

Assessing the Levels of Anger and Coping Behaviour among BSc Nursing and GNM Students in MOH College of Nursing, Ludhiana, Punjab

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Abstract:

The study was undertaken to assess the anger and coping behaviours adopted by nursing students. A comparative study was conducted among 90 BSc Nursing students and 90 GNM students. Simple random sampling technique by lottery method was used for selecting the sample. Level of anger was assessed by Clinical Anger Scale (CAS) and Structured Coping Behaviour Checklist was used to assess the coping behaviours adopted by nursing students. The finding revealed that majority of BSc Nursing and GNM students had minimal level of anger and adopt the adaptive behaviours to tide over the angry feelings. There was moderately negative correlation between anger and coping behaviours. Gender had statistically significant effect on anger and coping behaviours in both the groups at the level of $p < 0.05$.

All of us experience anger. Anger is completely normal usually healthy, human emotion. Anger often serves adaptive functions, such as motivating the individual to take protective action, achieve goal or overcome obstacles. It is an internal, mental, subjective feeling state with associated cognitions and physiological arousal patterns, an emotional state that consist of feelings that vary in intensity, from mild irritation or annoyance to intense fury and rage. But when it gets out of control and turns destructive and leads to problems. Anger overcome us when something goes wrong, or we think something has gone wrong. Anger can lead to problems in work, in one's personal relationships, and in the overall quality of one's life (Butter F, 2005). It helps us to recognise threats to our own safety or to well-being of those we care about. It is a fact that human beings becomes angry but the way each of us express anger is learned from parents, family members, friends, community and media (Jogeum, 2009).

Emotion-focused strategies involve releasing pent-up emotions, distracting oneself, managing hostile feelings, meditating, using systematic relaxation procedures, etc. The feeling of anger may differ from person to person. Women, are more likely to describe anger slowly building through the body rate, while men describe it as a fire or a flood raging within them. Apart from personality traits, people also tend to de-

velop habitual modes and methods of managing anger and coping with upsetting emotions. These habitual methods help people to manage and defuse stressful situations (Tomas, 2008).

The investigator experienced that there is lot of burden on nursing students. The anger provoking events might affect the physical and mental health of the students. This study will help students to recognise the problems and maladjustment during learning period in hostel and hospital environment and cope with these anger provoking situations.

Review of Literature

Hoy L (2002), et al reported that anger is the predictor of suicidal ideation in Korea among 11.6 percent, and leading cause of death among girls; 16.9 percent of participants were considering suicide. The prevalence of suicidal ideation is higher than suicidal attempt. The risk factors are anger, depression, anxiety, helplessness and lack of social support.

In their study, Tomas et al (2007) revealed that students with high anger levels and poor cognitive processing scales are at risk for poor relationship, underachievement in school, and health problem. It describes the characteristics of children who are at risk for high anger levels and aggression as well as those who are able to modulate their anger. The study, done on 624 rural high school students, showed higher internal anger expression in girls and higher trait of anger in boys aged 15-16 years.

Students with high anger levels and poor cogni-

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tive processing scales are at risk for poor relationship, underachievement in school, and health problem. A study conducted on 624 rural high school students revealed that there was higher internal anger expression in girls and higher trait anger in boys ages 15-16years (Lazarus, 2007).

Objectives

The objectives of the study were :

1. To assess the level of anger among BSc Nursing & GNM students.
2. To identify the coping behaviour adopted by B.Sc. Nursing & GNM students.
3. To compare the level of anger and coping behaviour among BSc Nursing and GNM students.

Table 1: Frequency and percentage distribution of demographic characteristics of sample (n=180)

Characteristics	BSc (N)		GNM		χ^2
	n	%	n	%	
Age in years					
17-19	37	41.11	37	41.11	0.12 ^{NS}
20-23	48	53.33	49	54.44	
>23	05	05.55	04	4.44	
Gender					
Male	3	3.33	04	04.44	0.14 ^{NS}
Female	87	96.66	86	96.66	
Birth order					
1	39	43.33	41	45.55	1.72 ^{NS}
2	33	36.66	26	28.88	
3	13	14.14	15	16.66	
4	05	05.55	08	08.88	
Type of family					
Nuclear	68	75.55	66	73.33	0.11 ^{NS}
Joint	22	24.44	24	26.66	
Number of roommates					
1	15	16.66	13	14.44	0.17 ^{NS}
2	23	25.55	24	26.66	
3	32	35.55	33	36.66	
None	20	22.22	20	22.22	
Religion					
Sikh	64	71.11	63	70	0.03 ^{NS}
Christian	04	04.44	04	04.44	
Hindu	22	24.44	23	25.55	
Living place					
Hostel	70	77.77	70	77.77	0.17 ^{NS}
Home	17	18.88	16	17.70	
PG	03	3.33	04	4.44	

NS=Non-significant

4. To ascertain the relationship between level of anger and coping behaviour with selected variables like age, gender, birth order, type of family, number of roommates, religion, living place.
5. To identify the deficit area in coping behaviour among BSc (N) & GNM students and provide guidelines on adaptive coping behaviour.

Methodology

Qualitative research approach was adopted to assess anger and coping behaviours among students of selected nursing institute Ludhiana, Punjab. Non-experimental comparative research design was utilised to achieve that stated objectives. The study was conducted in Mohan Dai Oswal College of Nursing, Ludhiana, Punjab with 180 1st, 2nd, 3rd, BSc (Nursing) and GNM students. The simple random sampling technique (lottery method) was used.

Clinical Anger scale (CAS) by Spielberger was used to assess the anger and structured coping behaviours checklist was used to assess the coping behaviours adopted by students. The data was analysed by using the descriptive and inferential statistics. In inferential statistics Karl Pearson's coefficient of correlation (r), z-test and ANOVA (F) to know the variation between and within the group were used. The level of significance chosen was $p < 0.05$.

Independent variables were age, gender, year of study, type of course, birth order, type of family, family income, number of roommates, religion. Dependent variables were anger and coping behaviours.

Description of tool: Clinical Anger scale (CAS) by Spielberger was used to assess the anger and structure tool for coping behaviours.

The following tools were used to collect data for present study.

Part 1- Sample characteristics

Part 2- Standardised Clinical Anger Scale (CAS) by Dr William E Snell

Part 3- Structured Coping behaviours Checklist.

Ethical consideration

Approval from the ethical and research committee of the College was taken to conduct the study. Prior to data collection written permission was obtained from the Head of College of Nursing. Informed verbal consent was taken from the subjects before collecting the data.

Results

Majority of BSc nursing students were in age group of 20-23 years, females, having 1st birth order, were from nuclear family having three roommates, be-

Table 2: Frequency and percentage distribution of anger level among BSc Nursing and GNM students (n=180)

Anger level	Score	BSc nursing students		GNM students	
		n	%	n	%
Minimal	0-13	35	38.88	33	36.66
Mild	14-18	23	25.55	24	26.66
Moderate	19-28	19	21.11	22	24.44
Severe	29-63	12	13.33	11	12.22

Maximum anger score=63; Minimum anger score=00

Table 3: Frequency and percentage distribution of coping behaviour among BSc and GNM Students (n=180)

Coping behaviour	Score	BSc nursing students		GNM students	
		n	%	n	%
Adaptive	> 13	84	93.33	89	98.88
Maladaptive	< 13	6	6.66	1	1.11

Maximum coping behaviour score=26;

Minimum coping behaviour score=00

Table 4: Relationship of anger level and coping behaviour score among BSc Nursing and GNM students (n=180)

Relationship	Anger and coping behaviour			
	Mean	Mean %	SD	r
Anger	17.40	27.66	8.31	-0.5
Coping behaviour	19.41	74.65	3.40	

Maximum anger score = 63; Minimum anger score =0;

Maximum coping behaviour score =26; Minimum coping behaviour score =0

longed to Sikh religion, and residing in hostel whereas majority of GNM students were in age group of 20-23 years, females, having 1st birth order, were from nuclear family having three roommates, belonged to Sikh religion, and residing in hostel (Table 1). Chi square test was applied to check the homogeneity of sample. Hence, it was proved that population is homogeneous.

Table 2 depicts that majority of BSc nursing students (38.88%) had minimum level of anger followed by 25.55 percent students who had mild level of anger, 21.11 percent students had moderate level of anger and least (13.33%) were having severe level of anger whereas among GNM students majority (36.66%) of students had minimum level of anger followed by 26.66 percent with mild level of anger, 24.44 percent with moderate level of anger and least (12.22%) were having severe level of anger. Hence it was concluded that majority of students were having minimum level of anger.

Majority of BSc nursing students (93.33%) had adaptive coping behaviour and 6.66 percent had maladaptive coping behaviour whereas among GNM stu-

dents majority (98.88%) had adaptive coping behaviour and 1.11 percent had maladaptive coping behaviour to overcome anger (Table 3). Thus it was concluded that majority of students had adaptive coping behaviour to overcome the anger.

Table 4 reveals that mean anger score of nursing students was 17.43 and mean coping behaviour score was 19.41 and there was a moderate negative correlation (-0.5) between anger level and coping behaviour. Hence there is inverse relationship between anger level and coping behaviour in nursing students, indicating that if anger level increases coping behaviour decreases.

Findings related to Relationship of anger with coping behaviours adopted with selected variables

Mean anger score among BSc (N) was highest in age group of >23 years whereas in GNM it was in 20-23 years. Mean coping behaviour score was higher among both BSc and GNM in the age group 17-19 years. Mean anger score was highest among male students in BSc (N) whereas females had higher mean anger score in GNM. Mean coping behaviour score was higher among females in both BSc and GNM students. Gender had significant effect on anger and coping behaviours in both BSc (N) and GNM students.

Mean anger score was highest in >4 birth order in both BSc and GNM students whereas mean coping behaviour score was highest in 2nd birth order among BSc and 4th among GNM students. Mean anger score was higher in joint family among BSc (N) and GNM students whereas mean coping behaviour score was also higher among joint family in both BSc (N) GNM students.

Mean anger score was higher among 2 roommates in both BSc (N) and GNM students whereas mean coping behaviour score was higher among 1 roommates in both BSc (N) and GNM students. Mean anger score was higher among Christian religion students in both BSc (N) and GNM. Whereas mean coping behaviour score was higher among students of Sikh religion in both BSc and GNM. Mean anger score was higher among students residing in P.G in both BSc (N) and GNM whereas mean coping behaviour score was higher in students residing in PG in BSc (N) and students residing in hostel in GNM.

Frequency and percentage distribution of nursing students according to coping behaviours

Nursing students do have maladaptive areas in coping behaviours. Maximum (82%) nursing students had negative coping behaviours in item 22 (I throw and break things), followed by 52.85 percent in item

9 (I sit in isolation), 51.9 percent in item 4 (I start crying) and 50.95 percent in item 10 (I deny anger and stuff feelings). Nursing students do also had positive coping behaviours. Maximum (99.5%) in item 1 (I pray to God) whereas only 9.04 percent (do yoga and meditation (item 2) 11.42 percent (start reverse counting from 100 to 1 item 32), 15.71 percent nursing students feel to make diary (item 25), 25.23 percent nursing students seek assertive training (item 31), 49.04 percent of nursing students read novels, story books etc. (item 6). Hence it was concluded that nursing students had maladaptive coping behaviours in the above areas.

Discussion

Our finding that majority of students had minimal level of anger and had adaptive coping behaviours in both BSc (N) and GNM is supported by Terasaki & Gelaye (2009) who found that minority of students had high levels of anger-expression. Furthermore, Kernis & Michael (1999) reported that stability and level of self-esteem was more and lesser was anger and hostility in maximum students. The finding revealed that students had adaptive coping behaviours.

These findings are supported by Jones (1997) who found that the use of direct coping was associated with lower levels of distress. Mahat G (1996) also revealed that there was moderately negative correlation (-0.5) and inverse relationship between anger and coping behaviours. Thus it was concluded that as anger increases, coping behaviour decreases. This was supported by Kathryn R Puskar (1999) who reported moderate negative correlation was found between depressive and anger with coping styles.

Conclusion

Present study revealed that maximum number of nursing students had minimal level of anger and had adaptive coping behaviours. There was moderately

negative correlation between anger and coping behaviours and an inverse relationship between anger and coping behaviours. There was statistically significant effect of gender on anger and coping behaviours on BSc (N) and GNM students respectively. There was no statistically significant effect of others variables on anger and coping behaviours in both BSc (N) and GNM group.

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