

The Relationship of Social Problem-Solving Skills and Dysfunctional Attitudes with Risk of Drug Abuse among Dormitory Students at Isfahan University of Medical Sciences

Abstract

Background: Dormitory students encounter multiple social factors which cause pressure, such as new social relationships, fear of the future, and separation from family, which could cause serious problems such as tendency toward drug abuse. This research was conducted with the goal to determine social problem-solving skills, dysfunctional attitudes, and risk of drug abuse among dormitory students of Isfahan University of Medical Sciences, Iran. **Materials and Methods:** This was a descriptive-analytical, correlational, and cross-sectional research. The research sample consisted of 211 students living in dormitories. The participants were selected using randomized quota sampling method. The data collection tools included the Social Problem-Solving Inventory (SPSI), Dysfunctional Attitude Scale (DAS), and Identifying People at Risk of Addiction Questionnaire. **Results:** The results indicated an inverse relationship between social problem-solving skills and risk of drug abuse ($P = 0.0002$), a direct relationship between dysfunctional attitude and risk of drug abuse ($P = 0.030$), and an inverse relationship between social problem-solving skills and dysfunctional attitude among students ($P = 0.0004$). **Conclusions:** Social problem-solving skills have a correlation with dysfunctional attitudes. As a result, teaching these skills and the way to create efficient attitudes should be considered in dormitory students.

Keywords: Attitude, drug abuse, Iran, social problem-solving, student

Introduction

University, as one of the most important location for the education of the young population of a country, has an undisputable role in the education and development of the young and productive forces within the society, as well as in the development and progress.^[1] Because of the increasing number of university students and the concentration of some disciplines at universities in the centers of provinces, students from distant and near cities have to reside in dormitories. At present, there are 13000 students who are attending the Isfahan University of Medical Sciences, Iran, and 2700 of them are residing in its dormitory.^[2] In addition to the nature of the major, the environment of the university and living in a dormitory can affect the educational and personal growth of students.^[3]

Living in the dormitory, because of the separation from family and breakage of the spiritual and emotional connection with the family, can be a considerable emotional

and mental challenge for the students. This pressure may lead to increased tendency towards drug use in students.^[4] Rafiee and Alipour examined the attitude of students towards drug abuse. The mean score of attitude toward drug use was significantly different among dormitory students and nondormitory students ($P < 0.001$).^[5]

The results of some studies showed that students have very little knowledge regarding the exact nature of problems and identification of ways to resolve issues.^[6] The study by Nermin Koruklu revealed that the mean score of social problem-solving in students was significantly lower than the average.^[7] On the other hand, another factor which has an important role in the formation of emotions and behaviors of the students is dysfunctionality. Dysfunctional people may perceive accidents and events harder than they really are, which can increase stress and depression. Consequently, these individuals experience less happiness.

How to cite this article: Nasrazadani E, Maghsoudi J, Mahrabi T. The relationship of social problem-solving skills and dysfunctional attitudes with risk of drug abuse among dormitory students at Isfahan University of Medical Sciences. *Iranian J Nursing Midwifery Res* 2017;22:276-9.

Received: March, 2016. **Accepted:** December, 2016.

Ehteram
Nasrazadani¹,
Jahangir
Maghsoudi²,
Tayebeh Mahrabi³

¹Psychiatric of Department Student Research Center, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran, ²Department of Psychiatric and Mental Health Nursing, Nursing and Midwifery Care Research Center, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran, ³Department of Psychiatric and Mental Health Nursing, Nursing and Midwifery Care Research Center, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

Address for correspondence:

Ms. Tayebeh Mahrabi,
Nursing and Midwifery Care
Research Center, Faculty
of Nursing and Midwifery,
Isfahan University of Medical
Science, Isfahan, Iran.
E-mail: mehrabi@nm.mui.ac.ir

Access this article online

Website: www.ijnmrjournal.net

DOI: 10.4103/ijnmr.IJNMR_58_16

Quick Response Code:



This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

They see themselves as distanced from conditions in which they can feel relaxed; this could tempt them to use drugs.^[8] Azami *et al.* studied dysfunctional attitude and coping strategies for drug abuse in dependent and healthy individuals. They observed significant differences among the two groups in terms of the two studied variables. Their results showed that drug-dependent individuals used more emotion-focused coping and had more dysfunctional attitudes compared to healthy individuals.^[9]

Because dormitory students are exposed more to drugs than others, identifying effective factors can be useful in the development of interventions for increasing their abilities.^[10] Thus, the aim of this study was to find the relation of solving social problems and dysfunctional attitudes with the risk of drug abuse among dormitory students at the Isfahan University of Medical Sciences, Iran.

Materials and Methods

This analytical-descriptive, correlational, and cross-sectional study was conducted from April 21st to June 4th 2015 for 45 days. The inclusion criteria included being an undergraduate or doctoral student, living in the dormitory, and no history of residing in a dormitory in their previous educational programs. The exclusion criterion was failure to complete the questionnaire. The study participants were 211 male and female students who lived in the dormitory of the Isfahan University of Medical Sciences. The participants were selected through quota sampling method; 10% of the total population of each dormitory was randomly chosen and entered into the study.

The data collection tool was a three-part questionnaire including a demographic data questionnaire, Social Problem-Solving Inventory (SPSI), Dysfunctional Attitude Scale (DAS), and Identifying People at Risk of Addiction Questionnaire.

The 70-item SPSI questionnaire was used for the measurement of social problem-solving skills. This questionnaire was designed by D'Zurilla and Nezu in 1992. Each question is scored on a four-point scale (0 = I am totally not like that, 1 = I am a bit like that, 2 = I am fairly like that, 3 = I am so much like that, and 4 = I am totally like that). Lower scores illustrate lower social problem-solving skill and higher scores show higher problem-solving skill. The maximum and minimum total scores of the SPSI are 280 and 0, respectively.^[11] The questionnaire has been used in different studies and has shown suitable reliability in independent subjects and different social groups. The alpha coefficient for the entire questionnaire has been estimated as 94%.^[12]

To evaluate the dysfunctional attitude, DAS was used. This questionnaire was designed by Weissman and Beck (1982) based on Beck's questionnaire for evaluation of dysfunctional attitude.^[13] In 2009, it was localized by Rabiei *et al.* and its reliability coefficient was approved

using Cronbach's alpha.^[14] The questionnaire is scored based on a five-point Likert-scale ranging from 0 (totally disagree) to 4 (totally agree). The total score of the test can range between 0 and 40, and scores higher than 20 show the high dysfunctionality of beliefs.

The Identifying People at Risk of Addiction Questionnaire was designed by Anisi at the Baqiyatallah University of Medical Sciences, Iran, and consists of 75 items. The items are scored on a four-point Likert scale. To assess the validity of this questionnaire, the coefficient of internal consistency and bisection validity coefficient were used. The Cronbach's alpha of this questionnaire has been reported as 97%.^[15] This questionnaire consists of four factors. The cut-off point in the total score of the questionnaire has been determined as 80, and individuals, who obtain a score equal to or higher than 80, are at risk of addiction. The questionnaire is scored based on a four-point Likert-scale ranging from 0 to 3 [0 (totally disagree), 1 (disagree), 2 (somewhat agree), and 3 (totally agree)].

To collect data, the researcher visited the dormitory at a time when all of the students were in the dormitory. After asking the students to meet in the hall of the dormitory, explaining the study objectives, and obtaining an informed consent from them, the researcher distributed the questionnaires and collected the data. SPSS software (version 16, SPSS Inc., Chicago, IL, USA) was used for data analysis.

Ethical considerations

The study was approved by the research committee (Approval code of project: 394152). Participants signed an informed consent and were given written information and were ensured that their participation would be voluntary. Moreover, they were ensured about the confidentiality of their information.

Results

The questionnaire was distributed among 211 students and 205 questionnaires were completed. Among the participants, 110 people were males and other 95 were females. The mean age of the participants was 21.86 years. In addition, 149 individuals (70.6%) were undergraduate students and 56 (27.3%) were doctoral students. The participants' length

Table 1: Mean, SD, minimum and maximum Scores of social problem solving, dysfunctional attitude, and risk of drug abuse

Statistical indicator variable	Mean (SD)	Minimum	Maximum
Social problem solving (0-280)	164.98 (30.30)	91	258
Dysfunctional attitude (0-40)	17.05 (5.92)	0	32
Risk of drug abuse (0-225)	69.99 (37.55)	0	188

of residency in the dormitory varied from 1 to 6 years. Table 1 shows mean and standard deviation along with the minimum and maximum scores of social problem-solving, dysfunctional attitude, and risk of drug abuse. There was a significant inverse relation between social problem-solving skills and the risk of drug abuse ($r = -0.46$, $P = 0.0002$). Dysfunctional attitude had a direct relation with the risk of drug abuse ($r = 0.14$, $P = 0.030$). Moreover, there was an inverse relationship between the students' social problem-solving skills and dysfunctional attitude ($r = -0.26$, $P = 0.0004$). There was no significant statistical relation between age and social problem-solving skills ($P = 0.39$), dysfunctional attitude ($P = 0.32$), and the risk of drug abuse ($P = 0.11$). There was no significant relation between the length of residency and social problem-solving skills ($P = 0.63$), dysfunctional attitude ($P = 0.78$), and the risk of drug abuse ($P = 0.53$). There was no significant difference between undergraduate and doctoral students in terms of social problem-solving skills ($P = 0.8$), risk of drug abuse ($P = 0.93$), and dysfunctional attitude ($P = 0.80$).

Discussion

The results of this study suggest that there was a negative relationship between social problem-solving skills and risk of drug abuse among students. In other words, higher scores of social problem-solving skills show lower risk of drug abuse. These findings comply with the results of the study by Saldariaga *et al.*^[16]

Dysfunctional attitude has a significant positive relation with the risk of drug abuse. In other words, increase in dysfunctional attitude increases the risk of drug abuse. Tat *et al.* also showed that dysfunctionality can create the base for drug abuse.^[17] The findings showed that the social problem-solving skills score among the students was higher than the average; however, the scores of dysfunctional attitude and risk of drug abuse were lower than the average. Sharma reported that more than half of the participants in their study obtained low scores of social problem-solving skills.^[18] The findings of this study are not consistent with these results. Their study was carried out among teenagers; thus, this difference may be due to the growth characteristics of this life period, as well as social and cultural differences. Bayani *et al.* showed that the mean score of social problem-solving skills was at an average level.^[19] The results of the present study are consistent with their study. Training of social problem-solving skills can be an important step toward reducing the tendency of individuals toward drug abuse.

Based on our findings, it became clear that social problem-solving skills have a relation with the risk of drug abuse among students. Pearson's correlation coefficient indicated that there was an inverse relationship between the total score of social problem-solving skills and the risk of drug abuse.

Results of the theoretical study by Bullani showed a significant difference between the two groups of addicted and nonaddicted individuals in terms of social problem-solving skills ($P < 0.001$).^[20] This is consistent with the findings of the present study. It seems that individuals at the risk of drug abuse do not deal effectively with negative emotions, problems, and difficult life conditions and use drugs to deal with difficult situations. The results showed that mean score of dysfunctional attitude among the students was lower than the average. Kilici reported that the mean score of dysfunctional attitude among students in the field of medicine was 187.56, which illustrated the presence of dysfunctional attitude among them.^[21] The dysfunctional attitude score in this study was higher than the present study. This difference may be because of the culture, study participants, sample size, and residential area. Mean score of the risk of drug abuse was significantly lower than the average. Furthermore, the risk of drug abuse was higher among male students compared with female students ($P < 0.05$). The results also showed a direct relationship between the dysfunctional attitude score and the score of risk of drug abuse among students ($P = 0.03$). In the study by Tharp *et al.*, dysfunctional attitude was on an average level.^[22] They found a direct significant relationship between dysfunctional attitude and the risk of drug abuse. Another research by Azami *et al.* showed a significant difference between the mean score of dysfunctional attitude among the two studied groups of drug-dependent and healthy individuals ($P < 0.050$).^[9] The results of the present study are consistent with their research. In the study by Moalemi, students with dysfunctional attitude were more vulnerable in terms of mental health and had greater tendency toward drug abuse.^[23]

The study population consisted of the students of Isfahan University of Medical Sciences, which makes it difficult to generalize the results. For students, there was a need to contemplate to answer the huge amount of information asked in the questionnaires; the researcher tried to control this limitation by considering adequate time to fill the questionnaire.

Conclusions

The findings of our study showed that social problem-solving skills significantly explained the risk of drug abuse. Individuals with social problem-solving skills do not suffer weaknesses when facing problems and solve their problems more effectively. A direct relationship was observed between dysfunctional attitudes and the risk of drug abuse. Dysfunctional attitudes play an important role in the risk of drug abuse because individuals with dysfunctional attitude experience negative emotions and feelings when dealing with problems and these emotions are the most important stimuli of drug abuse.

Acknowledgment

The support and cooperation of the Deputy of Research of Isfahan University of Medical Sciences are highly

appreciated. Moreover, the researchers appreciate the cooperation of the students who participated in the present study.

Financial support and sponsorship

Isfahan University of Medical Sciences; our article has been derived from a thesis research project. Approval code of project: 394152.

Conflicts of interest

There are no conflicts of interest.

References

- Zokaei M, Ismailia MJ. Youth and Academic and Educational Alienation, Tehran: Center for Cultural Studies of the Ministry of Science, Research and Technology. 1392; Vol 4, p: 55-90.
- Ameri M. Available from: <http://www.raiannews.com/news/150814.11/2014>.
- Beigi AM, Bakhtiari M, Khani SM, Sadeghi Z. The relation between early maladaptive schema and procrastination and mental health of medical and non- medical students of Shahid Beheshti University of Medical Sciences. *J Mazand Univ Med Sci* 1391;23:24-32.
- Jalilian F, Etamadi S, Karimi M, Barati H. Role General Functional and social support perceived. *Serial number*. 2011;63:45-52.
- Raffie H, Alipour F. Country students' attitude to addictive substances. *J Soc Issues Iran* 2011;2:7-19.
- Taramian F. Reviews two decades of research the prevalence of drug use among university students Iran. *J Subs Abuse Addict Stud* 2013;27:9-36.
- Nermin K. Personality and Social Problem-Solving: The Mediating Role OF Self – Esteem. *Educ Sci Theory Pract* 2015;15:487-91.
- Fayazbakhsh A, Shokoohi M, Jarrahi L. To assess the knowledge, attitude and practice of students of Tehran University of Medical Sciences towards smoking. *J Isfahan Med School* 2008;27:27-33.
- A'zami Y, Doostian Y, Mo'tamedi A, Choolabi OM, Heydari N. Dysfunctional attitudes and coping strategies in substance dependent and healthy individuals. *Iranian Rehabilitation J* 2015;13.
- Voigt K, Twork S, Mittag D, Gobel A, Voigt R, Klewer J, *et al.* Consumption of alcohol, cigarettes and illegal substance among physicians and medical students in Brandenburg and Saxony (Germany). *BMC Health Serv Res* 2009;9:219.
- D'Zurilla TJ, Nezu AM. Development and preliminary evaluation of the and Social problem-solving Inventory (SPSI). *Psychol Assess* 1992;2:156-63.
- Salehi M, Kooshki S, Mansour SM, Loo TS. Determine the factor structure scale social problem solving 2009:2-39.
- Weissman AN, Beck AT. Development and validation of dysfunctional attitudes scale: A preliminary investigation. Paper presented at the American education research association meeting Ontario: Toronto; 1989.
- Rabie M, Maulvi H, Klantary M, Sheriff, Azami H. Relationship between dysfunctional Attitude and coping Strategies with mental health Faculty of Education and Psychology. *Univ Isfahan Serial number* 10 2009;21-30.
- Anisi J, Bahadori MH, Jahanbakhsh M. Developing and vlidation of identifying people in risk of addiction questionnaire. *Zahedan Univ Med Sci* 1392:1-7.
- Saldarriaga LM, Bukowski WM, Velasquez AM. The moderating effect of social problem-solving in the relationship between risk factors and peer victimization in colombian Early Adolescents 2012;21:213-31.
- Tate R, Wu J, Mcquaid J, Cummins K, Shriver C, Krenek M, Brown A. Smoking related self –efficacy, beliefs and intention in texas, 32,9, 2008;1863-1876.
- Sharma B. A study of resilience and social problem solving in urban Indian adolescents. *Int J Indian Psychol* 2015;2.
- Bayani A, Ranjbar M, Bayani A. Ability Social problem solving and Social Phobia. *J Med Sci* 2014;94:92-9.
- Nazari Bolani G. Comparison of the ability to solve social issues and components of prisoners addicted and non-addicted. *Modern Psychol Res* 2014;7:132-46.
- Kilic D. Dysfunctional Attitudes of university students. *Int Online J Educ Sci* 2010;2:403-18.
- Tharp AT, Dewall CN, Richman SB, Noonan RK. Effect of religiosity and dysfunctional dating attitudes on youth substance Use *J Addiction* 2014;1-5.
- Moallemi S, Bakhshan N. On the relationship between mental health and dysfunctional attitudes in students. *Winter* 2011;12:702-9.