

Perceived Impact of Anger on QOL of Working Adults in a Selected Institute of Dehradun

Pooja Dhasmana¹, Grace Singh², Muthuvenkatachalam Srinivasan³, Saurabh Kumar⁴

¹Nursing Tutor, Himalayan College of Nursing, Swami Rama Himalayan University, ²Associate Professor, Himalayan College of Nursing, Swami Rama Himalayan University, ³Lecturer, College of Nursing, AIIMS New Delhi, ⁴Medical Social Service Officer, AIIMS Raipur

Abstract

Anger is a completely normal, usually healthy, human emotion.” However, when it gets out of control it can become destructive. Uncontrollable anger can lead to serious problems at work and in personal relationships. An exploratory study was conducted on anger, and perceived impact of anger on QOL of working adults in a selected institute of Dehradun with the aim of to identify the risk population and explore the perceived impact of anger on QOL.

Methodology: Quantitative survey approach descriptive design was used in the study to assess the perceived impact of anger on QOL. The study was by using Quota Sampling technique to select the study subjects. Data was collected from 210 working adults by using Socio-Demographic Performa, Clinical Anger Assessment Scale And Perceived Impact Of Anger Assessment Questionnaire.

Results: Data was analyzed with the help of SPSS version 20. The result showed that two third (67.1%) of the study participants were male. Mean age of the participants was 35 ± 8.2 and all the participants were aged between 20 and 56 year. The mean anger score was 9.02 ± 6.64 and the range was 0-32. More than one fourth of the study participants (76%) reported minimal clinical anger. The result shown that More than half (51%) of the study participants feel increase in their heartbeat when they get angry, loss control on their emotion because of anger and feel guilt after showing anger. Three fourth (75%) of the study participants feel sad as well when they get angry. Around two third (61%) of the study participants sometimes to always cry when they get angry. The perceived impact of anger was comparatively rated higher in the emotional area than other areas. The findings have also suggested that female have more anger as compare to male.

Conclusion: Anger affect many aspect of Quality of Life such as Physical quality of life, emotional quality of life, Occupational quality of life and Social quality of life.

Keywords: Anger; Perceived impact of anger, Quality of Life.

Introduction

Human emotions are fundamental to our survival but they can also do us harm. Emotional struggle add enormously to the load of human suffering. Anger is one of the most basic emotion. Anger is natural, while

sometimes unwanted or unreasonable emotion that everybody experiences time to time.¹

Anger is one of the most essential emotions along with happiness, sadness, fear and disgust, it has played an important element in our advancement. It is pervasive and dominant. It is also widely misunderstood and ignored.² According to English dictionary, ‘anger’ means: “A strong feeling of extreme displeasure”.³ And Fisher (2005) says that “Anger is a feeling nothing more and nothing less. It is no more inherently ‘good’ or ‘bad’ than any other feeling”.⁴

Corresponding Author:

Mr. Saurabh Kumar

Medical Social Service Officer, AIIMS Raipur

e-mail: saurabhdhasmana2014@gmail.com

Mild, forms of anger may include annoyance, irritation or dislike. When we react to criticism, threat or disturbance we may become angry - and usually this is a healthy response. Anger may be a secondary response to feeling sad, lonely or frightened: According to the American Psychological Association “Anger is a entirely normal, usually healthy, human emotion”. However, when it gets out of control it can become disparaging. Uncontrollable anger can lead to serious problems at work and in personal relationships, and may weaken the individual’s overall quality of life.⁵

Anger has three gears; physical response, cognitive response and behavioural response: Physical reactions, usually starts with a rush of adrenaline and responses such as an increased heart rate, blood pressure, and tightening of muscles; often known as the “fight or flight” response. The cognitive experience of anger, or how one perceive and think about what is making a person angry. For example, we might think something that happened to us is wrong, unfair, and undeserved behaviour or the way we express our anger. There is a wide range of behaviour that signals anger. We may look and sound angry, turn red, raise our voices, clam up, slam doors, storm away or otherwise signal to others that we are angry. We may also state that we are angry and why, ask for a time-out, request an apology, or ask for something to change.⁶

Need of the Study: According to British association of anger management almost a third of people polled (32%) say they have a close friend or family member who has trouble controlling their anger. More than one in ten (12%) say that they have trouble controlling their own anger. More than one in four people (28%) say that they worry about how angry they sometimes feel. One in five of people (20%) say that they have ended a relationship or friendship with someone because of how they behaved when they were angry. Around two third (64%) either strongly agree or agree that people in general are getting angrier. Fewer than one in seven (13%) of those people who say they have trouble controlling their anger have sought help for their anger problems. More than half (58%) of people wouldn’t know where to seek help if they needed help with an anger problem. Around eight in every ten (84%) strongly agree or agree that people should be encouraged to seek help if they have problems with anger.⁷

Mostofsky E, Penner EA, Mittleman MA(2014) conducted a systemic review on outbursts of anger as

a trigger of acute cardiovascular events. Studies found that, compared with other times, there was a higher rate of cardiovascular events in the two hours following outbursts of anger.⁸

The effects of anger and stress on the brain cannot be ignored. There is evidence that chronic stress can alter brain function at the cellular level. Researchers at the Hotchkiss Brain Institute in Calgary have discovered that one of the effects of anger on the brain is that neurons in the hypothalamus, the brain’s command centre for stress responses can be compromised. Normally these neurons receive different chemical signals that prompt them to switch on or off. Stress and anger compromise these functions and jeopardize the brain’s ability to slow down.⁹

Many psychological consequences of anger can be seen like. Suicidal Ideation¹⁰. Experience and expression contribute to suicidality and the progression from suicidal ideation to plans and attempts.¹¹ Insomnia¹². Mood, anxiety and substance use disorders. Which include; major depressive disorder, bipolar disorder, social phobia, generalised anxiety disorder, obsessive compulsive disorder, post-traumatic stress disorder, and alcohol and drug use disorders.¹³

Mills KL, Barrett EL, Teesson M (2007) conducted a study to examine the mental health correlates of anger in the general population of Australia. The population consist of 8841 Australians aged between 16 and 85 years. The survey assessed for 30-day DSM-IV mental health disorders and 30-day anger symptoms. The result shown that a range of mood, anxiety and substance use disorders were found to be independently associated with symptoms of anger after controlling for demographics and comorbidity. These included major depressive disorder, bipolar disorder, social phobia, generalised anxiety disorder, obsessive compulsive disorder, post-traumatic stress disorder, and alcohol and drug use disorders.¹⁴

Researcher is a working adult. In daily life she experience lot of complications which leads to distress and anger. After experiencing anger many consequences are seen. Working people face extra pressure extra provocation in their day to day life. The working style is too hectic now a days. Incidences of workplace arguments and workplace anger are very common. If these incidence occurs regularly it affects the concentration, performance at work and unhealthy

relationship among the employees or we can say that it leads to some psychological and physical consequences and we neglect these affects. The researcher found it necessary to explore the level of anger and its relationship with psychological wellbeing.

Aims and Objectives: Aims and objectives of the study was to identify the risk population and explore the relationship between anger and psychological wellbeing of working adults.

Method and Materials

The study was conducted in a selected Institute of Dehradun. Population was divided in two divided into two groups health workers and non health workers. Health workers was divided in three quotas Medical, nursing and Paramedical. Non health workers were divided in four quotas i.e. Account, clerical staff, engineering staff and other staff. 30 Sample from each quota were selected by using simple random sampling. Exploratory design was adopted for the study. Sample size was 210. Self reported questionnaire technique was considered to be an appropriate technique for collecting data from the participants. Clinical anger scale was used to asses level of anger. It is a standard Clinical Anger Assessment Scale developed by Dr. William E. Snell, Jr. ¹⁵the Clinical Anger Scale (CAS), designed to measure the syndrome of clinical anger. The questionnaire contains 21 items. The author of the tool categorized the anger score as follows 0-13 - minimal clinical anger; 14-19 - mild clinical anger; 20-28 - moderate clinical anger; and 29-63 - severe clinical anger. The Test retest reliability was 0.9 and internal consistency cronbach alpha was 0.8. General Health Questionnaire -28. A self developed Perceived impact of anger Assessment Questionnaire (PIAAQ). It was designed to determine the perceived impact of anger on various domains of quality of life as reported by the subjects. It has 24 items. It assess perception of anger in five domains; Physical domain (9 items), Psychological domain (6 items), Occupational domain(5 items), Social domain (4 items). Items were not scored as the perceived impact as reported by the subjects was analyzed for frequency and percentage of response to each item. Test retest reliability was 0.9 and internal consistency reliability was 0.9. After verbal explanation in understandable language an informed written consent form was signed by each participant before data collection.

Result

Both descriptive and inferential statistics were used. The analysis of the data was done based on the objectives and hypothesis of the study. Section 1 of the study deals with Description of socio-demographic characteristics of subjects Mean age of the study participants was 35 year with a standard deviation of 8.2 years and varied between 20 to 56 years. Around two third (67%) of the study participants were male, majority (57.6 %) of participants lives in joint family and around three fourth (78%) were married. Majority (57%) of the participants were non health workers.

The mean of number of family members were five with a standard deviation of 2.4 and Ranged from two to twenty. The mean of number of children was 2 with a standard deviation of 1.2 and ranged between 0-6.

Section two deals with the interpretations of findings as per the study objectives. On analysis it was found that around three fourth (76%) of the study participants had minimal clinical anger whereas only one percent (n=2) of subjects assessed to have severe clinical anger. The mean anger score was 9.02 with a standard deviation of 6.64 and the range was 0-32. Most of the participants in all the departments reported to have minimal clinical anger. Very few participants in nursing and other (miscellaneous) showed severe clinical anger.

Perceived impact of anger assessment questionnaire assesses the perceived impact of anger in four domains i.e. Physical domain (9 items), psychological domain (6 items), occupational domain (5 items) and social domain (4 items). The perception was rated on a four point Likert scale i.e. never, rarely, sometimes and always. The responses of sometime and always were clubbed together and considered as agreement whereas the response of never and rarely were clubbed together and considered as disagreement. The responses of participants were analysed by frequency and percentage of agreements and disagreements.

The table No. 1 shows the percentage of participants whose perception was described based upon their agreements for each domain of quality of life.

Perceived impact of anger was assessed in physical, psychological, occupational and social domain. The result reveals that perceived impact of anger was more

in psychological domain followed by physical domain where as the impact was very minimal in social and occupational domain. The result shown that More than half (51%) of the study participants feel increase in their heartbeat when they get angry, loss control on their

emotion because of anger and feel guilt after showing anger. Three fourth (75%) of the study participants feel sad as well when they get angry. Around two third (61%) of the study participants sometimes to always cry when they get angry.

Table No. 1: Perceived impact of anger on physical quality of life. (N=210)

S.No.	Items	Agreements Frequency and percentage
Physical Domain		
1.1	After an episode of anger I experience tiredness.	27 %
1.2	After an Episode of anger I experience poor sleep quality.	27%
1.3	My anger has a bad effect on my health.	28%
1.4	I loose appetite when I am angry.	25%
1.5	I Often feel headache after an attack of anger	28%
1.6	Getting angry increased my heartbeat	41%
1.7	My angry mood has an effect on my weight gain and weight loss.	9%
1.8	Sometimes I get physically hurt due to my angry behaviour.	13%
1.9	Anger alter My bowel pattern	15%
Emotional domain		
2.1	When I get angry I feel sad as well	75 %
2.2	Because of anger I loss control on My emotions as well	51%
2.3	At height of anger I use to cry	61%
2.4	After showing anger I feel guilt later	51%
2.5	I think anger is a very negative part of My personality.	35%
2.6	Because of angry mood I use to yell on people.	36%
Occupational Domain		
3.1	I have faced troubles in My job because of my temper.	13%
3.2	I lose my concentration from work due to my anger	18%
3.3	My colleagues avoid talking to me because of my temper.	11%
3.4	I usually fails to complete My task because of my anger.	8%
3.5	I don't have harmonious relationship with My colleagues due to my anger.	6%
Social domain		
4.1	I have poor social relations because of My anger	5%
4.2	My family member/close friends hesitates in sharing their feeling with me because of My anger	9%
4.3	I usually argue with My neighbours	8%
4.4	I Made My neighbours enemy due to My anger	6%

Discussion

The findings of the study had been discussed with references to the objectives and hypothesis in light of other studies conducted in same area. The result reveals that perceived impact of anger was more in psychological domain followed by physical domain where as the impact was very minimal in social and occupational domain Painuly NP et al¹⁶ conducted a study to explore anger attacks in depressive and anxiety disorders. The

result showed that anger attacks were associated with more anxiety and irritability, and poorer quality of life. Frequency of anger attacks had a positive correlation with depression, irritability and aggression.

Ethical Clearance: Ethical Clearance was obtained from Ethical committee of the university.

Source of Funding: Self

Conflict of Interest: Nil

References

1. Celia Richardaen, ED Haluwel.boiling point problem anger & what we can do about it: Mental Health Foundation. 2011.
2. Richardaen C, HaluwelED. boiling point problem anger and what we can do about it: Mental Health Foundation. 2011.
3. Soanes, C. (2002) Paperback Oxford English Dictionary. New York: Oxford University Press.
4. Fisher, M. Beating Anger: The eight-point plan for coping with rage. London: Rider.2005.[updated 2005;cited 2013 may 6] Available from: <http://www.abc-counselling.com/sitebuildercontent/sitebuilderfiles/Appx.M.Mike.Fisher.pdf>
5. What is anger and anger management [internet]. 2009 August 27.[updated 2013 October 27;cited 2013-11-10] Available from: <http://www.medicalnewstoday.com/articles/162035.php>
6. Anger A complex response [internet].2011. [updated 2011; cited 2013-feb-11]. Available from: <http://www.pbs.org/thisemotionallife/topic/anger/what-anger>
7. British association of anger management. 2011 [internet]. [updated 2013; cited 2013-10-18]. Available from: <http://www.angermanage.co.uk/data.html>
8. Mostofsky E1, Penner EA, Mittleman MA. Outbursts of anger as a trigger of acute cardiovascular events: a systematic review and meta-analysis. *European Heart Journal* 2014 Mar 3[cited 2014 may]; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24591550>
9. Puff R, Seghe J. The Everything Guide to Anger Management: Proven Techniques to Understand anger. Adams Media, 18-Mar-2014.
10. Janga JM, Parka JI, Ohb KY, Leeb KH, Kimc MS, Yoond MS, Koe SH, Chof HC, Chung YC. Predictors of suicidal ideation in a community sample: Roles of anger, self-esteem, and depression. *Psychiatry Research*. 2014 April 30 [cited 2014 May 15]; 216(1): 74–81 Available from: <http://www.sciencedirect.com/science/article/pii/S0165178114000092>
11. Hawkins KA1, Cogle JR. A test of the unique and interactive roles of anger experience and expression in suicidality: findings from a population-based study. *The journal of nervous and mental disease*;2013 Nov[cited 2014 May 25];201(11):959-63. doi: 10.1097/NMD.0000000000000041. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24177483>
12. Engin E, Keskin G, Dulgerler S, Bilge A. Anger and alexithymic characteristics of the patients diagnosed with insomnia: a control group study. *Journal of Psychiatric and Mental Health Nursing*. 2010 October[cited 2014 May 15];17(8): 692–699. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21050335>
13. Barrett E L, Mills L K, Teesson M. Mental health correlates of anger in the general population: Findings from the 2007 National Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry*. 2013 February, [cited 2013 march 12]11; 47: 470-476. Available from: <http://online.sagepub.com/search?fulltext=anger+and+psychological+wellbeing & x=11 & y=5 & src=hw & andorexactfulltext=and & submit=yes>
14. Barrett E L, Mills L K, Teesson M. Mental health correlates of anger in the general population: Findings from the 2007 National Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry*.2013 February,[cited 2013 march 12]11;47:470-476. Available from: <http://online.sagepub.com/search?fulltext=anger+and+psychological+wellbeing & x=11 & y=5 & src=hw & andorexactfulltext=and & submit=yes>
15. Snell, W. E., Jr., Gum, S., Shuck, R. L., Mosley, J. A., & Hite, T. L. The Clinical Anger Scale. *Journal of Clinical Psychology*. 1995[cited 2013 November 21]; 51:215-226. Available from: <http://www4.semo.edu/snell/TESTING.HTM>
16. Painuly NP, Grover S, Gupta N, Mattoo SK. Prevalence of anger attacks in depressive and anxiety disorders: implications for their construct. *Psychiatry and clinical neurosciences*. 2011 Mar,[cited 2012 November 22];65(2):165-74 Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21232077>