



Health Student's Anger Management Through Ego State Counseling

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Abstract :

This study aims to assess the effectiveness of ego state counselling in reducing anger in the high category of health students at the University of 'Aisyiyah Bandung. Anger that is appropriately expressed will make a person acceptable to the environment, help solve problems and support the individual in achieving life goals. This is a single subject study with an AB design. The research sample is thirty people, with the high anger category and the dominant and instrumental reactive anger expression type. The data is processed using visual analysis. This technique looks at trends and statistical analysis using two standard deviations and Percentage overlapping Non-Data (PND) guidelines to test the effectiveness of the intervention. Based on the research data above, it can be concluded that the use of ego state counselling effectively reduces the anger of health students. The research conducted is expected to be a study in nursing psychology courses, published widely for health institutions and essential considerations for further research with anger and ego state counselling.

Keywords : *Anger Management, Students, Ego State Counseling*

INTRODUCTION

'Aisyiyah University Bandung, as one of the universities in Indonesia, is committed to consistently providing excellent service to students to improve the quality of health workforce resources. One of the efforts to improve the quality of the graduates produced by health workers is to increase the ability to control anger which can affect academic and social activities through ego state counselling.

According to Emmerson (1996), ego state counselling resolves problems faster. Ego state counselling uses unexpected symptoms so that the cause is allocated to resolve various unresolved problems. In addition, research results show that ego state counselling can effectively be used in helping emotional and behavioural problems such as post-traumatic stress disorder (PTSD), depression, addiction, anger management, trauma and anxiety (Barabaz & Watkins, 2013; Emmerson; 2014).

RESEARCH METHOD

The method used is quasi-experimental, where the determination of the research sample is adjusted to specific criteria to be studied. The research design used is a single subject. The single-subject design used is A – B which consists of two conditions. First, baseline (A) is the initial condition of the student's anger expression profile before the intervention. Measurements in the baseline condition were carried out repeatedly until stable using instrument outrage and interviews to

validate the data obtained. Second, intervention (B) is the condition of the research subject during the intervention. The intervention given was ego state counselling, and after the subject was given the intervention, it was measured again using the instrument. The population in this study were students of the University of 'Aisiyiah Bandung. The research sample is the Faculty of Health Sciences students who have an unmanaged anger tendency score. Simple random sampling was used as a sampling technique for 160 respondents in this study.

FINDINGS AND DISCUSSION

Health Student Anger Profile

Table 1. Anger Levels of Health Students PS Diploma III Nursing

| SCORE | CATEGORY | AMOUNT | PERCENTAGE (%) |
|---------------|-------------------|--------|----------------|
| $X > 78$ | High/instrumental | 9 | 17.0 |
| $70 > X < 78$ | Moderate/reactive | 39 | 73.6 |
| $X < 70$ | Low/managed | 5 | 9.4 |
| Total | | 53 | 100 |

Table 2. Anger Levels of Midwifery PS Diploma III Health Students

| SCORE | CATEGORY | AMOUNT | PERCENTAGE (%) |
|---------------|-------------------|--------|----------------|
| $X > 80$ | High/instrumental | 4 | 14.8 |
| $72 > X < 80$ | Moderate/reactive | 20 | 74.1 |
| $X < 72$ | Low/managed | 3 | 11.1 |
| Total | | 27 | 100 |

Table 3. Anger Levels of Health Students for Undergraduate Nursing

| SCORE | CATEGORY | AMOUNT | PERCENTAGE (%) |
|---------------|-------------------|--------|----------------|
| $X > 78$ | High/instrumental | 16 | 20.0 |
| $72 > X < 78$ | Moderate/reactive | 57 | 71.3 |
| $X < 72$ | Low/managed | 7 | 8.8 |
| Total | | 80 | 100 |

Based on the study results, it was found that 17.0% of health students of PS Diploma III Nursing, 14.8%, PS Diploma III Midwifery, and 20.0% PS Bachelor of Nursing had anger levels in the instrumental/high category. A total of 73.6% PS Diploma III Nursing, 74.1% PS Diploma III Midwifery, and 71.3% PS Bachelor of Nursing had a level of anger in the reactive/moderate category. This shows that the anger management ability of students above the medium category is more than those under the high category, meaning that health students in the medium category have a better level of anger management ability than those in the high category. A total of 9.4% PS Diploma III Nursing, 11.1% PS Diploma III Midwifery, and 8.8% PS Bachelor of Nursing are in the managed/low category.

Anger Expression

The description of the anger expression of health students can be described in the form of a table as follows:

Table 4. Expression of Anger of Health Student PS Diploma III Nursing

| Anger Expression | Mean (X) | Stdev (SD) | Type (%) |
|---------------------------------------|----------|------------|----------|
| Reactive (Reactive Anger) | 28.2 | 2.5 | 62.6 |
| Instrumental (Instrumental Anger) | 0.4 | 1.0 | 1.0 |
| Managed/Anger Control (Anger Control) | 16.4 | 3.0 | 36.4 |

Figure 1. Expression of Anger of Health Student PS Diploma III Nursing

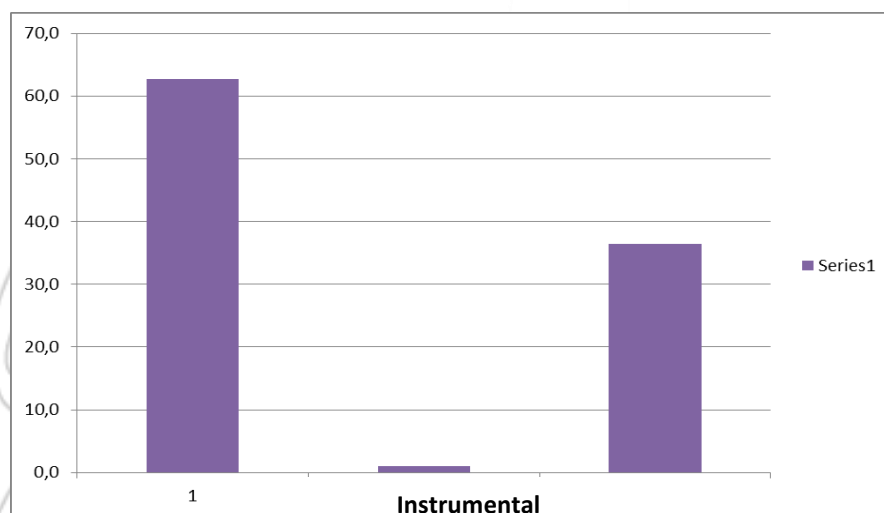


Table 5. Expression of Anger of Health Student PS Diploma III Midwifery

| Anger Expression | Mean(X) | Stdev (SD) | Type (%) |
|---------------------------------------|---------|------------|----------|
| Reactive (Reactive Anger) | 28.2 | 2.5 | 65.1 |
| Instrumental (Instrumental Anger) | 0.4 | 1.0 | 1.2 |
| Managed/Anger Control (Anger Control) | 16.4 | 3.0 | 33.7 |

Figure 2. Expression of Anger of Health Student PS Diploma III Midwifery

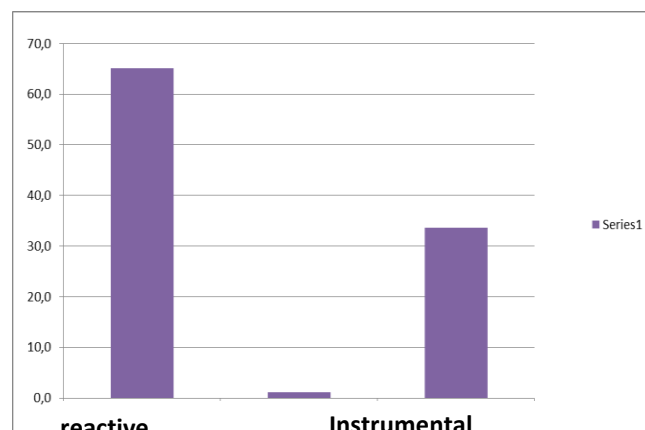
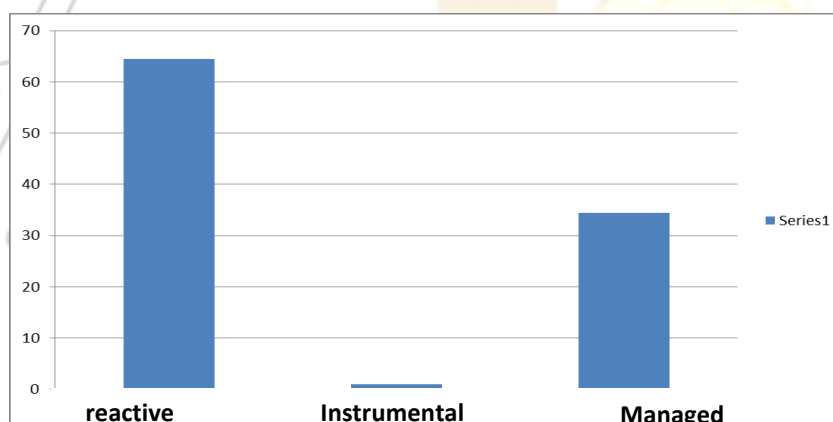


Table 6. Expression of Anger of Health Student PS Bachelor of Nursing

| Anger Expression | Mean (X) | Stdev (SD) | Type (%) |
|---------------------------------------|----------|------------|----------|
| Reactive (Reactive Anger) | 28.2 | 2.5 | 64.5 |
| Instrumental (Instrumental Anger) | 0.4 | 1.0 | 1.0 |
| Managed/Anger Control (Anger Control) | 16.4 | 3.0 | 34.5 |

Figure 3. Expression of Anger of Health Student PS Bachelor of Nursing



The table above tells the expression of anger of health students PS Diploma III Nursing has a tendency of reactive anger expression type by 65.1%, PS Diploma III Midwifery by 65.1%, and PS Sajana Nursing by 64.5%, This shows that most Health students tend towards reactive anger by reacting directly to experiences or situations that trigger anger. Then if you look at the picture above, the dominant expression of anger that stands out in students is reactive anger. *Reactive anger* is an angry response expressed directly to some event considered harmful, threatening, or afraid of being provoked. This type of angry expression tends to retaliate directly to situations or reactions that trigger anger.

Another picture of instrumental anger towards health students after the intervention experienced a significant decrease of 1.2%. *Instrumental anger* is an angry response that is not expressed or buried so that it becomes a negative emotion

that triggers or plans revenge. Instrumental anger is internally motivated by some memory of a provocation that occurred in the past. Two types of adolescents tend to have instrumental anger: adolescents with a history of delinquency and antisocial behaviour; and adolescents who have an intensive history of rejection from friends or the environment. (Burney, 2001).

Health students who have a dominant tendency to instrumental anger cannot express their anger, so they keep it inside themselves. Male health students tend to take revenge by attacking particular objects to vent their anger, while women tend to vent it through crying to relieve their anger. In particular, researchers found the phenomenon of anger in health students that occurred at the University of 'Aisyiyah Bandung due to friendship problems. In addition, when health students are not able to express it directly, they tend to express it through social media, which often results in conflict and hostility through satire or ridicule through social media seeing this phenomenon.

This study also suggests that the type of expression of anger control shows anger control in the moderate category. *Anger control* is an angry response managed as a cognitive or behavioural proactive strategy in responding to situations that provoke anger. This shows that most healthy students have good enough anger management to control themselves in situations that trigger anger.

Overview of the Effectiveness of Ego State Counseling

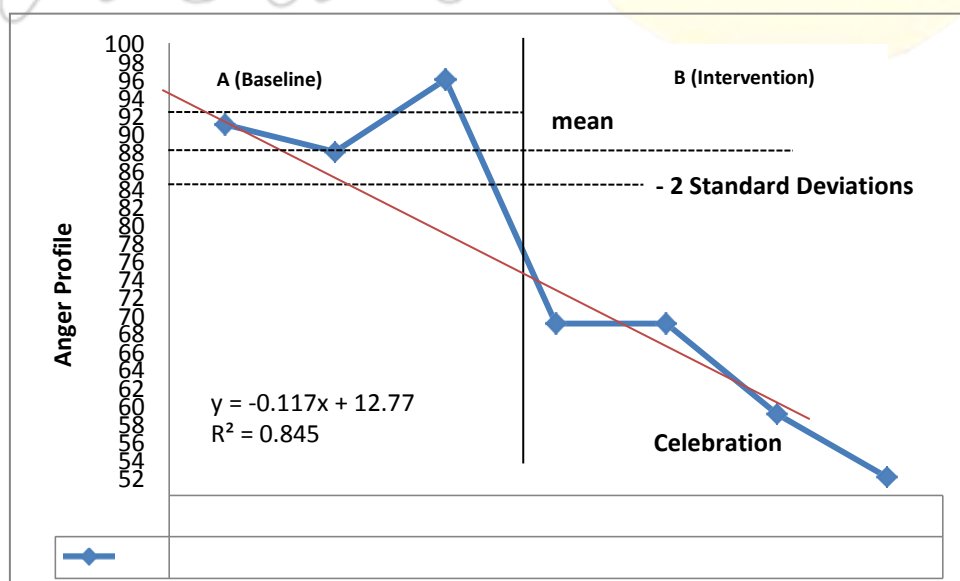
To see a description of the effectiveness of handling anger through ego state counselling, an individual profile analysis is presented, divided into two, namely an analysis of anger in general and an analysis of forms of anger expression.

a) General Anger Analysis PS Diploma III Nursing

Visual analysis showed changes in anger scores between baseline and intervention.

Graphics A

Anger Profile of PS Diploma III Nursing After Getting Intervention



The graph above shows a decrease in the level of anger after being given the intervention. Analysis of the graph shows that the point level continuously decreases after an ego state counselling intervention. The average anger score at baseline was 91.67 and decreased to 62.25 after an ego state counselling intervention. The regression coefficient value obtained from the baseline phase and the ego state counselling intervention has a highly significant relationship ($R^2 = 0.845$, $r = 0.95$). Analysis

The variability between baseline and intervention conditions showed high variability with standard deviation ($SD = 4.04$) before intervention and ($SD = 8.30$) after ego state counselling intervention. The description of the statistics and the effects of changes in the counselee is presented in table 4.8 below:

Table A.1
Table of Changes in the Anger Score of PS Diploma III
Nursing

| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|---------|
| Average | 91.67 | 62.25 | - 29.42 |
| Standard Deviation | 4.04 | 8.30 | +4.26 |

To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results show that four points in the intervention phase are below the line of two standard deviations. This shows that there is a significant change after being given ego state counselling intervention.

Finally, to test the effect of changing the intervention on the baseline, Percentage Non-overlapping Data (PND) was conducted. Because ego state counselling aims to reduce the anger of health students, the PND horizontal line is drawn from the lowest score point in the baseline phase, after that count the points in the intervention phase that are below the PND horizontal line and divide by the number of intervention phase points and multiply by 100.

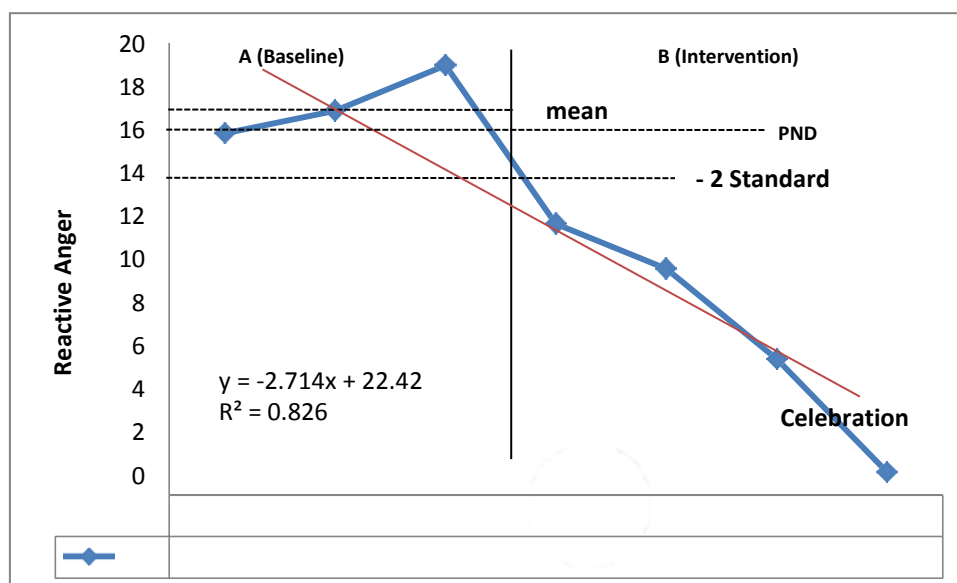
The results of the PND test show that 4 points are below the PND horizontal line from the 4 points of the intervention phase, meaning that 100% of the data from the intervention phase is below the score point of 88. This shows that ego state counselling is very effective in reducing the anger of health students. The PND score indicated that the anger score declined and never returned to the baseline level since the intervention was given through ego state counselling sessions.

In addition to a decrease in anger scores, changes were also seen from a change in the 'angry' ego state to a normal ego state after the intervention of four counselling sessions.

b) Reactive Anger Expression Type Analysis

The results of the analysis of the type of reactive anger expression after the ego state counseling intervention are shown in the data as followsL

Chart
*Profile of Reactive Anger Expression PS Diploma III
 Nursing After Getting Intervention*



The graph above shows a decrease in reactive anger levels after the intervention. At baseline, the average reactive anger score was 17.33 and decreased to 7.25 after an ego state counselling intervention. The regression coefficient value obtained from the baseline phase and the ego state counselling intervention has a highly significant relationship ($R^2 = 0.92$, $r = 0.96$). Analysis of the baseline and intervention conditions variability showed high variability with a standard deviation ($SD = 1.53$) before the intervention and ($SD = 4.86$) after the ego state counselling intervention.

Table 7. Table of Changes in Reactive Anger Score for PS Diploma III Nursing

| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|--------|
| Average | 17.33 | 7.25 | -10.08 |
| Standard Deviation | 1.53 | 4.86 | +3.33 |

To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results showed that four points in the intervention phase were below the line of two standard deviations. This shows that there is a significant change after being given ego state counselling intervention. The results of the PND test show that 4 points are below the PND horizontal line from the 4 points of the intervention phase, meaning that 100% of the data from the intervention phase is below the point score of 16.

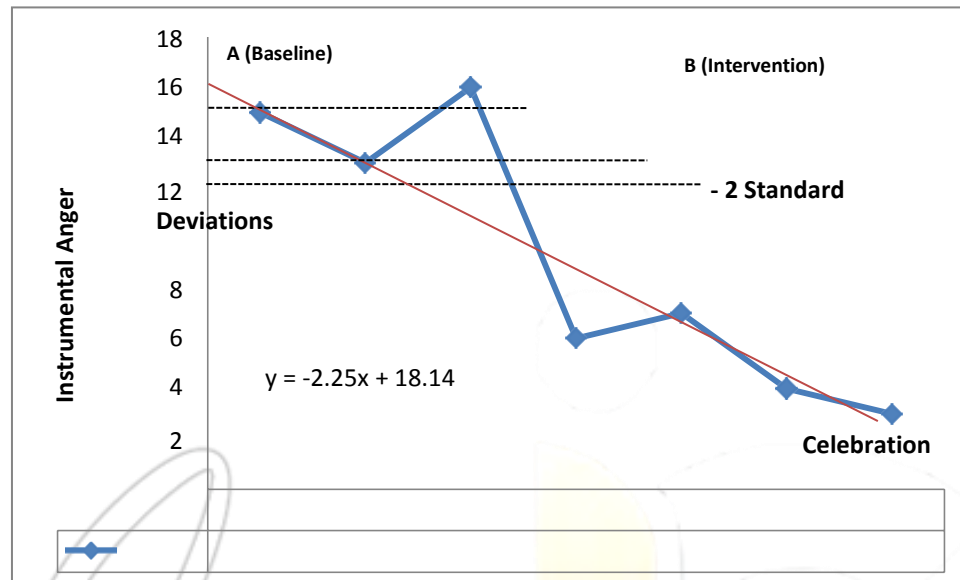
This shows that ego state counselling is very effective in reducing the reactive anger of health students.

Instrumental Anger Expression Analysis

The results of the analysis of the types of instrumental anger expression after the ego state counseling intervention are as follows:

Chart

Types of Instrumental Anger Expression PS Diploma III Nursing After Getting Intervention



The graph above shows a decrease in the level of instrumental anger after being given the intervention. The mean score of instrumental anger at baseline was 14.67. It decreased to 5.00 after being given an ego state counselling intervention. The regression coefficient value obtained from the baseline phase and the ego state counselling intervention has a highly significant relationship ($R^2 = 0.77$, $r = 0.87$). The baseline and intervention conditions variability analysis showed low variability with a standard deviation ($SD = 1.53$) before the intervention and ($SD = 1.83$) after the ego state counselling intervention.

Table

Table of Changes in Instrumental Anger Scores for PS Diploma III Nursing

| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|--------|
| Average | 14.67 | 5.00 | -9.67 |
| Standard Deviation | 1.53 | 1.83 | +0.30 |

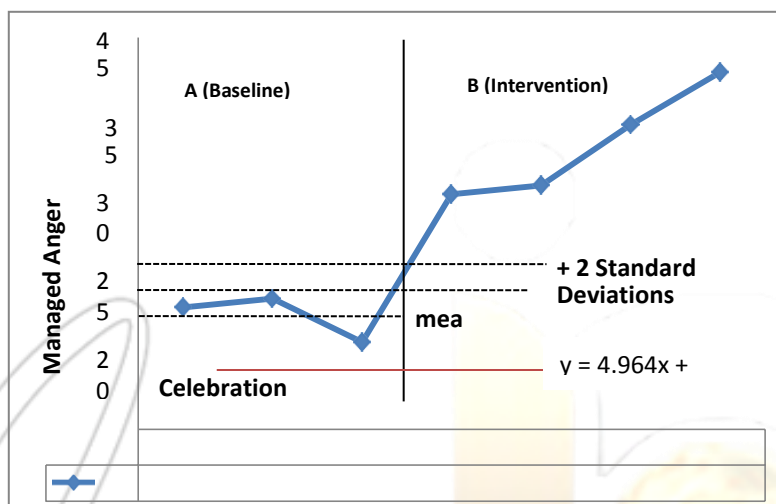
To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results showed that four points in the intervention phase were below the line of two standard deviations. This shows that there is a significant change after being given ego state counselling intervention. The results of the PND test show that 4 points are below the PND horizontal line from the 4 points of the intervention phase,

meaning that 100% of the data from the intervention phase is below the point score of 13. This shows that ego state counselling is very effective in reducing the instrumental anger of health students. The PND score indicates that since the intervention was given through ego state counselling sessions, the instrumental anger type score declined and never returned to the baseline level.

Managed Anger Expression Profile Analysis

Chart

Expression of Anger Control / Managed Anger PS Diploma III Nursing After Getting Intervention



The graph above shows an increase in anger control scores after the intervention was given. The average score of anger control at baseline 13 increased to 32.75 after being given an ego state counselling intervention. The regression coefficient value obtained from the baseline phase and the ego state counselling intervention has a highly significant relationship ($R^2 = 0.88$, $r = 0.94$). Analysis of the baseline and intervention conditions variability showed high variability with a standard deviation ($SD = 2.65$) before the intervention and ($SD = 6.55$) after the ego state counselling intervention.

Table 8.

Changes in Anger Control/Managed Anger Score PS Diploma III Nursing

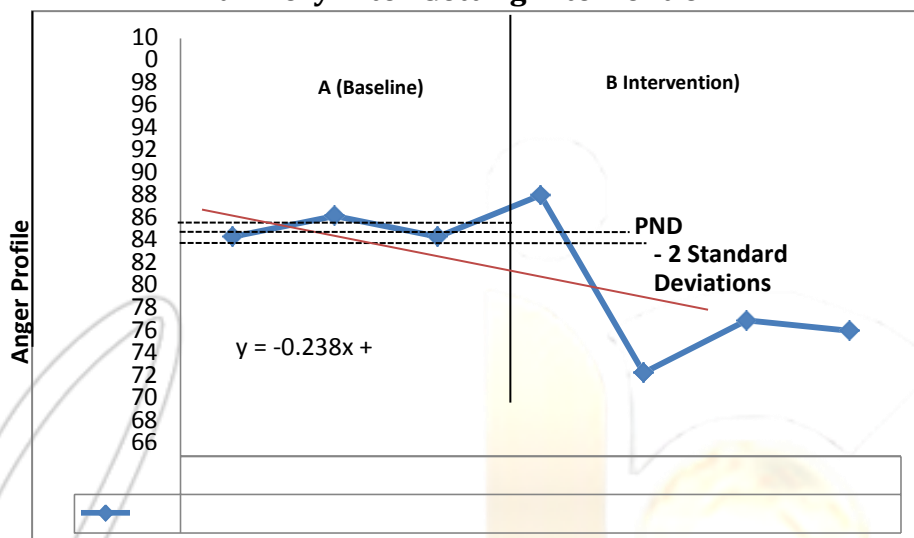
| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|--------|
| Average | 13 | 32.75 | +19.75 |
| Standard Deviation | 2.65 | 6.55 | +3.90 |

To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results show that four points in the intervention phase are above the line of two standard deviations. This shows that there is a significant change after being given ego state counselling intervention.

The results of the PND test show that 4 points are above the PND horizontal line from the 4 points of the intervention phase, meaning that 100% of the data from the intervention phase is above the point score of 15. This shows that ego state counselling is very effective in improving the anger control of health students. The PND score indicated that since the intervention was given through ego state counselling sessions, the anger control type score increased and never returned to the baseline level.

Profile Analysis of Midwifery Diploma III PS After Intervention General Anger Analysis

Graph of Anger Profile of PS Dipoma III Midwifery After Getting Intervention



The graph above shows a decrease in the level of anger after being given the intervention. Analysis of the graph shows that the point level continuously decreases after an ego state counselling intervention. The average anger score at baseline was 81.67 and decreased to 74.50 after an ego state counselling intervention. The regression coefficient value obtained from the baseline phase and the ego state counselling intervention had a moderately significant relationship ($R^2 = 0.75$, $r = 0.74$). Analysis of the baseline and intervention conditions variability showed high variability with a standard deviation ($SD = 1.15$) before the intervention and ($SD = 7.33$) after the ego state counselling intervention. The statistical descriptions and effects of changes in HF counselees are presented in table 4.8 below:

Table 9.
Table of Changes in Anger Score for Midwifery PS Diploma III

| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|--------|
| Average | 81.67 | 74.50 | -7.17 |
| Standard Deviation | 1.15 | 7.33 | + 6.18 |

To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results showed that 3 points in the intervention phase were below the line of two standard deviations. This shows that there is a significant change after being given ego state counselling intervention.

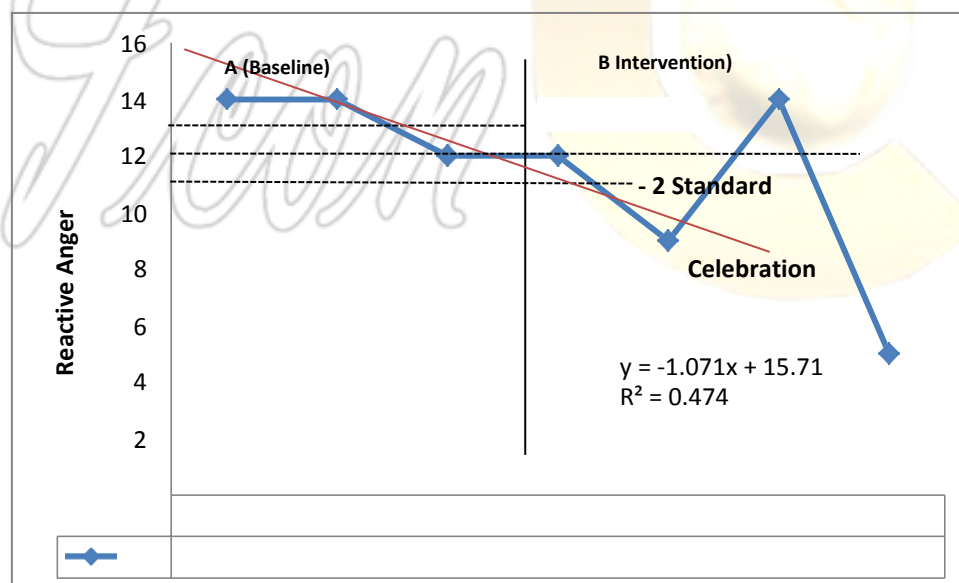
Finally, to test the effect of changing the intervention on the baseline, Percentage Non-overlapping Data (PND) was conducted. Because ego state counselling aims to reduce the anger of health students, the PND horizontal line is drawn from the lowest score point in the baseline phase, after that count the points in the intervention phase that are below the PND horizontal line and divide by the number of intervention phase points and multiply by 100. Results The PND test shows 3 points below the PND horizontal line from the 3 points of the intervention phase, meaning that 75% of the data from the intervention phase is below the score point of 81. This shows that ego state counselling is effective in reducing the anger of health students. The PND score indicates that since the intervention was given through ego state counselling sessions.

In addition to a decrease in anger scores, changes were also seen from an 'angry' ego state to a normal one after the counselee underwent four counselling sessions.

Analysis of Anger Expression Types After Intervention

1. Reactive Anger Expression Analysis

Graph of Reactive Anger Expression PS Diploma III Midwifery



The graph above shows a decrease in reactive anger levels after the intervention. At baseline, the average reactive anger score was 13.33 and decreased to 10 after an ego state counselling intervention. The regression coefficient value obtained from the baseline phase and the ego state counselling intervention had a highly significant relationship ($R^2 = 0.474$, $r = 0.65$). Analysis of the baseline and intervention conditions variability showed

high variability with a standard deviation (SD = 1.15) before the intervention and (SD = 3.92) after the ego state counselling intervention.

Table 10. Table of Changes in Reactive Anger Scores for Health Students PS Diploma III Midwifery

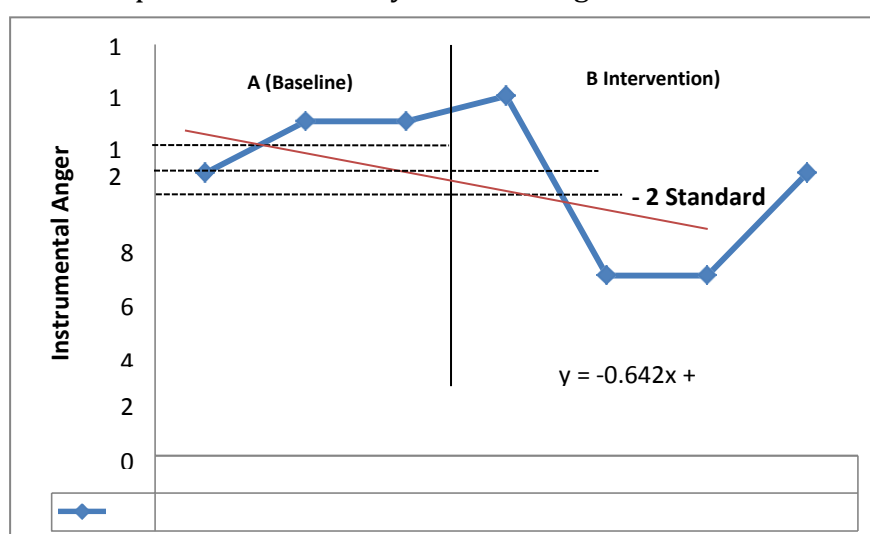
| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|--------|
| Average | 13.33 | 10 | -3.33 |
| Standard Deviation | 1.15 | 3.92 | +2.77 |

To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results show that 2 points in the intervention phase are below the two standard deviation line because they meet the requirements for changes from the two standard deviation method. This shows that there is a significant change after being given ego state counselling intervention. The results of the PND test show that 2 points are below the PND horizontal line from the 4 points of the intervention phase, meaning that 50% of the data from the intervention phase is below the point score of 12. This shows that the effectiveness of ego state counselling in reducing the reactive anger of health students is still questionable.

2. Instrumental Anger Expression Analysis

After the ego state counselling intervention, the analysis of the type of anger expression showed a decrease in instrumental anger. The mean instrumental anger at baseline was 12.33 and decreased to 9.75 after the intervention. Meanwhile, the regression coefficient value obtained from the baseline phase and ego state counselling intervention has a highly significant relationship ($R^2 = 0.236$, $r = 0.49$). Analysis of the baseline and intervention conditions variability showed high variability with standard deviation (SD = 1.15) before the intervention and (SD = 3.40) after the ego state counselling intervention.

Health Student Instrumental Anger Expression Type Profile Graph
PS Diploma III Midwifery After Getting Intervention



With a description of the statistics and effects of changes presented in the table below

Table 11. Table of Changes in Instrumental Anger Score

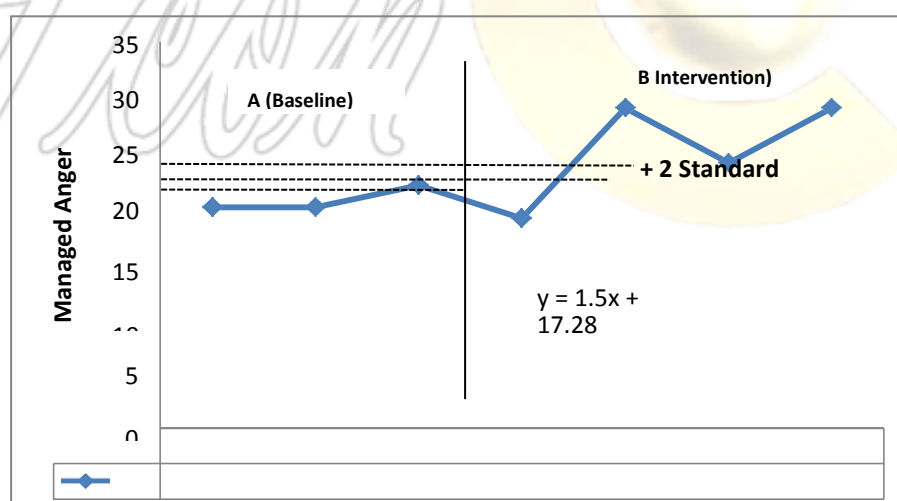
| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|--------|
| Average | 12.33 | 9.75 | -2.58 |
| Standard Deviation | 1.15 | 3.40 | +2.25 |

To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results show that 2 points in the intervention phase are below the two standard deviation line because they meet the requirements for changes from the two standard deviation method. This shows that there is a significant change after being given ego state counselling intervention. The results of the PND test show that 2 points are below the PND horizontal line from the 4 points of the intervention phase, meaning that 50% of the data from the intervention phase is below the point score of 11. This shows that the effectiveness of ego state counselling in reducing the reactive anger of health students is still questionable.

3. Anger Control Expression Analysis / Managed Anger

The results of the analysis of the type of anger control expression after the ego state counselling intervention are shown in the data as follows

Graph of Anger Control Expression of Health Student Diploma III Midwifery After Getting Intervention



The graph above shows an increase in anger control scores after the intervention was given. The average score of anger control at baseline was 20.67, increasing to 25.25 after being given an ego state counselling intervention. The regression coefficient value obtained from the baseline phase and the ego state counselling intervention has a moderately significant relationship ($R^2 = 0.59$, $r = 0.77$). Analysis of the baseline and intervention conditions variability showed

high variability with a standard deviation (SD = 1.15) before the intervention and (SD = 4.79) after the ego state counselling intervention.

Table 12. Table of Changes in Anger Control Score / Managed Anger

| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|--------|
| Average | 20.67 | 25.25 | +4.58 |
| Standard Deviation | 1.15 | 4.79 | +3.64 |

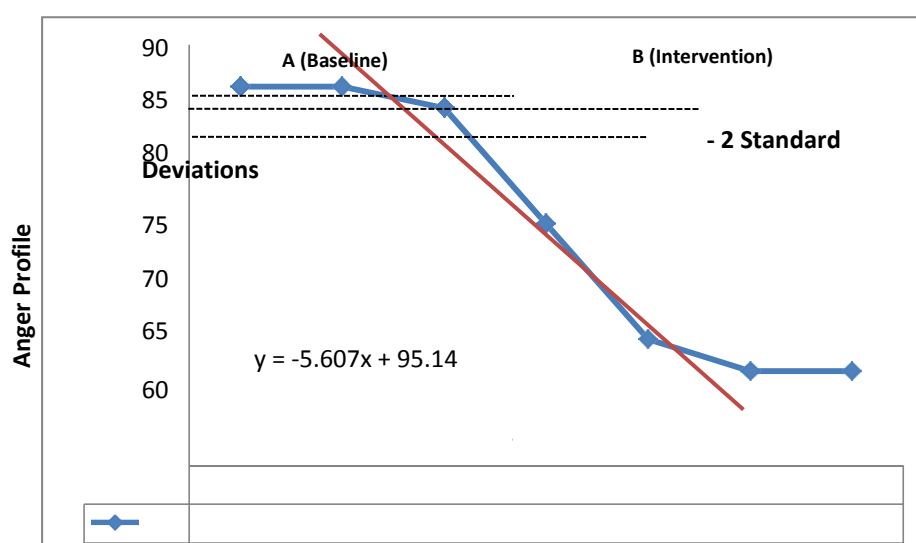
To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results show that 2 points in the intervention phase are above the line of two standard deviations. This shows that there is a significant change after being given ego state counselling intervention. The results of the PND test show that 3 points are above the PND horizontal line from the 4 points of the intervention phase, meaning that 75% of the data from the intervention phase are above the point score of 22. This is showed that ego state counselling was effective in improving anger control in health students. The PND score indicated that since the intervention was given through ego state counselling sessions, the anger control type score increased and never returned to the baseline level.

1. Profile of Health Student Undergraduate Nursing PS After Intervention

a) General Anger Analysis

The graph shows a visual analysis of the change in anger scores between baseline and intervention for PS Bachelor of Nursing. The average anger score at baseline was 85.33, which decreased to 63.25 after the intervention. The regression coefficient value obtained from the baseline phase and the ego state counselling intervention has a highly significant relationship ($R^2 = 0.91$, $r = 0.95$). Analysis of the baseline and intervention conditions variability showed high variability with a standard deviation (SD = 1.15) before the intervention and (SD = 6.65) after the ego state counselling intervention.

Graph of Anger Profile of Health Student PS Undergraduate Nursing After Getting Intervention



The statistical descriptions and effects of changes in the health of PS Bachelor of Nursing students are presented in the table below:

Table 13. Table of Changes in the Anger Score of YH . Counselees

| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|--------|
| Average | 85.33 | 63.25 | -22.08 |
| Standard Deviation | 1.15 | 6.65 | +5.5 |

To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results show that four points in the intervention phase are below the line of two standard deviations. This shows that there is a significant change after being given ego state counselling intervention.

Finally, to test the effect of changing the intervention on the baseline, Percentage Non-overlapping Data (PND) was conducted. Because ego state counselling aims to reduce the anger of health students, the PND horizontal line is drawn from the lowest score point in the baseline phase, after that count the points in the intervention phase that are below the PND horizontal line and divide by the number of intervention phase points and multiply by 100. Results the PND test shows 4 points below the PND horizontal line from the 4 points of the intervention phase, meaning that 100% of the data from the intervention phase is below the score point of 84. This shows that ego state counselling is very effective in reducing the anger of health students. The PND score indicates that since the intervention was given through ego state counselling sessions,

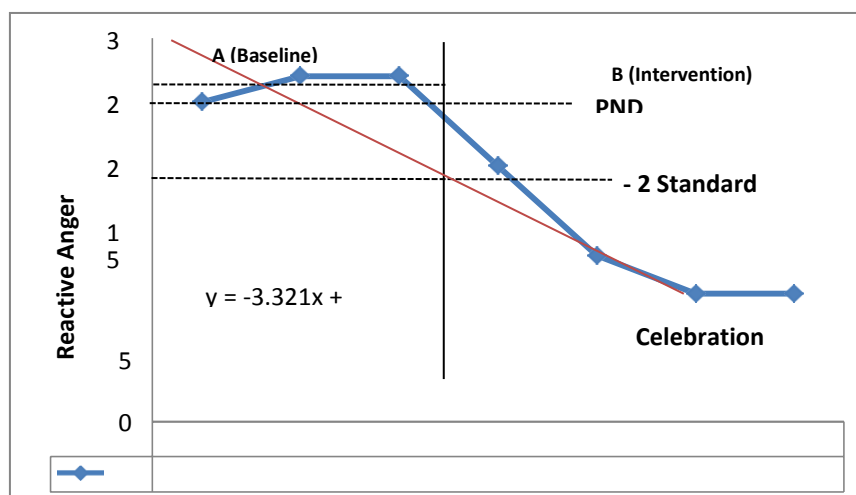
In addition to a decrease in anger scores, changes from an 'angry' ego state to a normal one after the counselee underwent four counselling sessions.

b) Analysis of the Client's Anger Expression Types After Intervention

To see the extent of the effect of changes after the intervention, a separate analysis was carried out on the type of counselee's anger expression.

1. Analysis of the Client's Reactive Anger Expression Profile

Profile Graph of Client's Reactive Anger Expression Type After Getting Intervention



The graph above shows a decrease in reactive anger levels after the intervention. The average reactive anger score at baseline was 26.33 and decreased to 13.25 after an ego state counselling intervention. The regression coefficient value obtained from the baseline phase and the ego state counselling intervention has a highly significant relationship ($R^2 = 0.85$, $r = 0.92$). Analysis of the baseline and intervention conditions variability showed a small variability with a standard deviation ($SD = 3.30$) before the intervention and ($SD = 4.72$) after the ego state counselling intervention. The statistical descriptions and effects of changes in the counselee YH are presented in table 4.20 below.

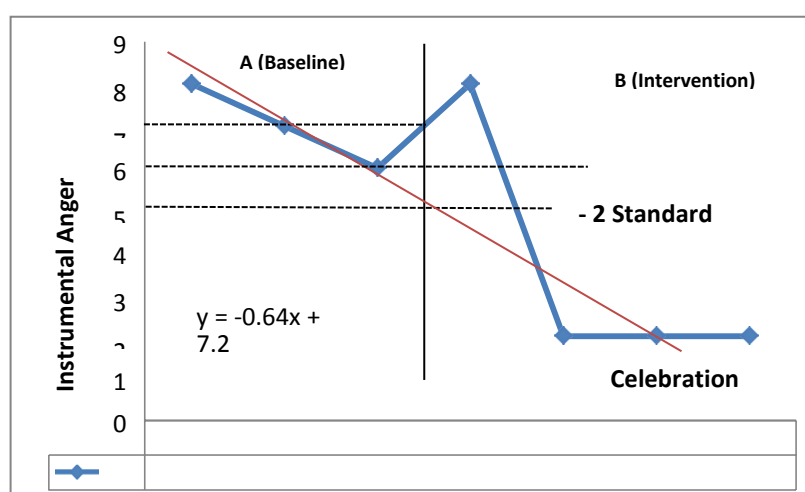
Table 14. Table of Changes in the Client's Reactive Anger Score

| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|--------|
| Average | 26.33 | 13.25 | -13.08 |
| Standard Deviation | 3.30 | 4.72 | +1.42 |

To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results show that 3 points in the intervention phase are below the two standard deviation line because they meet the requirements for changes from the two standard deviation method. This shows that there is a significant change after being given ego state counselling intervention. The results of the PND test show that 4 points are below the PND horizontal line from the 4 points of the intervention phase, meaning that 100% of the data from the intervention phase is below the score point of 25. This shows that ego state counselling is very effective in reducing the anger of health students. The PND score indicated that since the intervention was given through ego state counselling sessions, the anger score declined and did not return to the baseline level.

2. Instrumental Anger Expression Analysis

Instrumental Anger Expression Type Profile Graph After Getting Intervention



The graph above shows a decrease in reactive anger levels after the intervention. The average reactive anger score at baseline 7 decreased to 3.5 after an ego state counselling intervention. The regression coefficient value obtained from the baseline phase and the ego state counselling intervention has a highly significant relationship ($R^2 = 0.73$, $r = 0.86$). Analysis of the baseline and intervention conditions variability showed high variability with a standard deviation ($SD = 1.00$) before the intervention and ($SD = 3.00$) after the ego state counselling intervention.

Table 15. Changes in Instrumental Anger Score

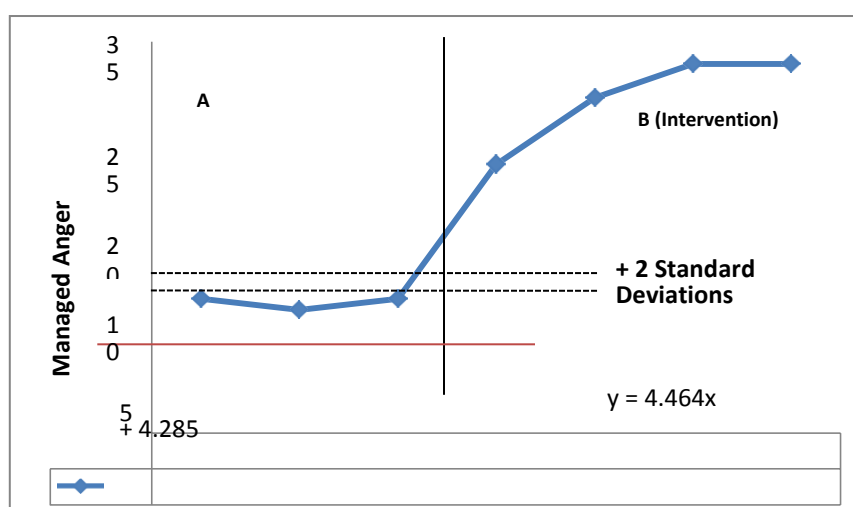
| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|--------|
| Average | 7.00 | 3.50 | -3.50 |
| Standard Deviation | 1.00 | 3.00 | +2.00 |

To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results show that 3 points in the intervention phase are below the two standard deviation line because they meet the requirements for changes from the two standard deviation method. This shows happened significant changes after being given ego state counselling intervention. The results of the PND test show that 3 points are below the PND horizontal line from the 4 points of the intervention phase, meaning that 75% of the data from the intervention phase is below the point score of 6. This shows that ego state counselling is effective in reducing the anger of health students. The PND score indicated that since the intervention was given through ego state counselling sessions, the anger score decreased and did not return to the baseline level.

3. Anger Control Expression Profile Analysis / Managed Anger

The results of the analysis of the type of anger control expression after the ego state counseling intervention are shown in the data as follows

Profile Graph of Anger Control Expression Types of Nursing Undergraduate Health Students After Getting Intervention



The graph above shows an increase in anger control scores after the intervention was given. The average score of anger control at baseline was 11.67, increasing to 30.00 after being given an ego state counselling intervention. The regression coefficient value obtained from the baseline phase and the ego state counselling intervention has a highly significant relationship ($R^2 = 0.88$, $r = 0.94$). Analysis of the baseline and intervention conditions variability showed high variability with a standard deviation ($SD = 0.58$) before the intervention and ($SD = 4.24$) after the ego state counselling intervention.

Table 16. Changes in Anger Control Scores for Health Students in Nursing Study Program

| Descriptor | Baseline | Counseling Intervention | Change |
|--------------------|----------|-------------------------|--------|
| Average | 11.67 | 30.00 | +18.33 |
| Standard Deviation | 0.58 | 4.24 | +3.66 |

To strengthen the data above, a change significance test was conducted using two standard deviations. The significance test results show that 4 points in the intervention phase are above the line of two standard deviations. This shows that there is a significant change after being given ego state counselling intervention.

The results of the PND test show that 4 points are above the PND horizontal line from the 4 points of the intervention phase, meaning that 100% of the data from the intervention phase is above the point score of 12. This shows that ego state counselling is very effective in improving the anger control of health students. The PND score indicated that since the intervention was given through ego state counselling sessions, the anger control type score increased and never returned to the baseline level.

Analysis of Research Findings Ego State Counseling in Managing Anger

The results of the effectiveness research found that ego state counselling can effectively manage anger in health students. From the three study programs that became the object of research, it was found that after being given ego state counselling intervention, the anger scores of health students decreased significantly. In general, the effectiveness of ego state counselling in reducing anger scores is described as follows:

Table 17.
Differences in Average Anger Score and Standard Deviation Between
Baselines (A) and Intervention (B)

| Respondent | Average Baseline | Baseline Standard Deviation | Intervention Average | Intervention Standard Deviation | Difference |
|--------------------------|-------------------------|------------------------------------|-----------------------------|--|-------------------|
| PS Diploma III Nursing | 91.67 | 4.04 | 62.25 | 8.30 | 29.42 |
| PS Diploma III Midwifery | 81.67 | 1.15 | 74.50 | 7.33 | 7.17 |
| PS Bachelor Nursing | 85.33 | 1.15 | 63.25 | 6.65 | 22.08 |

CONCLUSION

Based on the research data above, it can be concluded that the use of ego state counseling is effective in reducing the anger of health students.

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