

The Effect of Anger Management Educational Program on Aggression in the Individuals with the Bipolar Disorder: A Quasi-experimental Study

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Abstract

Background & Aims: In the bipolar disorder, the mood of the individual is damaged and constantly and abnormally changes from very good to very bad and depressed. Outbursts of explosive anger are one of the characteristics of patients with the bipolar disorder, which causes self-harm and harm to others. Aggression occurs in this population due to factors such as the lack of social support, frequent recurrence of the disease, and failure to use medication. The main consequence of aggression in this vulnerable population is that they are pushed toward substance abuse and alcohol consumption, which eventually disrupt their social functioning. Considering the adverse, debilitating effects of aggression on patients with the bipolar disorder, proper measures must be taken for effective management. Since patients with the bipolar disorder experience severe emotional fluctuations that could damage themselves, their families, other patients, and nurses, it is important to reduce the damages to others and replace aggressive behaviors with constructive interactions in the form of anger management programs. Anger management is a skill taught for the control of aggression in bipolar patients. In fact, anger management helps these individuals learn how to stay calm and control their negative emotions before the onset of anger. In other words, the purpose of this psychological training is to increase psychosocial abilities, effectively deal with the conflicts in life, prevent harmful behaviors to health, and promote the mental health of bipolar patients. The present study aimed to evaluate the effect of an anger management educational program on the aggression of individuals with bipolar disorders.

Materials & Methods: This single-group, quasi-experimental study was conducted at Iran Psychiatric Center in 2019 on 39 participants, who were selected via continuous sampling from the admitted patients with the bipolar disorder based on the inclusion and exclusion criteria of the study. Data were collected using a demographic questionnaire for the variables of age, gender, marital status, occupation status, education level, and history of admission due to bipolar disorders. In addition, the valid and reliable aggression scale by Buss and Perry was used for data collection, which consisted of for subscales, including physical aggression, verbal aggression, anger, and hostility. Initially, a pretest was performed on the participants. Afterwards, the anger management training program was presented to the participants. Notably, the contents of the educational program were prepared based on the available texts regarding anger management with an emphasis on the psychotherapeutic considerations regarding the aggression of patients with the bipolar disorder. The covered subjects in the program included ways to deal with anger and aggression, teaching effective anger management skills, playing a role in anger, teaching problem-solving skills, and decisiveness training for patients with the bipolar disorder. Following that, the validity of the educational contents was confirmed by psychiatric nursing professors. The training program was presented through lecture by the co-researcher with questions and answers between the researcher and the participants and expressing the experiences and roles played by the participants in the study. The program was implemented for four weeks with two 60-minute sessions each week. Due to the fact that it was not possible to gather all the

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participants in the training sessions, the sessions were held in small groups with gender segregation for 5-7 participants. The meetings were held after the hour of prayer and lunch in the visiting rooms of the inpatient wards. In addition, a 15-minute break was considered for each session. One month after the intervention, the participants were post-tested. This article was extracted from a research project approved by Iran University of Medical Sciences. During the research process, the ethical policies of the university were observed, including obtaining informed consent from the participants and their voluntary participation. Data analysis was performed in SPSS version 16 using descriptive statistics (mean and standard deviation) and inferential statistics (paired-t test).

Results: At the pretest, the mean score of aggression was 99.74 ± 14.73 , which reduced to 83.21 ± 11.68 at the posttest. At the pretest and posttest stages, the mean scores of physical aggression, verbal aggression, anger, and hostility were 32.90 ± 8.02 and 28.87 ± 6.86 ($P=0.042$), 19.41 ± 3.73 and 17.77 ± 3.55 ($P=0.814$), 22.69 ± 4.47 and 17.85 ± 3.41 ($P=0.010$), and 24.74 ± 7.55 and 18.72 ± 6.55 ($P=0.032$), respectively. In addition, the results of paired t-test indicated significant differences in the scores of aggression at the pretest and posttest in the patients with the bipolar disorder ($t=-3.061$; $P=0.003$). The anger management educational program affected all the dimensions of aggression, with the exception of verbal aggression ($P=0.814$).

Conclusion: According to the results, anger management training could reduce the aggression of the patients with the bipolar disorder in the subscales of physical aggression, anger, and hostility. Our findings could be a step toward the implementation of anger management training for this population of inpatients admitted to psychiatric centers in order to improve their aggression. Furthermore, it is recommended that nurses working in psychiatric wards become familiar with the educational contents of anger management for the subjects under study, so that they could perform the program at the bedside of these patients in appropriate situations in admission wards. In addition, the obtained results are useful for nursing managers and psychiatrists to better manage the care of individuals with the bipolar disorder. In the field of clinical education, the content of anger management could be provided to clinical nursing instructors to acquaint their students with such trainings, so that students could use the contents in their care plans for patients with the bipolar disorder.

Keywords: Education, Anger Management, Aggression, Bipolar Disorders

Conflict of Interest: No

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