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Constructing Validity and Reliability of Suicide Tendency Inventory

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Abstract

This study is conducted to construct, develop and determine the validity and reliability of the Suicide Tendency Inventory which consist of five subscale namely; a) Subscale 1: Interpersonal, b) Subscale 2: Hope, c) Subscale 3: Depression, d) Subscale 4: Stress and e) Subscale 5: Emotion. This inventory consists of 50 items which is divided into five (5) subscale where each subscale has ten items. The validity of soft skills inventory was evaluated by a panel of seven (7) experts which are made up of academic lecturers, academic staff and counselors. The finding showed the total validity of the inventory is good and acceptable which scored 0.849 (84.90%). A study was also carried out on 40 students from Sultan Idris Education University (UPI) to obtain the reliability of the inventory. The result was analyzed and it showed a good reliability and is acceptable which is 0.893 (89.30%). Thus, the finding of this study appear to have produced the inventory with good validity and reliability and it will also be beneficial to be used in areas of counseling, hospital and in government and non government organization agencies.

Keywords: Validity, Reliability and Suicide Inclination Inventory.

Introduction

According to a report from the World Health Organization (2014), more than 800,000 people are estimated to commit suicide every year. This indicates that the death caused by suicide happens every 40 seconds. Meanwhile, there are more than 20 suicide attempts for every one (1) suicide case recorded. In the global level, it can be seen that suicide is among the top 10 causes of death in the world and the second cause of death for those aged 15 to 29 years old.

According to the World Atlas on the rates of suicide in the year 2016, countries that have a record of suicide based on 100,000 inhabitants are as follows. The first country was Guyana with suicide rate of 44.2%, followed by South Korea with 28.9%, third was Sri Lanka with a total of 28.9%, followed by Lithuania with 28.2%. The fifth is Suriname with a total record of 27.8%.

Malaysia is a country currently going through modernity and the community consist of various ethnic groups and is vulnerable to high stress and not even spared from experiencing behavioral suicide scenario. National Suicide Registry Malaysia reported that the suicide rate was 1.3 per 100,000 population with a total case of 1100 cases within three (3) years (2008-2010). They claimed that 60 Malaysian people commit suicide every month. These trends are reportedly increasing over the years. According to World Life Expectancy, Malaysia ranked 150th with a 2.98% rate for every 100,000 people.

In conclusion, the absence of suicide prevention such as the suicidal inventory in Malay language which is appropriate or in line with the cultural context in the country will lead to an increase in suicide cases in Malaysia. Therefore, the main focus is to produce suicide inventory so that all relevant agencies or institutions would be able use this inventory for the screening purposes.

Inventory Background

Suicide is one of the highest cause of death worldwide and is known as one of the three main cause of death among those age 15-44 years old. In Malaysia, the suicide phenomenon is alarming as the suicide rates have increased up to 60% over the past 45 years. According to the Malaysian Psychiatric Association report, about 7% -10% of individuals with depression are estimated to be at risk of suicide within the next 10-15 years.

To date, there is no policy that directly focus on the prevention and treatment to the individuals who are at risk for suicide. Currently, the Ministry of Health Malaysia (MOH) is targeting to establish a Community Mental Health Center in every state in the country. The Ministry of Health is aware of the risk of suicide resulting from mental disorders that have widespread social and economic implications. With the establishment of this center, it will be a positive step towards reducing the risk of suicide and more to the cases referred to the treatment. It can be seen that there is no 'first approach' initiated.

As an example, in Australia, the government views this matter seriously and has introduced a national suicide prevention strategy in response to the Australia's national mental health program. Among the strategies outlined is a systematic approaches where hospitals work together and have links with each state, county, county and local organization. This will enable prevention and treatment in every level.

Not only that, there is also an establishment of crisis support services to curb the problem of suicide. At the same time, this strategy also includes the follow-up support where support and treatment of interventions will be given to individuals who tried to commit suicide to receive adequate attention and support.

Campaigns such as the month of mental health awareness aim to provide the latest information and information on how to avoid the risk of suicide. Similarly, the telephone service called 'Befrienders', an NGO that offers free counseling services are also made available. The free services are provided by telephone and e-mail to individuals with psychological problems in terms of stress, depression, and the desire to commit a suicide. A larger and comprehensive campaigns should be implemented to create awareness and assistance to all groups.

Non-governmental organizations also should play a role to provide assistance, prevention and awareness to all parties about the importance of maintaining mental health and effective coping skills. In the United States, there is a non-governmental organization known as the 'American Foundation for Suicide Prevention' aim at creating awareness, supporting scientific research and providing resources and assistance to the affected people as a result of suicide. The organization also conducts a 'Walk to Fight Suicide' as an awareness campaign and assistance to those involved with suicide risks. Not only that, the organization also aim to reduce the percentage of suicide by 20% by 2025.

Currently, there is no local inventory that can measure the tendency of suicide in this country. This causes many parties like counselors, doctors, teachers, and psychiatrists to use the overseas inventories whose validity and reliability are still doubtful due to the differences in location, understanding, culture and languages.

Certified scales in specific populations and cultural diversities such as Malaysia would be very useful as a reliable measure for use in a particular population in the future. Therefore, the establishment of consistent inventory is necessary for the purpose of standardization and is appropriate for measuring suicidal tendency.

With this implementation, it is hoped that it will provide a positive and preliminary implication to something that are more effective and holistic in preventing and treating suicide risks at all levels.

Literature Review

Brent et al. (2015) conducted a research entitled 'Familiar pathways to early-onset suicide attempt: A 5.6-year prospective study'. This research aims to examine the mechanisms and pathways by which suicidal behavior is transmitted from parent to child. This research was carried out in 1997 and ended in 2012. There were a total of 701 participants with the age ranges from 10 to 50 years old. Researchers used psychiatry assessment and interview during their research and it was found out that the parental suicide history will affect the offspring suicide attempt to 5 fold increase.

Campbell et al. (2015) examined, 'The prevalence and correlates of chronic pain and suicidality in a nationally representative sample'. Researchers aim to document the prevalence and correlates of chronic pain and suicide, and estimate the contribution of chronic pain to suicidality. There were 8841 people, aged 16-85 participated in the survey and the results showed that suicide rate is two to three higher in people chronic illness. The result also recorded that 65% of the participants that attempted suicide have a history of chronic illness.

De Beurs et al (2015) examined, 'The effect of an e-learning supported train-the-trainer programme on implementation of suicide guidelines in mental health care'. This research has been carried out with the aims assessing the benefit of the application of the Dutch multidisciplinary suicide prevention guideline. 45 psychiatric departments were involved in this research and all the staff were trained using the Train-the-Trainer programme. Results showed that the intervention resulted in an improvement of individual professionals. During the three (3) month follow-up, professionals who have received the intervention did show a greater guideline adherence, improved self-perceived knowledge and improved confidence as providers of care than professionals who were only exposed to traditional guideline dissemination.

Delforterie et al (2015) examined, 'The relationship between cannabis involvement and suicidal thoughts and behaviors' which was carried out on 9853 individuals who have and have not used cannabis. The researchers aim to identify the relationship between cannabis involvement and suicidal ideation (SI), plan and attempt, differentiating the latter into planned and unplanned attempt, taking into account other substance involvement and psychopathology.

Gibbs and Golbach (2015) conducted a research entitled 'Religious conflict, sexual identity, and suicidal behaviors among LGBT young adults'. Both of the researchers wanted to explore how religious identity conflict impacts suicidal behaviors among lesbian, gay, bisexual, and transgender (LGBT) young adults and to test internalized homophobia as a mediator. 2949 youth participated in this research and it was found out that matured young adults with religious awareness have higher odds compared to LGBT young adults in terms of suicide thoughts and suicide attempts.

The research conducted by Brent et al. (2015) and Delforterie et al. (2015) explain that suicide can be caused by paternal history of attempted suicide that will in turn affect their thinking whenever they are at the end of the road. Chronic illness will also cause a person into attempting suicide. On the other hand, drugs abuse and family conflict will also cause a person to suicide. The research conducted by Gibbs and Golbach (2015) proved that those with strong spiritual awareness will be unlikely to consider suicide. This goes to show that individuals cherish the life given and would not end the life unnecessarily. It was also found out that there are many factors that contributed to a person who chooses to suicide. Thus, future research should include all key factors to ensure research carried out will be more comprehensive and accurate.

Aqeel Khan (2016) conducted a research entitled 'Problem-Solving Coping and Social Support as Mediators of Academic Stress and Suicidal Ideation Among Malaysian and Indian Adolescents'. This research aims to identify whether productive coping styles and social support were significant mediators of the relationship between academic stress and suicidal ideation. The survey was carried out with a total of 300 Malaysian and 300 Indian college students. The findings indicate that Indian students reported a higher suicidal ideation and academic stress compared to Malaysian students, and Malaysian students did receive more social support and had a better problem-solving coping style than Indian students. Overall, students who were male, non-religious, and from low-income families reported more academic stress and more suicidal ideation. Productive coping styles and overall social support strongly affected the relationship between academic stress and suicidal ideation among both countries' participants.

Hamid, Radzi, and Bolong, (2015) examined the frequency of suicide communication and its prevalence in suicide tendency among military. Around 254 of whom are closest kin to the victims are chosen as respondents. There were 11 military staff who attempted suicide also participated in the research. The results show that communication plays a vital role in suicide.

Maniam (2014) conducted a research about 'Risk factors for suicidal ideation, plans and attempts in Malaysia - Results of an epidemiological survey'. The aims of the study is to identify the prevalence of suicidal behavior and its association with generalized anxiety disorder (GAD) and major depressive disorder (MDD) in a nationally representative sample. Face-to-face interviews and SUPRE-MISS questionnaire were used as an assessment and a total of 19309 subjects were studied. The results show that prevalence of suicide behavior in Malaysia is low and it is confirmed that Indian Malaysia has higher rates of suicide behavior.

The research conducted by Hamid et al. (2015) proved that those who are without spiritual guidance and poor social support are more likely to suicide. In the meantime, communication also plays a vital role in suicide. On the other hand, Indian have the higher risk in terms of suicide in comparison with other races in Malaysia.

Theoretical Approach

Interpersonal-Psychological Theory of Suicide (Joiner, 2005) proposes that an individual will not die by means of suicide unless the individual has both the desire to suicide and the ability to do so. Attempted suicide is categorized as own initiative with the potential to bring self-harm and death.

The suicide idea overtakes the suicide behavior. This theory also distinguished two different ways of suicide. They are active and passive suicide. For example, passive idea of suicide refers to a way the person views his life as unworthy, feels others will be happier without his or her existence and consider not to waking up from sleep. On the other hand, active suicide refers to a specific thinking to bringing harm to oneself and plans to end one's life.

According to Joiner, the tendency to commit suicide arises when an individual experience perceived burdensomeness and low belonging or social alienation. The idea of suicide itself is insufficient for an individual to initiate a suicide. The attempted suicide is very much rests on the ability of oneself to do so. This happens when an individual feels a minimal fear to die and higher tolerance to pain. The ability to suicide is also caused by frequent exposure in individual's daily life such as domestic violence and abuse. This makes it clear that the tendency to suicide is triggered when an individual have the active suicide tendency and minimal fear to die. The combination of the suicide tendency and higher tolerance of pain will contribute to suicide behavior. There are five subscale that have been made as foundation to measure the suicide tendency:

- a) Interpersonal
- b) Hope
- c) Depression
- d) Stress
- e) Emotion

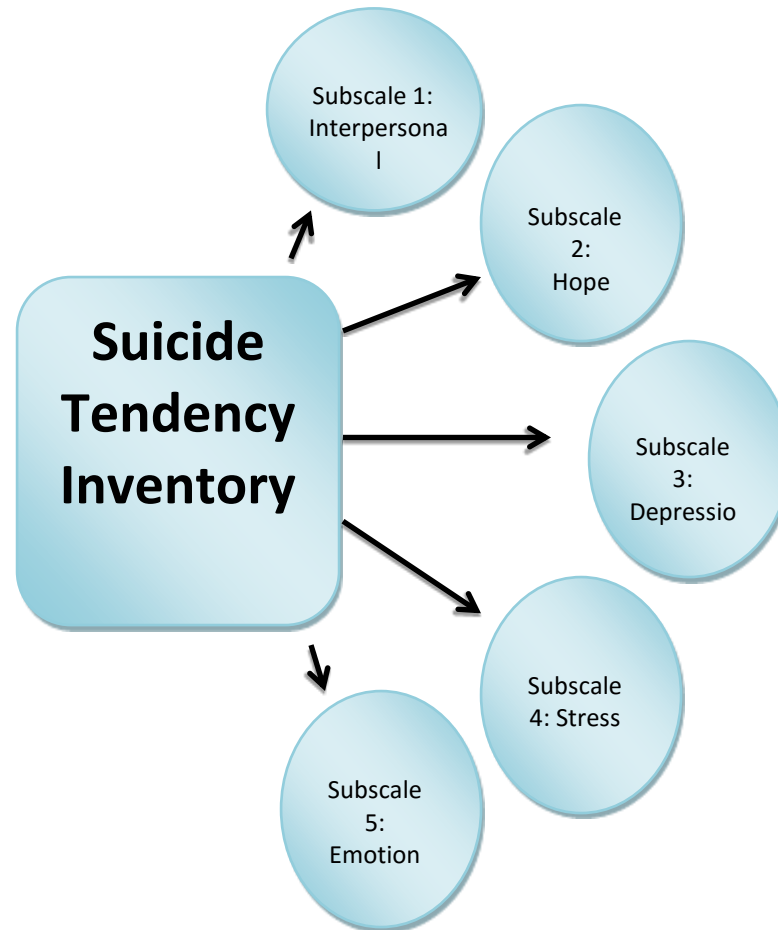


Figure 1: Suicide Tendency Inventory

Research Purpose

This research is design to measure the suitability of the suicide inventory in Malaysia. Specifically, this research aims to:

- To explore the literature review on the theoretical construction of the Suicide Tendency Inventory
- To obtain experts' validity regarding the Suicide Tendency Inventory
- To obtain experts' validity regarding each of the subscale of the Suicide Tendency Inventory
- To obtain reliability of the Suicide Tendency Inventory
- To obtain reliability of each subscale in the Suicide Tendency Inventory

Administration and Scoring

To test the stage of suicidal tendencies, researcher has chosen to use likert instruments 1 to 4. The score 1 indicates 'Strongly Disagree', scale 2 indicates 'Disagree', scale 3 indicates 'Agree' and scale 4 indicates 'Strongly Agree'. This inventory contains 50 items which consists of five subscales. Each subscale has 10 items containing positive items and negative items. The items scale used is true and false for all the items in this inventory. Before obtaining the expert's

validity, this inventory is distributed to correct the mistakes of the reader's language and understanding. Overall, this inventory measures the person's suicidal tendency.

To obtain a suicidal rate of injury for the study inventory, the score is divided into three parts, which is low, medium and high scores as in the table below;

Table 1: Table Score

Min. Score	Percentage Score (%)	Stage
1.00-2.00	1.00-33.00	Low (L)
2.01-3.00	33.40-66.70	Medium (M)
3.01-4.00	67.00-100.00	High (H)

Methodology

The design of this study is a descriptive quantitative study. This descriptive study aims to obtain the validity of the content and the reliability value of the inventory through past study findings and library references. The study involved three phases of study;

First Phase Study

The Construction of the Suicide Tender Inventory (STI) is based on library research, past studies, and theoretical approaches that are relevant to this topic. All 50 items contained in the Suicidal Tender Inventory are built by identifying and understanding each subscale first.

Second Phase Study

In this phase, the researcher uses an opinion from Mohd Majid (2004) which states that the validity of the content of a measurement tool refers to the extent to which the tool collects data that includes the content in any field studied. According to Sidek (2002), the validity of the content is to ensure that each item constructed is representing the constructions in the questionnaire so that it is intelligible.

In this study, the items in the questionnaire were evaluated by seven experts to obtain the validity. Each item is given a scale of 1 to 10 representing a less satisfy level to very satisfy level. The total score given will be divided by the total score and multiplied by 100. If the calculation is 60 percent and below, the validity of the questionnaire is consider as low.

Third Phase Study

This phase is conducted to obtain the reliability of the Suicide Tendency Inventory. Reliability is often referred to describe the stability and internal integrity of a construct (Creswell 2010). In this phase, this inventory was administered by 40 students at UPSI. Sample selection using a simple random method to answer the inventory questionnaire. Each respondent was asked to read the instructions before answering the questionnaire and responding privately to their opinions without the help of other students. Respondents were given approximately 30 minutes to complete the questionnaire. Answered questionnaires were collected and checked beforehand to ensure the samples were in accordance with the correct instructions and provided complete answers before the data were analyzed.

All the collected data were analyzed using the Statistical Package of Social Science version 16 (SPSS v.16) to measure the reliability of the instrument. Furthermore, the Cronbach's Alpha formula is used to determine the reliability of the major scale and the Suicide Tender Inventory.

Subject and Location of Study

The subjects of the study were divided into two which is the subjects involved in the study. In this study, the researcher has obtained expert's opinion related to measuring tools to determine the validity of the content for each subscale. While the second subject was to obtain the reliability value from a sample of 40 respondents from UPSI. This study was conducted at UPSI located in Tanjung Malim, Perak. This location is selected because it fulfills all claims, needs and requirements of the study.

Result

Validity of the Suicide Tendency Inventory

According to Majid (1998) three experts panel is sufficient to assess the validity of a questionnaire while Othman (2004), a total of six to nine expert panel is sufficient in evaluating the construct and research items. In this study, researchers have selected seven (7) panel of experts to assess the Suicide Tendency Inventory.

For this process, the researcher has provided a complete copy of the Suicidal Tendency Inventory to obtain where 0 (very disapproved) to 10 (strongly agree). This inventory assesses whether the items built contain the validity of the content. The researcher has built an inventory based on five (5) subscales and each subscale contains 10 items. The subscale consists of subscale 1: Interpersonal, subscale 2: expectations, subscale 3: depression, subscale 4: stress and subscale 5: emotions.

There were seven experts who evaluated the validity of the Suicidal Tendency Inventory and 86% of experts agree that this Inventory is suitable to use.

Table 2: Overall Evaluation of Validity of Content (n = 7)

No	Subscale	No of Item in Subscale	Cumulative Value (%)	Expert views
1.	Subscale 1: Interpersonal	10	82.8	Accepted
2.	Subscale 2: Hope	10	78.5	Accepted
3.	Subscale 3: Depression	10	90.7	Accepted
4.	Subscale 4: Stress	10	86.2	Accepted
5.	Subscale 5: Emotion	10	86.4	Accepted
	Overall	50	84.9	Accepted

The conclusion can be made based on Table 1 where the value contents obtained have good validity and scores higher than 78%. In general, the value of the validity of the content is 84.9%. Based on Sidek (2005), if it reaches 60% or a cumulative value of 0.60 and above proves that this inventory has a high content legality value and is suitable for use.

Reliability of the Suicide Tendency Inventory

The alpha value of the Suicide Tendency Inventory scored for 50 items is .893. These items are divided to five subscale interpersonal, hope, depression, stress and emotion. This analysis is made to identify the quality of the items that were included in the Suicide Tendency Inventory.

Table 3: Results of the Reliability of the Suicide Tendency Inventory (n=40)

Subscale	Total Item	Alpha Value	Result
Interpersonal	10	.893	Good
Hope	10	.662	Moderate
Depression	10	.754	Moderate
Stress	10	.652	Moderate
Emotion	10	.901	Very Good
Overall	50	.893	Good

Based on Table 3 above, the results obtained after analyzed using SPSS indicates that the Cronbach's Alpha reliability coefficients value that has been carried out on students in UPSI is high which is 0.893. The basic value of good questionnaire is taken from Kerlinger (1979) that a questionnaire that has a value of a (alpha) exceeded 0.60 at a significant level of .05 is a good assessment. This shows that this inventory is reliable and proves that this inventory can measure the suicidal tendency. Sekaran (1992) stated that the value of reliability which is less than 0.60 is considered low and unacceptable, while the value between 0.60 to 0.80 is moderate and accepted and 0.80 above was considered good and high and accepted.

Table 4: Results of the Reliability of Suicide Tendency Inventory: Subscale 1: Interpersonal

No.	Inventory Item: Interpersonal	Cronbach's Alpha	Result
1.	The life of people around me would be better if I did not exist	.882	Good
2.	The people around me will be happier without my existence	.890	Good
3.	I always burden people around me	.889	Good
4.	I think people around me are no longer caring about me	.883	Good
5.	I have no social interaction with anyone	.890	Good
6.	I am always critical to others	.879	Good
7.	I always blame myself for the mistakes made	.870	Good
8.	I do not care about the views of others against me	.888	Good
9.	My relationship with others is not important	.878	Good
10.	I find it difficult to accept constructive criticism from others	.891	Good

Significant level = 0.05

The table indicated that the items in the subscale 1: Interpersonal, recorded the value of the coefficient of reliability 0.893. The highest reliability value in subscale 1 is item no.10: I find it difficult to accept constructive criticism from others which is .891 and the lowest is item no. 7: I always blame myself for the mistakes made .870.

Table 5: Results of the Reliability of Suicide Tendency Inventory: Subscale 2: Hope

No.	Inventory Item: Hope	Cronbach's Alpha	Result
11.	I see my future with hope	.578	Low
12.	I cannot imagine my life in the next 10 years	.515	Low
13.	I still have time to achieve what I want to do	.589	Low
14.	I easily frustrated knowing that there is no solution	.524	Low
15.	I can see success in everything I do	.603	Moderate
16.	My future is dark	.536	Low
17.	I do not see anything interesting in the future	.529	Low
18.	Everything I do is not successful	.582	Low
19.	I am sure of what I do	.583	Low
20.	There is no use for me to achieve anything that I want	.510	Low

Significant level = 0.05

The table shows that the items in the subscale 2: Hope, recorded the value of the coefficient of reliability .662. The highest reliability value in subscale 2 is item no. 15: I can see success in everything I do which is 603 and the lowest is item no. 20: There is no use for me to achieve anything that I want which is .510.

Table 6: Results of the Reliability of Suicide Tendency Inventory: Subscale 3: Depression

No.	Inventory Item: Depression	Cronbach's Alpha	Result
21.	I'm thinking of killing myself	.715	Moderate
22.	I plan to commit suicide	.731	Moderate
23.	I have the urge to commit suicide	.710	Moderate
24.	Suicide can solve all my problems	.732	Moderate
25.	I have intentionally wounded myself with the intention of committing suicide	.723	Moderate
26.	I am not happy to continue my life	.858	Good
27.	I am no longer interested in all the things I have in mind	.758	Moderate
28.	I stay away from everyone	.708	Moderate
29.	I cannot sleep because I always think about my future	.706	Moderate
30.	I feel my life is a failure	.705	Moderate

Significant level = 0.05

The table shows that the items in subscale 3: Depression record the value of the reliability coefficient of .754. The highest reliability value in subscale 1 is item no. 26: I'm not happy to continue living which is .858 and the lowest is item no. 30: I feel my life is a failure of which is .705.

Table 7: Results of the Reliability of Suicide Tendency Inventory: Subscale 4: Stress

No.	Inventory Item: Stress	Cronbach's Alpha	Result
31.	I have difficulty breathing	.534	Low
32.	It is hard to relax	.509	Low
33.	I feel scared for no reason	.524	Low
34.	I'm quick to feel restless when I do not have enough time to do something	.523	Low
35.	I have no positive thoughts	.518	Low
36.	My body will tremble every time I feel worried	.497	Low
37.	I find it difficult to make decision in my daily life	.512	Low
38.	I will panic when doing something	.508	Low
39.	I cannot sleep even when even though I am tired	.856	Good
40.	My appetite is always changing	.514	Low

Significant level = 0.05

The table shows that the items in subscale 4: Stress record the value of the reliability coefficient of .652. The highest reliability value in subscale 4 is item no. 39: I cannot sleep even though I am tired which is .856 and the lowest is item no. 36: My body will tremble every time I am worried which is .497.

Table 8: Results of the Reliability of Suicide Tendency Inventory: Subscale 5: Emotion

No.	Inventory Item: Emotion	Cronbach's Alpha	Result
41.	I feel that my emotions are out of control	.890	Good
42.	I keep my emotions	.883	Good
43.	I can hardly explain my feelings to others	.910	Very Good
44.	I have difficulty to control myself when I am sad	.892	Good
45.	When I feel depressed, I figure out how to calm down	.911	Very Good
46.	I do not like to share feelings of love and grief with people who have a close relationship with me	.891	Good
47.	When I am sad, I feel that nothing can make me happy	.901	Very Good
48.	When I am sad, I became physically weak	.894	Good
49.	When I am sad, I cannot think properly	.893	Good
50.	I feel that my emotions have become unstable	.892	Good

Significant level = 0.05

The table shows that the items in subscale 5: Emotion record the value of the reliability coefficient of .901. The highest reliability value in subscale 5 is item no. 45: When I feel depressed, I figure out how to calm down which is .911 and the lowest is item no. 42: I keep my emotions which is .883.

Discussion

Overall, the Suicide Tendency Inventory contains 50 items representing five (5) subscales, where each subscale has 10 items and all of these items consist of positive and negative items. Each of the subscale is subscale 1: interpersonal, subscale 2: hope, subscale 3: depression, subscale 4: stress, and subscale 5: emotion.

The discussion in this chapter encompasses three main areas, namely the construction of the Suicide Tendency Inventory, the value of the coefficient of the validity and the value of the coefficient of reliability.

The validity of the experts was obtained from seven panel members with a validity of 86%. A total of 40 students from UPSI were selected to answer this questionnaire and the results showed good. This indicates that this Suicide Tendency Inventory is suitable for use. Even in the early stages, this inventory has been successful in obtaining high credibility and reliability and this can be used to detect a person's level of tendency of suicide.

Overall, the findings show that the 50 items have high reliability and reliability. The results of this study also proved that the approach used to determine the validity and reliability of this study is appropriate. This clearly shows that this inventory has a total of 50 items is valid and suitable for use in the Malaysian context.

Furthermore, this study provides opportunity to other researchers to study the reliability and the importance of this inventory and to assist the counselor so that they can use the inventory that has high validity, reliable manuals that can contribute to be effective counselor. At the same time, the clients will be able to attain the benefit from this study, the most important thing is that this study contributes to the researcher's own self.

Based on the results of the study that were obtained in this inventory, the next researcher is advised to establish a study on the Suicide Tendency Inventory in terms of theoretical support and subscale items to evaluate the extent to which the findings are consistent. This method is not only cheaper, but faster and more practical (Sidek, 2005).

In addition, the researchers are advised to study or review the significant overseas inventories to human development to see the suitability of their use in Malaysia based on culture in this country. Researchers are also encouraged to develop their own inventories that are thought to be beneficial and to reduce the risk of suicide in Malaysia.

The researcher also recommends future researchers to use the same inventory of the same content as used in reviewing the validity of this inventory if it is to determine a legality of an inventory. This is because it has been proven that the results from the experience and observations that were obtained during the study have shown the manual method is effective.

The next researcher is also advised to focus on the validity of knowledge inventories by applying a wider sample or population to ensure that the credibility and reliability of this knowledge inventory is formulated and subsequently adopted in Malaysia

To further enhance the findings of the study to obtain good and true quality, the researchers recommend the next researcher to choose a panel of experts who have the highest expertise and

have good credibility in the field of research. For example, in this inventory, expert panels can be extended to medical practitioners and psychologists. In addition, the background of the expert panel's and the chronology of expert panel achievements should also be emphasized. This can give a higher quality impact to the value of legality that researchers will find. Additionally, the overall percentage of high expert certificates from a research conducted by the researcher proves that this manual has a high level of legality and is a strong backup to use as an argument to defend the validity of the contents of this inventory later when adapted.

Conclusion

In conclusion, researcher has discussed the suicide tendency inventory and has obtained the value of reliability and validity of the inventory. The result showed that the inventory is good and effective when analyzed through Cronbach's Alpha. This research also proves the inventory is suitable for use in the Malaysia context as it has good reliability and validity.

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