



A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal

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Abstract

A pre-experimental study was done to evaluate the effect of planned teaching programme on knowledge regarding anger management among adolescent students in selected higher school and to find out association between pre test knowledge score with selected variables. One group pre test and post test design was adopted in this study.

Total 60 adolescent school students of class XI and XII were selected by non-probability sampling method. This study was based on Ludwig Von Bertalanffy's general system model. Structured knowledge questionnaire was used for assessing the knowledge of the students. The findings revealed that mean of pre test was 7.43 and mean of post test was 14.13, with mean difference 6.7 was found statistically significant as evident from 't' value 12.01 at 0.05 level of significance which indicates the effectiveness of planned teaching programme. There were no association between pre test knowledge score with selected variables of the student as evidence from chi-square value at 0.05 level of significance at df 1. Thus, the researcher recommended that more teaching programme can be conducted in future among the school students in order to improve mental health. The findings of the study have implication in the field of nursing education, nursing practice and nursing research.

CHAPTER I

Background of the study

“Anger doesn’t solve anything it builds nothing, but it can destroy everything.”

--Quoteistan.com

Anger is one of the basic emotion experienced in everyday life. It is a strong feeling of discomfort in response to a specific provocation. People become angry when others treat them unfairly, attack their personality, blame anybody for unjustified action, keep away them from getting what they want to do or violate cultural norms¹.

Anger appears in day to day life as an emotion that is at home, at school, in interpersonal relationship etc. Anger is a universal feelings. In various circumstances each and everybody can feel anger himself/herself. This feelings occur in response to criticizing, obstructive and aggressive behavior. It is stimulus response affect. ²

The terms anger, aggression and hostility are generally used interchangeability. However, few researchers consider that hostility, anger and aggression represent cognitive, affective and behavioral components of the same multidimensional construct. ³

Few persons get angry and reflect aggressive behavior where as others direct their anger feelings into their inside in view to it is a negative emotion. When people manage their anger appropriately they are able to cope conflicts in a positive way. Controlling anger before it turns in aggressive behavior is a vital aspect in inter personal relationship. Anger turns in negative aspect when person refuse it, suppress it or express it inappropriately. ⁴

Anger is a constructive force when it is used to correct an injustice or a mistake ,to solve problems, restore self esteem and pride. Though anger is a natural healthy, life enhancing , appropriate, emotion, it nonetheless may be destructive to a young’s physical and psychological wellbeing if not appropriately managed.⁵

Adolescence is usually a transitional stage of physical and psychological development between childhood and adulthood. Various physical developments affect emotion and behavior. Adolescents desire independence, experience tension, trying out to establish identity, facing inner conflict always, desire strong need for adult approval, seeking peer recognition strongly. Peer group carryout powerful influence and great impact of adolescents behavior and attitudes. An adolescents uses anger or aggression as a self expression for meeting up

need. Adolescents with chronically angry generally tend to experience stress, heightened interpersonal sensitivity.⁶

Adolescents have to cope with a higher number of bio psychosocial changes compared to children. They may face difficulties in managing their behaviour and emotions because they still do not have sufficient levels of effective coping experience.⁷

The important stage of life is marked between 10-19 years. According to WHO (2007) report. The total population of young people in India is approximately 327 million itself which covers nearly 30% of the population of country. In this 30% nearly 21% of the total population falls under age group of 10-19, which consisting of young people.⁸

According to census of 2011, in India adolescents (10-19 yrs.) constitute 19.6% (253.2 million) i.e. every fifth person in India is an adolescent.⁹

As per World Health Organization (2001) in India 15% of children having serious emotional disturbance. According to ICMR 2001, prevalence of mental and behavioral disorder in Indian children was 12.8%. In India, according to epidemiological studies there are diverse rate of prevalence of behavioral problems in school based studies.¹⁰

About half of all lifetime mental disorder starts before the age of 14 years. It is obvious that mental health issues form an integral part of child's development. Child and adolescent psychiatric problems are identified as one of the public health issue throughout the world with a global prevalence of approximately 20%. About 12.5% children and adolescent are suffering from psychiatric disorder. Besides that those who do not fulfill the criteria for disorders but has symptoms of poor mental health and require help.¹¹

Among young generation behavioral problems constitute one of the most psychiatric problem. Among various behavioral problem anger and socialized aggression are common.¹²

Anger related problems are the most common reasons for that children and adolescents are referred for psychological services.¹³

Khairkar et al. (2013) in their study found that prevalence of psychiatry disorder among adolescent is 20.8% in hospital from central India.¹⁴

On the other hand Pathak et al (2011) found in their cross sectional study in 10 schools among 1150 adolescents in 12-18 years of age group and studied in grade 7-12 that prevalence of behavioral and emotional problems in adolescents were 30% and here among all age group girls exceeding boys in term of problem behavior.¹⁵

Dutta M, Jahan M, Kumar R. (2014) carried out a cross sectional study on school students of Tezpur city, Assam to find out prevalence and pattern of behavioral problems in school children. Result showed that higher prevalence found in socialized aggression (14.60%).¹⁶

Anger related issues are on rise in schools and colleges across the globe. Anger is precursor for violence, aggression and other behavioural and conduct disorders. Aggressive behaviour during adolescence is considered as a potential risk factor for adulthood violence and criminal behaviour. Uncontrolled adolescent anger leads to deaths due to homicide, suicide and injuries. Centre of Adolescent anger which contributing factors of violence is identified as a health disparity. Studies have documented that significant association between anger and depression, stress in adolescents. Association is seen also conduct disorders with suicidal attempts, heart diseases, hyper tension, psychosomatic ailments. Negative life events that is anxiety and drug abuse have shown significant positive correlations with anger in adolescents. Studies on premenstrual syndrome in adolescent girls reported that high prevalence (59%) of anger/ irritability as a most common symptom.¹⁷

One of the keys to a trouble free adolescence is to recognize the emotions which intensely felt during this period and to control the behaviour displayed because of these emotions.¹⁸

Thus effective anger management is vital issue in maintenance of holistic health. Additionally knowledge about anger and skillful anger control is a vital aspect of “emotional intelligence” which is essential to social and occupational success.¹⁹

People with poor anger control face more conflict at work, change jobs more frequently, have more accidents and take more unwise risk, than people with adaptive anger behaviour.²⁰

Various behavioral intervention programme have been developed to help adolescents to cope with anger. Anger management interventions aim to develop for awareness of types, functions and meaning of anger and its physical as well as psychological effects and its expressions.

Fundamental part of nursing care is maintaining and enhancing health. Teaching adolescents regarding anger and its adaptive coping skills is an important nursing intervention. Schools are the most appropriate places where adolescents can identify their anger and learn how to show this feeling in best possible way. Knowledge and skills related to the anger management programme with in the school can be carried out under the leadership and supervision of the psychiatric mental health nurse.

Nurses are in well position to teach health promoting anger management classes in various practice settings, such as schools, colleges, out patients clinics, corporate sites. Classes for children and adolescents can be of great benefit, because young people are forming anger habits that will continue into adulthood.

Need of the study

Anger is an instinctive feeling that having impact on human body. When a person becomes angry his or her heart rate, blood pressure increases and elevated of adrenaline and nor-adrenaline level in the blood. Anger occurred by rage, annoyance, hostility or by extreme displeasure. Understanding of uncontrolled anger is very important as well as factors contribute to adolescent anger.²¹

Adolescence is a time of significant developmental transition that is consider to be second only to infancy in the magnitude of changes that occur. Adolescents experience various developmental challenges at varying pace, including increasing need for independence, evolving sexuality, transition through education and commencing employment, negotiating changing relationship with family, peers and broader social connection and consolidating advanced cognitive abilities. The adolescents period is also marked by increased involvement in risk behaviours that may pre-dispose young people to poor long term outcome.²²

Many of this risk behaviours are relatively transitory in nature and are resolved by the beginning of adulthood. So there is increasing evidence of the significant level of emotional and behavioural difficulties such as anger, anxiety, depression, conduct disorder and substance misuse and suicidal thoughts that are experienced by some adolescents.²³

According to the Indicators of School Crime and Safety 2017 report that is during 2015-16 school session, about 76% of public schools reported that training is provided I classroom teachers or aides on recognizing physical, social and verbal bullying behavior of student. 48% reported providing training on recognizing early warning sign of student violent behavior. In this session about 69% of schools recorded one or more violent incident of crime.²⁴

Health Organization (WHO) has gone on record that by the year 2020, childhood neuropsychiatric disorders will rise by over 50% internationally to become one of the five most common causes of morbidity, mortality and disability among children²⁵

Tomas et al (2007) revealed that students with high anger levels and poor cognitive processing scales are at risk for underachievement, poor relationship in school and health problem. In this study he describes three characteristics of children who are at risk for high anger levels and aggression as well as those who are unable to modulate their anger. The study, done on 624 rural high school students showed higher internal anger expression in girls and higher traits of anger in boys aged 15-16 years.²⁶

A study conducted by Lazarus (2007) among 624 rural high school students to rule out that there was higher internal anger expression in girls and higher trait anger in boys with age group 15-16 year. Students with high anger levels and poor cognitive processing scales are at risk for poor relationship, underachievement in school and health problem.²⁷

As per recent research from United States published in Pediatric & Adolescent Medicine Research & Practice (2011) shown that relationship between anger, anger expression & suicidal behavior have been largely inter related. In a prospective naturalistic study examined how trait anger, anger expression influenced the likelihood of suicide attempt among 180 adolescent followed for up to 13.3 yrs. After discharge from an inpatient psychiatric unit.²⁸

Ulku Tosun (2014), had reported that in different state school in Istanbul where guidance is provided in gaining skill to control aggressive behavior through anger management group study. This study was done with 288 students of experimental & control group which revealed that students learn to display their anger feelings appropriately & probably school setting will be more peaceful way.²⁹

A survey conducted by Dr. Sharma M K and Marimuthu P (2014) among 3600 young people to find out a direct relation between aggression and academic performance. The graph of youth involved in violence constantly moving upward. 8 out of 10 young in the age group of 15 to 26 are angry. A higher percentage of women engaged in verbal aggression (95.3% VS. 92.8%) while male went for physical aggression (4.6 VS. 2%).³⁰

The study was undertaken by Sharma K, Kaur K P, Kaur M (2016) to assess the anger and coping behavior adopted by Nsg. Students of 90 BSc Nsg & 90 GNM students. The finding showed that majority of students had minimal level of anger and had adaptive coping behaviors in both BSc (N) & GNM & found that minority of students had high levels of anger expression. Stability and level of self-esteem was more and lesser was anger and hostility in maximum students. The findings revealed that students had adaptive coping behavior and there was moderately negative correlation between anger and coping behavior.³¹

Anger management is a major pathway in socio psychological and behavioral sciences where professionals will help people by providing adequate information regarding anger and its management, equipped with skill for handling inappropriate anger situation.³²

Based on the above studies & overviews I feel that assessing the knowledge regarding anger management among adolescent students are of great importance to control their mal adaptive anger control measure which can prevent a tragic destiny to them, to their parents & to society.

In the main aim of the researcher is to help adolescent understanding anger, maladaptive anger & its management that will help psychosocial health of the student. So that they can overcome maladaptive anger impact & adjust well to that.

A small but realistic technique that is anger management will help adolescent to resolve various problem related to uncontrolled anger which impaired their judgement, emotional intelligence, intellectuality, cognitive function, problem solving, decision making abilities in practical situation.

Problem statement:

A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal.

Purpose:

The purpose of the study is to provide guidance to students in gaining knowledge to control their aggressive behavior through an anger management programme.

Objectives:

1. To assess knowledge on anger management among adolescents school students, WB.

2. To find out the effect of planned teaching programme in term of post test knowledge on anger management among adolescents school student, WB.

3. To find out the association between pretest knowledge score regarding anger management with selected variables

Assumption:

The assumption underlying the study were---

- i. Adolescent students have some knowledge regarding anger management.
- ii. Planned teaching programme is an effective way to improve the knowledge regarding anger management.

Variable under study

Variable are qualities, properties or characteristics of a person, thing or situations that change or vary.

Independent variable

Intervention includes planned reaching programme on knowledge regarding anger management

Dependent variable

Knowledge of the adolescent school students regarding anger management

Demographic variables

Demographic characteristic related to—

Age, sex, class, type of family, number of family members, number of siblings, educational qualification of parents, occupation of parents.

Variables related to personal information

Use of own mobile, use of computer, daily sports, time spend with parents, friend, sibling or others, getting sufficient pocket money, favourite TV programme.

Operational definitions:

Anger: Anger is an emotional state that varies in intensity from mild irritation to intense fury & rage. Anger as a normal healthy response to violation of one's integrity.

Anger Management: The use of various technique & strategies to control responses to anger provoking situation.

Adolescent: It is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood. Here this study refer to age 16-18 yrs & studied in class XI & XII.

Planned Teaching Programme: It refers to the systematically level of health educational material design to impact knowledge using relevant teaching method which provides information & instruction regarding knowledge on anger management.

Effect: It refers to determine the extent to which planned teaching programme can change level of awareness about knowledge on anger management.

Hypothesis:

H1: The mean post test knowledge score of adolescents school students is significantly higher than the mean pre test knowledge score after administration of planned teaching programme regarding anger management at 0.05 level of significance.

H0: There is no significance difference between mean pre test knowledge score & mean post test knowledge score.

H2: There is significant association between mean pre test knowledge score of adolescent school students regarding knowledge on anger management with selected variables at 0.05 level of significance.

Delimitation:

- a) The study period will be limited to 4 weeks.
- b) Sample size will be limited to 60 students of rural area.
- c) The study will be limited only to the adolescents between 16 – 18 yrs, studying in selected schools.
- d) Study design is limited to single group pretest post test design.
- e) The study is delimited to the schools, which are selected conveniently for data collection.
- f) The study is limited to the adolescents who are studying in class XI & XII.

Conceptual framework:

The conceptual model is a schematic representation of a theory. It provides certain framework of reference for clinical practice, research and education. A conceptual model provides for logical thinking, for systematic observation and interpretation of observed data.

According to Polit & Hungler (1999), it is the building block of a theory. It is a interrelated concept or observations that are assembled together in some rational scheme by virtue of their relevance to a common theme.

The conceptual frame work of the present study is based on general system model approach. It was developed by Ludwig Von Bertalanffy (1968) and modified by J. W. Kenny is called open system model.

The main concept of general system theory are input, throughput/process and output. The input refers to any information, energy or material that enters into the system through boundary. Throughput/process refers to the process whereby system transforms, creates and organize. Output refers to energy, information or matter that is transferred to the environment as a result of throughput/process. This study attempts to find out knowledge regarding anger management among adolescent school students and the effect of planned teaching programme on it.

Input:

It refers to the target group, adolescents (16-18 years of age) who are studying in class XI & XII with their knowledge and competencies, learning needs and interest. In this study the influencing factors recognize as input are age, sex, class, type of family, educational qualification of parents, occupation of parents, other learning resources such as use of own mobile with internet connection, use of computer, watching TV programme. It was assumed that students would have some knowledge and these baseline variables would have influence on preexisting knowledge of students.

Process/Throughput

Process refers to different activities those facilities to acquire knowledge.

- Development of structured knowledge questionnaire for assessment of knowledge of subject.
- Development of planned teaching programme regarding anger management.
- Exposure of the subject through pre test to assess existing knowledge regarding anger management.

- Administration of planned teaching programme.
- Post test knowledge of the same subject to determine the effectiveness of the planned teaching programme.

Output

It refers to the input, process and evaluation as they relate to the target group trained in the instructional strategy and self-learning material. In this study It refers to the knowledge acquired through the planned teaching programme and application of the knowledge on anger management in period of experiencing anger.

Feedback

Feedback is necessary for judging of knowledge and modification of input and output and process phases.



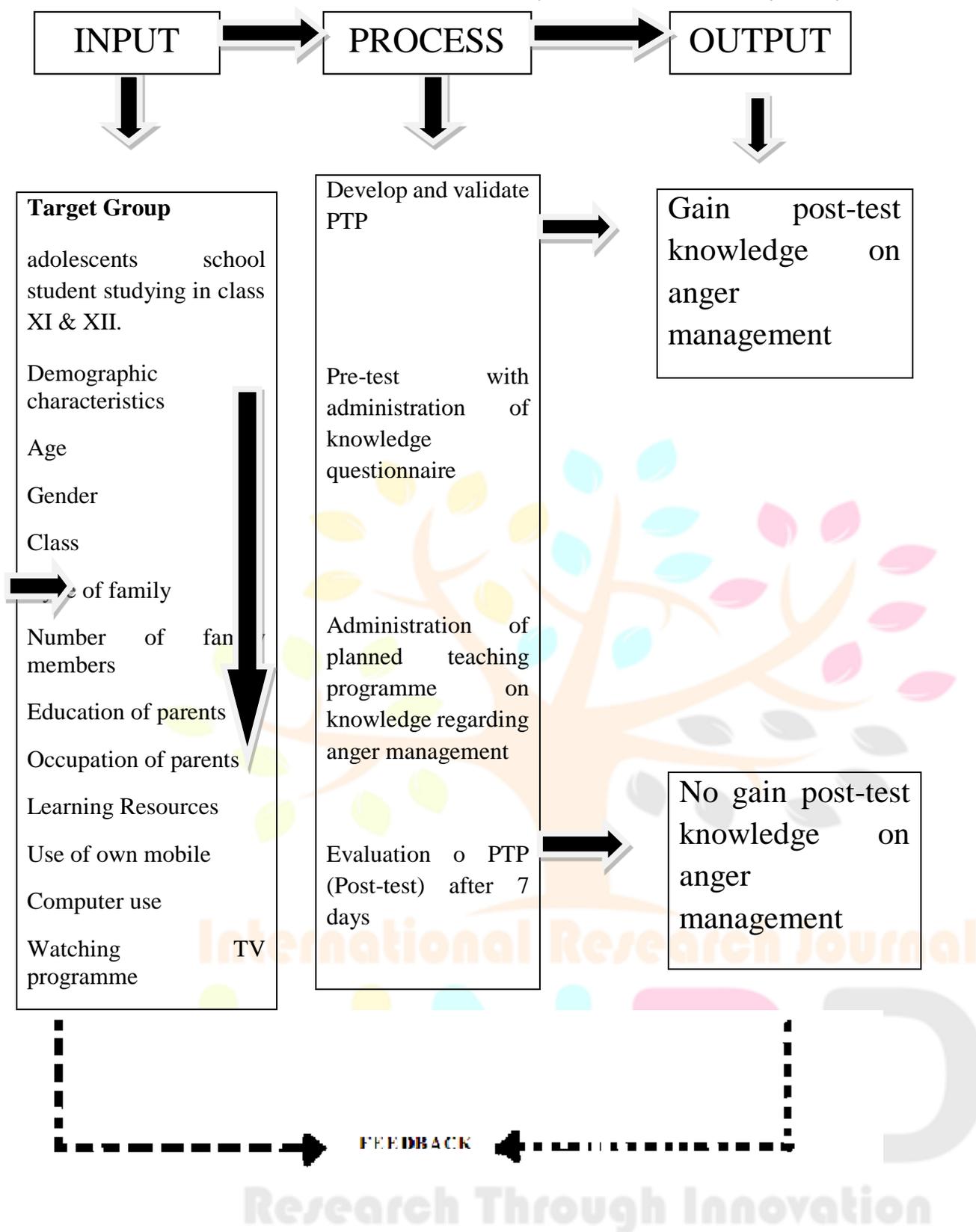


Figure 1: Schematic representation of conceptual framework based on general system model of Ludwig Von Bertalanffy

Summary

This introductory chapter deals with background of the study, need of the study, statement of the problem, purpose, objectives of the study, assumption, variables, operational definitions, hypothesis, delimitation of the study and conceptual framework.

Organization of the report

Chapter I

This chapter deals with the background of the study, need of the study, statement of the problem, purpose, objectives of the study, assumption, variables, operational definitions, hypothesis, delimitation of the study and conceptual framework.

Chapter II: Review of Literature

This chapter presents an overview of literatures in relation to the study.

Chapter III: Methodology

This chapter is developed to the methodology of the study which includes research approach, research design, variables, settings of the study, population, sample and sampling technique, data collection tool and technique, development of the tool, description of the tool, development of planned teaching programme, ethical consideration, pilot study, data collection procedure, plan for data analysis.

Chapter IV: Data analysis and interpretation

This chapter deals with analysis and interpretation of data

Chapter V: Discussion

This chapter would contain to discussion, implication, conclusion and recommendation of the study. In this section, the researcher would summarize the study by giving conclusion based on findings and their implications for nursing, limitation of the study and important recommendations and suggestions for future study on the same or related topic are also given here. It followed by references and appendages.



CHAPTER II

Review of literature

Review of literature is an essential step towards development of the research project. The investigator carried out a review on selected research topic in view to gain deeper inside into the problem and to collect maximum relevant information for building up study in a scientific manner to achieve the desired result. The literature was review from published journal, newspaper, recent reports, books and internet to widen understanding of the research problem and identify the methodology for the study.

The review of literature have been organized and presented under the following section.

Conceptualizing anger

Adolescent anger

Prevalence and outcome of anger

Management of anger

Effectiveness of

teaching programme

Literature review related to conceptualizing anger

As per Simona (2012) anger is connected with violence and cognitive distortion.

According to Rubio (2016) anger is verbal and physical aggression.

As per Kavitha D (2014) parental anger style leads strong on anger expression in India adolescent female.

According to Potegal (2010) during anger arousal physiological activities is universal by its characteristics, behavior and variation in conceptualization, perception and expression pattern.

In a review on Adolescents anger by Zaidi SS and Perveen A (2017) stated that anger is a powerful emotional reaction which affects human body. It appears in response to disappointment, frustration, hurt. Anger having various pros and cons. Overcoming fear, building confidence to oppose dangerous incidents are advantage of anger. Disadvantages of anger are many i.e. emotional, physical and physiological. It is very essential matter that to understand harmful outcome of anger and right ways to manage anger.

Literature review related to adolescent anger

As per Five, Kong, Fuller (2011) that majority is known related to negative outcome of anger and aggression, but less is concerned with what leads to anger and aggression among adolescent.

Five and Colleagues (2011) examining the connection between anger, aggression and cognition among 135 male and female of high school students. A peer rating major and using self report questionnaires, the researcher identified that anger and irrational belief significantly predicted in direct and physical aggression where as anger alone was a predictor of verbal aggression. Finding also showed that an irrational belief of intolerance of rules made students frustrated. Which predicted self report anger and all form of self reported aggression. This can conclude that adolescents with irrational belief are likely to experience anger and demonstrate aggressive behavior.

As per research by Martino et. al. (2008) adolescent male have higher level of aggression than adolescent female. As per CDC 2015 un manageable adolescent anger is contributing factor for death due to homicide, suicide and injuries.

According to Colleen (2014) adolescent having high in trait anger, they have negative relationship with social, health and academic consequences.

Literature review related to prevalence and outcome of anger

A cohort study done in 2007 for examining adolescent anger which can be vary in overtime and whether gender difference present. Adolescent in this study were assessed twice, first time during freshman year and after that in senior year of high school using same Anger Index. The result showed that anger score became stable overtime for both boys and girls and individual responses there were gender differences present for several times which indicating few dimension of anger may vary by gender.

A descriptive study conducted in 2008 among 74 school students in Pennsylvania of grade 7th, 9th and 11th to rule out the variables that influenced the expression of anger for adolescents. 22.9% of students having lower average grade and showed higher levels of reactive anger, instrumental anger. 70.03% students with higher average grade showed control anger. 43.2% of students reported negative friends behavior had a significantly reactive anger.

A meta analytic review done by Longa C at University of Miami in 2011 on Social Aggression in Children and Adolescent. The findings revealed that relationship between social aggression and age, gender, poor peer relationship, internalizing symptoms, low level of empathy, high social status, social intelligence. From 108 studies (107 published articles) derived 896 correlations and in result random-effects model is used for computation on overall effect sizes indicated that social aggression is related with various maladaptive responses correlates that is negative individual treat ($r = 0.32$), externalization ($r = 0.46$) as well as internalization ($r = 0.16$),

peer relation ($r = 0.28$). Another suggestion came out from research findings that is social aggression is associated with social skill fullness ($r = 0.16$) and popularity ($r = 0.22$).

An action research project done by Edward PC. (2013) to find out reason of increasing anger and aggression in school and wider school environment among boys and young guys who referred for mental health services. The Rock and Water Programme (RWP) was utilized among 187 rural adolescents boy from four school of North Coast in Australia. Focus group participants findings showed that historical and cultural attitude have direct impact on experienced and expression of anger.

Mani TLA, Sharma MK (2014) conducted the study for validation adolescent anger scale as studied reported that anger experience and expression vary as per gender, age and culture. In newly validated scale of anger assessment was made for assessing anger among adolescent.

Another study by Nasir R., Ghani NA. (2014) revealed that behavioral and emotional effect of expression of anger and ways of managing anger among adolescents varies but students (1162) had experienced anger that is 7.5% hit other people while 25% hitting to objects and 27.8% became aggressive verbally or cursing.

Literature review related to management of anger

A mix method study done by Down Richard et al among adolescent school students for comparing effectiveness of two anger management method that is Cognitive Behavioral therapy and Personal Development Anger Management among 18 experimental group and 7 controlled group. Participants were also interviewed for pre and post intervention. Both experimental group showed significant improvement in anger coping and self esteem compare to control group. Mixed qualitative and quantitative methodology are used. Qualitative analysis done in factors associated with improved outcome, specifically participant's age, motivation and readiness to change, engagement in therapeutic process, emotional expressiveness and group dynamics.

A study carried out by Safari A (Faculty of University of Malaya, Kuala Lumpur), 2015 to reveal how anger management, stress management and inter personal communication skills affects emotional intelligence of 1st yr. female students of Roodehen Islamic Azad University in Iran. 120 students selected by multi stage randomized sampling method and divided into four groups (with 30 students in each group, 3 groups for experimental and 1 group as control). The four group given pre test using Emotional Intelligence Questionnaire (EQI) before training session of anger management, stress management and inter personal communication skill respectively. After one week interventions, four groups were post tested again using EQI. The data analysis done by Ancova, 't'-test and Mann-Whitney U test. Study findings showed that training in anger management, inter personal communication

skill and stress management will help in increasing emotion intelligence of female student compared with control group.

Another study done by Valizadeh S, Berdi R, Mitra N (2010) to investigate effectiveness of anger management skills training on reducing level of aggression in high school students. 20 students out of 40 students undergone sessions of anger management skills training & revealed that the anger management skills training able to decrease total aggressions, aggressive behaviors and thoughts in high school students.²²

. A study was carried out by Pellegrino B. (2012) to resolve problems related to adolescents who having extreme anger, aggression and disruptive behavior in school also and assist adolescents with anger management difficulties. In this study 4 high school student showed changes in anger management difficulties after participated in mindfulness based and cognitive behavior therapy for anger management programme.

Literature review related to effectiveness of teaching programme

An experimental study conducted by Lok N Badimli K, Canbaz M (2018) among adolescent school students of final year in a Secondary school in Kepez Country of Antalya, Turkey. In this study showed that anger management education positively change adolescent's manner of displaying anger and self esteem. In post test evaluation experimental group found to be significantly reduce score than pre test after the programme ($P < 0.05$).

A cross sectional study done by Adana F, Oztaban S, Arslantas H (2017) to show relation between anger expression style and problem skill among 653 adolescent high school male students and also to find out factor effecting anger expression style. Individuals who having democratic parental attitude reported better responsibility, social skill more successful and less experience anxiety and able to use problem solving skill in time of angry situation than that of students who brought by autocratic parental attitude style.

CHAPTER III

Research methodology

This chapter describes the details of methodology for the study. The methodology of the research indicates the general pattern for organizing the procedure for gathering valid and reliable data for the study. It includes research approach, research design, variables, sample, sampling technique selection and development of data collection tools, research settings, preparation of planned teaching programme and data collection procedure and plan for analysis.

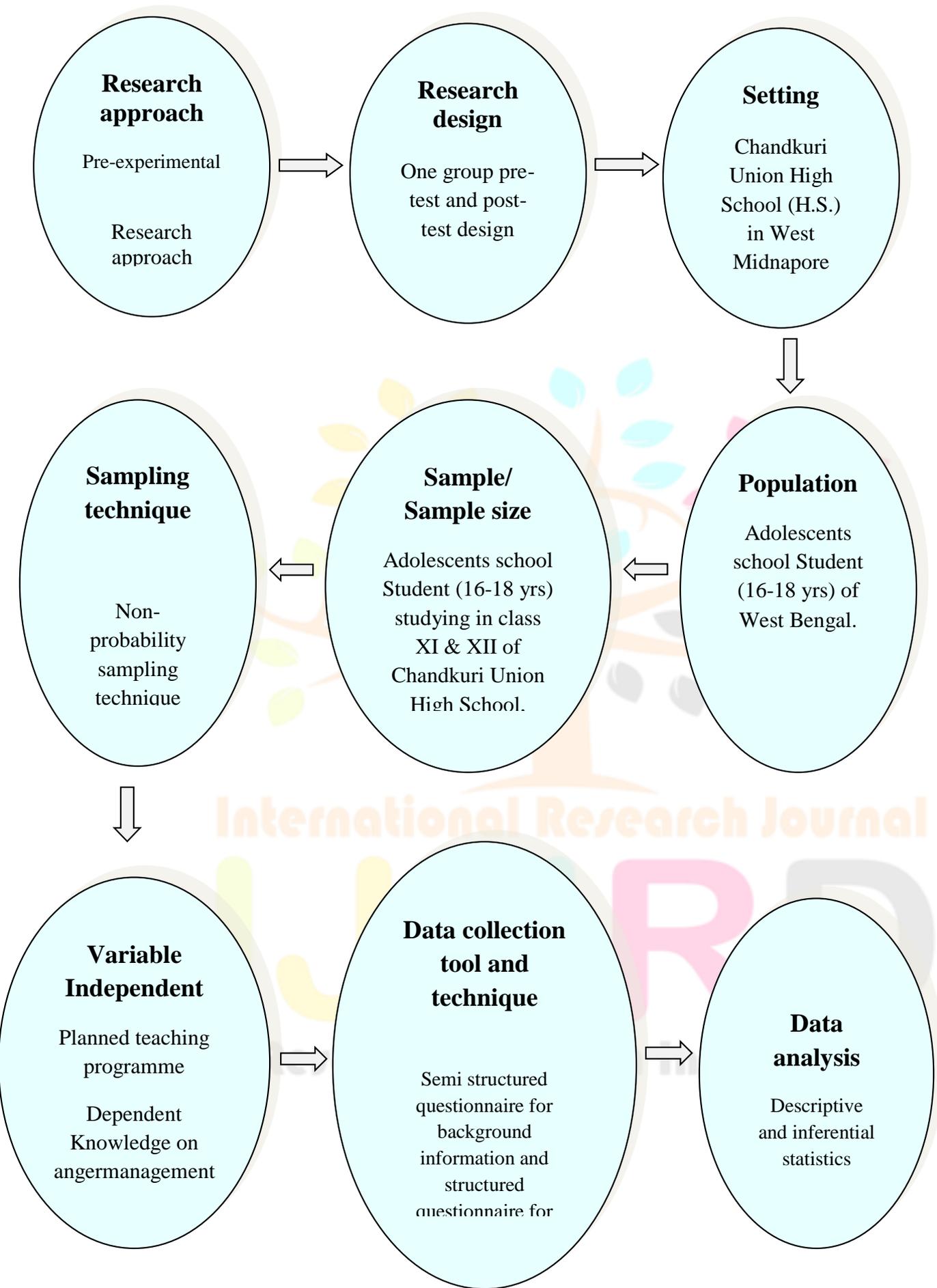


Figure 2: Schematic presentation of research methodology

The research approach involves the description of the plan to investigate the phenomenon under study in structured ,un-structured methods.

The research approach in this study was pre-experimental research approach as the investigator intended to find out the effectiveness of awareness programme on knowledge regarding anger management among adolescent school students.

Research design

The selection of research design is an important and essential step in research as it concerned with the overall framework of conducting study by giving a plan, structure and strategy of investigation.

The design for this study was “one group pre-test and post-test research design”. The design was used to collect information from 60 school students within a given population having same characteristics of interest to describe knowledge level regarding anger management in its natural setting without any manipulation and control.

Pre-test	Intervention	Post-test
P1	X	P2

Figure 3: Symbolic representation of research design

Interpretation of symbols are as follows---

- P1 Pre-test knowledge score on knowledge regarding anger management
- X Administration of planned teaching programme.
- P2 Post-test knowledge score on knowledge regarding anger management



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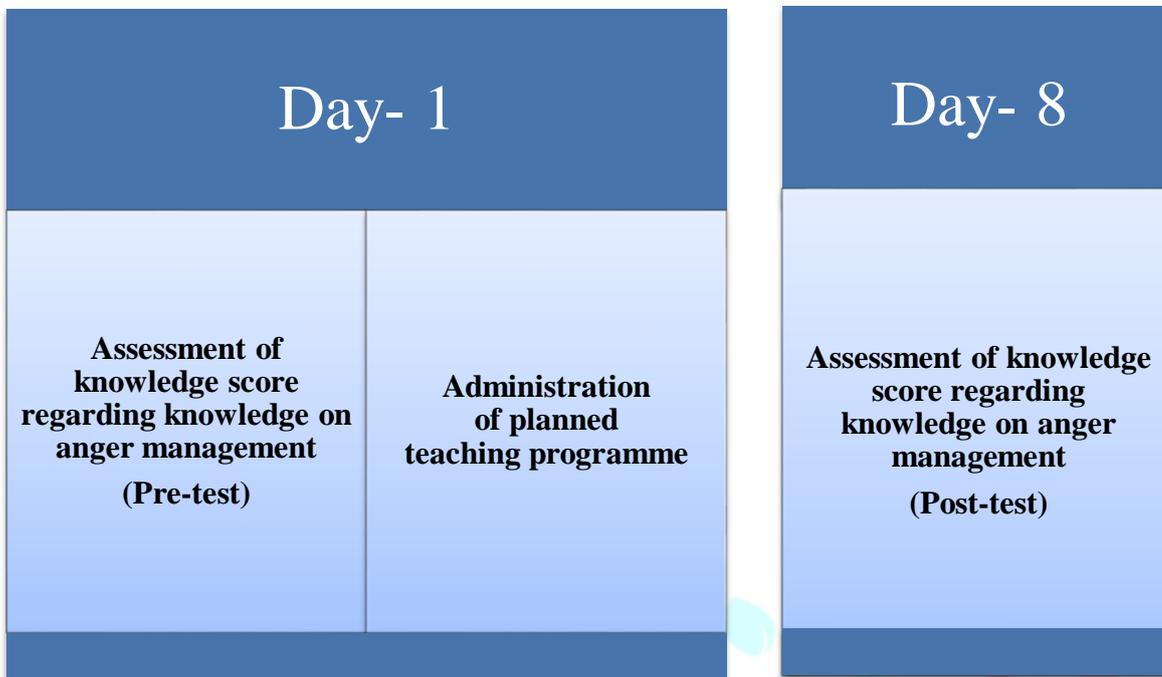


Figure 4: Schematic presentation of one group pre-test and post-test design.

Variable under study

Variable are qualities, properties or characteristics of a person, thing or situations that change or vary.

Independent variable

Intervention includes planned reaching programme on knowledge regarding anger management

Dependent variable

Knowledge of the adolescent school students regarding anger management

Demographic variables

Demographic characteristic related to—

Age, sex, class, type of family, number of family members, number of siblings, educational qualification of parents, occupation of parents.

Variables related to personal information

Use of own mobile, use of computer, daily sports, time spend with parents, friend, sibling or others, getting sufficient pocket money, favourite TV programme.

Setting of the study:

Setting is the more specific places where the data collection will occur. The nature of setting can influence the way people behave or feel and how they respond to question. So the selection of a setting is important.

- **Pilot study** : Pilot study conducted at Chandanpur Ananda Institution School in East Midnapore district.

- **Final Study:** The study conducted at Chandkuri Union High School (H.S.) in West Midnapore district.

Reason for selecting the setting

The reason were the following—

- Availability of the sample for the study.
- Administrative approval and expression of co-operation for study from various people.
- Familiar with the setting
- Co-operation from all level of staff of the school.
- Feasibility of conducting study in terms of time, distance etc.

Population:

Population is the aggregation of the entire unit in which a researcher is interested. It is the set of people in which the result of a research are to be generalized. In this study population is considered as all adolescent school students studying in higher secondary school, West Bengal.

Sample

In this study sample was considered as adolescent school student studying in class XI & XII at Chandkuri Union High School (HS), West Midnapore who fulfil the inclusion criteria and available during the data collection period.

Sample size

In this study, total sample was 60 who were present at the time of data collection.

Sample selection criteria

Inclusion criteria

- ✓ Rural adolescent school student in the age group of 16-18 years.
- ✓ Adolescent school students who have studied in class XI & XII.
- ✓ Who can read and communicate in Bengali.

- ✓ Available at the time of data collection.
- ✓ Willing to participate in the study.

Exclusion criteria

- Students who received education on anger management previously

Sampling Technique

Sampling technique refers to the process of selecting a part of the assigned population to represent the entire population, in this study, sample selection was done by non probability sampling.

All adolescent school students studying in Higher Secondary School, West Bengal

Adolescent students studying in class XI and XII, at Chandkuri Union High School, who fulfill inclusion and exclusion criteria

Total strength of students 94

Total sample 60

Non-probability

Random

Figure 5: Diagrammatic representation of sampling technique.

Data collection tools & technique

The most important aspects of any investigation were the collection of appropriate information, which provides necessary data to answer question raised in the study. Bases on the objectives of the study the following data collection tools were developed in order to obtain necessary information.

Table I: Data collection tool and technique

Variables	Data Collection Tool	Technique
Demographic variables and general information	Section-I Semi structured questionnaire on demographic data and general information	Paper & Pencil method
Knowledge regarding anger management	Section-II Structured knowledge questionnaire on anger management	Paper & Pencil method

Development and description of the tool

Section-I: Semi structured questionnaire for collecting background information

Demographic data and general information

This part is developed to know that personal history of the student. These are eight items which include age, sex, class, type of family, number of family member, number of sibling, educational qualification of parents, occupation of parents and in general information include use of own mobile, use of computer, daily sports, duration of time spending with family members and friends, getting sufficient pocket money, favourite TV programme.

Section-II: Structured knowledge questionnaire on knowledge regarding anger management.

The structured knowledge questionnaire consisting of twenty four items on knowledge regarding anger management among adolescent school students. Every question had three option. A score value of one (1) is allotted to each correct response and zero (0) for incorrect response.

The highest possible score is twenty (24) and lowest possible score is zero (0).

Major development of the tool

The major steps of development of structured knowledge questionnaire for assessment of knowledge of students regarding anger management.

- Step--- 1** Planning phase---Review of the research and non-research literature was done before the development of the tool.
- Step---2** Consult with experts to ensure the appropriateness of the items.
- Step---3** Blueprint was developed for the structured knowledge questionnaire and planned for scoring.
- Step---4** Development of first draft of the tool.
- Step---5** Item analysis of the tool.
- Step---6** Development of first draft of the content---
- Framing the outline of the teaching plan
 - Preparing outline of the content
 - Preparing lesson plan
 - Preparing draft for audio visual aids
- Step---7** Tool and content validity was established and modification made as per suggestion.
- Step---8** i) Preparation of the 2nd draft of the tool
ii) Modify and prepare the 2nd draft of content
- Step---9** Pre-testing of the tool
- Step---10** Establishment of reliability
- Step---11** Final draft of structured knowledge questionnaire and content was made.

The following steps were used in developing tool:

Planning for development of structured knowledge questionnaire on knowledge regarding anger management among adolescent school students

In planning of structured knowledge questionnaire, specific content areas were outlined. Expert's opinions were taken and consultation with advisors was done regarding appropriateness of the criteria for development of the 1st draft of the tool.

Preparation of blue print

A blue print was developed before constructing the questions. The items was distributed according to the areas under domains. It consists with 24 questions. Item of the questionnaire was developed as per blue print and content area. Questions were distributed 15 knowledge items (60%), 7 understanding (30%) 2 application (10%).

Description of the first draft of the tool

The structured knowledge questionnaire regarding anger management contains...24..items covering general Knowledge regarding anger, sign symptoms of anger and anger management.

Item analysis

Item analysis was done to find out the difficulty index and discrimination index. Few items were modified and some were discarded according to item analysis. A few questions were found to easy and few others are difficult. However they were retained, as the questions were found to be very important.

Development of the criteria checklist

Criteria checklist for the validation of the tool was developed. The check list had agree, partially agree and disagree column. It also had remarks column for necessary suggestions. It was submitted to eight validators along with the questionnaire for the relevance, accuracy and appropriateness of the content.

Establishment of content validity of the tool

The prepared tool and criteria checklist was given to eight experts for establishing the validity of the tool. The experts were asked to consider regarding addition, omission, suggestion to improve clarity of items.

Section I:

In demographic data, all the 8 questions 100 % agreement and in general information five questions had 100 % agreement and one question need modification.

Section II:

The prepared structured knowledge questionnaire along with the problem statement, objectives and check list was given for establishing content validity of the tool. The experts are asked to consider regarding addition, omission, suggestions to improve clarity of items. Items wise validation done. 10 questions 100 % agreements, , 4 questions 64.16 % agreements, , 4 questions 70.87 % agreements ,2 questions 85% agreements,. 2 questions 35% agreements, 2 questions 27.26% agreements,

Development of 2nd draft

The 2nd draft of tool was prepared by considering the suggestion of validation.

Section I:

In general information, one question is modified that was use of own mobile phone instead of mobile phone use.

Section II:

In this part,,3 questions from knowledge items and 1 questions from understanding items are discarded and necessary modification done as per their suggestions and reframing done because of language clarity.Total no of questions were 20.

Pretesting / Try out of the tool

Try out done on 6 students of class XII on 26th October 2018 at Baksara High School to check of clarity of language, ambiguity of statement, difficulty in any item and feasibility of the tool ...

Establishing the reliability of the tool**Section II**

The reliability was obtained by calculating internal consistency using split-half technique on 10 subjects. Pearson product moment formula was used for half “r” and ‘Spearman-Brown Prophecy Formula’ was used for reliability of the whole test. That was found to have $r = .7.1..$ indicating that tool had acceptable level of reliability.

Final draft of questionnaire on knowledge regarding anger management:

It was prepared after incorporation of the suggestion of the experts. It contained 20 multiple knowledge questions, 12 knowledge (60%), 6 understanding (30%) and 2 application (10%) .

Translation of the tool

Tool was translated in Bengali version and reverse translation in English was done with the help of language experts.

Preparation of the 1st draft of the content of planned teaching programme

The 1st draft of the content was developed on the basis of the objectives and domain of the objectives (knowledge, comprehension and application). The first draft was prepared in simple language with appropriate illustration and content covering all areas.

Development of the content

After reviewing of the research and non research literature and discussion with experts content and lesson plan of the planned teaching programme on knowledge regarding anger management was developed. It includes:

- Introduction
- Definition of anger and aggression
- Myths and facts of anger
- Consequence of anger
- Pre-disposing factors of anger
- Aggression cycle
- Anger management in constructive way
- Conclusion

Preparation of criteria checklist

A criteria checklist was developed for content of planned teaching programme on knowledge regarding anger management among adolescent school students. The criteria checklist included items on selection of contents, organization of the content, language, feasibility and overall organization.

Validity of Content of planned teaching programme

The planned teaching along with criteria checklist has been submitted to the seven experts from validation, changes made according to their suggestion. In content area 85 % agreement, in organisation 86.24 % agreement in language area 100 % agreement, in feasibility 100 % agreement.

Preparation of the 2nd draft of the content

The 2nd draft of the content is modified on the basis of experts opinion.

Try out of the content

Try out done on 10 students of class XII on 26th October 2018 at Baksara High School to check of clarity of language, ambiguity of statement, difficulty in any item and feasibility of the content.

- Participant took 35 minutes of time
- It was understandable to them
- They provide free and frank responses

Preparation of the final draft of the Planned teaching programme

The final draft of the Planned teaching programme was prepared after in corporation with the suggestion and opinions of the experts.

Translation of content

Bengali version and reverse translation in English was done with the help of language experts.

Ethical consideration

Scientific & Ethical committee clearance

Permission will be taken from the Scientific & Ethical Committee of N.R.S. Medical College and Hospital.

Administrative clearance

- ❖ The Principal Govt. College of Nursing, NRS MC & H
- ❖ Formal permission will be taken from D.H.S. of W.B.

- ❖ Formal permission will be taken from Jt. D.H.S. (Nursing) of W.B.
- ❖ Principal, NRS MC & H
- ❖ Headmaster, Chandanpur Ananda Institution School in East Midnapore district and Chandkuri Union High School (H.S.)
- ❖ Information sheet for participants
- ❖ Informed consent from participants

Informed consent:

- Informed consent will be taken from all participants
- Privacy and confidentiality will be maintain throughout the study

Pilot study

Pilot study was done from..05.11.18.to..10.11.18..at Chandanpur Ananda Institution (HS), Purba Midnapore. Formal permission was taken from Head Master of the school. Sample size was 10. The result showed that the mean post-test knowledge score was 13.3was higher than the pre-test knowledge score that was 8.The paired 't'test done to assess the effectiveness of planned teaching programme. The 't'value result was.5.51 which was significantly higher than table value at df 9 at 0.05 level of significance. No significant association was found with pre-test knowledge score with selected variables. The findings of the pilot study revealed that, the tool was effective and feasible to conduct final study.

Problem faced during pilot study

No such problem was faced by the researcher during the period of data collection.

Final data collection procedure

- The venue for main data collection was made at Chandkuri Union High School, West Midnapore After obtaining permission from the research guide, co-guide and higher authorities of the institution. The data was collected according to the availability of the subjects during the time schedule of three weeks.
- Data collection was done on the 1st day of data collection period on 10.12.18.
- Self-information was given, report was established and purpose of the study was explained.

- Informed consent was obtained before starting the study and assurance given about confidentiality of their responses.
- Non-probability sampling technique was adopted.
- Separate code number was used for used for each participant.
- At the day 1 for the purpose of data collection one separate class room was selected and the room was prepared by A.V aids, adequate chairs arrangements, lighting facilities etc.
- Tool was distributed among the participants.
- Pre-testing done by administering questionnaire and time allotted for 15-20 minutes.
- Then questionnaire was collected from them and awareness programme was given on knowledge regarding over-the-counter medicine by using power point presentation.
- Total teaching session completed with 35 minutes.
- Informed the participants regarding post-test on day 8th.
- On day 8th post-test was taken.
- At the end of the post-test thanks was given to the participants

Problem faced during data collection

No such problem was faced by the researcher during the period of data collection.

Plan for analysis of data

- Data analysis was done with the help of both descriptive and inferential statistics based on objectives of the study.
- The coding of data organized in a master data sheet.
- Frequency and percentage for the analysis of sample characteristic and general information ..
- Mean median, standard deviation for pre-test and post-test knowledge score.
- Effectiveness of planned teaching programme by comparing pre-test and post-test knowledge score by paired t-test.
- Chi-square test to determine the association between pre-test knowledge score with selected variable.

Summary

This chapter dealt with the methodology of the study. The main features included under the methodology were research approach and design, variables, the research settings, sample, and sampling this chapter also includes the selection and development of the study instruments, its validity and reliability. Finally, the report or pilot study, data collection process and plan for data analysis were included.

CHAPTER IV

Analysis and interpretation of data

This chapter deals with analysis and interpretation of the data through structure the knowledge questionnaire for determining effect of awareness programme on knowledge regarding anger management. The purpose of analysis is to handle the data to an interpretable form so that objective an hypothesis can be tested.

Interpretation refers to the process of making sense of the result an examining the implication of the findings with a broader context.

In presence study analysis and interpretation of data were based on data collected through a structured knowledge questionnaire on knowledge regarding anger management among adolescent school students in selected higher secondary school, West Bengal. Analysis and interpretation of data were done in relation to the objectives of the study and to test hypothesis.

Objectives:

1. To assess knowledge on anger management among adolescents school students, WB.
2. To find out the effect of planned teaching programme in term of post test knowledge on anger management among adolescents school student, WB.
3. To find out the association between pre test knowledge score regarding anger management with selected variables.

Hypothesis:

H1: The mean post test knowledge score of adolescents school students is significantly higher than the mean pre test knowledge score after administration of planned teaching programme regarding anger management at 0.05 level of significance.

H0: There is no significance difference between mean pre test knowledge score & mean post test knowledge score.

H2: There is significant association between mean pre test knowledge score of adolescent school students regarding knowledge on anger management with selected variables at 0.05 level of significance.

Organization and presentation of data

The analysis and interpretation of data have been done according to the objectives of study using descriptive and inferential statistics. Organisation of the study findings includes the analysis and interpretation of the data collected in the main study in order to determine the effectiveness of planned teaching programme on knowledge regarding anger management.

The findings of the study has been organized and presented in the following section.

Section I: Development and validation of planned teaching programme.

Section II: Findings related to background information of the adolescence school students.

This section mainly deals with the description of demographic characteristics and related general information in term of frequency and percentage distribution.

Demographic characteristics of the students consist of:

Age, gender, class, type of family, number of family members, education of parents, occupation of parents.

General information related to use of own mobile, use of computer, daily sports, sufficient pocket money, watching TV programme.

Section III: Findings related to knowledge score of the students on anger management.

This section deals with the analysis of pre test and post test knowledge score of the adolescents school student on knowledge regarding anger management before and after administration of planned teaching programme.

Distribution of pre test and post test knowledge score of students.

Mean, median and standard deviation of pre test and post test knowledge score.

Area wise mean, mean percentage, standard deviation of pre test and post test knowledge score.

This section deals with area wise 't' value of pre test and post test knowledge score of the students to determine the effect of teaching in each area.

Section IV: Findings related to effect of planned teaching programme in term of gain in knowledge score.

Paired 't' test of pre test and post test knowledge score of the students to determine the effectiveness of planned teaching programme.

Section V: Findings related to association of pre test knowledge level and selected variables.

Organization and presentation of the data

The obtained data are organized and presented under the following section

SECTION I: Development and validation of planned teaching programme.

This section described the development and validation of planned teaching programme on knowledge regarding anger management among the adolescents school students. Self structured questionnaire along with criteria checklist submitted to 8 experts from the field of psychiatric, psychiatric nursing and psychology establishing the content validity. The planned teaching programme was analyzed using percentage of agreement among the experts and presented in Table 2.

Table 2: Percentage of agreement among the experts on validation of criteria checklist of planned teaching programme on knowledge regarding anger management.

N = 10

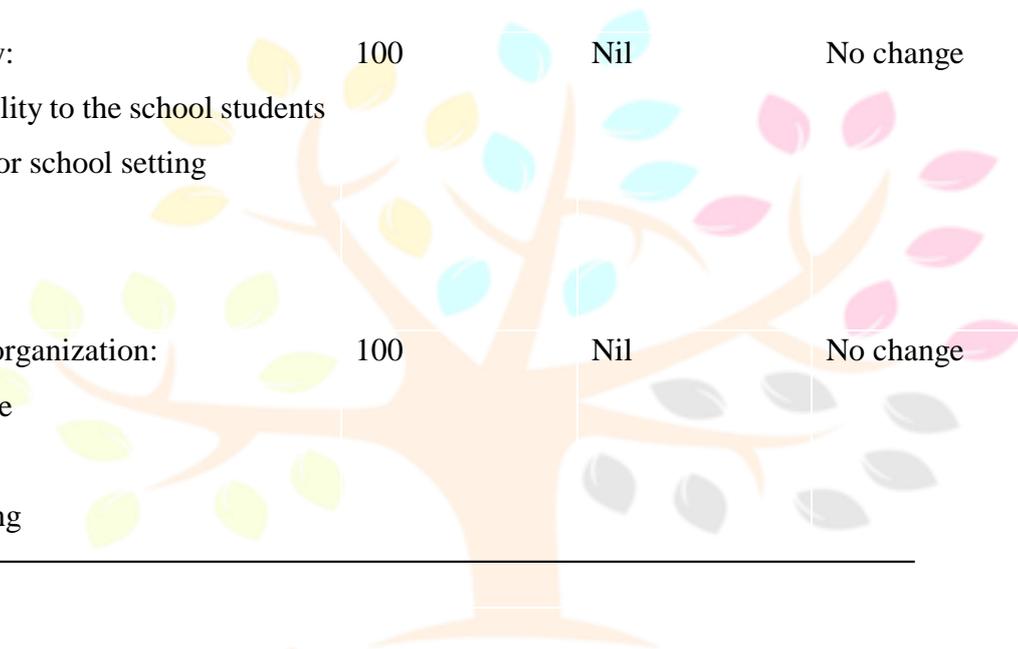
Sl no.	Criteria	Percentage of agreement	Remarks	Action taken
1	Content: Content reflects the objectives Content is relevant Content is adequate	85.	Inadequate	Modified the content with adequate and relevant information

2 Organization of content: 87. Lack of Content was
 Organization in logical sequence organization organized logically
 Continuity and sequentially
 Integration

3 Language 100 Nil No change
 Simple and understandable
 Comprehensive at the level of
 learner’s ability

4 Feasibility: 100 Nil No change
 Acceptability to the school students
 Suitable for school setting

5. Overall organization: 100 Nil No change
 Attractive
 Relevant
 Interesting



International Research Journal
IJNRD
 Research Through Innovation

SECTION II

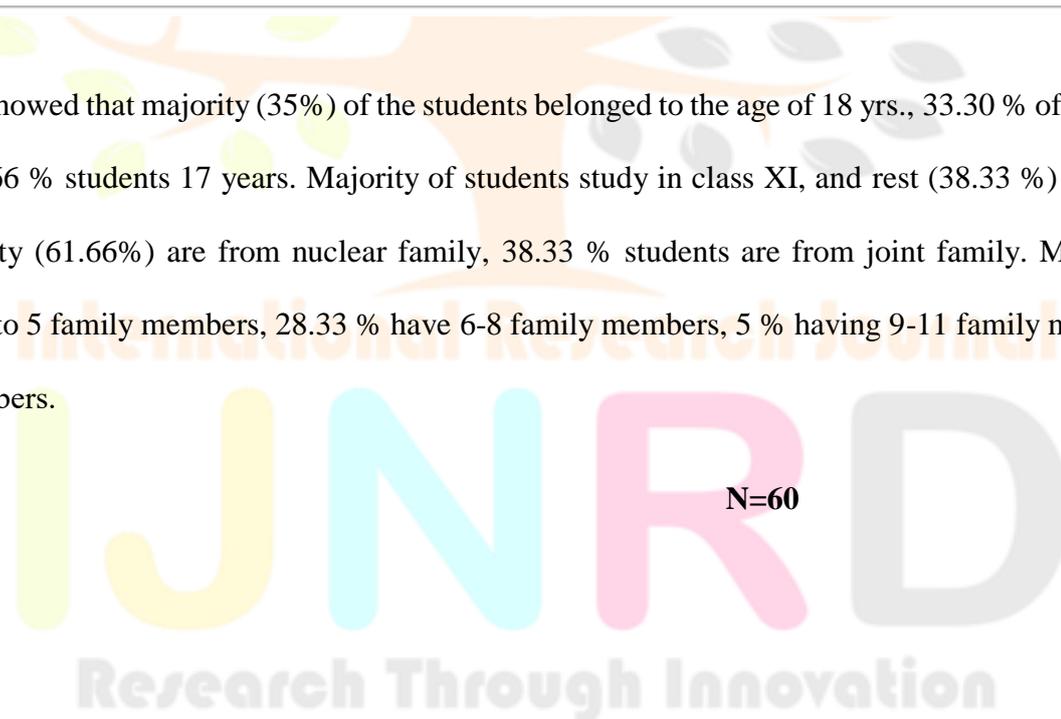
This section describes the findings related to demographic characteristics of the adolescents school students.

Table 1. Frequency and percentage distribution of students in term of age, class, type of family and number of family members.

SL. No.	Characteristics	Frequency	Percentage
1.	Age:		
	16 yrs	20	33.30
	17 yrs	19	31.66
	18 y yrs	21	35
2.	Class		
	XI	37	61.66
	XII	23	38.33
3.	Type of family		
	Nuclear	37	61.66
	Joint	23	38.33
4.	Number of family Members		
	3-5	37	61.66
	6-8	17	28.33
	9-11	3	5
	≥12	3	5

N = 60

Data in Table 1, showed that majority (35%) of the students belonged to the age of 18 yrs., 33.30 % of the students are 16 years, 31.66 % students 17 years. Majority of students study in class XI, and rest (38.33 %) are study in class XII. Majority (61.66%) are from nuclear family, 38.33 % students are from joint family. Most of them (61.66%) have 3 to 5 family members, 28.33 % have 6-8 family members, 5 % having 9-11 family members and ≥ 12 family members.



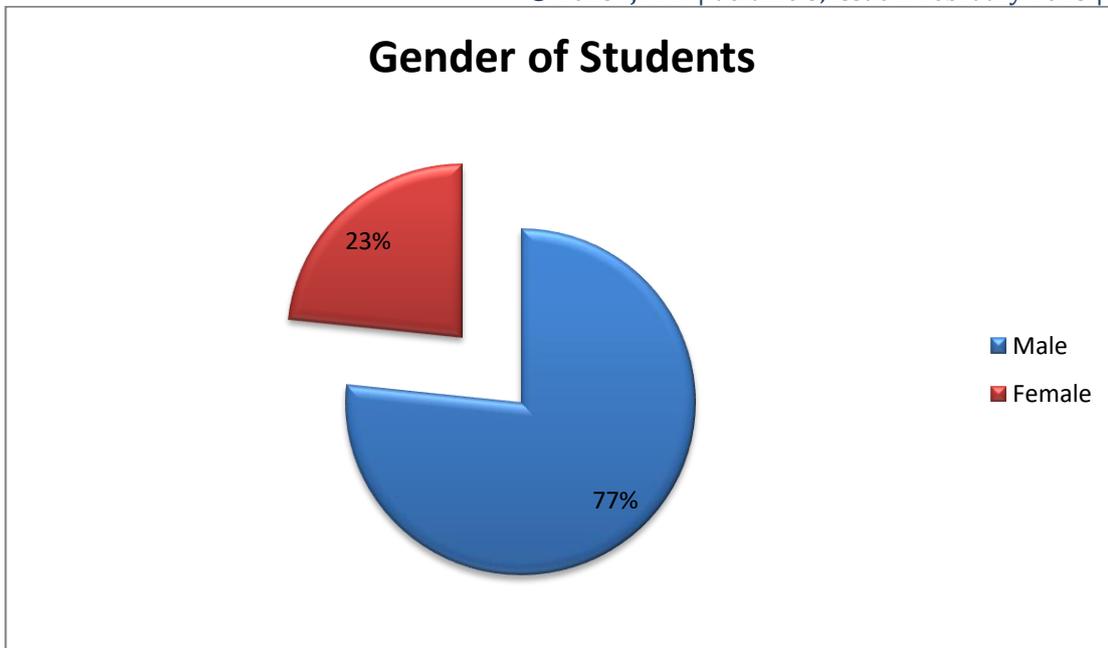


Figure 1: Pie diagram showed the percentage distribution of gender of adolescent students.

Data showing in figure 1 revealed that out of 60 students 76.66% are male & 23.34% are female.

Table 2. Frequency and percentage distribution of students in term of educational qualification of parents and occupation of parents. N = 60

SL. No.	Characteristics	Frequency	Percentage%
1.	Educational qualification:		
	Father		
	Primary	24	40
	Secondary	21	35
	Higher secondary	8	13.33
	Graduate and above	7	11.66
	Mother		
	Primary	24	40

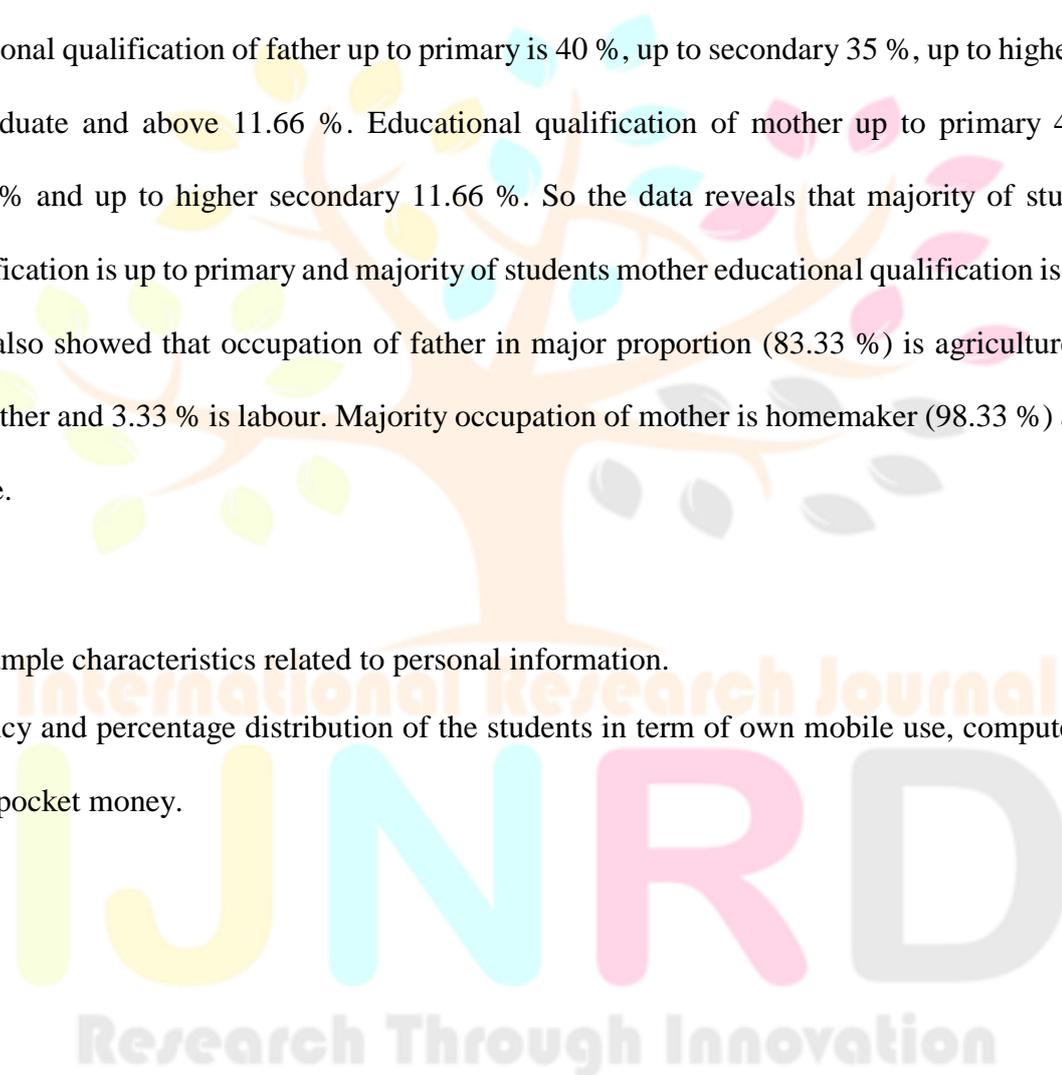
Secondary	29	48.33
Higher secondary	7	11.66
Graduate and above	0	0
2. Occupation		
Father		
Agriculture	50	83.33
Labour	2	3.33
Business	5	8.33
Other	3	5
Mother		
Service	1	1.6
Home maker	59	98.33

In table 2, educational qualification of father up to primary is 40 %, up to secondary 35 %, up to higher secondary 13.33 % and graduate and above 11.66 %. Educational qualification of mother up to primary 40 %, up to secondary 48.33 % and up to higher secondary 11.66 %. So the data reveals that majority of students father educational qualification is up to primary and majority of students mother educational qualification is up to higher secondary. Data also showed that occupation of father in major proportion (83.33 %) is agriculture. 8.33 % is business, 5 % is other and 3.33 % is labour. Majority occupation of mother is homemaker (98.33 %) and rest (1.6 %) having service.

Section II:

Description of sample characteristics related to personal information.

Table 3: Frequency and percentage distribution of the students in term of own mobile use, computer use, daily sports, sufficient pocket money.



N = 60

SL. No.	Characteristics	Frequency	Percentage
1.	Own mobile use:		
	Yes	38	63.33
	No	22	36.66
2.	Computer use:		
	Yes	21	35
	No	39	65
3.	Daily Sports:		
	Yes	44	73.33
	No	16	26.66
4.	Sufficient pocket money:		
	Yes	42	70
	No	18	30

Data in Table 3, showed that majority (63.33) carrying their own mobile phone and 36.66 % students have no own mobile phone. Most of the student (65%) does not use computer and 35 % students use computer in daily basis. Majority of the student (73.33%) playing sports in regular basis and rest students (26.66 %) do not play on regular basis. Majority of the students (70%) get sufficient pocket money and 30 % of students do not get sufficient pocket money.



N=60

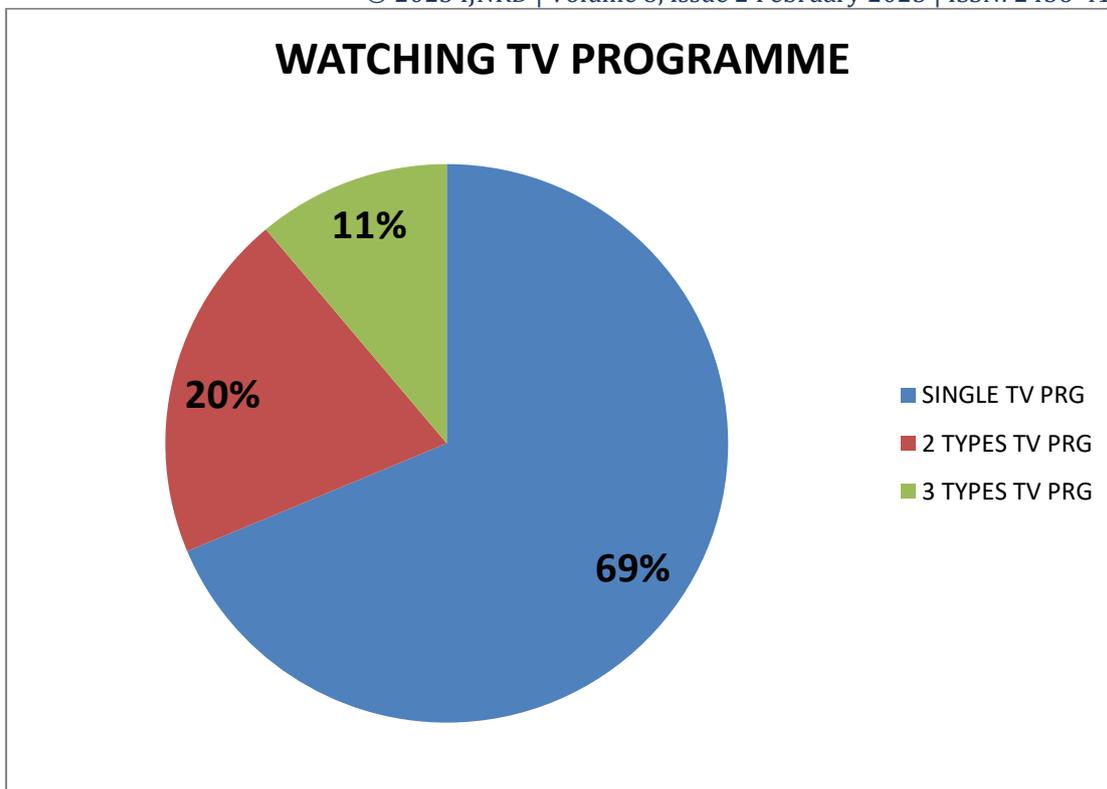


Figure 2: Pie diagram showed the percentage distribution of TV programme watching by students.

Data showing in Figure 2 revealed that out of 60 students majority (69%) showed single type TV programme, 20% showed 2 types TV programme, 11% showed 3 types TV programme.

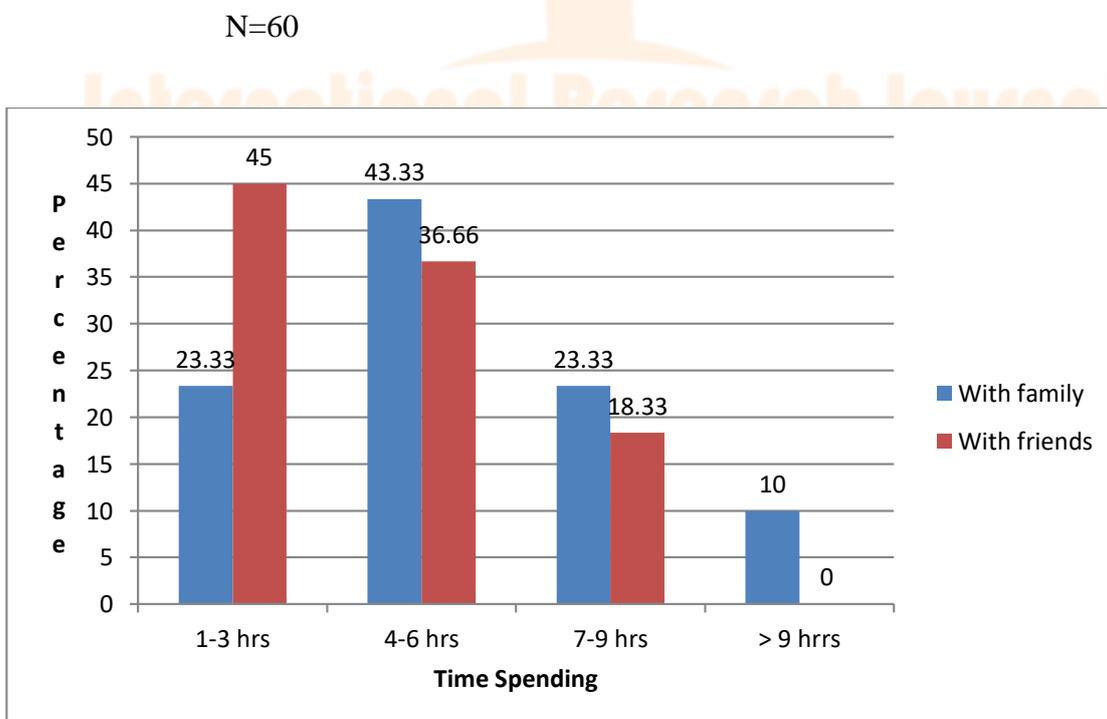


Figure 3: Percentage distribution of samples related to duration of time spending with family members and friends.

In this figure data showed that students (45 %) spend their maximum time with friends for 1-3 hour and 23.33% students spend their time with family members. Students (43.33 %) spend their maximum time with family members for 4-6 hours and 36.66% student spent their time with friend. For 7-9 hours 23.33% students spent their time with family members and 18.33% students with friends. Students (10%) spend their time more than 9 hours with family members and no time spend with friends more than 9 hours.

Section III:

Findings related to knowledge score of the students on anger management.

This section deals with the pre-test and post-test knowledge score of the students regarding knowledge on anger management.

Table 4: Frequency and percentage distribution of pre-test and post-test knowledge score.

N = 60

Knowledge score	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
0- 5 : Poor	19	31.66	0	0
6-11 : Average	40	66.66	2	3.33
12-17 : Good	1	1.66	56	93.33
18-20 : Very good	0	0	2	3.33

Minimum possible score: 0

Maximum possible score: 20

The data presented in the table 4 shows that, the pre-test and post-test knowledge score of the school students. In pre-test majority of the students 40 (66.66 %) got average score that was in between of 6-11 and students 19 (31.66 %) scored poor (i.e. 0-5) and 1 student (1.66 %) got good score.

Where as in post-test majority of the student 56 (93.33 %) scored good, 2 students (3.33 %) scored average and very good score both. None of the students got poor scored. So planned teaching programme was effective in knowledge gain in post-test than pre-test.

Table 5: Area wise Mean, Mean (%), SD, and “t” value of pre-test and post-test knowledge score. N = 60

Content Area	Maximum Possible score	Pre-Test			Post-Test			t-value
		Mean	Mean%	SD	Mean	Mean%	SD	
Area-I	6	1.83	9.16	1.06	4.15	20.75	1.02	13.08*
Area-II	6	2.8	14.25	1.41	4.46	22.33	0.88	8.7*
Area-III	8	2.75	13.75	1.3	5.51	27.58	1.10	11.54*

“t” (59 = 2.00) “*” = significant $p > 0.05^*$

Area I-General question regarding anger

Area II-Cause and consequences

Area III-. Anger management

Data presented in the above table 5 shows that, knowledge gain in pre-test and post-test in different areas on knowledge regarding anger management. In area I mean difference between pre-test and post-test knowledge score 2.32 and SD difference 0.04, mean % difference 11.59 and ‘t’value was 13.08*. In area II mean difference between pre-test and post-test knowledge score 1.66 and SD difference -0.53, mean % difference 8.08 and ‘t’value was 8.7. In area III mean difference between pre-test and post-test knowledge score 2.76 and SD difference -0.2, mean % difference 13.75 and ‘t’value was 11.54*.

So it can be conclude that maximum mean % gain was in the area of anger management and minimum mean percentage gain in the area of cause and consequences of anger. Obtained pair ‘t’values in all the learning areas were higher than table value at df 59 at 0.05 level of significance. The data reveals that majority of students had pos test mean knowledge score is significantly higher in all areas than the pre test mean knowledge score.

Section IV:

Findings related to effect of planned teaching programme in term of gain in knowledge score.

In order to find out the comparison of pre-test knowledge score and post-test knowledge score the following hypothesis was stated.

H1: The mean post test knowledge score of adolescents school students is significantly higher than the mean pre test knowledge score after administration of planned teaching programme regarding anger management at 0.05 level of significance.

H0: There is no significance difference between mean pre test knowledge score & mean post test knowledge score.

Table 6: Mean, Median, Standard deviation and paired 't'test of pre-test and post-test knowledge score of students.

N = 60

Observation	Maxin Possible score	Mean	Mean Difference	Mean %	Median	SD	't' value
Pre-test	20	7.43	6.7	37.16	8	2.52	12.01*
Post-test	20	14.13		70.66	14	1.71	

't' (59) = 2.00 '**' = significant $p < 0.05^*$

The data presented in Table 6, showed that pre-test knowledge score of students on knowledge regarding anger management mean was 7.43, median 8 and standard deviation was 2.52. Where as in post-test knowledge score of mean was 14.13, median was 14 and SD 1.71. The SD of the pre-test score 2.52 was seemed more dispersed than post-test score 1.71. Obtained paired 't' value was 12.01* at df at 0.05 level of significance. Hence the null hypothesis was rejected and research hypothesis was accepted.

So, from the above analysis and interpretation of data presented in table in this section indicated that, planned teaching programme on knowledge regarding anger management has significantly increase the knowledge in post-test. Therefore effect of planned teaching programme on knowledge regarding anger management was effective in terms of gain in knowledge adolescent school student.

Section V:

Findings related to association of pre test knowledge level and selected variables.

H2: There is significant association between mean pre test knowledge score of adolescent school students regarding knowledge on anger management with selected variables at 0.05 level of significance.

Table 7: Association between selected variables and pre-test knowledge level of students on knowledge regarding anger management.

Median-8

N = 60

SL. N	Variables	χ^2	df	Significance at 0.05 level
1.	Age	0.53	1	NS
2.	Gender	0.106	1	NS
3.	Class	0.85	1	NS
4.	Use of Mobile	3.07	1	NS
5.	Daily sports	0.73	1	NS
6.	Sufficient pocket money	3.68	1	NS

$P > 0.05$ df 1 in 3.84

The data presented in the table 7 illustrates that, chi-square computed between pre-test knowledge score with selected variables of the adolescent school students like age, gender, class, use of mobile, daily sports and sufficient pocket money was not significant at 0.05 level of significance.

Summary:

This chapter dealt with the analysis and interpretation of the data using descriptive and inferential statistics. Frequencies and percentage were used to analyze the sample characteristics. Range, Mean, Median, Standard deviation, Area wise assessment of pre-test and post-test knowledge score, paired 't' test was used to analyze the data. Chi square test was computed to find association between pre-test knowledge level with selected variables.

CHAPTER V

Discussion

Major findings, Discussion, Conclusion, Implication, Limitation, Recommendation

This chapter deals with major findings of the study, discussion of the study in relation with other studies, conclusion and implication of the study in the field of nursing education, administration, nursing practice and nursing research. The limitation of the study has been stated and the recommendation of the future research in different aspect has also be presented.

Major finding of the study

Findings related to demographic characteristics of the students

1. Most of the students 21 (35%) were belonged to the age group of 18 years.
2. Maximum number of students 76.66% are male.
3. Majority of the students 37 (61.66%) were studied in class XI.
4. Maximum number of students 37 (61.66%) belong to nuclear family.
5. Most of the students 37 (61.66%) having 3-5 family members.
6. Educational qualification of fathers of maximum students 24 (40%) were up to primary level and above where as educational qualification of the mothers of maximum students 29 (48.33%) were up to secondary level.
7. Occupation of the fathers of maximum students 50 (83.33%) were agriculture where as mothers of maximum students 59 (98.33%) were home maker.

Findings related to personal information of the students

1. Majority of the students 38 (63.33%) uses their own mobile.
2. Among 60 students 39 (65%) do not use computer.
3. Maximum number of students 44 (73.33%) played sports on daily basis.
4. Most of the students 42 (70%) got sufficient pocket money.

5.

Most of the students 43 (68.33%)

watched single type tv programme .

6.

Maximum number of students 27

(45%) spend their maximum time with friends for 1-3 hours.

Findings related to knowledge score of the students on anger management

1. Majority of the students 40 (66.66%) got average score in pre-test and in post-test 56 (93.33%) score good.
2. Area wise knowledge score, in area of anger management maximum mean percentage gain 2.76%, where as minimum percentage gain was 1.66.
3. Area wise calculated 't' value in all the learning areas were higher than the table value of 't' at df 59 at 0.05 level of significance indicated that planned teaching programme was effective each learning areas.

Findings related to effect of planned teaching programme in term of gain in knowledge score.

1. Pre-test knowledge score of students on knowledge regarding anger management mean was 7.43, median 8 and standard deviation was 2.52. Where as in post-test knowledge score of mean was 14.13, median was 14 and SD 1.71. The SD of the pre-test score 2.52 was seemed more dispersed than post-test score 1.71. Obtained paired 't' value was 12.01* at df at 0.05 level of significance. Hence the null hypothesis was rejected and research hypothesis was accepted.

Findings related to association of pre test knowledge level and selected variables.

Chi-square computed between pre-test knowledge score with selected variables of the adolescent school students like age, gender, class, use of mobile, daily sports and sufficient pocket money was not significant at 0.05 level of significance.

Discussion related to others studies

Anger is one of the basic emotion experienced in everyday life. Adolescent who are in a transition stage of physical and psychological development by its natural instinct easily experience anger in regular basis and expressed anger in maladaptive pattern which leads to manage their life in a negative manner.

With regards to findings related to background information of the adolescents school students.

A study conducted by Snyder et. al. adolescents students in New York. Among 50 adolescents 28 male (56%) and 22 female (44%) majority is male students.

On the other hand Pathak et al (2011) found in their cross sectional study in 10 schools among 1150 adolescents in 12-18 years of age group and studied in grade 7-12 that prevalence of behavioral and emotional problems in adolescents were 30% and here among all age group girls exceeding boys in term of problem behavior.¹⁵

With regards to findings related to effectiveness of teaching programme

A study conducted by Lok N, Badimli K, Canbaz M (2013), experimental pre-test, post-test study among adolescent school students in a secondary in Kepez country of Antalya, Turkey. Study population 60 participant, 30 in the experimental group and 30 in control group. Result found that similar to my study no statistically significant difference found between the socio demographic characteristics of experimental and control group. Similar to my study after administration of anger management programme, anger related symptoms, behaviour, ideas was found to be significantly reduce the programme ($P < 0.05$).

A study conducted by Valizadeh S et. al. (2010), a quasi experimental with pre-test, post-test control group designed, with 40 samples 20 in experimental and 20 in control group. The result indicated that anger management skilled training on reduction of aggression in adolescent significantly decreased aggression among participants who took part in the intervention group. 'T' test value of the result for the experimental group is 8.52 at the level of $P < 0$

An experimental study conducted by Lok N Badimli K, Canbaz M (2018) among adolescent school students of final year in a Secondary school in Kepez Country of Antalya, Turkey. In this study showed that anger management education positively change adolescent's manner of displaying anger and self esteem. In post test evaluation experimental group found to be significantly reduce score than pre test after the programme ($P < 0.05$).

With regards to findings related to association between pre test knowledge score with selected variables

In present study none of the selected factors such as gender, age, class, occupation of father, mother, previous knowledge about anger management found associated with pre test knowledge score. Findings of the present

study was supported by the study done by Lok N, Badbin K, Canbaz M where there was no statistically significant difference found between the socio demographic characteristics of the experimental and control group ($P > 0.05$).

Conclusion

From the findings of the study conclusion can be drawn that planned teaching programme was effective in increasing knowledge among adolescents school students.

NURSING IMPLICATION

The findings of the study have several implication for nursing practice, nursing education, nursing administration.

Nursing practice

Psychiatric mental health nurses can play a key role in increasing awareness about anger, the interventions available to address anger issues and the associated psychosocial factors, which can be achieved through community education, early assessment and intervention, in collaboration with other healthcare providers . Practices related to the anger management programme can be carried out within the school nursing department under the leadership and supervision of psychiatric mental health nurse.

Nursing Education

The nursing curriculum should emphasize imparting information to community by using different teaching method. The anger management education provided to adolescents is effective in helping them both identifying anger triggering areas and cope with anger enhancing assertiveness.

Schools need to have comprehensive curricula to teach adolescent how to properly recognize and display their emotions.

The awareness programme can be conducted in more illustrative way to educate the students, as well as clients, their family and the community. Information, education and communication can play an important in nursing education to provide information to the client and community people regarding anger management.

Nursing administration

Nurse administrator should take an initiative in creating policies and plans in providing education to the people. The nurse administrator must plan to organize continuing nursing educational programme for the nursing personnel and motivate them in conducting health awareness programme beneficial to the people in the community. Health education programme should be included as a part of job description of various categories of health professional. As an administrator nurse should plan the outreach activities in collaboration with other agencies in imparting knowledge to the general public.

Nursing Research

Anger-related problems are among the most common reasons why children and adolescents are referred for psychological services. Anger is a negative phenomenological experience that exists on a continuum in which the frequency, intensity and duration of the experience, along with experience characteristics. There is a great need of nursing research in the areas of client education. Health related studies on anger management by developing unique teaching programme. Emphasis regarding anger management in professional journal and evidence for nursing practice.

Limitation

- The study findings could not be generalized because of the following reasons
- Small sample size (60)
- Restricted setup
- The study did not use a control group hence exposing the findings to possible bias
- No attempt was made to do the follow up measure in respect of retention of gain in knowledge
- Study restricted on only knowledge area of anger management, not covered anger management as a whole.
- Restricted study period

Recommendation

- A similar study may be repeated with a control group for more generalization of findings
- A study can be replicated with large samples, thereby findings can be more generalization of findings
- A study can be replicated with large samples, thereby findings can be more generalized for large population
- Similar kind of studies can be undertaken in different settings and different target groups

- Similar study can be conducted by structured teaching programme
- Comparative study can be done between male and female adolescent students.
- Comparative study can be done in rural and urban schools.
- A study can be done to compare the planned teaching programme with other teaching strategies
- A retrospective study can be conducted to assess the students in risk of developing anger and poor anger management skill

Conclusion

The study finding showed that planned teaching programme increase the knowledge level of adolescent school student on knowledge regarding anger management.



To
The Principal
Govt. College of Nursing
N.R.S. Medical College of Nursing
Kolkata-14

Subject : Prayer for seeking permission to conduct the dissertation work

Respected Madam,

I, Nilanjana Maity, Master of Science in Nursing student of 2017-2019 session of College of Nursing, N.R.S. Medical College and Hospital, Kolkata-14, would like to inform you that the course requirement as per West Bengal University of Health Sciences have to do one dissertation work.

The title selected for the study is **“A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal.”**

I will bear all expenses of my research project on my own and will have informed consent and permission and permission of all the participants and concerned authorities before starting my study. The privacy, safety and confidentiality of all the study participants will be maintained strictly.

I shall be highly obliged if you kindly give me permission to conduct my proposal study.

Thanking you,

Yours faithfully,

Nilanjana Maity

Nilanjana Maity

M.Sc Nursing student

1st year, 2017-2019

Govt. C.O.N, N.R.S.M.C&H

*Permission granted
Rajy
24/4/18*

Principal
College of Nursing
NRS Medical College & Hospital
Kolkata

Date: 24.04.18

Kolkata



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Research through innovation



Phone No: 033 22860049
Fax No.: 033 22861844
E-mail id: nrsmchcon@gmail.com

OFFICE OF THE PRINCIPAL
GOVT. COLLEGE OF NURSING
(Affiliated to West Bengal University Of Health Sciences)
NRS MEDICAL COLLEGE AND HOSPITAL
138 AJC BOSE ROAD, KOLKATA -700014

Date - 11.05.18

Memo no- Con/NRS/428

From
Principal
College of Nursing
N.R.S Medical College & Hospital
Kolkata - 14.

To
The Director of Health Services
Swasthya Bhavan, GN - 29,
Salt Lake City, Kolkata - 700091

Subject. - Requesting permission for conducting the Pilot Study and Final Study of dissertation for partial fulfilment of M.Sc Nursing Programme.

Respected Sir/Madam,

I, would like to introduce Mrs Nilanjana Maity, 1st year M.Sc Nursing student of this college. She has to conduct a dissertation which is to be submitted to the West Bengal University of Health Science in partial fulfilment of requirement for the award of Master of Science of Nursing degree.

The topic selected for course is "A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal."

The student is in need of your esteemed help and co-operation as she is interested in conducting the pilot study from 22.7.18 to 29.7.18 at Chandanpur Ananda Institution School in East Midnapore district and Final study from 29.10.18 to 17.11.18 at Chandkuri Union High School (H.S.) in West Midnapore district. In this regards, I request you to kindly grant her permission and facilities to work on the proposed study.

Yours sincerely,

Aban
11/5/18
Principal
Govt. College of Nursing
NRSMCH, Kolkata-14

Principal
College of Nursing
NRS Medical College & Hospital
Kolkata



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CamScanner



Phone No: 033 22860049
Fax No.: 033 22861844
E-mail id: nrsnmchcon@gmail.com

OFFICE OF THE PRINCIPAL
GOVT. COLLEGE OF NURSING
(Affiliated to West Bengal University Of Health Sciences)
NRS MEDICAL COLLEGE AND HOSPITAL
138 AJC BOSE ROAD, KOLKATA -700014

Memo no- Con/NRS/12-8

Date - 11.05.18

From
Principal
College of Nursing
N.R.S Medical College & Hospital
Kolkata - 14.

To
The Joint Director of Health Services (Nursing)
Swasthya Bhavan, GN - 29,
Salt Lake City, Kolkata - 700091

Subject. - Requesting permission for conducting the Pilot Study and Final Study of dissertation for partial fulfilment of M.Sc Nursing Programme.

Respected Sir/Madam,

I, would like to introduce Mrs Nilanjana Maity, 1st year M.Sc Nursing student of this college. She has to conduct a dissertation which is to be submitted to the West Bengal University of Health Science in partial fulfilment of requirement for the award of Master of Science of Nursing degree.

The topic selected for course is "A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal."

The student is in need of your esteemed help and co-operation as she is interested in conducting the pilot study from 22.7.18 to 29.7.18 at Chandanpur Ananda Institution School in East Midnapore district and Final study from 29.10.18 to 17.11.18 at Chandkuri Union High School (H.S.).

In this regards, I request you to kindly grant her permission and facilities to work on the proposed study.

Yours sincerely,

Princip
Principal
Govt. College of Nursing
NRSMCH, Kolkata-14

Principal
College of Nursing
NRS Medical College & Hospital
Kolkata



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Phone No: 033 22860049
Fax No.: 033 22861844
E-mail id: nrsmchcon@gmail.com

OFFICE OF THE PRINCIPAL
GOVT. COLLEGE OF NURSING
(Affiliated to West Bengal University Of Health Sciences)
NRS MEDICAL COLLEGE AND HOSPITAL
138 AJC BOSE ROAD, KOLKATA -700014

Memo no- Con/NRS/ 128

Date - 11.05.18

From
Principal,
Govt. College of Nursing
N.R.S. Medical College & Hospital
Kolkata - 14.

To
The Dean, Faculty of Dental Sciences, WBUHS, Kolkata
The West Bengal University of Health Sciences, DD - 36,
Salt Lake, Sector - I, Kolkata - 700064

Subject. - Requesting permission for conducting the Pilot Study and Final Study of dissertation for partial fulfilment of M.Sc. Nursing Programme.

Respected Sir/Madam,

I would like to introduce Nilanjana Maity, 1st year M.Sc. Nursing student of this college. She has to conduct a dissertation which is to be submitted to the West Bengal University of Health Science in partial fulfilment of requirement for the award of Master of Science of Nursing degree.

The topic selected for course is "A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal."

The student is in need of your esteemed help and co-operation as she is interested in conducting the pilot study from 22.7.18 to 29.7.18 at Chandanpur Ananda Institution School in East Midnapore district and Final study from 29.10.18 to 17.11.18 at Chandkuri Union High School (H.S.).

In this regards, I request you to kindly grant her permission and facilities to work on the proposed study.

Yours sincerely,


Principal
Govt. College of Nursing
NRS Medical College & Hospital
Kolkata-14



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The
Chairman
Scientific Advisory Committee
Medical College & Hospital
Kolkata

(Through proper channel)

Sub: Application for approval of Scientific Advisory Committee for dissertation work.

Sir/Madam,

I beg to state that, myself Nilanjana Maity, 1st Year M.Sc. Nursing student of College of Nursing, NRS Medical College and Hospital, Kolkata, as per requirement by the West Bengal University of Health Sciences, I have to complete a dissertation for the completion of course.

The title of my selected research study **“A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal.”**

I will bear all expenses of dissertation and will have informed consent and permission from each participant and concerned authority before starting the study. Privacy, safety and confidentiality of all participants will be maintained strictly.

I will be highly obliged if you kindly give the ethical clearance to conduct the proposed study.

Thanking you,

Dated :23/04/2018

M.Sc. NURSING 1ST YEAR

*Forwarded
R.S.P.
24/4/18*

Yours faithfully,

Nilanjana Maity
Principal
College of Nursing
NRS Medical College & Hospital
Kolkata (NILANJANA MAITY)

Govt. College Of Nursing
NRS Medical College & Hospital



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The
Chairman
Institutional Ethical Committee
Medical College & Hospital
Kolkata

(Through proper channel)

Sub : Application for ethical clearance for dissertation work.

Sir/Madam,

I beg to state that, myself Nilanjana Maity, 1st Year M.Sc. Nursing student of College of Nursing, NRS Medical College and Hospital, Kolkata, as per requirement by the West Bengal University of Health Sciences, I have to complete a dissertation for the completion of course.

The title of my selected research study **“A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal.”**

I will bear all expenses of dissertation and will have informed consent and permission from each participant and concerned authority before starting the study. Privacy, safety and confidentiality of all participants will be maintained strictly.

I will be highly obliged if you kindly give the ethical clearance to conduct the proposed study.

Thanking you,

Dated :23/04/2018

*Forwarded
Rajit
24/4/18*

**Principal
College of Nursing
NRS Medical College & Hos.
Kolkata**

Yours faithfully,

Nilanjana Maity

(NILANJANA MAITY)
M.Sc. NURSING 1ST YEAR
Govt. College Of Nursing
NRS Medical College & Hospital



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GOVERNMENT OF WEST BENGAL
DIRECTORATE OF HEALTH SERVICES
NURSING SECTION
SWASTHYA BHAWAN, GN-29
SECTOR-V, SALT LAKE CITY, KOLKATA-700091

No. HNG/10P-3-2016/pe.ij) 615

Dated: 19.7.18

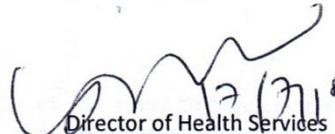
ORDER

Permission is hereby accorded to the following 1st year M.Sc. (Nursing) students of Govt. College of Nursing, N.R.S. Medical College & Hospital, Kolkata-14 for conducting pilot study and Final study mentioned in Col. No. 3 & 4 respectively for partial fulfillment of M.Sc. Nursing course under WBUHS on the topic mentioned in Col. No.5.

1	2	3	4	5
Sl.No.	Name	Pilot Study	Final Study	Topic
1	Mati Mandi	From 22.07.18 to 29.7.18 at Seorafuli Vivekananda High School (H.S), P.O.- Seorafuli, Dist. Hooghly.	From 29.10.18 to 17.11.18 at Bamunari High School (H.S), Bamunari, P.O.- Rishra, Dist.- Hooghly.	"A study to assess the effect of planned teaching programme on knowledge and attitude regarding premarital counselling among adolescents in selected school of West Bengal."
2	Mrs. Sujata Naskar	From 22.07.18 to 29.7.18 at Barasat Govt. College.	From 29.10.18 to 17.11.18 at Sarojini Naidu College for women.	"A study to assess the health practices and effect of structured teaching programme on knowledge regarding polycystic ovarian disease among the college students in West Bengal."
3	Sumita Mandal	From 22.07.18 to 29.7.18 at Dhuliyon Samsargange Block in Murshidabad District.	From 29.10.18 to 17.11.18 at Khargram Block in Murshidabad District.	"A study to assess the prevalence of reproductive health morbidities and health seeking behaviours among postnatal mothers in a selected community of West Bengal."
4	Mrs. Rita Dey	From 22.07.18 to 29.7.18 at N.R.S. Medical College & Hospital, Kolkata	From 29.10.18 to 17.11.18 at R.G.Kar Medical College & Hospital Kolkata and Medical College & Hospital, Kolkata.	"A study to assess the knowledge, attitude, practices regarding initiation of breast feeding within golden hour and problems faced on establishing breast feeding among nursing personnel working in the maternity department at selected Government Hospitals of West Bengal."
5	Mrs. Juthika Bhaduri	From 22.07.18 to 29.7.18 at Kalyani Central Model School, Kalyani.	From 29.10.18 to 17.11.18 at Oriental Public School, IGC Complex, Kalyani.	"A study to assess the perception and attitude towards nursing as a career among High School students in a selected urban area."

6	Ms. Chaltung Khishung Anal	From 22.07.18 to 29.7.18 at Narayana Superspeciality Hospital, Guwahati, Assam.	From 29.10.18 to 17.11.18 at Apollo Hospitals, Unit: International Hospitals, Guwahati, Assam.	"A study to assess the knowledge and compliance of critical care nurses regarding ventilator associated pneumonia (VAP) care bundle in a tertiary care Hospital, Assam."
7	Ms. Mouli Sarkar	From 22.07.18 to 29.7.18 at Harishchandrapur-I block, Malda.	From 29.10.18 to 17.11.18 at Chanchal-I block, Malda.	"A study to assess health care practices and effect of awareness programme on knowledge regarding complications among hypertensive patients in a selected rural community in Malda."
8	Subhra Chakraborty	From 22.07.18 to 29.7.18 at Calcutta National Medical College & Hospital, Kolkata.	From 29.10.18 to 17.11.18 at N.R.S Medical College & Hospital, Kolkata and R.G.Kar Medical College & Hospital, Kolkata.	"A study to assess the illness perception among post Myocardial Infarction patients in Cardiology wards of Tertiary Care Hospitals, Kolkata."
9	Mrs. Soma Chowdhury	From 22.07.18 to 29.7.18 at Baduria Block, North 24 Parganas.	From 29.10.18 to 17.11.18 at Barasat-I block, North 24 Parganas.	"A study to assess the knowledge, stigma and perceived threat of tuberculosis among the contact persons in selected rural community, West Bengal."
10	Mrs. Nilima Das (Gain)	From 22.07.18 to 29.7.18 at Kulberia Sub Centre, Barasat-I Block, North 24 Parganas.	From 29.10.18 to 17.11.18 at Rudrapur Sub Centre, Baduria Block, North 24 Parganas.	"A study to assess the effect of planned teaching programme on knowledge regarding comprehensive abortion care among the married women in selected rural area, North 24 Parganas, West Bengal."
11	Mrs. Usha Kundu	From 22.07.18 to 29.7.18 at Barasat-I Block, North 24 Parganas.	From 29.10.18 to 17.11.18 at Rajarhat Block, North 24 Parganas.	"A study to assess the prevalence of Reproductive Tract Infection based on syndromic approach and health seeking behaviours among the women of reproductive age group in a rural area of West Bengal."
12	Mrs. Mridula De	From 22.07.18 to 29.7.18 at Bangaon S.D. Hospital, North 24 Parganas.	From 29.10.18 to 17.11.18 at N.R.S. Medical College & Hospital, Kolkata.	"Effect of structured teaching programme on knowledge regarding occupational health hazards and safety measure among group- D staffs in selected hospital of West Bengal."
13	Mrs. Mani Nandy Mitra	From 22.07.18 to 29.7.18 at North Bengal Medical College & Hospital, Sushrutnagar, Darjeeling.	From 29.10.18 to 17.11.18 at N.R.S Medical College & Hospital, Kolkata.	"A study to assess the psychological problems and Quality of life in children with transfusion dependent Thalassemia in a selected Hospital of West Bengal."
14	Mrs. Nilanjana Maity	From 22.07.18 to 29.7.18 at Chandanpur Ananda Institution School in East Midnapore District.	From 29.10.18 to 17.11.18 at Chandkuri Union High School (H.S)	"A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal."

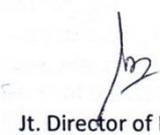
15	Mrs. Lila Chakraborty	From 22.07.18 to 29.7.18 at Psychiatric OPD of N.R.S. Medical College & Hospital, Kolkata.	From 29.10.18 to 17.11.18 at Psychiatric OPD of N.R.S. Medical College & Hospital, Kolkata and Calcutta Pavlov Hospital, Kolkata.	"Assessment of the expressed emotion and burden among the caregivers of Schizophrenic patients attending Psychiatric OPD of selected Hospital, Kolkata."
16	Mrs. Sudipta Raha	From 22.07.18 to 29.7.18 at Berhampur Mental Hospital, Murshidabad.	From 29.10.18 to 17.11.18 at N.R.S. Medical College & Hospital and Calcutta Pavlov Hospital, Kolkata.	"A study to assess the marital quality among the spouses of psychiatric patients in selected Hospitals in West Bengal."


 Director of Health Services
 Govt. of West Bengal

Dated: 19.7.18

No. HNG/10P-3-2016/ 615/1(8)
 Copy forwarded for information & necessary action to:-

1. The MSVP, -----
2. The Principal, -----
3. The Superintendent, -----
4. The Nursing Superintendent, -----
5. The CMOH/ BMOH, -----
6. The Headmaster/Headmistress, -----
7. Smt. -----, M.Sc. (Nursing) student, Govt. College of Nursing, NRS Medical College & Hospital, Kolkata-14.
8. Guard File.


 Jt. Director of Health Services,
 (Nursing), West Bengal



Research through innovation

THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD – 36, Sector – 1,
Salt Lake,
Kolkata – 700 064



Website : www.wbuhs.ac.in
EPABX: 2321-3461 / 2334-6602,
Dean Office: (033) 23580524

Memo. No.: DEAN / WBUHS /2018 – 19 / 0233

Date: 13 / 08 / 2018

To

The **Principal** / Director / Dean (Academic)

College of Nursing,
NRSMC &H,
Kolkata, West Bengal

Sub: Acceptance of 'Research Proposal' (Synopsis) of

M. Sc - Nursing, for the Session: 2017 – 2019, Number of PGTs: 16 (SIXTEEN),

Dear Sir / Madam,

This has reference to the 'Research Proposal' (Synopsis) of the Students of your institution, who are pursuing **M. Sc - Nursing** Course for the Session2017 – 2019.

After thorough discussion in the 'Board of Studies', their recommendation is enclosed for your kind perusal.

You are requested to circulate this to the concerned departments of your institution for information to the Post Graduate students of the respective disciplines.

- ▶ In case of Synopsis which is recommended as "Accepted" – the concerned student must start thesis work immediately.
- ▶ In case where "Modifications" are suggested, please make the necessary Modification and then the modified synopsis duly forwarded by the guide/co-guide, HOD is to be shown to Secretary of 'Board of Studies' on his approval the Synopsis may be Submitted to the University within for farther action.

Yours sincerely,,


Prof. (Dr.) T. K. Giri
Dean, Faculty of Dental Sciences
The W.B. University of Health Sciences

Encl: List of the Students.

Dean Section/J. Banerjee



11

THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD - 36, Sector - 1, Salt Lake, Kolkata 700 064

Synopsis 'Research Proposal' for M. Sc. - Nursing: Year (2017 - 2019)

Sl.	Name of the PGT's	Reg.No.	Mob. No	Institute	Guide	Co-Guide	TITLE	For recommendation please mentioned the following: A) Accepted B) Not Accepted (specify reason) C) Recommended changes (Use separate sheets, if required)
89.	MATI MANDI	2853 of 2009 - 10	9239222297	CON - NRS MC &H, Kolkata	Ms. Tripti Bairagi, Senior Lecturer, CON - NRSIMCH, Kolkata	Ms. J. Biswas, Senior Lecturer, CON - NRSIMCH, Kolkata	A study to assess the of planned teaching programme on knowledge and attitude regarding premarital counseling among adolescents in a selected school of West Bengal	Accepted
90.	MIRIDULÁ DE	3890 of 2012 - 13	7384917017 8617638154	CON - NRS MC &H, Kolkata	Mrs. Manika Mazumder, Senior Lecturer, CON - NRSIMCH Kolkata	Ms. T. Bairagi, Senior Lecturer, CON - NRSIMCH, Kolkata	Effect of structured teaching programme on knowledge regarding occupational health hazards and safety measure among group - D staffs in selected hospital of WB	Accepted
91.	MANI NANDY MITRA	9434495208	CON - NRS MC &H, Kolkata	Ms. Ranu Bag, Principal, CON - NRSIMCH, Kolkata	Prof.(Dr.) T. K. Dolai, Dept. of Hematology, NRSIMC, Kolkata	A study to assess the psychological problems and quality of life in children with transfusion dependent thalassemia in a selected hospital of West Bengal	Accepted
92.	NILANJANA MAITY	2829 of 2011 - 12	9830796557	CON - NRS MC &H, Kolkata	Mrs. Manika Mazumder, Senior Lecturer, CON - NRSIMCH, Kolkata	Dr. P. Talukdar, Assist. Professor Dept. of Psychiatry, NRSIMC, Kolkata	A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal	Accepted

M. Sc. NURSING / Synopsis (All Institutions) 2017 - 19/ J. Banerjee

23



Phone No: 033 22860049
Fax No.: 033 22861844
E-mail id: nrsrchcon@gmail.com

OFFICE OF THE PRINCIPAL
GOVT. COLLEGE OF NURSING
(Affiliated to West Bengal University Of Health Sciences)
NRS MEDICAL COLLEGE AND HOSPITAL
138 AJC BOSE ROAD, KOLKATA -700014

Memo no- Con/NRS/ ৭২৭

Date – ২৪/৭/২০১৮

From
Principal
College of Nursing
N.R.S Medical College & Hospital
Kolkata – 14.

To
The Headmaster
Chandanpur Ananda Institution,
P.O. Chandanpur, East Midnapore – 721438

**Subject. – Requesting permission for conducting the Pilot Study from
05.11.18—10.11.18**

Respected Sir,

This is to introduce Mrs Nilanjana Maity, student of M.Sc Nursing Course of Govt. College of nursing, NRS Medical College and Hospital. She has to conduct a dissertation which is to be submitted to the West Bengal University of Health Sciences in partial fulfilment of the University requirement for the award of the Master of Science in Nursing degree.

The topic selected for course is “A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal.”

The student is in need of your esteemed help and co-operation as she is interested in conducting the pilot study from 05.11.18 to 10.11.18 at Chandanpur Ananda Institution School in East Midnapore district.

In this regard, I request you to kindly grant her permission and facilities to work on the proposed study during the period already mentioned. If you need any more information the student will furnish the same personally.

Thanking You

Yours sincerely,

Principal
Govt. College of Nursing
NRS MCH, Kolkata-14



Principal
CON, NRS, MC, & H, Kol
Scanned With
CamScanner



Phone No: 033 22860049
Fax No.: 033 22861844
E-mail id: nrsrchcon@gmail.com

OFFICE OF THE PRINCIPAL
GOVT. COLLEGE OF NURSING
(Affiliated to West Bengal University Of Health Sciences)
NRS MEDICAL COLLEGE AND HOSPITAL
138 AJC BOSE ROAD, KOLKATA -700014

Memo no- Con/NRS/ 928

Date - 28/9/2018

From
Principal
College of Nursing
N.R.S Medical College & Hospital
Kolkata - 14.

To
The Headmaster
Chandkuri Union High School (H.S.),
P.O. Chandkuri, Sabang, Dist. West Midnapore - 721101

Subject. - Requesting permission for conducting the Final Study from 03.12.18-29.12.18

Respected Sir,

This is to introduce Mrs Nilanjana Maity, student of M.Sc Nursing Course of Govt. College of nursing, NRS Medical College and Hospital. She has to conduct a dissertation which is to be submitted to the West Bengal University of Health Sciences in partial fulfilment of the University requirement for the award of the Master of Science in Nursing degree.

The topic selected for course is **“A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal.”**

The student is in need of your esteemed help and co-operation as she is interested in conducting the pilot study from 03.12.18 to 29.12.18 at Chandkuri Union High School (H.S.) in West Midnapore district.

In this regard, I request you to kindly grant her permission and facilities to work on the proposed study during the period already mentioned. If you need any more information the student will furnish the same personally.

Thanking You

Yours sincerely,
Chandkuri
Principal
Govt. College of Nursing
NRSMCH, Kolkata-14

Received & allowed.
12/10/18
Headmaster
Chandkuri Union High School
P.O. Chandkuri, Sabang, Dist. West Midnapore

Maity
12-10-18
Headmaster
Chandkuri Union High School (H.S.)
P.O.: Chandkuri, Sabang
Dist.: Paschim Medinipur

Principal
C.O.N., N.R.S. M.C. & H., Kol



Appendix-C₁

Letter seeking opinion and suggestion of experts for establishing validity of tool and content

From:
Nilanjana Maity
1st year M.Sc. Nursing Student
Govt. College of Nursing
N.R.S. Medical College & Hospital

To
.....
.....
.....

Subject:- Letter for seeking opinion and suggestion of experts for validation of research tools.

Respected Sir / Madam,

This is for your kind information that I, Mrs. Nilanjana Maity, 1st year M.Sc. Nursing student of Govt. College of Nursing , N.R.S. Medical College & Hospital , I have selected the following topic for research study and subsequently submitted to the ‘West Bengal University of Health Sciences’ in fulfillment of M. Sc. Nursing degree.

My research topic: **“A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal”**

As a part of this research study, I have prepared structured interview schedule for collection of data. Here I am enclosed the copies of the following tools as mentioned below:

TOOLS –

- **Part I-** Structured Questionnaire to assess demographic variables of adolescents in selected school. **Part II-** Knowledge questionnaire on anger management. Evaluation Criteria check lists and validity certificate

I request you to kindly go through the content of the tool and give me your expert opinion and suggestions on the appropriateness of the items which needs to be modified or deleted, by using the evaluation criterion check list enclosed. This is your kind information that I would like to enclose your name in my research expert list. Please kindly permit me for the same.

Kindly sign the certificate of validation stating that you have validated the tool. Your kind co-operation and expert judgment will be highly appreciated.

Thanking you.

Yours faithfully

Place: Kolkata

Nilanjana Maity
1st year M.Sc Nursing student
Govt. College of Nursing
N.R.S Medical College & Hospital

Kolkata- 14.



Appendix C₂

Criteria checklist for validation of content for planned teaching programme on knowledge regarding anger management

The evaluator are requested to go through the following criteria checklist prepared for validating content for developing planned teaching on knowledge regarding anger management. There are three columns given for response and column for remarks. Kindly put (✓) marks in the appropriate column and facilitate your remarks in the column.

I-Appropriate

II-Need modification

III-Inappropriate

Sl no.	Criteria	I	II	III	Remarks	Suggestion
1	Content: Content reflects the objectives Content is adequate					
2	Organization of the content: Logical sequance Continuity Integration					
3	Language: Simple and understandable Comprehensive at the level of learner's ability					
4	Feasibility: Acceptability to the school students Suitable for school students					
5	Overall organization: Attractive Relevant Interesting					

Suggestion

Signature of expert

Designation

Appendix C₃

CRITERIA CHECK LIST FOR VALIDATING TOOL I

SEMI STRUCTURED QUESTIONNAIRE FOR COLLECTION OF DEMOGRAPHIC VARIABLES OF ADOLESCENTS IN SELECTED SCHOOL:-

Evaluator is requested to kindly go through the tools and give your opinion in the column given in the criteria table against each item. If the factor is not relevant please give your suggestion in the remark column. Your expert judgment & kind co-operation will be highly appreciated.

PART I:

Item Serial	Relevance			Accuracy			Appropriateness			Remarks
	Agree	Partial agree	Disagree	Agree	Partial agree	Disagree	Agree	Partial agree	Disagree	
1.										
2.										
3.										
4.										
5.										
6.										
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13.										
14.										
15.										
16.										

Suggestion:

Signature of Expert

Designation

APPENDIX C₄

CRITERIA CHECK LIST FOR VALIDATING TOOL II

STRUCTURED QUESTIONNAIRE ON KNOWLEDGE REGARDING ANGER MANAGEMENT AMONG ADOLESCENTS IN SELECTED SCHOOL, WEST BENGAL

Evaluator is requested to kindly go through the tool and give your opinion in the column given in the criteria table against each item. If the factor is not relevant please give your suggestion in the remark column. Your expert judgment & kind co-operation will be highly appreciated

PART II

Item serial	Relevance			Accuracy			Appropriateness			Remarks
	Agree	Partial agree	Disagree	Agree	Partial agree	Disagree	Agree	Partial agree	Disagree	
1.										
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19.										
20.										

Suggestion:

Signature of Expert

Designation

APPENDIX C₅**List of Experts for Validation of Tool and Content**

SL.No.	Name of Experts	Designation and Address	Area
1	Dr. Rajorshi Neogi	Assistant Professor R. G. Kar Medical College & Hospital	Dept. of Psychiatry
2	Dr. Sayanti Ghosh	Associate Professor NRS Medical College & Hospital	Dept. of Psychiatry

3	Dr. Sunny Chattopadhyay	RMO cum Clinical Tutor NRS Medical College & Hospital	Dept. of Psychiatry
4	Ms. Jayashree Choudhury	Clinical Psychologist NRS Medical College & Hospital	Clinical Psychology
5	Dr. Rama Manna	Head and senior Psychologist Indian Institute of Psychometry	Clinical Psychology
6	Ms. Anuradha Roy	Senior Lecturer Govt. CON. SSKM Hospital MCH	Mental Health Nursing
7	Ms. Payel Saha	Assistant Professor Institute of Psychiatry (IOP)	Mental Health Nursing
8	Ms. Sipra Modak	Senior Lecturer Govt. CON. SSKM Hospital	Mental Health Nursing
9	Ms. Mita Mondal	Clinical Instructor CON. NRS. MCH	Mental Health Nursing

APPENDIX C₆

Validation Certificate

This is to certify that the tools constructed by Ms. Nilanjana Maity, 1st year Student of M.Sc. Nursing, of Govt. College of Nursing, N.R.S Medical College & Hospital, Kolkata to be used for her study “A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal.” has been validated by me.

Signature:

Name:

Designation:

Date:

Seal:

APPENDIX D₂

Editing Certificate (English)

To whom it may concern

This is to certify that I have gone through translation in English from original in Bengali of the Tool and Planned Teaching Programme made by Nilanjana Maity, M Sc. Nursing Final Year Student of Govt. College of Nursing, NRS Medical College & Hospital, Kolkata to be used for her Research Study.

“A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal”

This version of the Tool and Planned Teaching Programme are identical, faithful and correct and I believe that the purpose will be fulfilled.

Validator's Signature :

Name:

Designation:

Date:

Seal:

APPENDIX D₃



Editing Certificate (Bengali)

To whom it may concern

This is to certify that I have gone through translation in Bengali from original in English of the Tool and Planned Teaching Programme made by Nilanjana Maity, M.Sc. Nursing Final Year Student of Govt. College of Nursing, NRS Medical College & Hospital, Kolkata to be used for her Research Study. "A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal"

This version of the Tool and Planned Teaching Programme are identical, faithful and correct and I believe that the purpose will be fulfilled.

Validator's Signature : *Manu Aick*

Name: *Manu Aick*

Designation: *Asst teacher of Bengali*

Date: *20/11/18.*

Seal:



Editing Certificate (English)

To whom it may concern

This is to certify that I have gone through translation in English from original in Bengali of the Tool and Planned Teaching Programme made by Nilanjana Maity, M.Sc. Nursing Final Year Student of Govt. College of Nursing, NRS Medical College & Hospital, Kolkata to be used for her Research Study.

“A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal”

This version of the Tool and Planned Teaching Programme are identical, faithful and correct and I believe that the purpose will be fulfilled.

Validator's Signature : *Subhra Nath Maiti*

Name: *SUBHRA NATH MAITI*

Designation: *Asst. Prof. -MCKV Institute of Engineering,
Liluah, Howrah.*

Date: *30/10/2018.*

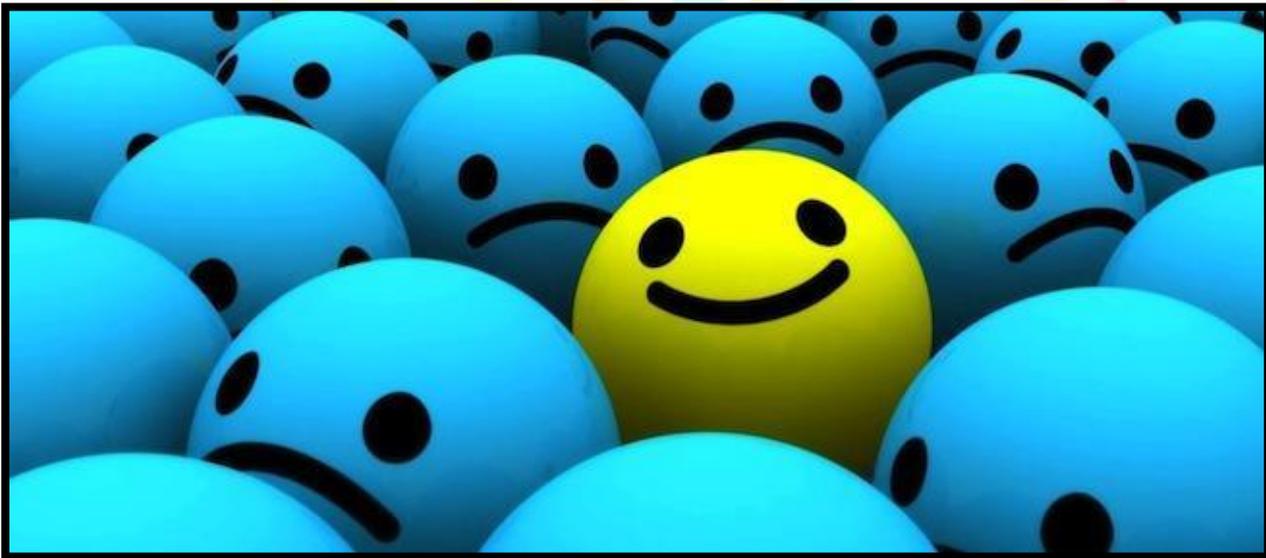
Seal:



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APPENDIX E₁

CONTENT OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING **ANGER MANAGEMENT** (ENGLISH VERSION)



PREPARED BY

NILANJANA MAITY

1ST yr. M.Sc. Nursing Student

Govt. CON NRS MC&H



“Anger is one letter short of danger.” Quoteistan.com

Introduction

Anger is an important emotion expressed by adolescents as it is in all age groups, and so is the way they express their anger. Anger and the way it is expressed represent a major public health problem for adolescents today. It may cause physical, psychological, and social problems

for adolescents if not expressed in an appropriate manner (Starner & Peters, 2004).

Anger is an emotional state which is normal when handled appropriately & expressed assertively. But it becomes a problem when it is not expressed or expressed aggressively. Anger is actually a very powerful state of our emotion which serves as a warning signal & alerts us to potential threat or trauma. The term ‘anger’ often takes on a negative connotation because of its link with aggression. Aggression is one of the ways by which individuals express anger. So, it is often told that aggression is a negative function or destructive use of anger.

Anger, a normal human emotion, is a strong, uncomfortable, emotional response to a real or perceived provocation (Thomas, 1998). Anger results when a person is frustrated, hurt, or afraid. Handled appropriately and expressed assertively, anger can be a positive force that helps a person to resolve conflicts, solve problems, and make decisions. Anger energizes the body physically for self-defense, when needed, by activating the “fight-or-flight” response mechanisms of the sympathetic nervous system. When expressed inappropriately or suppressed, however, anger can cause physical or emotional problems or interfere with relationships.

Definition

Anger: Anger is an emotional state that varies in intensity from mild irritation to intense fury and rage. It is accompanied by physiological & biological changes, such as increases in heart rate, blood pressure and levels of hormones epinephrine & nor-epinephrine (American Psychiatric Association, 2010).

Warren also outlined some fundamental points about anger, those are:--

Anger is not a primary emotion, but it is typically experienced as an almost automatic inner response to hurt, frustration or fear.

Anger is physiological arousal. It instills feeling of power & generates preparedness.

‘Anger’ & ‘Aggression’ are significantly different.

The expression of anger is learned.

The expression of anger can come under personal control

Aggression: Aggression is a behavior intended to threaten or injure victim’s security or self-esteem. It means “to go against,” “to assault” or “to attack”. It is frequently accompanied by bitterness, meanness & ridicule. According to Warren, 1990, An aggressive person is often vengeful.

Myths and facts about anger

Myth: I shouldn't "hold in" my anger. It's healthy to vent and let it out.

Fact: While it's true that suppressing and ignoring anger is unhealthy, venting is no better. Anger is not something you have to "let out" in an aggressive way in order to avoid blowing up. In fact, outbursts and tirades only fuel the fire and reinforce your anger problem.

Myth: Anger, aggression, and intimidation help me earn respect and get what I want.

Fact: Respect doesn't come from bullying others. People may be afraid of you, but they won't respect you if you can't control yourself or handle opposing viewpoints. Others will be more willing to listen to you and accommodate your needs if you communicate in a respectful way

Myth: I can't help myself. Anger isn't something you can control.

Fact: You can't always control the situation you're in or how it makes you feel, but you can control how you express your anger. And you can express your anger without being verbally or physically abusive. Even if someone is pushing your buttons, you always have a choice about how to respond.

ONSET AND CLINICAL COURSE OF ANGER



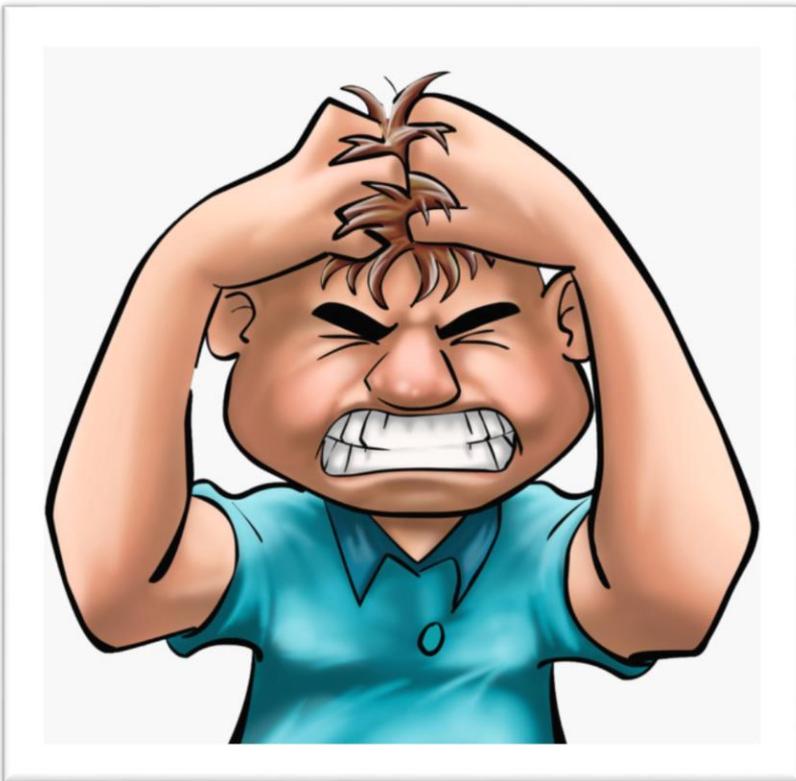
Although anger is normal, it often is perceived as a negative feeling. Many people are not comfortable expressing anger directly. Nevertheless anger can be a normal and healthy reaction when situations or circumstances are unfair or unjust, personal rights are not respected, or realistic expectations are not met. If the person can express his or her anger assertively, problem solving or conflict resolution is possible.

Anger becomes negative when the person denies it, suppresses it, or expresses it inappropriately. A person may deny or suppress (i.e., hold in) angry feelings if he or she is uncomfortable expressing anger. . Anger that is expressed inappropriately can lead to hostility and aggression.

Possible consequences are physical problems such as migraine headaches, ulcers, or coronary artery disease and emotional problems such as depression and low self-esteem. Phillips (1998) found that men who experience angry outbursts have twice the risk of stroke as men who control their tempers.

Anger suppression is especially common in women (Davila, 1999) who have been socialized to maintain and enhance relationships with others and to avoid the expression of so-called negative or unfeminine emotions such as anger. Manifestations of anger suppression through somatic complaints and psychological problems are more common among women than men.

The consequences of out-of-control anger



- Out-of-control anger hurts physical health. Constantly operating at high levels of stress and anger makes you more susceptible to heart disease, diabetes, a weakened immune system, insomnia, and high blood pressure.
- Out-of-control anger hurts mental health. Chronic anger consumes huge amounts of mental energy, and clouds your thinking, making it harder to concentrate or enjoy life. It can also lead to stress, depression, and other mental health problems.
- Out-of-control anger hurts career. Constructive criticism, creative differences, and heated debate can be healthy. But lashing out only alienates your colleagues, supervisors, or clients and erodes their respect.
- Out-of-control anger hurts relationships with others. It causes lasting scars in the people you love most and gets in the way of friendships and work relationships.

PREDISPOSING FACTORS TO ANGER & AGGRESSION:

A number of factors have been implicated in the way individual expresses anger. Some theorists suggest that aggression is purely biological & some view aggression results from individuals' interaction with their environment. Important factors for anger & aggression are:-

Genetic Factors

a) Twin studies : concordance rate for monozygotic twins exceed the rates for dizygotic twins

b) Pedigree studies: the persons with family histories of mental disorders are more susceptible to mental disorder and engage in more aggressive behavior than those without such histories. Those with low IQ scores appear to have frequency of delinquency and aggression than those with normal IQ scores.

c) Chromosomal influences: XYY syndrome contributes to aggressive behavior. The person with this syndrome are tall, below average intelligence and likely to be apprehend and in prison for engaging in criminal behavior.

Neurotransmitters

Cholinergic and catecholnergic mechanisms seem to be involved in the induction and enhancement of predatory aggression whereas serotonergic system and GABA seem to inhibit such behavior. Dopamine seems to facilitate aggression, whereas nor epinephrine and serotonin appears to inhibit such behavior. Some human studies have indicated that 5-HIAA levels in CSF inversely correlates with the frequency of aggression, particularly among persons who commit suicide.

Neurophysiological disorders

Epilepsy of temporal lobe and frontal lobe origin results in episodic aggression and violent behavior. Tumors in the brain, particularly in the areas of the limbic system and the temporal lobe, trauma to the brain, resulting in cerebral changes and the disease such as encephalitis have been implicated in the predisposition to aggression and violent behavior.

Psychological factors

INTRINSIC BEHAVIOURS

Freud's view:

According to Sigmund Freud held that all human behavior stems either directly or indirectly from two instincts. These are Eros and Thanatos.

Eros -It is the life the life instinct –whose energy or libido is directed towards the enhancement or reproduction of life. In this frame work, aggression was viewed simply as a reaction to blocking or thwarting of libidinal impulses and was neither an automatic nor an inevitable part of life.

Thanatos: It is the death force-whose energy is directed towards the destruction or termination of life. According Freud, all human behavior stem from the complex interplay of Thanatos and Eros and the constant tension between them. Because the death instinct, if unrestrained, soon results in self-destruction, Freud hypothesized that through the mechanism such as displacement, the energy of Thanatos is redirected towards and serve as the basis of aggression against others. Thus according to him, aggression primarily stems from the redirection of the self destructive death instinct away from the self and towards others.

Lorenz's view:

According to Konard Lorenz, aggression that causes physical harm to others springs from a fighting instinct that humans share with other organisms. The energy associated with this instinct is produced spontaneously in organisms at a more or less constant rate.

Learned behavior

Aggression is primarily a learned form of social behavior. According to Albert Bandura, neither innate urges toward violence nor aggressive drives aroused by frustration are the roots of human aggression. He said that aggression is the learned behavior under voluntary control. The learning of aggressive behavior occurs by observation and modeling. For example, a child watches an angry parent strikes out another person. Learning aggressive behavior also takes place by direct experiences. The person feels anger and behaves aggressively. If behaving aggressively brings rewards, the behavior is encouraged.

Moreno believed that anger is a natural by-product of the learning process; it is signal that a person wants to learn something. The more inadequate a person feels, the more anger may be present. Moreno also believed that anger is spontaneous energy that propels an individual into new learning.

Social factors

a) Frustration: The single most potent means of inciting human beings to aggression is frustration. Widespread acceptance of this view stems from John Dollard's frustration, aggression hypothesis. This hypothesis indicated that frustration always leads to a form of aggression and that aggression always stem from frustration.

b) Direct provocation: Evidence indicates that physical abuse and verbal taunts from others often elicit aggressive actions. Once aggression begins, it often shows an unsettling pattern of escalation; as a result even mild verbal slurs or glancing blows may initiate a process of in which a stronger and stronger provocation are exchanged.

c) Television violence: A link between aggression and televised violence has been noted. The more televised violence children watch, the greater is their level of aggression against others. Mechanisms underlying the effects of televised and filmed violence on the behavior of the viewers

Mechanism	Effects
Observational learning	Viewers acquire new means of harming others not previously present in their behavior
Dis inhibition	Viewers restraints or inhibition against performing aggressive action are weakened as a result of observing others engaging in such behavior

Desensitization

Viewer's emotional response to aggressive actions and their consequences – signs of suffering on the part of victims –is reduced. As result they show little, if any, emotional arousal in response to such stimuli.

d) Computer games: Similar concerns have been raised the bout computer game with violent themes. Some studies indicate that adolescents become desensitized to homicidal activities after repeated exposure, especially if the game involves killing the virtual opponents, which is common in many computer programs.

Environmental factors

Air pollution: Exposure to noxious odors, such as those produced by chemical plants and other industries, may increase personal irritability and therefore aggression, although this effect appears to be truly up to a point. If the odors in question are truly foul, aggression appears to decrease –perhaps because escaping from the unpleasant environment becomes a dominant goal for those involved.

Noise: several studies have reported that persons exposed to loud, irritating noise direct stronger assaults against others than those not exposed to such environmental conditions.

Crowding: some studies indicate that overcrowding may produce elevated levels of aggression, but other investigations have failed to obtain such evidence of such a link.

Situational factors

Heightened physiological arousal: Vigorous exercises, exposure to provocative films enhance overt aggression.

Pain: Physical pain may arouse aggressive drive. This drive intern may find expression of against available targets including those not in any way responsible for the aggressors discomfort.

Role Modeling- Role modeling is one of the strongest forms of learning. Children model their behavior at a very early age after their primary care giver, usually parents. The way of expressing anger by the parents or significant others are followed by the children. Role models are not always in the home, the role of television or story book violence may also predispose to later aggressive behavior.

Operant conditioning- Operant conditioning occurs when a specific behavior is reinforced. Reinforcement may be positive or negative. Positive reinforcement is a response to the specific behavior that is pleasurable or offers a reward. A negative reinforcement is a response to the specific behavior that prevents an undesirable result from occurring.

Anger response can be learned through operant conditioning. For example- When a child wants something & has been told “No” by a parent, he or she might have a temper tantrum. If, when the temper tantrum begins, the parents let the child have what is wanted, the anger has been positively reinforced (or rewarded).

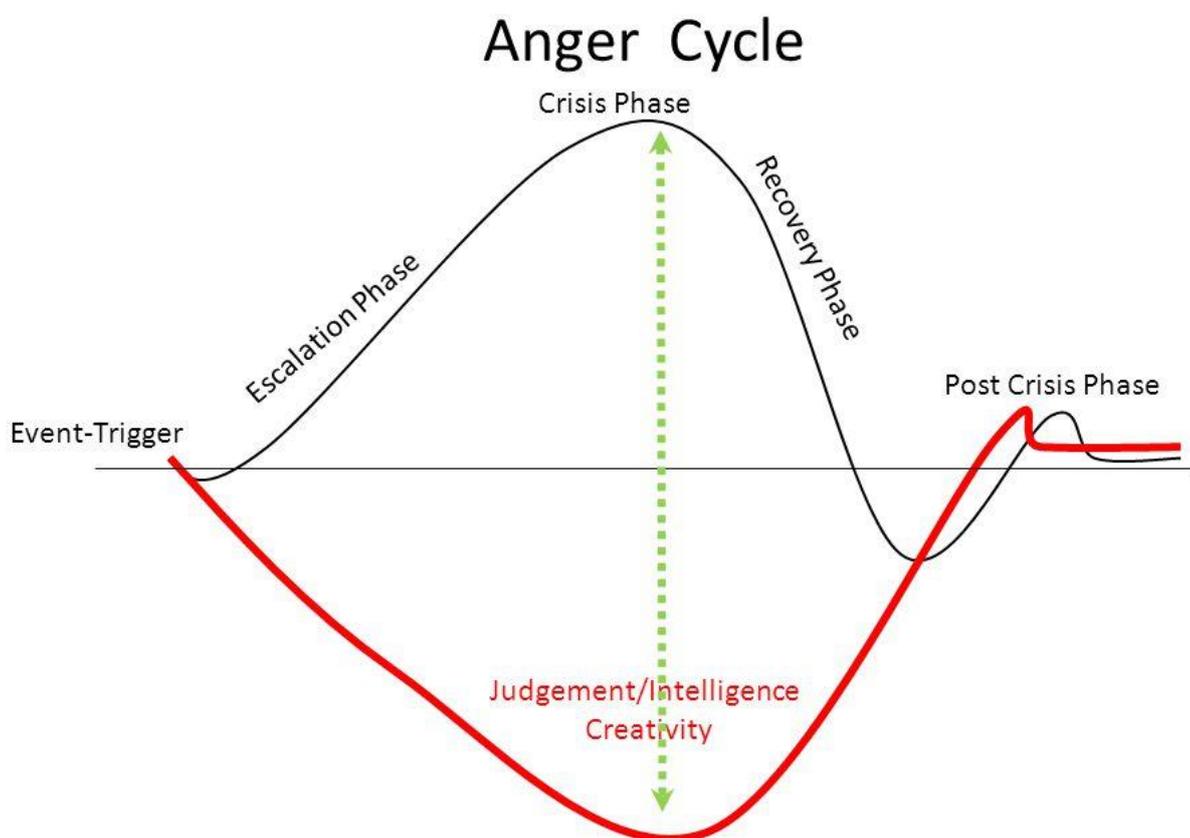
Similarly an example of negative reinforcement may be- a mother asks the child to pick up her toys & the child becomes angry & has a temper tantrum.

FIVE-PHASE AGGRESSION CYCLE

Phase	Definition	Signs, Symptoms, and Behaviors
Triggering 	An event of circumstances in the environment initiates the client's response, which is often anger or hostility.	Restlessness, anxiety, irritability, pacing, muscle tension, rapid breathing, perspiration, loud voice, anger
Escalation 	Client's responses represent escalating behaviors that indicate movement toward a loss of control.	Pale or flushed face, yelling, swearing, agitated, threatening, demanding, clenched fists, threatening gestures, hostility, loss of ability to solve the problem or think clearly.
Crisis	During a period of emotional and physical crisis, the client loses control.	Loss of emotional and physical control, throwing objects, kicking, hitting, spitting,

		biting, scratching, shrieking, screaming, inability to communicate clearly.
Recovery 	Client regains physical and emotional control.	Lowering of voice, decreased muscle tension, clearer, more rational communication, physical relaxation
Post crisis 	Client attempts reconciliation with others and returns to the level of functioning before the aggressive incident and its antecedents	Remorse, apologies, crying, quiet withdrawn behavior.

Adapted from Keltner, N. L., Schwecke, L.H. & Bostrom, C.E. (1999), *Psychiatric Nursing (3rd ed.)*, St. Louis: Mosby, Inc.



MANAGING ANGER CONSTRUCTIVELY

Anger doesn't solve anything it builds nothing, but it can destroy everything. Quoteistan.com

Goals of Anger Management

The three most immediate goals of anger management include the following:

- i. Decreasing the number of angry/ aggressive episodes
- ii. Decreasing the intensity of these episodes
- iii. Decreasing the severity of these episodes

The goal of anger management is not to eliminate anger completely: that isn't possible, since it's a natural human emotion. Rather, the objective is to control and direct your anger – so that it doesn't control you, or damage an important relationship or situation.

In Anger Management: Channeling Anger into Performance, we discuss Redford Williams' steps for controlling anger. There are three key elements to these:

- ❖ **Understanding what causes anger.**
- ❖ **Reducing angry reactions.**
- ❖ **Controlling anger when experience it.**

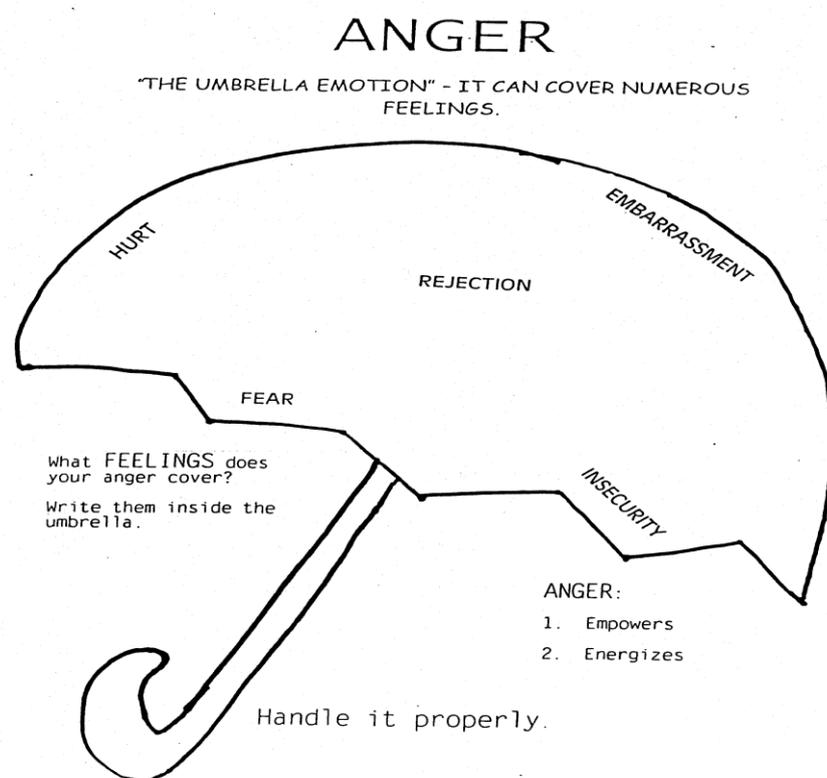
✓ **Understand What Causes Anger**

One of the most effective approaches for managing anger is to identify the sources of the anger experience. Once one know what makes angry, then can develop strategies for dealing with it. When one is in the middle of a bad situation, it's hard to think logically and rationally, so understanding what causes anger can help one to plan how to deal with it.

Use a diary or "anger log" to write down the times, people, and situations that make you angry.

Look for trends, things, person that make you angry often.

Ask yourself why these things make you angry. Do you connect certain memories to these sources of anger? Do you feel that goals are being frustrated, or that something important to you is being threatened?



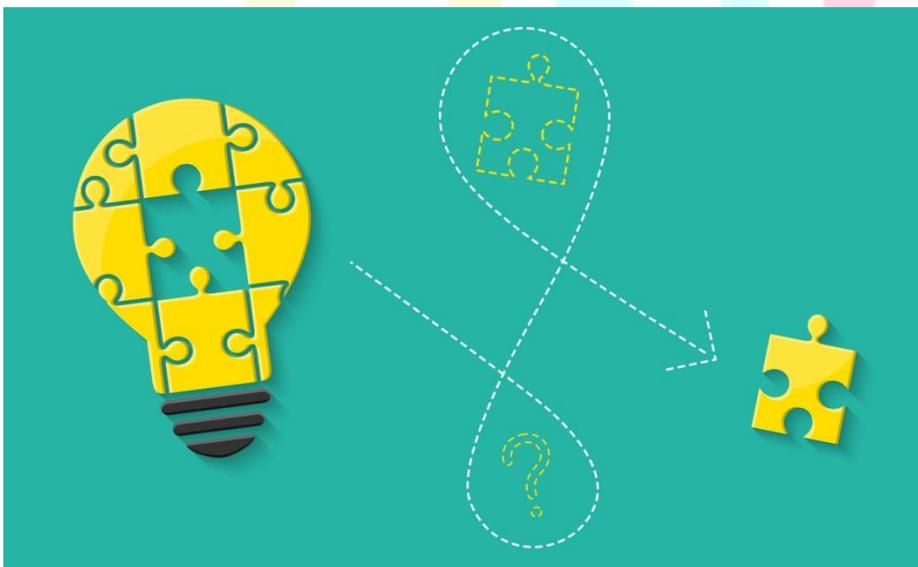
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✓ **Reduce Angry Reactions**



While someone probably won't eliminate anger completely, he or she can certainly reduce the frequency and scope of anger. The less angry you are in general, the more control you have over emotions. Since much of our anger can come from frustration and stress, if you work on ways to ease and reduce these causes of frustration and stress, you'll reduce the amount of anger in your life.

Use Problem Solving Skills



A great way to reduce stress is to improve problem solving skills. We sometimes feel that everything we do needs to be correct and turn out well, and this can be frustrating when things don't turn out as they should. Instead of expecting yourself always to be right, commit to doing your best. That way you can be proud of your effort even if the end result isn't what you want.



Do yoga

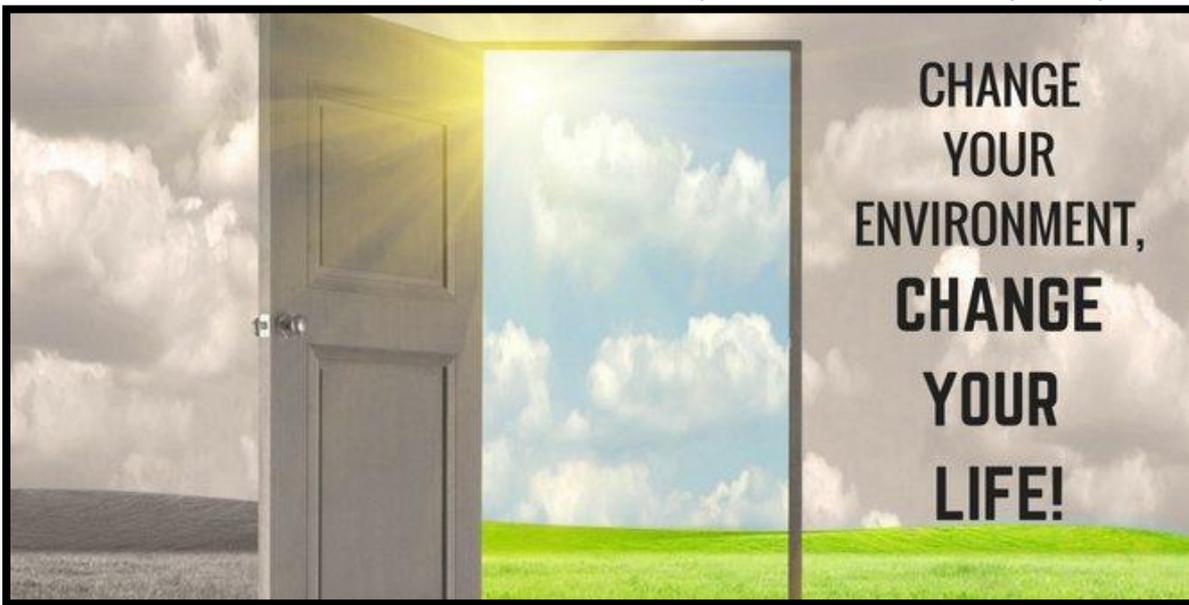
Practice relaxation skills

This exercise is practiced by focusing on the breathing. This exercise should be practiced as often as possible. The direction given are as follows.

- Identify a comfortable place and sitting arrangement.
- Close the eyes or gaze at a point
- Settle down both physically and mentally
- Become aware of the body starting from the feet and progressing to the head
- Identify the tension from the leg, stomach, hand and arms, shoulder, neck and face
- Make an attempt to let go of the tension
- Take a deep breath through the nose (Smell a rose)
- Become aware of the breathing pattern, focus on the breath entering the lungs and chest expand
- Next exhale through the mouth and feel the air leaving the body
- Repeat the same for a couple of minute and feel the breath washing away the tension
- Feel the body relaxed
- Slowly open the eyes ones through

When your temper flares, put relaxation skills to work. Practice deep-breathing exercises, imagine a relaxing scene, or repeat a calming word or phrase, such as "Take it easy." You might also listen to music, write in a journal or do a few yoga poses — whatever it takes to encourage relaxation.

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Take a break and physically remove yourself from the conflict. Go to another room, go for a walk, or count to 10. This may give you time to gain perspective and simply calm down.

Learn to avoid situations that you know will cause your anger. If you don't like your teammate's messy desk, don't go into her office.

If you regularly do something that makes you angry, try to find something else to do in its place. For example, if the crowded elevator upsets you every morning, take the stairs.

Use Humor



Think of something funny to say (but don't be rude or sarcastic).

Try to see the funny side of the situation.

Imagine the other person in a silly situation.

Learn to laugh at yourself.

Smile. It's hard to be angry with a smile on your face.

Calm Yourself Physically

Use physical relaxation techniques. Take slow, deep breaths and concentrate on your breathing. Tighten and release small muscle groups. Focus on your hands, legs, back, and toes.

Repeat a word or phrase that reminds you to stay in control and remain confident. For example, say, "You'll get through this. Relax! You're doing a great job!"

Practice imagery techniques. Use your imagination or memory to visualize a calming place or situation.

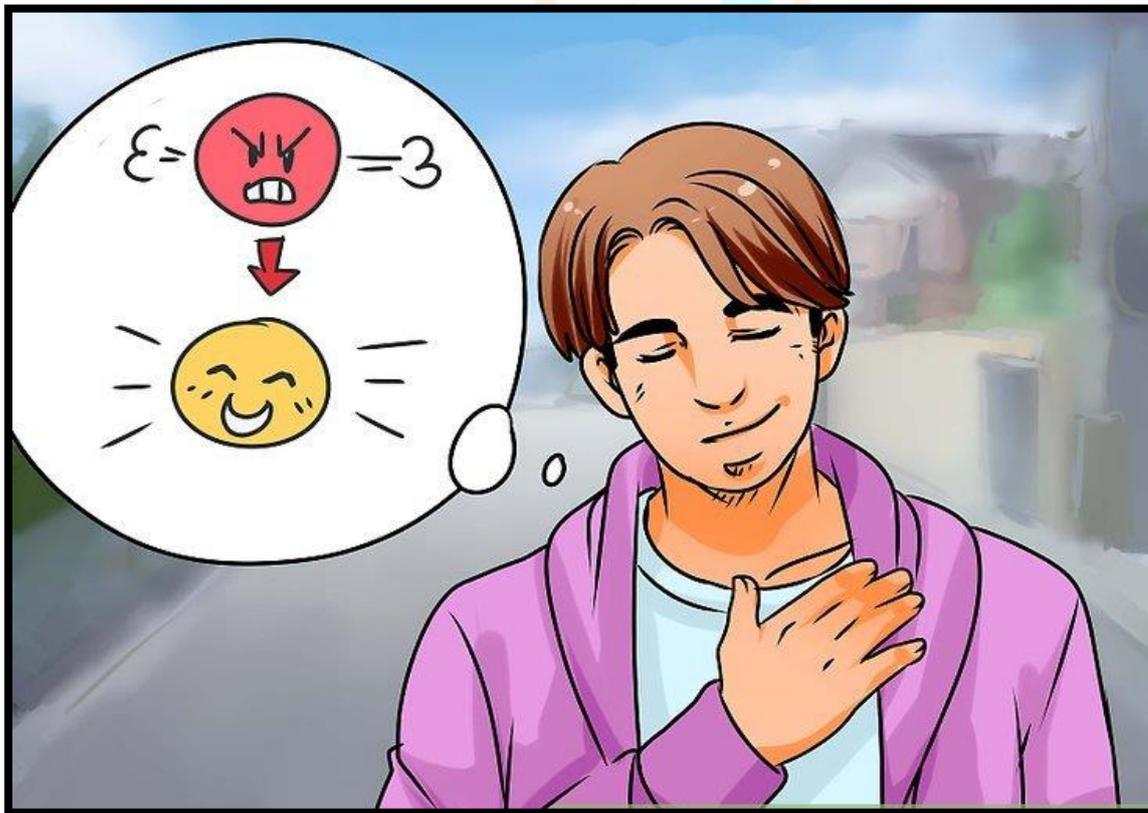
Know when to seek help

Learning to control anger is a challenge for everyone at times. Seek help for anger issues if your anger seems out of control, causes you to do things you regret or hurts those around you.

A-B-C-D MODEL

This is an effective means of dealing with anger

- ❖ A stands for an activating event. These are events that provoke anger.
- ❖ B stands for our belief about the event causing anger. This has to do with the individuals interpretation of the event that produces feeling of anger.
- ❖ C stands for the consequences, these are emotional consequences.
- ❖ D stands for the term dispute. This focuses on the dispute between the actual event and the perceived event, which may be irrational. Thus in this phase one is encouraged to identify the irrational belief and disputing them with more rational or realistic interpretation. Replacement of 'I' statement which result anger and aggression and escalation of anger, with more realistic statement is another approached used.



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Assertiveness training

It's not easy to become more assertive, but it is possible. It's a good idea to work on the following areas to help to get the balance right.

1. Value Yourself and Your Rights

To be more assertive, you need to gain a good understanding of yourself, as well as a strong belief in your inherent value and your value.

2. Voice Your Needs and Wants Confidently

If you're going to perform to your full potential then you need to make sure that your priorities – your needs and wants – are met.

3. Acknowledge That You Can't Control Other People's Behavior

Don't make the mistake of accepting responsibility for how people react to your assertiveness. If they, for example, act angry or resentful toward you, try to avoid reacting to them in the same way.

4. Express Yourself in a Positive Way

It's important to say what's on your mind, even when you have a difficult or negative issue to deal with. But you must do it constructively and sensitively.

Don't be afraid to stand up for yourself and to confront people who challenge you and/or your rights

5. Be Open to Criticism and Compliments

Accept both positive and negative feedback graciously, humbly and positively.

If you don't agree with criticism that you receive then you need to be prepared to say so, but without getting defensive or angry

6. Learn to Say "No"

Saying "No" is hard to do, especially when you're not used to doing it, but it's vital if you want to become more assertive.

Knowing your own limits and how much work you are able to take on will help you to manage your tasks more effectively, and to pinpoint any areas of your job that make you feel as though you're being taken advantage of.

7. Use Assertive Communication Techniques

There are a number of simple but effective communication techniques that you can use to become more assertive.

These are:

Use "I" Statements

Empathy

Escalation

Ask for More Time

Be a Broken Record

CONCLUSION

The mismanagement of anger is destructive to the human spirit, whether expressed in these severe forms or experienced at a less intense level. Individuals in all walks of life at every socio economy level---regardless of formal education and regardless of racial or ethnic background---are faced with the challenge to constructively understand and managed anger. For this reason teaching teens how to make sense of and manage anger should be a top priority for parents, care takers and teachers.

“Any one can become angry---that is easy. But to be angry with the right person, to the right degree, at the right time, for the right purpose, and in the right way---that is not easy.”---Aristotle.

As Aristotle implies, it is an emotion that requires thought and reflection if we are to effectively understand and manage it in everyday life.

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APPENDIX E₃

LESSON PLAN ON KNOWLEDGE REGARDING ANGER MANAGEMENT



PREPARED BY

NILANJANA MAITY

1ST yr. M.Sc. Nursing Student
Govt. CON NRS MC&H

½ mint 2 mints	Define anger and aggression	<p>Today I discuss on knowledge regarding anger management.</p> <p>DEFINITION Anger: Anger is an emotional state that varies in intensity from mild irritation to intense fury and rage. It is accompanied by physiological & biological changes, such as increases in heart rate, blood pressure and levels of hormones epinephrine & nor-epinephrine (American Psychiatric Association, 2010). Warren also outlined some fundamental points about anger, those are:-- Anger & Aggression are significantly different. The expression of anger is learned. The expression of anger can come under personal control Aggression: Aggression is a behavior intended to threaten or injure victim's security or self-esteem. It means "to go against," "to assault" or "to attack". It is frequently accompanied by bitterness, meanness & ridicule.</p>	Lecture	Power Point Power Point	What do you mean by anger & aggression?
3 mints	List down myth and facts about anger	<p>Myths and facts about anger</p> <p>Myth: I shouldn't "hold in" my anger. It's healthy to vent and let it out. Fact: While it's true that suppressing and ignoring anger is unhealthy, venting is no better.</p> <p>Myth: Anger, aggression, and intimidation help me earn respect and get what I want. Fact: Respect doesn't come from bullying others. People may be afraid of you, but they won't respect you if you can't control yourself or handle opposing viewpoints.</p> <p>Myth: I can't help myself. Anger isn't something you can control. Fact: You can't always control the situation you're in or how it makes you feel, but you can control how you express your anger.</p>	Lecture & Discussion	Power Point	What are the myths & facts about anger?
7 mints	Enumerate onset and clinical course of anger	<p>ONSET AND CLINICAL COURSE OF ANGER Although anger is normal, it often is perceived as a negative feeling. Many people are not comfortable expressing anger directly.</p>	Lecture	Power Point & Chart	How anger starts & spreads?

2 mints	<p>State the consequences of out of control anger</p> <p>Describe predisposing factors of anger and aggression</p>	<p>Anger becomes negative when the person denies it, suppresses it, or expresses it inappropriately. A person may deny or suppress (i.e., hold in) angry feelings if he or she is uncomfortable expressing anger. . Anger that is expressed inappropriately can lead to hostility and aggression. Possible consequences are physical problems such as migraine headaches, ulcers, or coronary artery disease and emotional problems such as depression and low self-esteem. Anger suppression is especially common in women (Davila, 1999) who have been socialized to maintain and enhance relationships with others and to avoid the expression of so-called negative or unfeminine emotions such as anger.</p> <p>The consequences of out-of-control anger Out-of-control anger hurts physical health. Out-of-control anger hurts mental health. Out-of-control anger hurts career. Out-of-control anger hurts relationships with others.</p> <p>PREDISPOSING FACTORS TO ANGER & AGGRESSION: A number of factors have been implicated in the way individual expresses anger.</p> <p><u>Genetic Factors</u> a. Twin studies b. Pedigree studies c. Chromosomal influences</p> <p><u>Neurotransmitters</u> Cholinergic and catecholergic mechanisms seem to be involved in the induction and enhancement of predatory <i>aggression</i></p> <p><u>Neurophysiological disorders</u> Epilepsy of temporal lobe and frontal lobe origin results in episodic aggression and violent behavior.</p> <p><u>Psychological factors</u> Freud's view Lorenz's view</p> <p><u>Learned behavior</u> Aggression is primarily a learned form of social behavior</p> <p><u>Social factors</u> a) Frustration</p>	<p>Lecture & Discussion</p> <p>Lecture</p>	<p>Power Point</p> <p>Power Point</p>	<p>What are the consequences of out of control anger?</p> <p>What are the predisposing factors of anger and aggression?</p>
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<p>1½ mints</p>	<p>List down five phase aggression cycle</p>	<p>b) Direct provocation c) Television violence d) Computer games</p> <p><u>Environmental factors</u> Air pollution Noise Crowding</p> <p><u>Situational factors</u> Heightened physiological arousal Pain Role Modeling Operant conditioning</p> <p>FIVE-PHASE AGGRESSION CYCLE Triggering Escalation Crisis Recovery Post crisis</p>	<p>Lecture</p>	<p>Power Point</p>	<p>What are the five phases aggression cycle?</p>
<p>20 mints</p>	<p>Describe regarding management of anger</p>	<p>MANAGING ANGER CONSTRUCTIVELY “Anger doesn’t solve anything it builds nothing, but it can destroy everything”. -----Quoteistan.com</p> <p>Goals of Anger Management The three most immediate goals of anger management include the following: iv. Decreasing the number of angry/ aggressive episodes v. Decreasing the intensity of these episodes vi. Decreasing the severity of these episodes</p> <p><u>In Anger Management: Channeling Anger into Performance</u>, we discuss Redford Williams' steps for controlling anger. There are three key elements to these:</p> <ul style="list-style-type: none"> • Understanding what causes anger. • Reducing angry reactions. • Controlling anger when experience it. <p>✓ <u>Understand What Causes Anger</u></p> <p>One of the most effective approaches for managing anger is to identify the sources of the anger experience. Once</p>	<p>Lecture & discussion</p>	<p>Power Point, Black Board & Hand Out</p>	<p>How do you manage your anger constructively?</p>

one know what makes angry, then can develop strategies for dealing with it.

✓ **Reduce Angry Reactions**

While someone probably won't eliminate anger completely, he or she can certainly reduce the frequency and scope of anger.

Use Problem Solving Skills

A great way to reduce stress is to improve problem solving skills. We sometimes feel that everything we do needs to be correct and turn out well, and this can be frustrating when things don't turn out as they should.

Use Communication Skills

You can also reduce anger by improving your communication skills. When you relate well to other people, express your needs, and talk about issues that bother you, you deal with potential anger proactively.

Build empathy

Learn to trust others

Listen - Use active listening to consider what the other person has to say, and then think before you speak.

Be assertive, not aggressive

✓ **Release Anger Constructively**

One can reduce the likelihood of losing control by releasing the anger that have built up.

Take 10 deep breaths.

Do physical activity

Do yoga

Practice relaxation skills

Participate in a fun activity or hobby.

Use a journal and/or art to express your feelings.

Forgive. At some point, it helps to let go and move on with a fresh attitude.

Catharsis Some people try to express their angry feelings by engaging in aggressive but safe activities such as hitting a punching bag or yelling. Such activities, called catharsis, are supposed to provide a release for anger.

✓ **Control Anger When Experience It**

When you start to feel angry, what do you do? Controlling yourself in a bad situation can be difficult, and your

5 mints	Summarize the topic	<p>actions will have consequences. External reactions – like kicking and screaming – don't help.</p> <p>Change Your Environment Use Humor Calm Yourself Physically Know when to seek help</p> <p>A-B-C-D MODEL Student education Assertiveness training</p> <p>SUMMARIZATION Today I discussed definition of anger and aggression, myth and facts of anger, onset and clinical course of anger, consequences of anger, pre disposing factors of developing anger, five phases of aggression cycle, managing anger constructively by various technique.</p>	Lecture	Power Point	
2 mints	Conclude the topic	<p>CONCLUSION In this session discussion have considered the term anger and aggression an able to differentiate these two. So after above discussion students will be oriented various experience of anger---Normal and appropriate as well as aggressive response, expressing anger in socially appropriate manner, knowledge regarding alternative ways of managing anger constructively.</p>	Lecture	Power Point	

Tool I

Semi structured questionnaire to obtain background information:**Purpose**

Semi structured questionnaire schedule is developed to ascertain the background information of the subjects.

Instructions

- Put tick () mark against the right answer wherever applicable.
- Collected information will be used for academic/ research purpose only and will be kept strictly confidential.

Date of data collection . Time of data collection

Code No.

Part—A Demographic Data

1. Ageyears.
2. Gender
3. Class
4. Type of family
 - a. Nuclear
 - b. Joint
5. Total number of family members
6. Number of siblings.....
7. Educational Qualification

a. Father

Upto primary

Upto Secondary

Upto Higher Secondary

Graduate & Above

b. Mother

Upto primary

Upto Secondary

Upto Higher Secondary

Graduate & Above

8. Occupation**a. Father**

Business

Agriculture

Labour

Others (Specify)

b. Mother

Service

Business

Homemaker

Others (Specify)

PART B**PERSONAL INFORMATION**

9. **Personal Mobile use** Yes/ No

If yes, presence of net connection Yes/ No

10. **Computer use** Yes/ No

If yes, mention alternative --- recreational purpose/ educational purpose

(Specify duration of time.....)

11. Do you engage yourself in sports in regular basis? Yes/ No

12. How long period spend time with parents?.....

13. How long period spend time with friends?.....

14. How long period spend time with siblings/ other family members?.....

15. Do you get enough pocket money? Yes/ No

16. **Types of TV watching** Aggressive cartoon

Aggressive movie

Sports

Reality Show

TV Serial

Others

Tool II**Structured knowledge questionnaire on knowledge regarding anger management.****Purpose**

Structured knowledge questionnaire is developed to ascertain the knowledge on anger management.

Instruction

- Each of the following questions has only one correct answer.
- Each question carries one mark.
- Put tick () mark against the right answer wherever applicable.
- Collected information will be used for academic/ research purpose only and will kept strictly confidential.

1. What is anger?

a. Negative Feelings

b. Aggression

c. Basic Feelings

2. Which system is responsible for potential health consequence of anger?

a. Autonomic Nervous System

- b. Central Nervous System
- c. Peripheral Nervous System
- 3. Aggression is a behavior**
- a. To attack others
- b. To protect others
- c. To like others
- 4. Assertive behavior means**
- a. Express own voice honestly
- b. Saying 'Yes' always
- c. Saying 'No' always
- 5. The consequences of out of control anger can**
- a. Hurt relationship with others
- b. Improve relationship with others
- c. Establish new relationship
- 6. Do you believe suppressing anger is**
- a. Healthy behavior
- b. Unhealthy behavior
- c. Smart behavior
- 7. Emotional feeling behind anger development is**
- a. Frustration
- b. Fun
- c. Phobia
- 8. Write down name of the body part responsible for aggressive and violent behavior?**
- a. Heart
- b. Kidney
- c. Brain
- 9. Which of the following will be immediate goal of anger management ?**
- a. Decreasing number of angry person
- b. Decreasing number of angry episode
- c. Decreasing angry situation
- 10. Children model his or her character(anger) generally from his/ her**
- a. Family members
- b. Teacher
- c. Parents
- 11. For understanding causes of anger you should use**
- a. Change environment
- b. Anger log
- c. Relaxation technique

12. When crowded tracker or bus during everyday school time causes your anger then you should?

- a. Not go to school
- b. Go to school late
- c. Go by bi-cycle

13. In which phase anger or hostility initiates?

- a. Triggering
- b. Crisis
- c. Escalation

14. What do you understand by problem solving skill?

- a. Expect yourself always to be right
- b. Expect yourself commit to do best
- c. Accept something that doesn't work

15. One of the effective method of anger management.

- a. Communication
- b. Silence
- c. Ordering

16. How do you release your anger constructively?

- a. By physical activity
- b. By active listening
- c. By using problem solving skill

17. Which one of the following is not a technique of anger management?

- a. Forgive and forget
- b. Keeping yourself quiet
- c. Expressing loudly

18. How do you reduce your angry reaction?

- a. Improving communication skill
- b. ntrolling anger
- c. Use diary

19. In which phase reconciliation with other occur?

- a. Escalation
- b. Post crisis
- c. Recovery

20. Identify catharsis technique

- a. Hitting punching bag
- b. Listening music
- c. Crying

Answer Key for structured knowledge questionnaire on knowledge regarding anger management.

ITEM NO.	ANSER KEYS
1	c
2	a
3	a
4	a
5	b
6	a
7	c
8	b
9	c
10	---
11	---
12	c
13	c
14	a
15	a
16	c
17	a
18	b
19	a
20	a

Information sheet for participant

TITLE : “A study to assess the effect of planned teaching programme on knowledge regarding anger management among adolescents in selected school, West Bengal.”

PURPOSE : The purpose of the study is to develop a planned teaching programme to increase knowledge regarding anger management among adolescents in selected school, West Bengal.”

PROCEDURE :

Structured questionnaire will be given to students of class xi & xii to assess knowledge regarding anger management.

Planned teaching programme will be given to students of class xi & xii on anger management to assess the effect in terms of improvement of knowledge .

POTENTIAL RISK :

There is no risk.

BENEFITS :

All cost will be bear by investigator. During the study period if you feel any undue problem then you can contact for information with the following person. (Advisor)

1. Madam. Monika Majumder. Senior lecturer , C.O.N, N.R.S.M.C&H
2. Dr. Payel Talukdar, Asst. Professor, Psychiatric Department. N.R.S.M.C

Thanking for your co-operation.

Date :

Name of the Investigator : Nilanjana Maity

