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Assessment of Knowledge and Attitude Regarding Anger Management of Mentally Ill Patients among the Family Members Attending Outpatient Department (O.P.D.) of the Selected Psychiatric Hospitals, Kolkata

Sanhita Gangopadhyay

College Faculty, Santiniketan Govt. College of Nursing, Bolpur S D Hospital, Bolpur, Birbhum, West Bengal, PIN - 731204

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ABSTRACT

A descriptive study was carried out to assess the knowledge and attitude regarding anger management of mentally ill patients among the family members attending outpatient department (O.P.D) of the selected psychiatric hospital, Kolkata. The Health Belief Model (1980) was adopted as conceptual framework. 120 participants were selected by convenience sampling method Calcutta Pavlov Hospital, Kolkata– 46. Interview schedule was used for data collection. The study findings based on descriptive/inferential statistics revealed that, (48.33%) participants had good level of knowledge level and majority (73.33%) had moderate attitude level regarding anger management. The mean, median and standard deviation of obtained knowledge and attitude scores were 12.84,12 and 1.99 and 39.67,39 and 5.79 respectively. Correlation coefficient was 0.689, i.e., strongly positive associations. The related 't' value is 10.327, that is significant. There were significant association between level of knowledge and type of family, place of residence, education, economic condition, source of information regarding anger management; level of attitude with education, economic condition, source of information at 0.05 level. Recommendations can be suggested for future studies are large samples, comparative design, in different settings, at least one intervention with its effectiveness.

Key words: Knowledge regarding anger management and attitude regarding anger management.

INTRODUCTION

Anger is one of our most powerful and vital emotions. It can be a necessary tool for survival and can cause significant difficulties in remained for long run persistently knocking mind associated with thinking, feeling, behavior, and relationship. It is an emotion that involves a strong uncomfortable and awkward response to a perceived provocation, hurt or threat.[1]

Anger is a constructive force when it is used to correct an injustice or a mistake, to solve problem, 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.[3]

Many things can trigger anger, including stress, family problems and financial issues. For some people, anger is caused by an underlying disorder such as alcoholism or depression. Anger itself is not considered a disorder, but anger is a known symptom of several mental health conditions. [5]

Anger and irritability appear as symptoms or diagnostic features of several psychiatric disorders. Anger with psychiatric disorder

includes autism, schizophrenia and dementias, PTSD and substance- use disorders. Patient with variety of psychiatric diagnoses may receive anger management as part of their treatment as usual. Excessive anger includes risk of cardiovascular disorders, domestic violence occupational under achievement and reckless driving, physical injury and property damage.[7]

Anger management is a major domain in socio psychological and behavioral science. Anger management in fact help individual learn how to calm down and inhibit and control negative feelings which are prodromal to anger.[9]

MATERIALS AND METHODS

Research Approach: Non-experimental quantitative research approach

Research design: Descriptive research design

Research Setting: Calcutta Pavlov Hospital, Kolkata-46

Sampling Technique: Non-probability convenience sampling technique

Sample Size: 120 no. of family members of mentally ill patients

Description of the tool: Tool I: Semi-structured interview schedule on demographic data

Tool II: Structured interview schedule on knowledge regarding anger management

Tool III: Standardized attitude towards anger management scale (ATAMS) by David Jerome Boudreaux (2016)

Data collection method: Interviewing

Plan of data analysis: Descriptive and inferential statistics were used to analyze the data.

STATISTICAL METHODS

The data obtained from the subjects were tabulated and analyzed in terms of the objectives of the study using descriptive and inferential statistics. The result showed that depending on the obtained scores on knowledge and attitude the mean, median and standard deviation are 12.84,12 and 1.99 and 39.67,39 and 5.792 respectively. Correlation coefficient is 0.689, that gives interpretation of strong positive association i.e., when knowledge is increased attitude also increased and vice versa. The related 't' value is 10.327, that is significant. So, there is significant association between the level of knowledge and attitude regarding anger management of mentally ill patients among family members at 0.05 level of significance. These are interdependent on each other. It is evident from calculated chi-square that there was significant association between level of knowledge with type of family (7.938), place of residence (8.887), economic condition (11.032) and source of gaining information regarding anger management 17.474) at df (2) and education (39.363) at df (1) and 0.05 level of significance. It is evident from calculated chi-square that there was significant association between level of attitude with education (20.644) at df (1), source of gaining information regarding anger management (11.592) at df (2) are significant at less than 0.05 level.

RESULT

Table 1. Frequency and percentage distribution of the family members as per their level of knowledge regarding anger management of mentally ill patients n=120

Level of knowledge	Frequency(f)	Percentage (%)
Very good (81%-100%/ 17-20)	1	0.83
Good (61% - 80% / 13 – 16)	58	48.33
Fair (41% - 60% / 09 – 12)	57	47.50
Poor (<40% / 01 – 08)	4	3.33

Data presented in table 1 shows that 48.33% family members of the mentally ill patients had good level of knowledge followed by 47.50 % with fair knowledge level, 3.33% with poor knowledge level and only 0.83% (1) with very good level of knowledge

Table 2. Area wise mean, mean %, and rank of knowledge of the family members regarding anger management of mentally ill patients n=120

Area wise knowledge	Mean	Mean %	Rank
Anger and aggression	1.983	66.10	1
Cause of anger	3.578	62.63	2
Sign and symptoms of anger	1.850	61.67	3
Management of anger	4.883	61.03	4

Table 2 shows that of the family members area wise knowledge in anger and aggression was 66.1% which was ranked 1; followed by cause of anger 62.63%, sign and symptoms of anger 61.67% and management of anger 61.03%; which were ranked 2,3 and 4 respectively.

Table 3. Frequency and percentage distribution of the family members as per their level of attitude regarding anger management of mentally ill patients. n=120

Level of attitude	Frequency(f)	Percentage (%)
Low (17 – 33.88)	14	11.67
Moderate (>33.88 – 45.46)	88	73.33
High (> 45.46)	18	15

Table 3 shows that frequency and percentage distribution of the family members as per their level of attitude regarding anger management. Most of the participants i.e, 73.33% had moderate attitude level followed by 15% had high attitude level and 11.67% had low attitude level towards anger management.

Table 4. showing mean, median, standard deviation, correlation coefficient and related 't' value of obtained scores on knowledge and attitude regarding anger management of mentally ill patients among the family members n=120

Variables	Range of score	Obtained score	Mean	Median	SD	Correlation coefficient (r)	df	Related 't' value
Knowledge regarding anger management	0-20	07-17	12.48	12	1.99	0.689	119	10.327*
Attitude regarding anger management	17-68	29-58	39.67	39	5.79			

t = 1.97 at df 119 * Significant at p<0.05

Table 4 shows calculated value of mean, median and standard deviation of knowledge and attitude score. Depending on the obtain knowledge and attitude score mean, median and standard deviation were 12.48, 12, 1.99, and 39.67, 39, 5.79 respectively. Association between knowledge and attitude regarding anger management were calculated by Pearson's correlation coefficient which is 0.689; that gives interpretation of strong positive association between two variables and related 't' value is 10.327 that is significant.

DISCUSSION

In this study, the prevalence of anger attack of mentally ill patients 29.17% were BPAD, 15% schizophrenia and anxiety disorder 14.16% were OCD,11.67 % were childhood disorders, 8.33% were insomnia and 6.67% were conversion disorder. The findings of this study were supported by Panuly N.P et al where the prevalence of anger attack was adjustment disorder – 73.3%, co- morbid anxiety and depressive disorders- 68.7%, recurrent depression- 59.1%, bipolar depression 54.5%, dysthymia 52.9%, first episode depression- 51.9%, obsessive compulsive disorders- 46.1%, other anxiety disorder 43.7%, panic disorder- 40%, dissociative disorder- 35.2%. Over all prevalence of anger attacks in mentally ill patient is 51.8%.

In this study, the participants had 48.33% good level of knowledge, 47.5% had fair level of knowledge, and 3.33% had poor level of knowledge. Only 1 person had very good level of knowledge. According to Patel J. Uttar Pradesh, India (2020), conducted a study on the level of knowledge regarding anger management. In this study frequency and distribution of level of knowledge, the participant had (60% / 72), very good (40% /48) had good level of knowledge no one had fair level of knowledge. Bhaskaran M. et al (2019) conducted a study on 20 participants by convenient sampling technique, among the participants, majority, 80% had moderately adequate level of knowledge, 15% had inadequate level of knowledge and 5% had adequate level of knowledge.

In the present study, the participants, majority i.e. 73.33% had moderate level of

attitude, 15% had high level of attitude and 11.67% had low level of attitude regarding anger management of mentally ill patients. McCann V T et al (2014) conducted a study to assess attitude of clinical staff towards the management of aggression of psychiatric inpatient were complex and somewhat contradictory, therefore wide-ranging initiatives are needed to prevent and deal with this type of challenging behaviour. In this study, there was significance association between level of knowledge with the selected demographic variables like - type of family, place of residence, education and source of information regarding anger management of df1 at 0.05 level of significance. It was evident from the obtained chi-square test values that there was a significant association between level of knowledge with the demographic variables like - education, occupation, number of living children, and place of residence and marital status at 0.05 level of significance.

CONCLUSION

From the present study, most of the participants had good and fair level of knowledge and most of them had moderate level of attitude regarding anger management of mentally ill patients. There was a strong positive association between the level of knowledge and attitude regarding anger management of mentally ill patients among the family members and these are dependent; if knowledge level is increased among the participants attitude level is also increased and vice versa. From this study findings, it can be concluded that the participants belonged to joint family, residing in rural area having more knowledge. As well as higher education and economic condition of the participants also were impacted positively on their knowledge. The participants' knowledge regarding anger management was dependent greatly on their personal experience. On the other hand, level of attitude of the sample was also dependent on their education and personal experience.

Declaration by Authors

Ethical Approval: Ethical approval was taken from the concerned authorities of the office and informed consent was obtained from the samples.

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