



## Psychosocial predictors of anger among university students

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### ABSTRACT

Anger is regarded as one of the basic human emotions and has been linked to adverse health outcomes. The purpose of this study was to investigate mental health predictors of anger among university students in Jordan. Methods: A sample of 241 university students from private and governmental universities in Jordan answered self-report questionnaires that include state-trait anger, perceived social support, personal mastery, and life satisfaction scale. The results showed that university students have moderate level of state and trait anger, and that student's perception of life satisfaction is a strong predictor of state and trait anger ( $p < .001$ ) while social support and personal mastery were not. Number of smoked cigarette has significant correlation with trait anger ( $r = .18, p = .009$ ), and no differences were found between male and female university students in their level of anger. The study's implications for educational and counseling programs, and research interventions were discussed.

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### 1. Introduction

Over the past few decades, university students have become a target population for number of research studies. Literature showed that university students are coming to universities overwhelmed with psychosocial and economical demands, and suffer several psychosocial and mental health problems (Hamdan-Mansour, 2009; Hamdan-Mansour, Halabi, & Dawani, 2009; Hickie, 2001; Kitzrow, 2003; Marmorstein & Iacono, 2004). Changes in social, economic, family, and demographic factors have increased the challenges and stressors that university students are exposed to on daily basis (Kitzrow, 2003). This makes university students vulnerable to a number of psychosocial problems such as depression, hostility, and substance abuse (Hamdan-Mansour, 2009; Kitzrow, 2003). Among these psychosocial issues stands the anger expression and feeling, an issue that requires further investigation for its correlates. Anger is regarded as one of the basic human emotions (Plutchik, 2002) experienced by most people in the course of their everyday life. It has been reported that one in four people are concerned about the level of anger they experience, and that approximately one in ten people

have difficulty controlling their anger (Mental Health Foundation, 2008).

In addition, one in five people found to have problems in their social relationships due to their way of expressing and managing anger (Mental Health Foundation, 2008). Anger is defined as “a negative, phenomenological (or internal) feeling state associated with specific cognitive and perceptual distortions and deficiencies (e.g., misappraisals, errors, and attributions of blame, injustice, preventability, and/or intentionality), subjective labeling, physiological changes, and action tendencies to engage in socially constructed and reinforced recognized behavioral scripts” (Kassinove & Sukhodolsky, 1995, p.7). While Spielberger, Jacobs, Rusell, and Crane (1983, p. 16) defined anger as “an emotional state that consists of feelings that vary in intensity, from mild irritation or annoyance to intense fury and rage”, the current conceptions, however, tend to regard anger as a multidimensional construct that encompasses physiological, cognitive, phenomenological, and behavioral variables (Kassinove & Sukhodolsky, 1995).

Anger is viewed to have two facets: the affective one, known as state anger, is defined as a psychobiological, subjective experience that varies in intensity (Spielberger et al., 1983) and fluctuates over time (Ramirez, Fujihara, & Van Goozen, 2001). The other cognitive facet on the other hand, known as trait anger, consists of thoughts and attitudes that tend to be relatively stable overtime. It may be seen as a personality trait in terms of individual differences in the frequency that state anger was experienced overtime (Spielberger, 1999a, 1999b). Anger can vary in the degree of feeling and expression. If the magnitude, duration, and frequency of anger go beyond

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individual's ability to control and adjust, it will have a harmful destructive effect on the individual and consequently be considered pathological (Howells, 2004).

Anger is one of the major indicators of psychological distress and well-being associated with long-term negative health outcomes (Chida & Steptoe, 2009; Giegling et al., 2009). Anger was linked to aggression, and indeed, a substantial overlap has been found between anger, hostility, and aggression (Ramírez & Andreu, 2005). Moreover, the literature showed that almost 1.6 million people die in violent acts every year, and that millions of people injured by violence and/or left to suffer the long-term consequences of violent acts (World Health Organization, 2002). According to the Centers for Disease Control (2006), uncontrolled anger contributes to adolescent and youths' homicide, suicide, and injuries. In addition, anger was associated with increased mortality rate among young and adult people (Harburg, Julius, Kaciroti, Gleiberman, & Schork, 2003).

Various studies reported that anger feeling and expression is associated with reduced social support, interpersonal difficulties, coping deficits, and a variety of physical and mental health problems (Chida & Steptoe, 2009; Dahlen & Martin, 2005; Wolf & Foshee, 2003). Previous studies also showed that increasing level of social support could offset the negative effects of anger by encouraging health-promoting behaviors and positively affecting the individual's adaptation (Dahlen & Martin, 2005; Puskar, Tusaie-Mumford, Sereika, & Lamb, 1999; Spielberger, 1999a, 1999b). Interestingly, Arslan (2009) found that increasing support from families and teachers contributed to lower trait anger and anger-out behaviors, however; peer social support was not. Generally, negative emotions have been found to oppose the individual's ability to master their lives and are negatively correlated with individual's life satisfaction (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001; Suh, Diener, Oishi, & Triandis, 1998).

Although previous studies emphasized anger as contributing factor to individual's mental health, these studies were concerned about the social perspective rather than the psychological one. Studies that connected anger to factors such as personal mastery, perception of social support and life satisfaction among young people are limited in the literature, particularly; the Arabian literature. Therefore, this study came to extend our understanding for the correlates of anger among Jordanian university students. The study attempts to predict trait anger and state anger from students' perception of social support, life satisfaction and personal mastery of their life. The specific aims were:

- To examine the prediction power of personal mastery, life satisfaction, and perceived social support for trait anger and state anger among university students in Jordan.
- To examine the differences in level of anger in regard to selected demographic characteristics among university students in Jordan.

## 2. Methods

### 2.1. Design

This is a descriptive-correlational study. Data were collected using self-administered questionnaires in regard to anger, personal mastery, perceived social support, and life satisfaction from university students in Jordan.

### 2.2. Sample and setting

About 214 university students filled and returned a battery of four self-reported questionnaires. The students represented two governmental and two private universities. Universities were selected randomly among all universities in Jordan. A total of 145 students

(61%) came from the governmental universities, while 96 students (39%) came from the private universities.

### 2.3. Data collection

Prior to data collection, the primary investigator obtained the approval of the Academic Research Committee at the Faculty of Nursing and Deanship of Academic Research at the University of Jordan. Data were collected from two public and two private universities through an announcement placed at the students' advertisements board. A package of four self-reported questionnaires, in addition to the author-developed demographic profile was sent to students who expressed interest in participation. The cover page presented the purpose of the study, its significance, and informed the participants that the study is anonymous. The front page also included information about the contact person and instructions of where to return the questionnaires. Out of a total number of 400 packages sent out, 241 returned with a 60% response rate. Subject's identification number was assigned for each student at the beginning of the study and the information kept confidential by the investigators. All files were kept in locked cabinets at the Faculty of Nursing, University of Jordan. All projects' electronic versions were kept in the primary investigator's computer.

### 2.4. Measures

For the purpose of this study, instruments were translated into Arabic language except for the anger scale in which an Arabic version was used. Number of procedures was used to determine the reliability and validity of the tools. The tools were firstly translated into Arabic language by a research assistant and back translated into English language by another independent research assistant as described by Brisling (1970) and Chapman and Carter (1979). The two English forms (the original and the translated) were compared in terms of conceptual rather than literal meaning of the items. The translator and the back translator met to examine the differences in the two forms. Pilot testing was conducted using students ( $n = 10$ ) who are bilingual requesting their appraisals for the appropriateness of the translation. The scales were also checked for cultural variation. In addition, the research package included an author-developed profile that was used to obtain demographic and personal information.

Anger was measured using the revised version of the original State-Trait Anger Expression Inventory (STAXI-2; Spielberger, 1999a, 1999b) that consists of 57-items with six scales: trait anger, anger expression-out, anger expression-in, anger control-out, anger control-in, and state anger. Two of the scales were used in this study: state anger and trait anger. The State Anger scale (15 items) measures the intensity of angry feelings at the moment. There are three 5-item subscales of the State Anger scale: feeling angry, feel like expressing anger verbally, and feel like expressing anger physically. The Trait Anger scale (15 items) measures the frequency of angry feelings over time or proneness to anger. Its two subscales are angry temperament and angry reaction. The scale has good internal consistency that ranged from .88 for male college students to .89 for female college students (Spielberger, 1999a, 1999b).

Personal mastery was measured using Pearlin's mastery scale (Pearlin & Schooler, 1978). The scale is a 7-item scale that uses 4-point Likert scale. Responses range from agree to disagree. The scale is used to assess individual's control over their life that ranges from having self control to fatalistically ruled (Pearlin & Schooler, 1978). It has been widely used in health research.

Perceived social support was measured using the Perceived Social Support (PSS) Scale (Procidano & Heller, 1983). The PSS is a 40-item scale that measures the nature of the perceived social support from family and friends. The PSS consists of two subscales, perceived social support from family (PSS-Fa) and perceived social support from

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