



“A study to assess the effectiveness of psycho education module on managing anger among adolescent students in selected school at Hisar”.

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Abstract:

Adolescents are suffering with many physical, social, emotional, and psychological problems which enhance the level of anger. Hence, anger management is an intervention which involves the adolescent students in the active recollection of life experiences. It allows them to relieve the personal events from their past in a way that is a vivid and engaging, and encourages that communicate those experiences to a listener.

Title: “A study to assess the effectiveness of psycho education module on managing anger among adolescent students in selected school at Hisar”.

Objectives : To assess the pre test and post test level of anger among adolescents, to evaluate the effectiveness of psycho education module on managing anger among adolescents and to find out association between post test levels of anger among adolescents with their selected demographic variables.

Methods and materials: Quantitative, pre experimental one group pre test and post test research design was adopted for this study. The study was conducted among 100 adolescent students by using non probability purposive sampling technique. The study was conducted in the senior higher secondary school, Gangwa, Hisar. The students were divided into 5 groups. The Psycho education module on anger management was given by the investigator on alternative days for 45 minutes for a period of four weeks. Post test was conducted after 4 weeks after administration of psycho education module on anger management. The results of the study were based on the statistical analysis. The effectiveness of psycho

education module on anger management was assessed by paired “t” test and association between the post test level of anger with selected demographic variables was assessed by chi-square test.

Study result: The finding of the study revealed that anger is decreased with paired t- test $p \leq 0.001$. There is a very High statistical significance difference in the effectiveness of psycho education module decrease anger among adolescent students in Government Higher Secondary School Gangwa Hisar. The adolescents are reduced their anger score from 65.61 to 46.49 after the administration of psycho education module. The comparison of overall anger score before and after psycho education module mean \pm SD = 65.61 \pm 15.83, post-test mean \pm SD = 46.49 \pm 12.5, mean difference mean \pm SD = 19.12 \pm 20.31, students paired t-test **t=9.41 p=0.001*****, DF=99 significant. Very high significant at ***P= ≤ 0.001 DF=Degrees of freedom.** **Conclusion:** The study concluded that, adolescent students who received psycho education module had significant reduction in their anger level. Hence, psycho education module on anger management techniques was effective, appropriate and can be implemented in all the settings.

Key words:

Anger, adolescent students and psycho education module.

Anger is present in all of our lives. We have all “lost it” with family, friends or work colleagues at some time. Anger is both good and bad – it is a signal to resolve any difficulties surrounding it, and it can also motivate us. We can all remember that the time an argument cleared then we took positive action because of anger.

An emotional state known as anger is characterized by hostility towards something or someone you see as having purposely wronged you. Anger is healthy because it allows one to release bad emotions. The issue is not just anger. It is among the most effective and necessary tools. Everyone's survival as individuals, families, and communities depends on it. It is a strong force that the world can use for good. However, data indicates that it may harm the health and well-being of individuals, families, and communities, as well as perhaps fuel violence and tragedy. When anger is an issue and endangers others, assistance is required in addition to anger.

A person is expressing anger with the physical condition such as increased blood pressure, elevated heart rate, and elevated level of adrenaline and nor adrenaline. Some person view Anger is an emotional trigger of “fight or flight” brain response. Anger used as a productive mechanism enveloped cover to fear, sadness and hurt. It is a predominant feeling of behavior, physiological and cognition when a person needs to take immediate conscious choice of actions to prevent the threatening behavior. Anger may produce more physical and mental consequences. The external expression of anger can be found in facial expression, Body language, physiological response and some acts in public health.

Adolescence is the transitional period and phase of growth and development between childhood and adulthood. World health organization (WHO) defines is adolescence as any person between ages 10 to

19 years. Adolescence is a transitional stage of physical and psychology development that generally occurs during the period from puberty to legal adulthood.

The adolescence is going through many changes like physical, intellectual personality and social development. During the adolescence period the individual are more vulnerable for many problems such as unhealthy behavior, poor diet, smoking, substance use and violence. This can lead to immediate health problems and long term disorders; the most considered among adolescence is anger. Many adolescences indulge increasingly violent behavior and frightening of other persons. During highly increased anger situation, in many which range from verbal abuse and threats to destruction of property; especially males involve in physical violence.

The adolescence anger management program include three common types of life skills development namely communications, well education, ways of expression of anger and relaxation. The anger at last is not the solution for critical situations and problem solving.

If adolescents do not learn how to manage their anger, future problems are inevitable for them. Anger can be destructive if out of control and can cause the problems in school, social life, personal relationship and overall quality of one's life. The adolescents may feel compelled to move away when get anger is not expressed in an appropriate manner. The angry persons have a negative self perceptions and low level of self esteem, and feel guilty.

In USA total populations is 312.2 million, 43 million adolescence. According to a survey conducted in USA during 2013 to 2014 about 58 percentage of public school recorded one or more adolescence involving the physical attack without weapon, 47 % of threat due to physical attack without weapon. High levels of anger, aggression and violent behaviors were present among adolescents.

In India total populations 1205.6 million, 236.5 million total adolescence is age group is 10 to 19 years. Around 18 percent of the global population is adolescents. 12 percentages affected for anger in adolescents. 88 percent live in developing countries.

Katie A. McLaughlin Journal Archives of general psychiatric (2012) data analyzed an estimated two thirds of adolescents in the US have a history of anger attacks and close to six million meet the criteria for an IED (Intermittent explosive disorder) diagnosis although 37.8 percent of the respondents with this disorder received help for emotional problems, only 6.5 percent specifically treated for anger. The anger problem started at around 12 years of age. Uncontrollable chronic anger is common among American teens.

Anger management is not therapy; it is a psycho educational intervention. It's main goal is to teach the adolescence specific tools and strategies for to learn to change one's behavior by providing a new perspective and increasing knowledge when the anger arises. The teacher of the intervention also has the role of a coach, not a therapist. Because anger is an interpersonal emotion, anger management is best done as a group intervention. (Thomas 2001).

The nursing standards of practice are clinical competence, clinical guidelines, and code of ethics, critical thinking, and evidence base practice. These criteria are taken into consideration and by abiding the standards and ethics it was critically thought that adolescent boys need assistance in anger management and evidence based interventions are needed to be inculcated. The interventions of anger management needed to be well coordinated involving care management, collaborative communication, direct care, education, interdisciplinary team work, motivational interviewing/counseling, nursing delegation, student care plans, student centered care and student self empowerment.

The nurse leader should involve in education reform, health care reform, and lifelong learning and technology. The needs for the nurse to develop models of practice, policy and implementing that in the effective management of anger are vital. Therefore, continuous data collection, documentation, evaluation helps the nurse to land in a meaningful health outcomes, performance appraisal and research among the adolescent boys in anger management.

STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of psycho education module on managing anger among adolescent students in selected school at Hisar”.

OBJECTIVES OF THE STUDY

1. To assess the pre test and post test level of anger among adolescents.
2. To evaluate the effectiveness of psycho education module on managing anger among adolescents.
3. To find out association between post test levels of anger among adolescent with their selected demographic variables.

HYPOTHESIS

The following hypotheses will be tested at 0.05 level of significance.

H₁: There will be a significant difference in the pre and post-test scores on managing anger among adolescents.

H₂: There will be a significant association between post test scores on managing anger among adolescents with their selected demographic variables.

ASSUMPTIONS

The study assumes that:

1. Adolescents may have different ways of anger expression and ways adopted to manage

anger situations.

2. Adolescents may cooperative and will give frank responses.

DELIMITATIONS

1. Students who are in the age group between 14 to 15 years
2. Students who are available at the time of data collection.

CONCEPTUAL FRAME WORK

The conceptual model selected for this study is based on “widenbach’s helping arts of clinical nursing theory” adopted by Ernestine widenbachs in 1964, which aims to assess the effectiveness of psycho education module on managing anger among adolescents studying at selected school in Hisar.

RESEARCH APPROACH

The research approach used for the study was Quantitative approach.

RESEARCH DESIGN

The research design selected for the study was pre-experimental, one group pre-test and post-test study design.

RESEARCH VARIABLES

Dependent variable

Dependent variable was anger among the adolescent students.

Independent variable

Independent variable was Psycho education module.

Demographic Variables

Demographic variables such as age in years, sex, religion, types of family, education of the head of the family, occupation of the head of the family, family income, area of residence, medium of education, birth order in the family, educational status in previous class, weight, and height of the students.

SETTING OF THE STUDY

The study was conducted in the Government Higher Secondary School, Gangwa, Hisar.

DURATION OF THE STUDY

Four weeks- 28 days (from 04.02.2022 to 04.03.2022)

STUDY POPULATION

Target population

Adolescent students who are fulfilling inclusion criteria and studying in selected school at Hisar.

Accessible population

Adolescent students with uncontrollable anger and studying in selected school at Hisar.

STUDY SAMPLE

The sample of this study comprised of 9th standard adolescent students studying in Government Higher Secondary School, Hisar and met the inclusion criteria.

SAMPLE SIZE

A sample size comprised with 100 adolescent students.

SAMPLING TECHNIQUE

The samples were selected by using non probability purposive sampling technique.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria for sampling:

1. Students who were willing to participate in the study.
2. Students who will be available at the time of data collection.
3. Student who were in the age group between 14 to 15 years.
4. Students who could read languages Hindi / English.
5. Male Students only will be included.

Exclusion criteria for sampling:

1. Students who were not willing to participate in the study.
2. Students who will not be available at the time of data collection.
3. Students who have already underwent training programmers like yoga, meditation.
4. Students who were affected with physical problems.
5. Girl's students will not be included.

DEVELOPMENT AND DESCRIPTION OF THE TOOL

The tool for data collection consist of two part:

PART – I SOCIO DEMOGRAPHIC CHARACTER

Demographic data sheet consist of age, sex, religion, types of family, Education of the head of the family, monthly income, occupation of the head of the family, area of residence, medium of education, birth order in the family, education status in previous class, weight, height.

PART – II NOVACO ANGER SCALE

The tool Novaco anger scale used for this study is to measure the anger for adolescents. The tool was developed by Raymond to determine with scoring and interpretation. The subject is asked to choose one response from the five choices given for each Questionnaire. The tool has totally twenty five questionnaires. Each question has 5 possible responsible response is scored as 0 to 4.

Interpretation of Score

Each questions have 5 possible response are scored as 0 to 4 as a range based on the answers given by the subjects. The norms will give the level of anger. The total score was according to the following guidelines.

Table: 1.1 Interpretations of score

S. No	Score	Interpretation
1	0 – 45	Low
2	46 – 55	More peaceful than the average
3	56 – 75	average amount of anger
4	76 – 85	More irritable
5	86 – 100	Frequent intense

ETHICAL CONSIDERATION

The study objectives, intervention, data collection procedure approved by the ethics committee of the Institute. The adolescent students were explained about the purposes and need for the study. They were assured that their details and answers will be used only for the research purpose. Further, they were ensured that their details will be kept confidentially. Freedom of the client can be relieved at any time without giving any reason. Privacy will be maintained. His routine class activity will not be disturbed. Thus, the investigator followed the ethical guidelines, which were issued by the ethics committee on a written permission.

PLAN OF DATA ANALYSIS

1. Demographic variables in categories were given in frequencies with their percentages.
2. Anger score were given in mean and standard deviation.
3. Association between demographic variables and Anger score were analyzed using person

chi-square test.

4. Quantitative knowledge score in pretest and post test were compared using paired t-test.
5. Simple bar diagram, multiple bar diagram, Pie diagram, Doughnut diagram and Box plot were used to represent the data.
6. $P < 0.05$ was considered statistically significant. All statistical tests are two tailed test.

ANALYSIS AND INTERPRATION OF DATA

Analysis and interpretation was done in accordance with the objective laid down for study. The data was analyzed by calculating the score in the term of mean, mean percentage, standard deviation, “t” value and chi square.

SECTION-I Demographic Profile

Table 1.2: The demographic information of adolescents

Demographic variables		No. of adolescents	%
Age	13 years	0	0.00%
	14 years	90	90.00%
	15 years	10	10.00%
	16 years	0	0.00%
Gender	Male	100	100.00%
	Female	0	0.00%
Religion	Hindu	86	86.00%
	Christian	8	8.00%
	Muslim	6	6.00%
Type of family	Nuclear family	56	56.00%
	Joint family	41	41.00%
	Extended family	3	3.00%
Education – head of thefamily	Illiteracy	11	11.00%
	Primary education	50	50.00%
	Secondary education	22	22.00%
	Higher secondaryeducation	10	10.00%
	Graduate	5	5.00%
	Post graduate	2	2.00%
Occupation of the headof the family	Unskilled worker	51	51.00%
	Semi skilled worker	24	24.00%
	Skilled worker	10	10.00%
	Clerk, shop owner, farmer	15	15.00%
	Profession	0	0.00%
	Unemployed	0	0.00%

Family monthly income	Rs.2019 -6213	40	40.00%
	Rs.6214 -10356	27	27.00%
	Rs.10356-15535	18	18.00%
	Rs.15536-20175	9	9.00%
	Rs.20175-41430	6	6.00%
Area of residence	Urban	100	100.00%
	Rural	0	0.00%
Medium of education	Hindi	100	100.00%
	English	0	0.00%
	Others	0	0.00%
Birth order in thefamily	First child	46	46.00%
	Second child	42	42.00%
	Third child	12	12.00%
Education status inprevious class	80% above	31	31.00%
	71 - 80%	10	10.00%
	76% - 80%	18	18.00%
	61% - 75%	18	18.00%
	51% -60%	13	13.00%
	<50%	10	10.00%
Weight	40 -50 kg	83	83.00%
	51 -60 kg	11	11.00%
	> 60 kg	6	6.00%
Height	140 – 145 cm	48	48.00%
	146 – 155 cm	33	33.00%
	>155 cm	19	19.00%

The findings were as follows:

Regarding the Age distribution of In study group Majority of the anger age group is 14 years 90 %, and 15 years of age group is 10 %.

Regarding the Gender distribution Among the study subject, the Gender distribution is male 100 %

Regarding the Religion: The Hindu religion is increased level of anger 86 %, Christian is 8 %, and low level of anger Muslim 6 %.

Regarding the Types of family: In the study group nuclear family adolescents are high levels of anger 56 %, joint family adolescents anger level is middle 41 % and extended family level of anger is lower 3 %.

Regarding the Education status of head of the family: In study group Education status of head of the family percentage is primary education 50 %, secondary education 22 %, illiteracy 11 %, higher secondary education 10%, graduate is 5 %, post graduate is 2 %.

Regarding the Occupation of the head of the family : occupation of the head of the family higher level of anger is unskilled worker 51 %, semi skilled worker is 24 %, skilled worker is 10 %, clerk, shop owner, farmer is 15 %, profession and unemployed is no level of anger.

Regarding the Monthly income: In study group monthly income anger level percentage is Rs. 2019 – 6213: 40 %, Rs. 6241 – 10356: 27 %, Rs. 10356 – 15535: 18 %, Rs. 15536 – 20175: 09 %, and Rs. 20175–41430: 06 %.

Regarding the Area of residence: In this study group Residence of area percentage of anger level is urban area adolescents is 100 %.

Regarding the Medium of education: Medium of education in Hindi 100 %

Regarding the Birth order in the family: In study group Birth order in the family level of anger is first child is 46 %, second child is 42 %, and third child is 12 %. The first child is a highest level of anger.

Regarding the Educational status : The study subject Education status in previous class 80 % increased level of anger 31 %, 71 - 80 % educational status anger level is 10 %, 76 – 80 % and 61 – 75 % anger level is 18 %, 60 -51% of educational status adolescents is 13 % of anger level, less than 50 % of educational status adolescents is affected level of anger is 10 %.

Regarding the Weight : Adolescent Weight is 40 -50 kg for increased anger level is 83 %, 51 – 60 kg adolescent anger is 11 %, and less than 60 kg adolescents anger level 6 %.

Regarding the Height: In study group the Adolescents Height 140 – 145 cm anger level is increased 48 %, 146 – 155cm adolescents anger level is 33 %, and 19 % lower level of anger is less than 155 cm of adolescents.

SECTION-II: Objective-1: To assess the pre test and post test level of anger among adolescents

Table 1.3: Pre test and Post test Level of Anger Score among adolescents

Level of anger	Pre test		Post test	
	N	%	N	%
Very Low	12	12.00%	43	43.00%
Low	14	14.00%	33	33.00%
Average	44	44.00%	24	24.00%

Severe	22	22.00%	0	0.00%
Very severe	8	8.00%	0	0.00%
Total	100	100.00%	100	100.00%

Table No. 1.3: shows the pretest and post-test level of anger score among adolescents

Before **psycho education module**, 12 % of adolescents are having very low anger score, 14% of them are having low level of anger score, 44% of them are having average level of anger score, 22% of them are having severe level of anger score, and 8 % of them are having very severe level of anger score.

After **psycho education module**, 43 % of adolescents are having very low anger score, 33% of them are having low level of anger score, 24% of them are having average level of anger score, 0% of them are having severe level of anger score, and 0% of them are having very severe level of anger score.



SECTION – III: Objective-2: To evaluate the effectiveness of psycho education module on managing anger among adolescents.

Table 1.4: Comparison of Overall Knowledge Score Before And After Psycho education module

	No. of adolescents	Pretest Mean±SD	Posttest Mean±SD	Mean difference Mean±SD	Student's paired t-test
Overall Knowledge Score	100	65.61 ± 15.83	46.49 ± 12.85	19.12 ± 20.31	t=9.41 P=0.001*** DF = 99, significant

*** Very high significant at $P \leq 0.001$

Table No 1.4: shows the effectiveness of effectiveness of psycho education module on managing anger among adolescents studying at selected school in Hisar.

On an average adolescents are reduced their anger score from 65.61 to 46.49 after the administration of **psycho education module**. On an average, in posttest after having psycho education module, adolescents are reduced 19.12% angers score than pretest score. This difference is statistically significant. Statistical significance was calculated by using student's paired 't' test.

SECTION - IV: Objective 3: To determine the association between the post test level of anger with their selected demographic variables.

Table 1.5: Association Between Post test Level Of Anger And Adolescents Demographic Variables

Demographic variables		Posttest level of Anger score						n	Chi square test
		Very low		Low		Average			
		N	%	n	%	n	%		
Age	13 years	0	0.00%	0	0.00%	0	0.00%	0	$\chi^2=3.73$ P=0.15(NS)
	14 years	36	40.00%	32	35.56%	22	24.44%		
	15 years	7	70.00%	1	10.00%	2	20.00%		
	16 years	0	0.00%	0	0.00%	0	0.00%		
Sex	Male	43	43.00%	33	33.00%	24	24.00%	100	$\chi^2=0.00$ P=1.00(NS)
	Female	0	0.00%	0	0.00%	0	0.00%		
Religion	Hindu	34	39.53%	30	34.88%	22	25.58%	86	$\chi^2=3.12$ P=0.53(NS)
	Christian	5	62.50%	2	25.00%	1	12.50%		
	Muslim	4	66.67%	1	16.67%	1	16.67%		

Type of family	Nuclear family	21	37.50%	22	39.29%	13	23.21%	56	□2=10.65 P=0.03*(S)
	Joint family	22	53.66%	8	19.51%	11	26.83%	41	
	Extendedfamily	0	0.00%	3	100.00%	0	0.00%	3	
Education – head of the family	Illiteracy	5	45.45%	2	18.18%	4	36.36%	11	□2=5.30 P=0.87(NS)
	Primary education	24	48.00%	16	32.00%	10	20.00%	50	
	Secondary education	8	36.36%	8	36.36%	6	27.27%	22	
	Higher secondary education	3	30.00%	5	50.00%	2	20.00%	10	
	Graduate	2	40.00%	1	20.00%	2	40.00%	5	
	Post graduate	1	50.00%	1	50.00%	0	0.00%	2	
Occupation of the head of the family	Unskilled worker	21	41.18%	19	37.25%	11	21.57%	51	□2=0.61 P=0.89(NS)
	Semi skilled worker	9	37.50%	11	45.83%	4	16.67%	24	
	Skilled worker	6	60.00%	1	10.00%	3	30.00%	10	
	Clerk, shop owner, farmer	7	46.67%	2	13.33%	6	40.00%	15	
	Profession	0	0.00%	0	0.00%	0	0.00%	0	
	Unemployed	0	0.00%	0	0.00%	0	0.00%	0	
Family monthly income	Rs.2019 - 6213	18	45.00%	15	37.50%	7	17.50%	40	□2=16.95 P=0.05*(S)
	Rs.6214 - 10356	16	59.26%	9	33.33%	2	7.41%	27	
	Rs.10356- 15535	8	44.44%	3	16.67%	7	38.89%	18	
	Rs.15536- 20175	1	11.11%	3	33.33%	5	55.56%	9	
	Rs.20175- 41430	0	0.00%	3	50.00%	3	50.00%	6	
Area of residence	Urban	43	43.00%	33	33.00%	24	24.00%	100	□2=0.00 P=1.00(NS)
	Rural	0	0.00%	0	0.00%	0	0.00%	0	
Medium of	Hindi	43	43.00%	33	33.00%	24	24.00%	100	□2=0.00

education	English	0	0.00%	0	0.00%	0	0.00%	0	P=1.00(NS)
	Others	0	0.00%	0	0.00%	0	0.00%	0	
Birth order in the family	Firstchild	22	47.82%	14	30.44%	10	21.74%	46	□2=11.08 P=0.02*(S)
	Secondchild	12	28.57%	19	45.24%	11	26.19%	42	
	Thirdchild	9	75.00%	0	0.00%	3	25.00%	12	
Education status in previous class	80% above	19	61.29%	8	25.81%	5	16.13%	31	□2=21.35 P=0.03*(S)
	71 - 80%	7	70.00%	2	20.00%	1	10.00%	10	
	76% - 80%	8	44.44%	7	38.89%	3	16.67%	18	
	61% - 75%	7	38.89%	7	38.89%	4	22.22%	18	
	51% - 60%	1	7.69%	6	46.15%	5	38.46%	13	
	<50%	1	10.00%	3	30.00%	6	60.00%	10	
Weight	40 -50 kg	36	43.37%	27	32.53%	20	24.10%	83	□2=2.61 P=0.63(NS)
	51 -60 kg	3	27.27%	5	45.45%	3	27.27%	11	
	> 60 kg	4	66.67%	1	16.67%	1	16.67%	6	
Height	140 –145 cm	24	50.00%	15	31.25%	9	18.75%	48	□2=4.30 P=0.36(NS)
	146 –155 cm	10	30.30%	13	39.39%	10	30.30%	33	
	>155cm	10	52.63%	4	21.05%	5	26.32%	19	

Table No 1.5: shows the association between posttest level of anger and adolescents demographic variables.

In this study Type of family, Family monthly income, Birth order in the family, Education status in previous class, demographic variables are reduced more anger score than others. Statistical significance was calculated using Pearson chi square test.

Results and discussions:

FINDINGS BASED ON OBJECTIVES

Objective 1. To assess the pre test and post test level of anger among adolescents

In pre test the study findings revealed that 12% of adolescents are having very low level of anger score, 14% of them are having low level of anger score, 44% of them are having average level of anger score, 22% of them are having severe level of anger score, 8% of them are having very severe level of anger score.

In post test the study findings revealed that 43% of adolescents are having very low level of anger, 33% of them were having low level of anger, 24% of them were having average level of anger and none of them were having severe level of the anger and also none of the them were having very severe level of the anger.

Objective-2: To evaluate the effectiveness of psycho education module on managing anger among adolescents.

The comparison of overall level of anger before and after administering psycho education module pre-test mean \pm SD = 65.61 \pm 15.83, post-test mean \pm SD = 46.49 \pm 12.5, mean difference mean \pm SD = 19.12 \pm 20.31, students paired t-test **t=9.41 p=0.001*****, DF=99 significant. Very high significant at ***P = \leq 0.001**. This difference is statistically significant. Statistical significance was calculated by using student's paired 't' test.

The analysis revealed that there was significant difference between pre test and post test level of anger among adolescent students. Hence, hypothesis **H₁** was accepted.

Objective 3: To determine the association between the post test level of anger with their selected demographic variables.

The findings of the present study showed association between post test levels of anger with their selected demographic variables. In study type of family, family monthly income, birth order in the family, education status in previous class have reduced anger score than others. Demographic variables are significantly associated with post test level of anger. Statistical significance was calculated using Pearson chi square test.

The analysis revealed that there was significant association in the post test level of anger among adolescent students with their selected demographic variables. Hence, hypothesis **H₂** was accepted.

The present study results highlight the effectiveness of psycho education module on anger management among adolescent students. It is also evident that regular practice of anger management techniques has indeed positive effects on health and a psychological related outcome such as quality of life. It can effectively decrease the symptoms of anger and also improves memory, good relationships with other persons, reduce the tension, and anxiety and also improve the concentration that results in academic achievement.

NURSING IMPLICATIONS

The findings of the study have implications to nursing education, practice, administration and nursing research, the effectiveness of psycho education on reduction in the level of anger among adolescent.

Nursing Education

Psycho education module is one of the important treatment modalities in the mental health nursing. Basic education of nursing should include detail aspects of psycho education module with proper training on the practical application, so that the nursing students will develop proper knowledge and skill on how to provide psycho education for adolescents.

Nursing Practice

Psychiatric health nurse and other health professionals should aware of psycho education on reduction in level of anger among the adolescent. Psycho education is an important part for individual. The purpose is to maintain, improve, and promote the knowledge regarding anger. The psycho education also includes planning the course content of knowledge update of anger.

Nursing Administration

Health personal have a vital role in providing education to the adolescents as well as to the staff nurse. Psycho education module is cost effective; it has been shown to reduce the anger level. These techniques offer a resource for nurses to use themselves to reduce the load of the anger of a demanding environment, and may even be used before performing new nursing procedures that invoke anger.

RECOMMENDATIONS FOR FURTHER RESEARCH

In view of the findings and limitations in the present study following recommendations are offered for further research.

- A similar study can be conducted on a large sample size.
- The study can be carried out on particular mental disorder among the adolescents in the school setup.
- A study can be carried out to determine the effectiveness of psycho education module in reducing anger among pre-operative adolescents.
- A comparative study can be conducted between adolescent and elderly.
- Qualitative and mixed methodology research can be conducted.

CONCLUSION

The study findings showed that the samples were undergoing varying level of anger. Their anger levels have reduced after the intervention of psycho education module which has been statistically proved. Hence, psycho education module is one of the techniques to increase the well being of the samples, and it was a useful measure to reduce anger in adolescents.

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