2. Crowley John (1991) "Joblessness Takes its Toll" Nursing Times 87, 45, 49.
3. Ramachandran, V. (1993) "Alcoholism and Suicide" Indian Journal of Social Psychiatry, 9, 53-55.
4. Reid, W. and Long, A. (1993). "The role of the Nurse in Providing Therapeutic care for the suicidal patients" Journal of Advanced Nursing 18, 1369-1376.
5. Little, J.D. (1992). "Staff response to inpatient and outpatient suicide, what happened and what do we do" Australian and New Zealand Journal of Psychiatry 26, 162.
6. Michael Brownstein (1992) "Contacting the family after a suicide" Canadian Journal of Psychiatry 31, 208.
7. Sato, Takeshi et al. (1993) "Suicide Attempts by Agricultural Chemicals". Indian Journal of Psychiatry, 35, 208.
8. Mc. Nett, Cunningham. Susan (1988) "Social Support, Threat and Coping Responses and Affectiveness in the Functionally Disabled." Nursing Research, Vol 36, 2, 98-103.

GOUTHAM INSTITUTE OF HEALTH ADMINISTRATION

Manjunathnagar, West of Chord Road, Rajajinagar, Bangalore-560 010. Phone : 080-3303737 / 3388854 / 3385300 Fax : 080-3203777

Email : goutham@glasbg01.vsnl.net.in website : http://www.gouthamcollege.org

Recognised by : Indian Society of Health Administrators, Bangalore

ADMISSION NOTICE - DISTANCE EDUCATIONAL COURSES (CORRESPONDENCE)

A	P.G. DIPLOMA IN HOSPITAL ADMINISTRATION ELIGIBILITY : Any Degree	One Year	PG.DHA
B	P.G. DIPLOMA IN NURSING ADMINISTRATION ELIGIBILITY : Nursing Degree	One Year	PG.DNA
C	P.G. DIPLOMA IN PUBLIC HEALTH ADMINISTRATION ELIGIBILITY : Any Degree / Diploma In Nursing or Certificate in Basic Health Worker / Public Health Nursing Health Visitor's Training Certificate.	One Year	PG.DPHA
D	P.G. DIPLOMA IN NUTRITION & DIETETICS ELIGIBILITY : Any Degree / Diploma in Nursing or Certificate in Basic Health Worker	One Year	PG.DND
E	P.C. DIPLOMA IN HOSPITAL ADMINISTRATION ELIGIBILITY : Any Diploma	One Year	PC.DHA
F	P.C. DIPLOMA IN NURSING ADMINISTRATION ELIGIBILITY : Nursing Diploma / A.N.M.	One Year	PC.DNA
G	P.C. DIPLOMA IN PUBLIC HEALTH ADMINISTRATION ELIGIBILITY : Nursing Diploma / Certificate in Basic Health Worker / Public Health Nursing Health Visitor's Training Certificate.	One Year	PC.DPHA
H	POST DIPLOMA IN NURSING EDUCATION & ADMINISTRATION ELIGIBILITY : Diploma in Nursing with 2 years experience (Regular course)	One Year	DNED

Admission Started, Limited seats for each batch every month, individual attention, lessons are sent free of cost, guidance given by well experienced and highly qualified staff, dissertation paper presentation facilities available. We are one of South India's leading Institution in Health Administration & Para Medical Sciences. On completion of the course the certificate is issued from the above Institute. For application cum Prospectus send Rs. 350/- by D.D. in favour of G.I.M.S.T. or by Cash / M.O.

GOLDEN OPPORTUNITY FOR PROMOTION & HIGHER KNOWLEDGE IN THE FIELD