

Review of: "The Assessment of Anxiety Levels in Undergraduate Medical Students and The Determination of Various Coping Mechanisms Used"

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300 self-administered questionnaires were administered to both medical colleges, RMI and KGMC, out of which 244 questionnaires were received, giving a total response rate of 81.3%; 39.0% were from KGMC, and the remaining 42.3% were from RMI. There were 65 (21.7%) males and 179 (59.7%) females. There were 124 (41.3%) day scholars and 120 (40%) students residing in hostels. The mean age of our study sample was 21.34 ± 1.30 years.

According to the HAM-A scale; the number of students experiencing mild anxiety was most prevalent at 50.0%, followed by severe anxiety at 26.6%, with the least prevalent being moderate anxiety at 23.4%. Between the two genders, females showed no significantly greater level of anxiety as compared to their male counterparts. Students residing within the hostels also displayed similar levels of anxiety in juxtaposition to students who would commute daily. When comparing anxiety levels between the two colleges, it was found that there was no significant difference between the degree of anxiety of students from both KGMC and RMI. Analysis of anxiety levels in the various academic years proved that the anxiety levels remained relatively stable as the students progressed through further academic years of study.

The most common coping strategy employed by female medical students was identified to be "religion", followed by "acceptance" and "planning". The most frequent coping method implemented by male students were "religion" and "planning", followed by "self-blame", "behavioral disengagement", and "instrumental support". The least frequently used coping strategy that was in both male and female medical students was recognized to be "substance use". Between the two genders, a statistically significant difference ($p\text{-value} < 0.05$) was present in the categories of "substance use" (higher in males), "emotional support", "instrumental support", and "positive reframing" (all higher in females).

The coping mechanism employed most actively in both RMI and KGMC was "religion", and similarly "substance use" was the least utilized coping mechanism in the two institutions. While comparing coping mechanisms between day scholars and hostel residing students, both groups of students utilized "religion" as their primary coping mechanism. Intriguingly, there was a significant difference between the two groups of students in the category of "venting"; hostel residing students made more use of this coping strategy. The least commonly employed coping mechanism was "substance use". The most frequently used coping mechanism was "religion" followed by "planning" and then "acceptance" in both 2nd year and 4th year; whereas 3rd year students used "religion" followed by "planning" and "acceptance" and lastly "active coping". The least frequently used coping strategy utilized was "substance use" regardless of the year of study.

After a final analysis of the HAM-A and Brief COPE scores of each individual, it was observed that the lower the anxiety

score, the higher the score was on the Brief COPE scale, indicating that students with better coping strategies suffered from lower levels of anxiety.

Please give a table of the result of level of anxiety, and determine various coping