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ANGER AND GENERAL WELL-BEING AMONG UNDERGRADUATE STUDENTS.

Occupational Therapy

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ABSTRACT

Background: Anger is an affective response to survival threats or otherwise stressful experiences. It is a primary emotion having adaptive functions linked to survival mechanisms that are biological, psychological, and social in nature. Anger dysregulation produces impairment in functioning across life domains and is associated with various psychiatric disorders through transdiagnostic processes, such as selective attention, threat perception, and rumination also believed to contribute to coronary heart disease. **Objective:** The purpose of this study is to acknowledge the correlation between Anger and General Well-Being among Undergraduate (UG) Occupational Therapy (OT) Students. Materials and Methods: Quantitative correlational analysis was used for the study. Quota sampling technique was used to select subjects for the study. Data was collected from 115 Occupational therapy students, using Clinical Anger Scale, and General Health Questionnaire (GHQ). **Result:** The result showed that the mean anger score was 11.6±11.03 and the range was 0-44. About 90% of the study participants reported Typical clinical anger. The mean GHQ score was 12.07±8.36 and the range was 0-32. The result shows that anger was negatively correlated with psychological well-being ($r = 0.655$. $P \leq 0.01$) **Conclusion:** Anger and Psychological well-being are negatively correlated. As anger increases, the probability of bad psychological health increases.

KEYWORDS

Anger; Psychological well-being; Undergraduate Students.

INTRODUCTION

Anger is one of the most common behavioral problems among undergraduate students. Anger has been defined in many ways from "a negative, phenomenological (or internal) feeling state" to "a basic emotion in which the function is to provide the organism with motivated capacities to overcome obstacles". Anger is not something everyone is able to cope with and when anger is suppressed and not let out it may be the underlying cause of anxiety and depression.[1] Anger has been linked to problems such as alcohol or substance abuse, crime, poor sleep, loss of concentration, self-harm, emotional and physical abuse and feelings of insecurity.[2] It may also hinder a person to think rationally. The results of an article indicated that the most anger provoking situations for the students are "being treated injustice" (98.3%), "perceiving a personal threat" (94.8%), "being coitized unfairly" (92.2%), "preventing their desires" (90.3%), "being in trouble because of other's mistake (87.4%), "when people behave self-centred" (83.8%), "when jobs don't go as they wish" (81.2%) and "hearing that someone gossips on them" (80.2%). The least anger provoking reasons were found as "being criticized in anyway" (22.4%) and "when they are hungry" (25.3%) for the students.[3] Various studies reported that anger feeling and expression is associated with reduced social support, interpersonal difficulties, coping deficits, and a variety of physical and mental health problems.[4]

Health can be defined as "a state of physical, mental, and social well-being and not merely the absence of disease or infirmity" A wide range of factors determine health status, including individual factors, living and working conditions, general socioeconomic, cultural and environmental conditions, and access to health care services. Tertiary education can be regarded as a highly stressful and a stressful environment may have a negative effect on academic performance, physical health and psychological wellbeing of undergraduates.[5] How does one distinguish between healthy anger expression or anger management and dysfunctional angry behaviour or anger mismanagement? More specifically, what guidelines are available to the occupational therapist to determine whether a patient's angry behaviour is a natural response to the situation or a problem needing intervention? Warren (1983) has identified four major principles of anger management that may be helpful in answering these questions. Those include Organize Anger-Aggression Values, Recognizing Anger at the First Sign, Thinking About How to Handle Anger and Developing Empathy Skills and Forgiveness.[6] But is anger and general health related? Can it be the cause of health disturbance in an undergraduate's life? Is there a gender perspective in anger? These are some questions our study attempts to address.

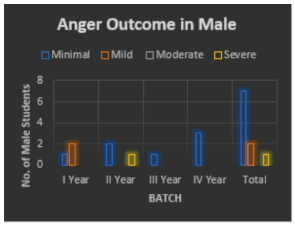
Aims & Objectives

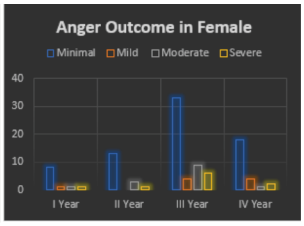
The aims and objectives of this study were to acknowledge the correlation between Anger and General Well-Being among Undergraduate (UG) Occupational Therapy (OT) Students and understand levels of anger, their General and Correlation between the Anger and General Well-Being in undergraduate Occupational Therapy students.

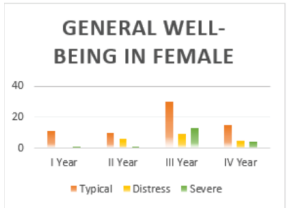
MATERIALS AND METHODS

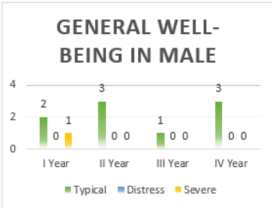
The study was conducted in a selected Institute of Navi Mumbai. Population was divided into two groups: Male and Female Undergraduate students. 115 samples in total were selected using quota sampling technique. The study was conducted adhering to the principles of 'Declaration of Helsinki'. The correlational type of study design was adopted for the study. For collecting data in this type of study, Self-reported questionnaire was seen most appropriate. The Standardized Clinical Anger Assessment Scale developed by Dr. William E. Snell, Jr. was used. Clinical Anger Scale (CAS) was designed to measure the syndrome of clinical anger. The questionnaire has 21 items. The author of the tool categorized the anger score as follows minimal clinical anger (0–13), mild clinical anger (14–19), moderate clinical anger (20–28), and severe clinical anger (29–63). The test-retest reliability was 0.9 and internal consistency Cronbach alpha was 0.8. General Health Questionnaire-12 (GHQ-12) was used to assess well-being, and it is a standardized tool developed by Goldberg (1960s and1970s). The GHQ 12 is frequently used as an indicator of psychological well-being. It has 12 items and Likert scoring pattern. The score is interpreted as higher the score, the poorer the psychological well-being. The Cronbach alpha was 0.93. After explaining the purpose of the study, written informed consent from participants was obtained.

RESULT









From the interpretation of data collected for the study. In the 1st year, the male students experienced mild to moderate anger whereas female students experienced minimal, mild, moderate and severe anger, in the 2nd year the male students showed minimal to severe anger with more students experiencing minimal anger whereas there was more minimal anger observed in the female students. The 3rd year and 4th year male students exhibited minimal anger while the female students exhibited more moderate anger. Minimal anger being the most common type of anger among the under graduate students.

From the same data, two Male students from the 1st year experienced Typical Distress and One Student Experienced Severe Distress. Seven Male Students, Three from the 1st year, One from the 2nd Year and Three from the 4th Year Experienced Typical Distress. This data shows that 90% Male Students Experience Typical Distress, and Only 10% Experienced Severe Distress. In female students from 1st year to 4th year, typical well-being is shown by more than 10, 10, 30 and 15 students respectively. More than 5 students show distress signals in the 2nd year while nearly 10 students show distress in the 3rd year. In the 4th year, 5 students show distress signals and near to 5 students show severe distress. The male and female ratio when it comes to anger and general well-being, females are more affected than their male counter parts. Ratio of males and females comes to 9% and 91% respectively.

	N	Min	Max	Mean	SD
CAS	115	.00	44.00	11.6435	11.03757
GHQ	115	.00	32.00	12.0783	8.36571
Valid N	115				

		CAS	GHQ
CAS	Pearson Correlation	1	.655**
	Sig. (2-tailed)		.000
	N	115	115
GHQ	Pearson Correlation	.655**	1
	Sig. (2-tailed)	.000	
	N	115	115

**. Correlation is significant at the 0.01 level (2-tailed).

	Minimal	Mild	Moderate	Severe
Typical	64	4	5	2
Distress	10	3	4	3
Severe Distress	5	4	5	6

The mean value and standard deviation for Clinical anger scale were 11.6435 and 11.03757 respectively. General well-being has a mean value of 12.0783, standard deviation being 8.36571 for a sample size of 115. The minimal value for CAS and GHQ being 0 and maximum value being 44 and 32 respectively. Tabulation of data demonstrated that there is a significant correlation between Clinical Anger Scale and General Health Questionnaire. Data shows that an Astonishing 64 Samples experiences Minimal Anger leading to Typical Distress.

DISCUSSION

It is often seen that students especially in the medical field are ignorant about their own health and well-being as they are constantly occupied with taking care of others. There is a constant pressure to keep up with being punctual, attending lectures, answering examination and academic competition. The present research attempts to identify relation between anger and its effect on well-being of under graduate occupational therapy students.

Level of anger was assessed using the Clinical Anger Scale (CAS) and General Well-Being was assessed using the General Health Questionnaire (GHQ-12). The maximum number of students experience minimal level of Anger. This could be because of less sleep, being criticized, being in trouble because of others mistake, preventing their desires, etc. Some other reasons of anger among students were, "When the people that we love or are close to lie to us" "When someone breaks his/her promise" "When my friend or girl/boyfriend betrays me" The second category insults consist of being insults (27.1%), slander (24%), underestimation (14.6%), not appreciated (12.5%), false accusations (11.5%) ignored (8.3%), insult on religion (1%), subject to harsh treatment (1%). Typical responses for the category insults include: This was supported by an article.[2]

There could be biosocial processes that play a part when it comes to aggression. Measuring anger proneness at an individual level can be an important source of information for predicting intensity of anger and aggressive behaviour when a person is confronted with anger eliciting situation. This research was done on A sample of 976 university students--195 in Japan (48 male, 147 female), 551 in the Netherlands (187 male, 364 female), and 230 in Spain (56 male, I74 female)-read 17 vignettes depicting anger proneness, focusing on the frequency of experienced anger and of assertive and aggressive tendencies. Contrary to the predictions of some congruent gender differences-for instance, that women focus on emotional stimuli and become more upset by condescending and insensitive behaviour and that men are more likely to become angry in response to physical aggression or injury to another person (Harris, 1993; Ramirez, Fujihara, van Goozen, & Santisteban, in press) gender differences affecting anger disposition and arousal and aggressive tendencies were small or non-existent in the present results, with the exception of the Dutch sample, in which the male participants showed significantly higher levels of anger.[9]

CONCLUSION

There was a significant correlation between Anger and General well-being.

Strength

This study attempted to identify anger and general well-being among younger Occupational Therapy undergraduate students.

Recommendation

There could have been an even number of female and male sample size. Data could have been collected from other universities and included in the study. Inclusion of other courses could have been taken. Institutions need to identify the causes of anger and the effect it has on health on undergraduate students. Similar long-term studies can be conducted with larger sample size. Factors such as financial factors, peer pressure, competition, familiar stress may be included in the study as it affects anger and well-being in a person.

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