IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Comparative Study On Factors Affecting Anger And Coping Strategies Adopted By Reproductive Age Group Women Of Selected Urban And Rural Community

Vavhal Prachi Chandrakant[1]*

Abstract

Anger, also known as wrath or rage, is an intense emotional state involving a strong uncomfortable, and non-cooperative response to a perceived provocation, hurt, or threat. A person experiencing anger will often experience physical effects, such as increased heart rate, elevated blood pressure, and increased levels of adrenaline and noradrenaline. Therefore, the researcher conducted a study to evaluate the degree of anger and the coping mechanisms adopted by reproductive age group women of selected urban and rural community. A descriptive cross- sectional research design was used to assess the factors affecting anger and coping strategies adopted by reproductive age group women in a selected urban and rural community. The data wascollected from 100 reproductive age group women of selected urban (50) and rural (50) community selected by non-probability purposive sample technique, by using of Likert scale. Theresults show that the mean, standard deviation, and mean percentage of factors affecting anger and coping strategies are higher in the urban community than in the rural community. It can be concluded that factors affecting anger and coping strategies are more prevalent in reproductive age group women in urban community than in rural community.

Keywords: Factors affecting anger, coping strategies, reproductive-age women.

INTRODUCTION

Holding on to anger is like grasping a hot coal with the intent of throwing it at someone else; youare the one who gets burned. Anger can have many physical and mental consequences. The external expression of anger can be found in facial expressions, body language, physiological responses, and at times public acts of aggression. Conventional therapies for anger involve restructuring thoughts and beliefs to bring about a reduction in anger. These therapies often comewithin the schools of CBT (or cognitive behavioral therapy) like modern systems such as REBT(rational emotive behavior therapy). Anger is one of our most powerful and vital emotions. It canbe a necessary tool for survival and can cause significant difficulties in remained for the long

runpersistently knocking the mind associated with thinking, feeling, behavior, and relationship. It isan emotion that involves a strong uncomfortable and awkward response to a perceived

Provocation, hurt, or threat. Managing anger effectively motivates individuals to adopt effective assertive skills and leads to an increase in life expectancy. It is important to recognize the physiological effects of anger, especially with all the damage this emotion can cause to our bodies.Knowing how to control anger can make a major impact on our relationships, employment, and especially our health.

Physiology of anger

Anger can get provoked to the highest degree to rage that be out of control meaning the leftprefrontal cortex that handles judgment instinctively regulates anger emotions in proportion, therefore, keeping anger under control means learning ways to help your prefrontal cortex get theupper hand over amygdala and hence minimizing or suppressing anger reaction so that one has control in anger feeling. There are many techniques to make the prefrontal cortex supreme amongthe many ways to make this happen one is relaxation techniques (which reduce arousal and decrease amygdala activity) and the use of a technique that controls cognition which helps to practice using judgment to override anger emotional reactions.

What causes ANGER?

Surrounding publicly polluted environments always play an important role to elicit anger along with other factors such as socio-economic situations, overwhelming nature, genetic issues, and neurotransmitter depletion such as serotonin has a pivotal role in managing anger. It is attributed to past experience low, learned behavior, genetic predispositions, and diminished decision or problem-solving ability.

Both external and internal sources play an important role in terms of anger issues recognizing andthence resolving is vital for smooth continuation, though the following factors invariably lower frustration tolerance levels.

- Stress/ anxiety
- Pain- physical and emotional
- Drugs/ alcohol
- Recent irritations- “having a bad day”.

How anger impacts the body

Many biological reactions jump up as one gets angry, the changes brought in the body is dueto the brain’s neural activating system such as the noradrenergic system release brush of catecholamine that has a systemic effect such depicted as an alteration in physiology such as acceleration of heart, rising of blood pressure, and rate of respiration as well as flushing of the facedue to increased blood flow attributed to physical activity in addition that energizes musculature to brush with energy lasting up to several minutes so-called adrenaline rush which is executed to take immediate protective action of angry desire energizing the level that one becomes ready to fight due to adrenaline rush.

OBJECTIVES OF THE STUDY

Primary Objectives:

1. To assess the factors affecting anger in reproductive age group women of selected urban and rural community.
2. To assess the coping strategies adopted by reproductive age group women of selected urban and rural community.

Other Objectives:

1. To determine association between factors affecting anger and coping strategies adopted by reproductive age group women of selected urban and rural community with selected demographic variables.
2. To find out comparison between factors affecting anger and coping strategies adopted by reproductive age group women of selected urban and rural community.

RESEARCH METHODOLOGY

Research methodology is a way to systematically solve the research problem. It is the steps, procedures, and strategies for gathering and analyzing data in the study. For every piece of researchwork, the methodology of the investigation is of vital importance.

RESEARCH SETTING

Research approach: Evaluative approach.

Research design: Descriptive cross-sectional research design.

SETTING OF THE STUDY:

The study was conducted in Urban and Rural area in the selected city.

SAMPLE SIZE:

In this study the sample size consisted of 100 reproductive age group women (n=urban 50 & rural 50).

SAMPLING TECHNIQUE:

Non-probability sampling will be used in various villages of the selected city, sample selectionwill be done by using the purposive sampling technique.

DATA COLLECTION INSTRUMENT:

Data collection tools are the procedures or instruments used by the researcher to observe or measure the key variable in the research problem. The tools used in this study for collecting data were:

Tool I: Demographic variables.

Tool II: Likert scale for assessment of factors affecting anger in reproductive age group women.

Tool III: Likert scale to assess the coping strategies in reproductive age group women.

FINDING Of THE STUDY:

Major findings of the study are discussed under the following headings:

1. Description of demographic data.
2. Assessment of factors affecting anger adopted by reproductive age group women.
3. Comparison of factors affecting anger and coping strategies adopted by reproductive age groupwomen.

Section I: Demographic variables (Urban):

- The distribution with respect to age in years of reproductive age group women (7) i.e., 14% were 18-25 years, (12) i.e., 24% were 26-30years, (19) i.e., 38% were 31-40 years, and (12) i.e., 24% were 41-45 years.
- The distribution of sample by religion (18) i.e., 36% were Hindu, (4) i.e., 8% were Muslim, (19) i.e., 38% Christian, and (9) i.e., 18% were Buddhist.
- The distribution of sample by marital status (33) i.e., 66% were married, (11) i.e., 22% were unmarried, (1) i.e., 2% divorced, and (5) i.e., 10% were widow.
- The distribution of sample by Education (0) i.e., 0% were primary, (9) i.e., 18% were secondary, (23) i.e., 46% were higher secondary, and (18) i.e., 36% were graduation and above.
- The distribution of sample by type of family (26) i.e., 52% were nuclear family, (19) i.e., 38%were joint family, (0) i.e., 0% were extended family, and (5) i.e., 10% were single parent family.
- The distribution of sample by source of income (24) i.e., 48% were private job, (6) i.e., 12% were government job, (16) i.e., 32% were housewife, and (4) i.e., 8% were student.
- The distribution of sample by Health affecting Habits (10) i.e., 20% were Tabaco chewing, (4)i.e., 8% were intake of alcohol, (2) i.e., 4% were smoking, and (34) i.e., 68% were no bad habits.
- The distribution of sample by Behavioural Habits (19) i.e., 38% were Nail biting, (17) i.e., 34% were excessive use of mobile, (7) i.e., 14% were overeating, and (7) i.e., 14% were other.
- The distribution of sample by monthly income (1) i.e., 2% were less than 10000, (31) i.e., 62%were Rs. 11000-20000, (12) i.e., 24% were Rs. 21000-30000, and (6) i.e., 12% were above Rs.31000 the highest range respective.
- The distribution of sample by residence area (0) i.e., 0% rural, (50) i.e., 100% urban.
- The distribution of sample by Daily time spent in physical activity (22) i.e., 44% were 15 minutes, (13) i.e., 26% were 15-30 minutes, (7) i.e., 14% were 30-60 minutes, and (8) i.e., 16%were more than 60 minutes.
- The distribution of sample by Gynaecological problems (8) i.e., 16% were PCOS, (2) i.e., 4%urinary tract infection, (15) i.e., 30% were Dysmenorrhea, and (25) i.e., 50% were not havingany problem.

Section I: Demographic variables (Rural):

- The distribution with respect to age in years of reproductive age group women (6) i.e., 12% were 18-25 years, (16) i.e., 32% were 26-30years, (18) i.e., 36% were 31-40 years, and (10) i.e., 20% were 41-45 years.
- The distribution of sample by religion (25) i.e., 50% were Hindu, (2) i.e., 4% were Muslim, (16) i.e., 32% Christian, and (7) i.e., 14% were Buddhist.

- The distribution of sample by marital status (43) i.e., 86% were married, (3) i.e., 6% were unmarried, (0) i.e., 0% divorced, and (4) i.e., 8% were widow.
- The distribution of sample by Education (11) i.e., 22% were primary, (12) i.e., 24% were secondary, (18) i.e., 36% were higher secondary, and (9) i.e., 18% were graduation and above.
- The distribution of sample by type of family (8) i.e., 16% were nuclear family, (31) i.e., 62% were joint family, (7) i.e., 14% were extended family, and (4) i.e., 8% were single parent family.
- The distribution of sample by source of income (27) i.e., 54% were private job, (3) i.e., 6% were government job, (14) i.e., 28% were housewife, and (6) i.e., 12% were student.
- The distribution of sample by Health affecting Habits (13) i.e., 26% were Tabaco chewing, (0)i.e., 0% were intake of alcohol, (0) i.e., 0% were smoking, and (37) i.e., 74% were no bad habits.
- The distribution of sample by Behavioral Habits (20) i.e., 40% were Nail biting, (22) i.e., 44% were excessive use of mobile, (1) i.e., 2% were overeating, and (7) i.e., 14% were other.
- The distribution of sample by monthly income (17) i.e., 34% were less than 10000, (22) i.e., 44% were Rs. 11000-20000, (7) i.e., 14% were Rs. 21000-30000, and (4) i.e., 8% were aboveRs. 31000 the highest range respective.
- The distribution of sample by residence area (50) i.e., 100% rural, (0) i.e.0% urban.
- The distribution of sample by Daily time spent in physical activity (41) i.e., 82% were 15 minutes, (5) i.e., 10% were 15-30 minutes, (4) i.e., 8% were 30-60 minutes, and (0) i.e., 0% were more than 60 minutes.
- The distribution of sample by Gynecological problems (5) i.e., 10% were PCOS, (2) i.e., 4%urinary tract infection, (9) i.e., 18% were Dysmenorrhea, and (34) i.e., 68% were not having any problem.

Section II: Assessment of factors affecting anger and coping strategies (urban & rural):The present study reveals that-

Assessment of factors affecting anger (Urban):

The mean percentage of factors affecting anger of reproductive age group women was 83.68% with a mean ±SD 41.84 ± 3.85 respectively. Anger in the reproductive age group of womenwas at a medium level 12%, while the average level 88% was found in an assessment of factors affecting anger in the urban community.

Assessment of coping strategies (Urban):

The mean percentage of coping strategies of reproductive age group women was 90.37% with a mean ±SD 43.38 ± 3.12 respectively. The assessment of coping strategies in the urban community reveals that coping in reproductive age group women was good 8%, while excellent 92% respectively.

Assessment of factors affecting anger (Rural):

The mean percentage of factors affecting anger of reproductive age group women was 86.04% with a mean ±SD 36.14 ± 2.91 respectively. Anger in the reproductive age group of womenwas at a medium level 44%,

while the average level 56% was found in an assessment of factors affecting anger in the rural community.

Assessment of coping strategies (Rural):

The mean percentage of coping strategies of reproductive age group women was 86.34% with a mean ±SD 39.72 ± 2.16 respectively. The assessment of coping strategies in the rural community reveals that coping in reproductive age group women was good 8%, while excellent 92% respectively.

Section III: Association of factors affecting anger and coping strategies of selected urban and rural community with their selected demographic variables.

The present study findings reveals that:

Factors affecting anger (Urban) - Chi-squares is calculated to find out association of factors affecting anger adopted by reproductive age group women with selected demographic variables. The study findings reveals that there was significant association of factors affecting anger with demographic variable like monthly income (X^2-3.9420) which is significant. As a result, the researcher rejected the null hypothesis and accepted the research hypothesis.

Coping strategies (Urban) - Chi-squares is calculated to find out association of coping strategiesadopted by reproductive age group women with selected demographic variables. The study findings reveals that there was significant association of coping strategies with demographic variable like source of income (X^2-3.8985) and behavioral habits (4.7640) which is significant. As a result, the researcher rejected the null hypothesis and accepted the research hypothesis (Table1).

Table 1. Association between the level of anger and coping strategies among reproductiveage group women of selected urban area.

SR. NO.	VARIABLES	X^2 (URBAN)	LEVEL OF SIGNIFICANCE	X^2 (RURAL)	LEVEL OF SIGNIFICANCE
1.	Age in years	0.6339	Not significant	2.5263	Not significant
2.	Religion	**3.9660**	**Significant***	1.6957	Not significant
3.	Marital status	0.3148	Not significant	0.5928	Not significant
4.	Education	0.0008	Not significant	0.9544	Not significant
5.	Type of family	0.0360	Not significant	0.4830	Not significant
6.	Source of income	0.2164	Not significant	**3.8985**	**Significant***
7.	Health affecting habits	0.5417	Not significant	0.0194	Not significant
8.	Behavioral habits	0.2840	Not significant	**4.7640**	**Significant***

9.	Monthly income	**3.9420**	**Significant***	0.3698	Not significant
10.	Residence	0	Not significant	0	Not significant
11.	Daily time spent in physical activity	0.1391	Not significant	0.0517	Not significant
12.	Gynecological problem	0.1826	Not significant	0.0679	Not significant

(DF=1, table value=3.84, p >0.05)(DF=1, table value=3.84, p <0.05)

Factors affecting anger (Rural) - Chi-squares is calculated to find out association of factors affecting anger adopted by reproductive age group women with selected demographic variables. The study findings reveals that there was significant association of factors affecting anger with demographic variable like religion (X^2-3.9596) monthly income (X^2-4.6749) which is significant.As a result, the researcher rejected the null hypothesis and accepted the research hypothesis.

Coping strategies (Rural) - Chi-squares is calculated to find out the association of coping strategies adopted by reproductive age group women with selected demographic variables. The study findings reveal that there was a significant association of coping strategies with a demographic variable like a source of income (X^2-3.9515) which is significant. As a result, theresearcher rejected the null hypothesis and accepted the research hypothesis (Table 2).

Table 2. Association between the level of anger and coping strategies among reproductiveage group women of selected rural area.

SR. NO.	VARIABLES	X 2 (URBAN)	LEVEL OF SIGNIFICANCE	X 2 (RURAL)	LEVEL OF SIGNIFICANCE
1.	Age in years	0.2981	Not significant	0.0337	Not significant
2.	Religion	**3.9596**	**Significant***	0.2530	Not significant
3.	Marital status	0.3698	Not significant	0.6369	Not significant
4.	Education	1.8166	Not significant	1.1549	Not significant
5.	Type of family	2.1057	Not significant	1.6014	Not significant
6.	Source of income	0.5303	Not significant	**3.9515**	**Significant***
7.	Health affecting habits	0.7861	Not significant	0.6912	Not significant
8.	Behavioral habits	0.5001	Not significant	0.1633	Not significant
9.	Monthly income	**4.6749**	**Significant***	1.6014	Not significant

10.	Residence	0	Not significant	0	Not significant
11.	Daily time spent in physical activity	2.8702	Not significant	0.6369	Not significant
12.	Gynecological problem	1.5792	Not significant	1.2764	Not significant

(DF=1, table value=3.84, p >0.05)(DF=1, table value=3.84, p <0.05)

Section IV: Comparison of factors affecting anger and coping strategies adopted by reproductive age group women of selected urban and rural community

Comparison of factors affecting anger adopted by reproductive age group of selected urbanand rural community:

The Mean factors affecting anger urban score was (41.84±3.85), which is 83.68% and the Mean factors affecting anger rural score was (36.14±2.91), which is 86.04%. The mean factors affecting anger score is higher than the rural factors affecting anger, indicating that factors affecting anger are more prevalent in the urban community. The "t" value of factors affecting anger adopted by reproductive age group women 't' (8.3528) were found to be more than the tablevalue (2.0086) p= <0.05 with the degree of freedom 49.

As a result, the researcher rejected the null hypothesis and accepted the research hypothesis.It can be concluded that factors affecting anger in reproductive age group women are more prevalent in the urban community than in the rural community (Table 3).

Table 3: Comparison of factors affecting anger adopted by reproductive age group women of selected urban and rural community.

n= (urban 50 & rural 50)

Sr. No.	Factors Affecting Anger	Maximum Score	Urban		Rural		Level Of Significance	Unpaired 't' value
			Mean	SD	Mean	SD		
1.	Emotional factor	20	14.14	1.78	10.64	1.30	0.05%	t= 8.3528
2.	Social factor	30	11.86	1.81	11.34	1.53		
3.	Psychological factor	20	12.8	1.62	11.44	1.40		
4.	Physical factor	5	3.34	0.86	2.72	0.67		
Overall total		**75**	**42.14**	**6.07**	**36.14**	**4.9**		

$t_{(49)}$ = 2.0086 p= <0.05 ***significant**

Comparison of coping strategies adopted by reproductive age group of selected urban and rural community:

The Mean coping strategies urban score was (43.38±3.12), which is 90.37% and the Mean coping strategies rural score was (39.72±2.16), which is 86.34%. The mean coping strategy scoreis higher in the urban community than in the rural community, indicating that coping strategies are more prevalent in the urban community. The "t" value of coping strategies adopted by reproductiveage group women 't' (6.8219) were found to be more than the table value (2.0086) p= <0.05 withthe degree of freedom 49.

As a result, the researcher rejected the null hypothesis and accepted the research hypothesis.It can be concluded that coping strategies are more prevalent in reproductive age group women inthe urban community than in the rural community (Table 4).

Table 4: Comparison of coping strategies adopted by reproductive age group women of selected urban and rural community.

n= (urban 50 & rural 50)

	Comparison of coping strategies adopted by reproductive age group women of selected urban and rural community.					
	Mean	**SD**	**Mean %**	**Degree of freedom**	**Level of significance**	**Unpaired 't' value**
Coping strategies (Urban)	43.38	3.12	90.37%	49	0.05%	t= 6.8219
Coping strategies (Rural)	39.72	2.16	86.34%	49		

$t_{(49)}$ = 2.0086 p= <0.05 ***significant**

IMPLICATION OF THE STUDY:

The main of the present study was to compare the factors affecting anger and coping strategies in reproductive-age women of selected urban and rural area. The findings of the study have implications not only in the field of nursing but also in the other allied areas. The present study findings have implication for-

- Nursing education
- Nursing practice
- Nursing administration
- Nursing research

1. Nursing education:

The study's findings will assist nursing teachers in emphasizing anger and how to assess factors affecting anger and coping strategies, empowering nurses to be well prepared to assist self, clients,and the community in effectively handling and managing anger. Nursing students and teachers should learn more about the various

factors that influence anger in everyday life and how to manage it effectively in order to promote mental health.

2. Nursing practice:

The study's findings clearly point out the specific events that trigger anger and can providean idea in the field of nursing in need of preparing anger management techniques to reduce the level of anger.

3. Nursing administration:

Nurse administrators should provide opportunities for nurses to update their knowledge in the field of anger management and coping strategies in the promotion of mental health through continuing education, in-service education programs, and workshops. Administrativeassistance should be provided to carry out activities such as in-service education and workshops.

4. Nursing research:

Extensive research in the area of anger management and mental health promotion is requiredto identify several more effective methods of mental health promotion through anger management. This study also highlights the need for more research in different settings and using different methods to compare factors influencing anger and coping strategies in a stressful population. Thisstudy can serve as a foundation for future research.

LIMITATION OF THE STUDY:

- The study was limited by resource and time duration.
- The study was limited to the reproductive age group women.
- The study was limited to the selected urban and rural area of selected city.

RECOMMENDATION:

On the basis of findings of the study, it is recommended that:

- Sample size can be increased.
- The study can be dealt with detail about anger management.
- A similar study can be replicated in different setting.
- The study can be conducted by using different various variables.
- A further study with the help of random sampling can be done for generalization.

SUMMARY:

This chapter dealt with the discussion of findings in relation to the studies and insight by theinvestigator during the period of data collection.

CONCLUSION:

The study concluded that comparison of factors affecting anger and coping strategies was effectivein improving awareness in reproductive-age women.

REFERENCES:

1. https://en.wikipedia.org/wiki/Anger
2. https://www.hindawi.com/journals/edri/2016/7461570/
3. Emel Kocer and Abdulkadir Kocer (January 2009) Anger Management and Factors that Influences Anger in Physicians Medical Journal of Trakya University DOI: 10.5174/tutfd.2009.02721.4
4. Sandra P Thomas (June 2005) Women's Anger, Aggression, and Violence Health Care For Women International 26(6):504-22 DOI.10.1080/07399330590962636 source PubMed
5. Prakash Kumar Yadav, Ram Lochan Yadav, Niraj Khatri Sapkota, 23 September 2016 researchstudy on Anger; Its impact on Human Body Innovare Journal of Health Sciences
6. Ajesh Kumar TK, Soumya Chandran Application of Nursing Theories, Jaypee Publications, Page no. 108-143.
7. Gayathri S. Prabhu, Joanne Tam Min Yen, Jonas John Posko Amalaraj, Eugene Tan Yie Jone,and Naveen Kumar (2016), Anger Management among Medical Undergraduate Students and Its Impact on Their Mental Health and Curricular Activities. Department of Anatomy, MelakaManipal Medical College, Manipal University, Manipal Campus, Manipal 576104
8. Biplob Kumar Dey, Abdul Rahman, Arunavo Bairagi, Kishor Roy (February 2014), Stress andAnger of Rural and Urban Adolescents Copyright 2014 by authors and Scientific Research Publishing Inc.
9. Thomus F. Denson, Siobhan M. O'Dean, Khandis R. Blake, Joanne R. Beames (May 2018) Aggression in Women: Behaviour, Brain and Hormones School of Psychology, University ofNew South Wales, Sydney, NSW, Australia Evolution and Environmental Science
10. June Crawford, Susan Jenny Onyx, Una Gault (February 2011) Women Theorizing Their Experiences of Anger: A Study Using Memory-Work Australian Psychologist 25(3):333-350 DOI:10.1080/00050069008260028
11. Virginia Eatough, Jonathan A. Smith, Rachel Shaw (March 2008) Women, Anger, andAggression: An Interpretative Phenomenological Analysis Research Article Find In PubMed https://doi.org/10.1177/0886260508314932
12. Susan Renee Stock-Ward (1995) Women and anger: the roles of gender, sex role, and feministidentity in women's anger expression and experience lowa state university capstones Digital Repository
13. Dana Crowley Jack, EdD (2001) Understanding Women's Anger; A Description of RelationalPatterns Health Care for Women n International, 22:385–400, 2001 Copyright © 2001 Taylor& Francis 0739-9332 /01 $12.00 + .00
14. Shamala Anjanappa, Radhakrishnan Govindan, Manjula Munivenkatappa (8 August 2020) Anger Management in Adolescents: A Systematic Review Indian Journal of Psychiatric Nursing Published by Wolters kluwer- Medknow
15. May Lia Elfina, Ria Rizki Utami, Latipun (January-March, 2019) The Effect of Anger Management on

Aggression with Social Skills as a Moderating Variable The International Journal of Indian Psychology ISSN 2348-5396 (e) | ISSN: 2349-3429 (p) Volume 7, Issue 1 DIP: 18.01.013/20190701 DOI: 10.25215/0701.013

16. Alaka Mani TL, Omkar SN, Manoj K. Sharma, Astha Choukse, Nagendra HR (8 September 2021), Development and Validation of Yoga Module for Anger Management in Adolescents Complementary therapies in medicine Published by Elsevier
17. Sella Kumar (30 September 2017), Management of Anger with Anger Reversal Technique among School Going Adolescents International Journal of Psychology and Educational Studies
18. Kathryn Puskar, Lisa Marie Bernardo, Tammy Haley, and Kirsti Hetager Stark (2 November 2009), Anger Correlated with Psychosocial Variables in Rural Youth Indian Journal ofPsychiatry National Library of Medicine PubMed Central
19. Georges Steffen (1 January 2017), Anger Management-Evaluation of Cognitive Behavioral Training Program for Table Tennis Players Indian Journal of Psychiatry National Library of Medicine PubMed Central
20. Amir Mohammad Shahsavarani, Sima Noohi, Habibch Heyrati, Mostafa Mohammadi, AlirezaMohammadi, Kolsoum Sattari (11 February 2016), Anger Management and Control in Socialand Behavioral Sciences: A Systematic Review of Literature on Biopsychosocial Model International Journals of Medical Reviews
21. Dan Short (September 2016), The Evolving Science of Anger Management Journal of Psychotherapy Integration 26(4) DOI:10.1037/int0000059
22. Vaishali Vidhatri Raval, Pratksha Raval, and Stephen P. Becker (April 2012) "He Cursed andI got Angry:" Belief about Anger among Adolescent Male Offenders in India Journal of Childand Family Studies 21(2) DOI: 10.1007/s10826-011-9478-8
23. Naimech Moheb, Usha Ram (19 March 2010) Cross-cultural study of stress and anger 2010 Published by Elsevier Ltd doi:10.1016/j.sbspro.2010.07.361
24. Varchasvi Mudgal, Vijay Niranjan, Pali Rastogi, Priyash Jain (29 December 2021) Road rageand driver anger-an Indian perspective The official Journal of Yenepoya (deemed to be) University
25. Suman (September 25, 2016), Anger Expression: A Study on Gender Differences The International Journal of Indian Psychology Volume 3, Issue 4, No.65, DIP:18.01.140/20160304
26. Amy Hyoeun Lee, Raymond Di Giuseppe (2017 April 2013) Anger and Aggression treatments: a review of meta-analysis National Library of Medicine PubMedAffiliations expand PMID: 29279226 DOI: 10.1016/j.copsyc.2017.04.004
27. Mehri Lotfalizadeh, Sakineh Miri, Golnaz Foroughameri, and Jamileh Farokhzadian (2020 January 26) The effect of anger management skills training on anger status of the people withHIV National Library of Medicine PubMed DOI: 10.1111/ppc.12475
28. Sati Dogan, Olcay Cam (2020 May) The effect of adaptation theory-based therapeutic approach on

adolescents anger management National Library of Medicine PubMed PMID: 32207217 DOI: 10.1111/jcap.12268

29. Ladan Zarshenas, Mehdi Baneshi, Farkhondes Sharif, Ebrahim Moghimi Sarani (2017 November 23) Anger management in substance abuse based on cognitive behavioral therapy: an interventional study National Library of Medicine PubMed PMID: 29169338 PMCID: PMC5701421 DOI: 10.1186/s12888-017-1511-z
30. Won Hee Jun, Eun Joung Choi, Hyun-Mee Cho (2021 March 16) Effects of an ExtracurricularAnger Self-Control Program for Nursing Students National Library of Medicine PubMed PMID: 33809674 PMCID: PMC8002148 DOI: 10.3390/18063059
31. Kyoungsun Yun, Yang-Sook Yoo (2021 October 15) Effects of the Anger Management Program for the Nurses National Library of Medicine PubMed PMID: 34352415 DOI: 10.1016/j.anr.2021.07.004
32. Denis G Sukhodolsky, Stephanie D Smith, Spencer A McCauley, Karim Ibrahim, Justyna B Piasecka (2016 February 26) Behavioral Interventions for Anger, Irritability and Aggression in Children and Adolescents National Library of Medicine PubMed PMID: 26745682 PMCID: PMC4808268 DOI: 10.1089/cap.2015.0120
33. Linda L Pierce, Scott W Pierce, Cheryl E Gies (April 2013) Choices: Anger and Anger Management in Rehabilitative Care National Library of Medicine PubMed PMID: 23529946 DOI: 10.1002/rnj.71
34. Anne C. Miers, Carolien Rieffe, Mark Meerum Terwogt, Richard Cowan and Wolfgang Linden, (June 2007) cross sectional research study on The Relation Between Anger Coping Strategies, Anger Mood and Somatic Complaints in Children and Adolescents. Journal of Abnormal Child psychology volume
35. Mohsen Shokoohi-Yektaa, Bagher Ghobary-Bonaba, Samaneh Alimohammadi d (May 2015) the relationship between anger and coping strategies of mothers of children with special needs.The Authors published by Elsevier Ltd
36. Radek Trnka and Iva Stuchlíkova (2011), Anger coping strategies and anger regulation in book: Re-Constructing Emotional Spaces: From Experience to Regulation (pp. 89-103) Chapter: Anger coping strategies and anger regulation publisher: Prague College of Psychosocial Studies Press: Prague Editors: Trnka R., Balcar K., Kuska M.
37. Hummera Mughal, Tahira Mughal, Saira MUGHAL, Humaira Farah (April 2019) Impact of Aggression on Coping Strategies of Female Players during Sports Competition Department ofEnvironmental Science, LCWU, Lahore
38. Donna S. Eton (December 1996), The Emotional Responses and Coping Strategies of Male and Female Athletes with Moderate and Severe Injuries Dissertations 1689.
39. Anganabha Baruah (June 25, 2016), Emotional Intelligence, Anger and Coping Strategy among Chronic Kidney Disease Patients The International Journal of Indian Psychology DIP:18.01.046/20160303
40. Sefika Sule Ercetin, Suay Nilham Acikalin, Nihan Potas, Nilay Neyisci, Mehmet Sabir Cevik (2021)

Estimating the training effect through the levels of trait anger, anger expression, copingwith the stress of private security guards National Library of Medicine PubMed DOI: 10.3233/WOR- 213611

41. Anjali Mago, Michael I MacEntee, Mario Brondani and James Frankish (2018 February 15) Anxiety and Anger of Homeless People Coping with Dental Care National Library of Medicine PubMed DOI: 10.1111/cdoe.12363.
42. Afsoon Efekhari, Aaron P Turner and Mary E Larimer (August 2004) Anger expression, coping, and substance use in adolescents offenders published by PubMed DOI: 10.1016/j.addbeh.2004.02.050
43. Siew-Mann Diong and George D. Bishop (January 1999) Anger Expression, Coping Styles, and Well-being published by PubMed DOI: 1177/1359900400106
44. Pusahole Natso, Linu George and Jomon C U. (October 2018) Level of anger, coping and factors influences anger amongst adolescents Indian Journal of Forensic Medicine and Toxicology 12(4):65 DOI: 10.5958/0973-9130.2018.00197.4
45. Gulseren Keskin and A.B. Gumugl (September 2012) The evaluation of anxiety, anger and coping strategies in patients with chronic heart failure Yeni Symposium 50(3): 134-144
46. Marianne Amir, Lily Neumann, Orley Bor, Yoram Shir, Alan Rubinow and Dan Busklia (16 January 2010) Coping Styles, Anger, Social Support, and Suicide Risk of Women with Fibromyalgia Syndrome Journal of Musculoskeletal Pain Volume 8 2000- Issue 3
47. Ahuja R. Research Methodology. New Delhi; Rawat Publication: 2009:120-21
48. Burns N and Grove SK. Understanding nursing research: building an evidence-based practice. 4th ed. Missouri: Saunders Publishers; 2007. p. 125,365.
49. Mukhopadhyay BB. Statistics for medical students. New Delhi: Jaypee Publishers; 2007.p.98.
50. Polit DF and Hunglar BP. Nursing research. 6th ed. Ohiladelphia: Lippincott publishers;2003.p.86
51. Pareek B and Sharma. A textbook of nursing research and statistics. Jalandhar: PV publishers;2011.p.42
52. Mahajan BK. Methods in Biostatistics: for medical student and research workers. 6th edition. New Delhi: Jaypee Publishers; 1997.p.8

53. Tayebeh Mokhber et al (2016), The Effectiveness of Anger Management Training on Decreasing the Anger of Unsupervised Girl Adolescents Open Journal of Medical PsychologyDOI:10.4236/ojmp.2016.54008