**International Journal of Environmental Sciences**
ISSN: 2229-7359
Vol. 11 No. 22s, 2025
https://theaspd.com/index.php/ijes/index

# A Study to Assess The Effectiveness Of Motivational Therapy OnAgression Management Combating Road Rage Among The Students Of Selected School Of Sharda University Greater Noida, UP.

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## Abstract

**Introduction:** Aggression, especially in adolescents, can escalate into dangerous road rage due to impulsivity, stress, and poor emotional regulation. Road rage, ranging from verbal abuse to violent acts, is a major cause of traffic accidents, injuries, and deaths worldwide. WHO identifies road accidents as a leading cause of death among young people, largely due to human error like speeding and aggression. Effective anger management strategies, such as motivational therapy and CBT, are essential to reduce road rage and promote safer driving.

**Objective:** To find out the effectiveness of motivational therapy on aggression management combating road rage among the students of selected school of sharda university greater Noida, U.Pâ Materials and Methods: The research design used for this study is pre-experimental one group pre-test and post-test. study was conducted in sharda school of education in greater Noida U.P. the duration of the data collection was 4 weeks. Study population were the 60 students in Sharda School of education, Sampling technique used was Convience sampling technique. Consent, ethical clearance was obtained before proceeding for the study.

Results: A comparative evaluation of the mean scores from the pre-test and post-test on the Deffenbacher Driving Anger Scale demonstrated a substantial difference of 12.79 units. This notable change, along with a t-value of 10.769, clearly indicates a statistically significant variation in driving anger levels before and after the implementation of motivational therapy. Conclusion: This study stresses the need for effective anger reduction strategies to manage road rage. Many participants lacked supportive frameworks to address underlying issues despite wanting change. Motivational therapy, through structured and consistent efforts, offers a safe and effective approach to reducing aggressive driving behavior.

**Keywords**: Motivational Therapy, Aggression Management, Road Rage, Anger Management, Psychological Intervention, Mental Health, Youth Aggression, Behavioural Therapy & Emotional Regulation

## INTRODUCTION

Aggression is a complex emotional and behavioral response that can manifest in many different forms, from mild irritation to severe acts of violence. It often stems from feelings of frustration, anger, or hostility. According to the Oxford Dictionary, aggression is a state of mind that leads to actions aimed at harming or intimidating others.1 Psychologists have debated the origins of aggression for decades. While some early theories, like those proposed by Sigmund Freud, suggested that aggression is an innate drive, others, like Konrad Lorenz, argued that it is a product of evolutionary survival instincts. However, modern views recognize that while aggression may have biological roots, it is often influenced by environmental factors and learned behaviour.2 From a developmental perspective, aggression is commonly observed in young children. It is often seen as a natural part of their growth, particularly as they navigate their emotions without the verbal tools to express themselves. Children, especially toddlers, may exhibit physical aggression such as biting, kicking, or throwing objects as a way to deal with frustration. Temper tantrums, one of the most well-known expressions of childhood anger, peak during the early years and generally decrease as the child matures and learns more effective communication strategies.3

As children grow and develop, their aggression often shifts from physical expressions to more socially directed behaviour. For instance, during the school years, aggressive actions might include teasing, bullying, or verbal attacks, often directed at peers. These behaviour reflect the increasing complexity of social interactions as children begin to understand power dynamics, peer relationships, and societal rules.

Adolescence, a transitional phase marked by significant physical, emotional, and cognitive changes, often brings new challenges in managing aggression. Hormonal fluctuations, social

pressures, and the development of a more independent identity can contribute to heightened emotional responses.4 During this period, aggression may take on more serious forms, such as gang involvement, violent behaviour, or destructive activities like vandalism or setting fires. The fight-or-flight response, governed by the autonomic nervous system, is more easily triggered during adolescence, leading to impulsive reactions in high-stress situations.5 one particularly concerning form of adolescent aggression is road rage, a type of aggressive driving behaviour. As young people gain access to driving, they may bring their emotional volatility onto the roads. Aggressive driving, which includes behaviour like speeding, tailgating, or reckless lane changes, is often a response to impatience, frustration, or a perceived threat. When these feelings

escalate, they can lead to road rage—a dangerous phenomenon that involves deliberate actions intended to harm or intimidate other road users.6

The term "road rage" first emerged in the 1980s, when media reports highlighted the increasing number of violent confrontations on the road. Since then, road rage has become a recognized public safety issue.7 It encompasses a range of behaviour, from verbal abuse and angry gestures to physical confrontations and deliberate collisions. While road rage can occur at any age, adolescents and young adults are particularly susceptible due to their tendency toward risk- taking, impulsivity, and emotional reactivity**.** Aggressive driving behaviours, often driven by impatience or a desire to save time, not only endanger the drivers themselves but also other motorists, passengers, and pedestrians. The consequences of road rage can be severe, leading to accidents, injuries, and even fatalities. Studies have shown that many traffic accidents are linked to driver aggression, intoxication, or fatigue, with road rage playing a significant role in these incidents.

The connection between anger, aggression, and driving behaviour is well-documented in

psychological research. Britt and Garrity (2003) explored how mild or severe forms of driving

The adolescent period, which the World Health Organization (WHO) defines as the years between 10 and 19, is a critical time for emotional and social development. During these years, individuals undergo significant changes in their physical bodies, emotional experiences, and cognitive abilities. This stage of life is often characterized by an increased vulnerability to behavioral issues, including anger management problems, substance abuse, and violent behaviour.9

Adolescents are still developing the self-regulation skills needed to manage intense emotions, and in many cases, they lack the coping mechanisms required to deal with stressors in healthy ways.

As a result, adolescents may be more prone to road rage, especially as they navigate the newfound independence and responsibility that come with driving. Road rage incidents among young drivers are a growing concern, particularly in the context of rising traffic accidents and fatalities. Anger, a normal human emotion, can become destructive when left unchecked, and road rage is a prime example of how uncontrolled anger can lead to dangerous outcomes.10

To address the issue of road rage and aggressive behaviour, anger management strategies are crucial. One effective method is motivational therapy; a form of psychoeducational intervention that helps individuals develop the skills needed to control their anger. This approach focuses on identifying the triggers of aggression, teaching coping strategies, and encouraging positive behavioral changes.11 motivational therapy can significantly reduce incidents of road rage and improve overall emotional regulation.In addition to motivational therapy, other behavioral modification techniques, such as cognitive-behavioral therapy (CBT), have been shown to help individuals control their anger and aggression. These therapies work by addressing the underlying thoughts and beliefs that contribute to aggressive behaviour, helping individuals develop healthier ways of responding to frustration and anger**.12**

Road rage is a serious and widespread problem, particularly among adolescents who are still learning to manage their emotions. By implementing effective aggression management strategies, such as motivational therapy, we can help reduce the occurrence of road rage and promote safer driving behaviour among young people. Addressing the root causes of aggression and providing the necessary tools for emotional regulation is essential in fostering a safer, more responsible driving culture.13

## BACKGROUND FOR THE STUDY:

According to the World Health Organization (WHO), road traffic accidents are responsible for more deaths worldwide than many other diseases. They are a leading cause of death for children and young adults aged 5 to 29 years (WHO, 2018).14 Every year, more than 1.2 million people die as a result of road accidents, and an additional 20 million people suffer permanent disabilities. The vast majority of these accidents—over 90 percent—are caused by human error, including speeding, careless driving, driving under the influence, and road rage

Road accidents are also linked to significant psychological consequences. Research by Craig et al. (2016)15 found that survivors of traffic accidents often experience elevated levels of psychological distress. A recent meta-analysis by Lin et al. (2018)16 concluded that more than 20 percent of road traffic accident survivors develop post-traumatic stress disorder (PTSD). In addition to the human cost, the financial burden of road accidents is substantial. In 2017. The United States alone spent over $75 billion on medical care and other expenses related to traffic crashes (Centers for Disease Control and Prevention, 2020).

Driving can be a highly stressful activity, with various situations on the road triggering anger and frustration. This anger can manifest as aggressive, violent, or hostile behaviour, commonly referred to as road rage. Road rage encompasses a wide range of aggressive driving behaviors. Some are relatively mild, such as expressing anger verbally through closed windows or using high-beam lights to show frustration. Others are more severe, involving shouting, honking excessively, making abusive gestures, or even escalating to violent actions like firing a weapon, hitting other vehicles, or chasing drivers. This behaviour can lead to criminal charges, intentional violence, and, in the worst cases, murder.

Many road traffic accidents are closely tied to intoxication, driver fatigue, and aggression. According to research by Petridou and Moustak (2000), these factors significantly increase the likelihood of road rage and traffic accidents, underscoring the importance of addressing aggressive driving behaviors to improve road safety.18

## NEED FOR THE STUDY:

Road rage and aggressive driving behavior remain major public safety issues in Uttar Pradesh, reflected in 2024 transport statistics showing **46,052 road accidents** in the state, leading to **24,118 deaths** and **34,665 injuries**. Although many accidents are attributed to over speeding, dangerous driving, and road infrastructure, a substantial proportion of risk arises from drivers' emotional responses, impulsivity, and aggression-under pressure. Adolescents and young drivers (including school students) are particularly vulnerable, both as potential agents of risky driving and as individuals affected by road safety in their communities. Yet, current data and interventions in U.P. and nearby regions largely focus on enforcement,

engineering, and awareness—not on psychological / behavioral strategies. Motivational therapy (or motivational enhancement) has had demonstrated effectiveness in mental health and behavior change settings elsewhere, but there is limited research on its application to aggression management and driving anger in Indian school or college contexts. Considering the high number of road fatalities and injuries, the rising incidence of accidents in 2024, and the gap in psychological interventions among youth, this study is needed to assess whether motivational therapy can reduce aggression, improve emotional regulation, and thereby contribute to lowering incidents of road rage among students at Sharda University.

## STATEMENT OF THE PROBLEM:

"A study to assess the effectiveness of motivational therapy on aggression management combating road rage among the students of selected school of sharda university greater Noida, U.P".

## OBJECTIVES:

To assess the level of aggression management combating road rage among the students of selected school of sharda university greater Noida, U.P.

To evaluate the effectiveness of motivational therapy reducing aggression among the students of sharda university experiencing road rage.

To find out the association between the level of aggression combating road rag e among the students of Sharda University with their selected demographic variables.

## OPERATIONAL DEFINITION:

**Motivational therapy**: refers to give sessional therapy those can focusing on the changing aggression behaviour.

**Effectiveness**: refers to significant difference between pre-test and post-test knowledge scores on aggression management combating road rage by using a deffenbacher driving anger scale.

**Road rage:** is refers to violent and aggressive behaviour by a car driver /motorist, pedestrians who is angry with another driver because of the way they are driving.

**Aggression management**: is refers to educating the student of school of education, sharda university on the risks of aggressive driving and how to manage road rage.

## Hypotheses:

**$H_1$:** There is a significant difference in pre- test and post-test level of aggression among the students after applying motivational therapy module on aggression management combating road rage.

**$H_2$:** There is a significant association between the level of aggression combating road rage among the students with their selected demographic variable

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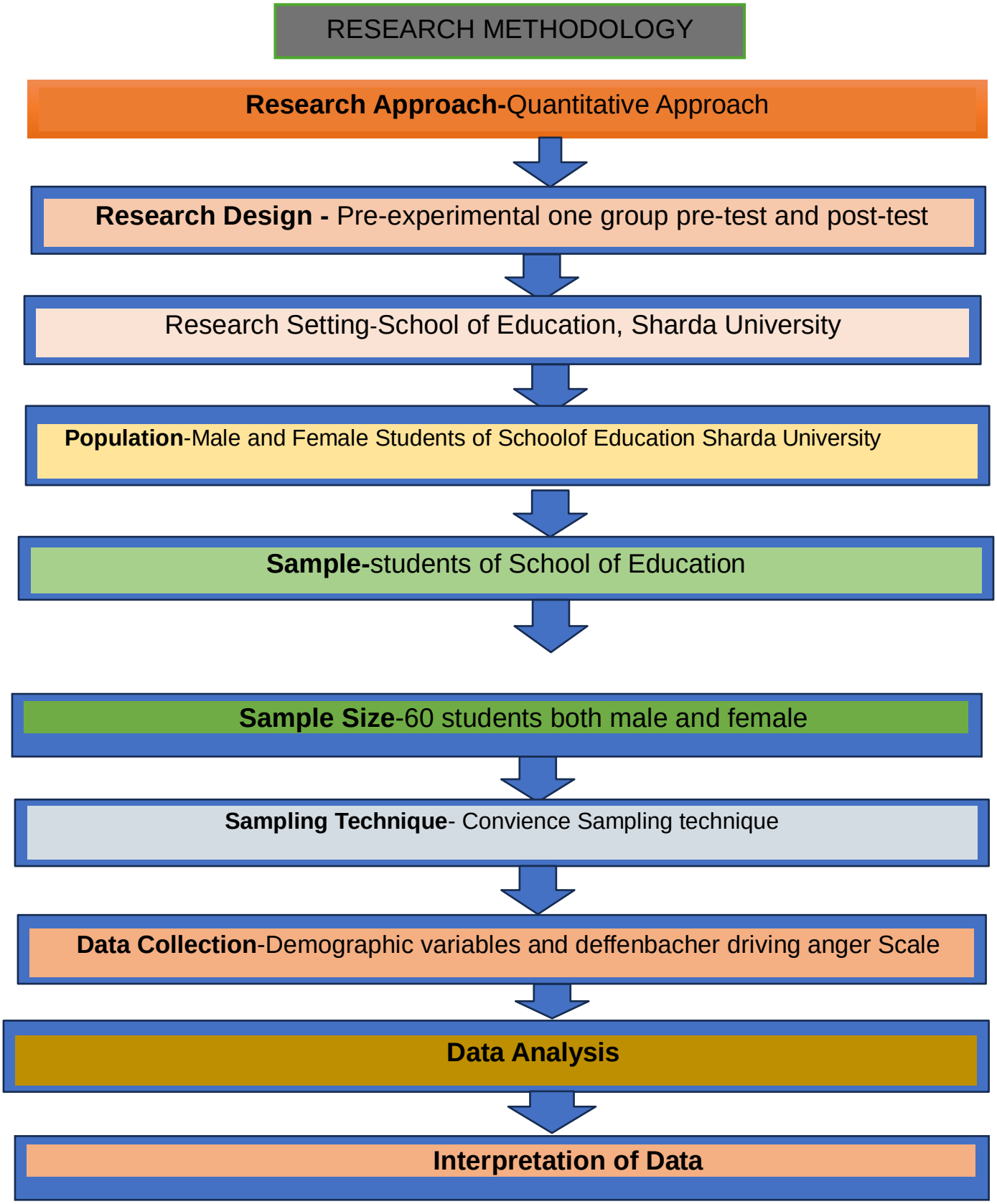


**Tool 1-Demographic Performa**

This instrument was developed by the researcher The tool was used to collect the background information of the participants. It includes age, gender, educational qualification of mother and father, driving experience, type of family, residence, source of knowledge regarding road rage

All the items were rated 100% agreement in terms of accuracy, relevance and out of 10 items 1 items had 83% agreement in terms of appropriateness. The item with less agreement was modified and corrections were made according to expert suggestions Finally; the tool consists of 10 items.

**Tool 2- Standardized deffenbacher driving anger scale**

In this study, the short version of the Deffenbacher Driving Anger Scale (DAS) is utilized. This standardized tool comprises 14 items designed to assess participants' driving behavior in response to various situations such as illegal driving, hostile gestures, police presence, traffic congestion, slow drivers, and rude behavior. For each item, participants select one response from five available options, with scores ranging from 1 to 5.

Content validity of the tool was established by giving it to five experts. The tool consisted of 14 items: 12 items had 100% agreements, where 2 items had 80% agreement. The items with less agreement were modified according to the expert suggestions. The final tool comprised of 14 items.

**Pre-testing**

**Pre-testing of the tools done on 5-5-25 among twenty students.**

Tool 1 was filled by participants. the average time taken to fill the demographic data was 5 minutes.

Tool 2 was filled by the participants through standardized deffenbacher driving anger Scale. The average time taken to fill the tool was 15 minutes.

Reliability

Reliability is the degree of consistency and accuracy with which an instrument measures the attribute for which it is designed to measure. Reliability of the tool was measured by Cronbach's Alpha test and the value was 0.079 so tool can be used for the study.

**ANALYSIS AND INTERPRETATION OF DATA**

This chapter presents the analysis and interpretation of data collected from selected areas to evaluate the A study to assess the effectiveness of motivational therapy on aggression management combating road rage among the students of selected school of sharda university greater Noida, U.P''.

Descriptive and inferential statistics were used for the analysis of data, on the basis of objective and hypothesis, using statistical packages for Social Sciences (SPSS) version 20.

**Objectives of the study.**

**The objectives of the study were:**

To assess the level of aggression management combating road rage among the students of selected school of sharda university greater Noida, U.P.

To assess the effectiveness of motivational therapy reducing aggression among the students of sharda university experiencing road rage.

To find out the association between the level of aggression combating road rage among the students of Sharda University with their selected demographic variables.

Organization of the analysis

**The analysis was organized and described under the following headings:**

**Section 1:**

**Distribution of samples according to their demographic variables.**

**Section 2:**

**Effectiveness of motivational therapy on aggression management combating road rage among the students.**

**Section 1: Description of sample based on demographic characteristics**

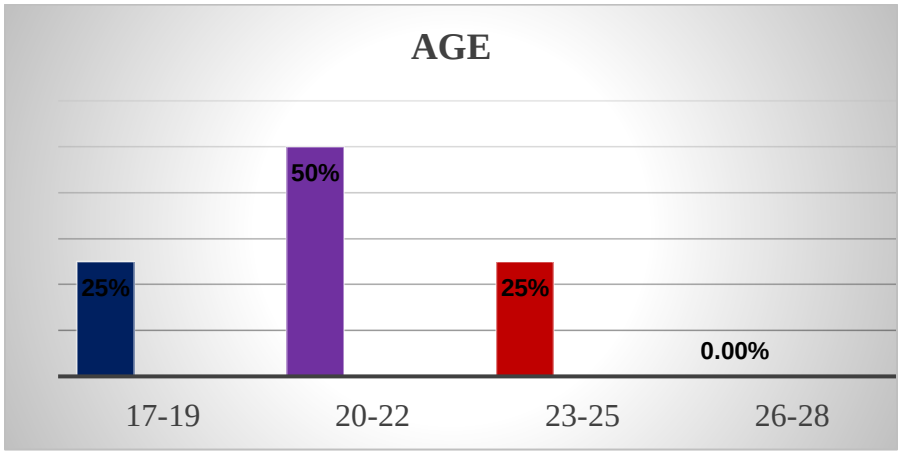
Using demographic profile, data were collected regarding age, gender, type of family, qualification of mother, qualification of father, driving experience, residence, occupation of mother, occupation of father, sources of knowledge regarding road rage.

**Table 1: Distribution of the participants according to their age**

**N =60**

***Frequency (n) and percentage (%) of the participants***

| **Background variables** | | |
|---|---|---|
| **1.Age in years** | n | % |
| 17 to 19 | 15 | 25.00% |
| 20 to 22 | 30 | 50.00% |
| 23 to 25 | 15 | 25.00% |
| 26 to 28 | 0 | 0.00% |




The data represent in table 1 reveals the distribution of participation according to their age majority of the participants (50.00%) were males and the rest (25.00%) were 17 to 19 years or 23 to 25 years. And (0.00%) were 26 to 2

**Figure 1**: graph represents the distribution of the participants according to their age.

**Table 2: distribution of the participants according to their gender**

| Gender | n | % |
|---|---|---|
| Male | 42 | 70.00% |
| Female | 18 | 30.00% |

The data represented in table 2 reveals the of subjects according to their gender majority of the participants (70.00%) were male and the rest of them (30.00%) were female.

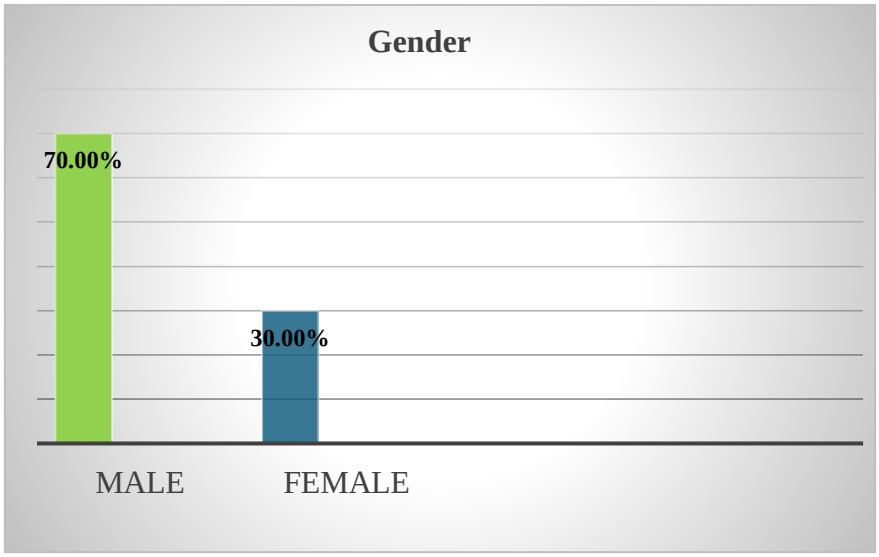



**Figure 2:** The graph represents distribution of the subject according to their gender

**Table 3: Distribution of the participants according to their type of family**

| Type of family | n | % |
|---|---|---|
| Joint family | 18 | 30.00% |
| Nuclear family | 41 | 68.30% |
| Single family | 1 | 1.70% |

The data present in table 3 reveals the distribution of participants according to their type family majority of the participants (68.30%) were belongs to the nuclear family. In addition (30.00%) were from the joint family, rest of them (1.70%) from the single family.

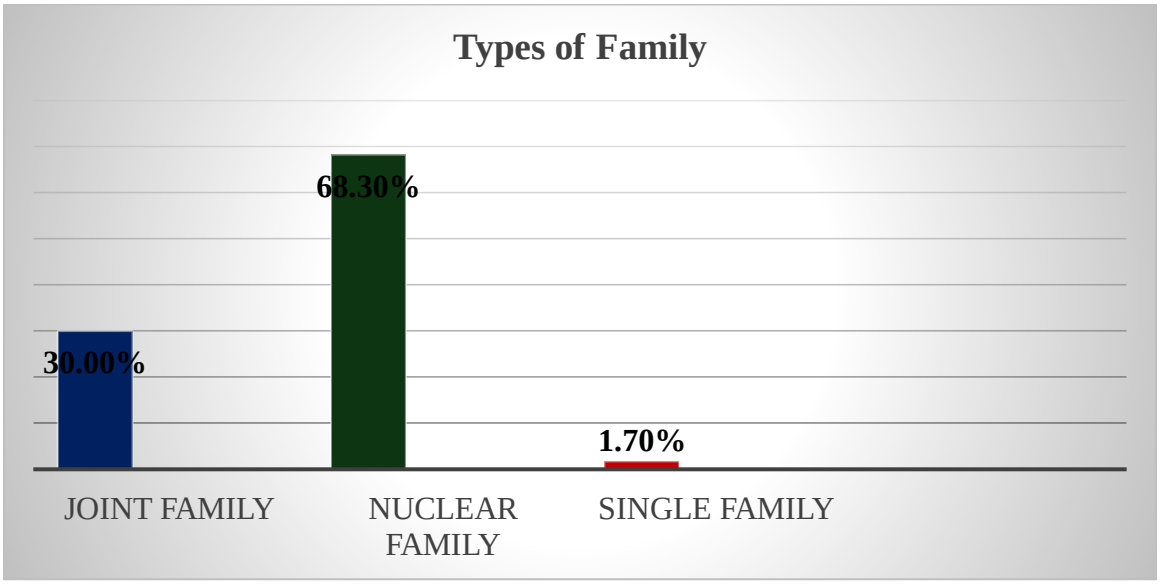



Figure 3: The graph represent the distribution of the participants according the type of family.

**Table 4: Distribution of the participants according to their qualification of mother**

| Qualification of mother | n | % |
|---|---|---|
| 10th class | 18 | 30.00% |
| 12th class | 16 | 26.70% |
| Graduation | 21 | 35.00% |
| Post graduation | 5 | 8.30% |

**Table 4** represent the distribution of participants according to their qualification of mother, majority (35.00%) are graduated mother and (30.00%) are 10th class pass out, (26.70%) were 12th class pass out mother and rest of them (8.30%) are post graduated mother.

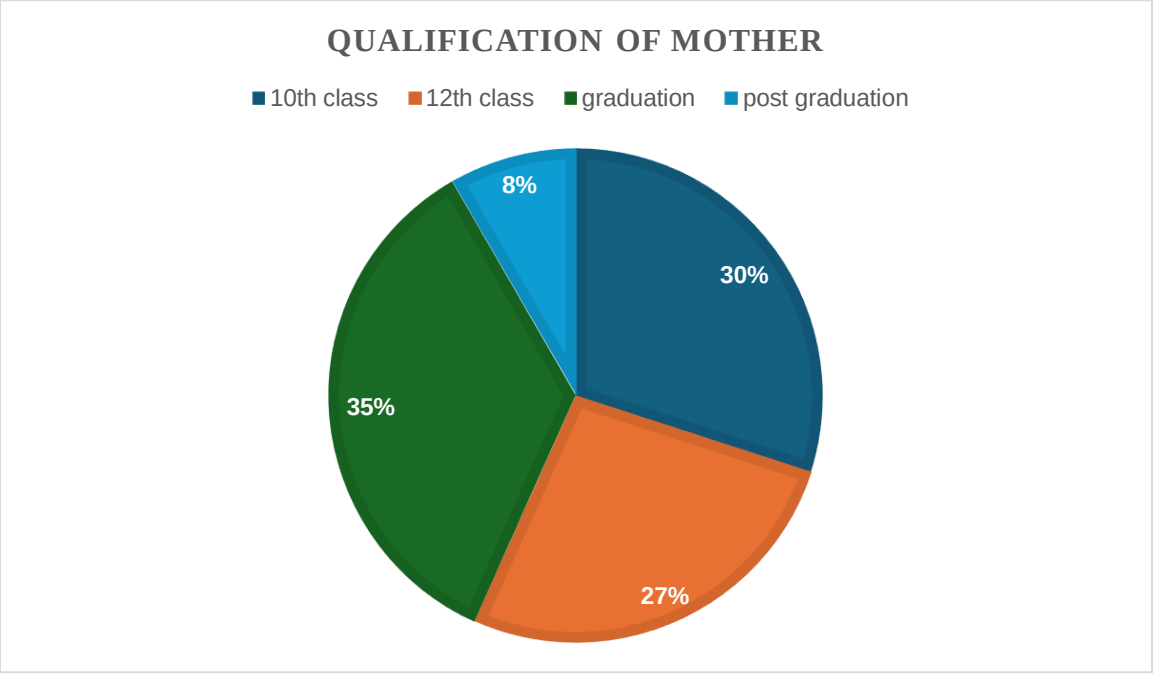



**Figure 4**: Pie chart represent the distribution of the participants according to the qualification of mo

**Table 5: Distribution of the participants according to their qualification of father**

| **Qualification of father** | n | % |
|---|---|---|
| 10th class | 19 | 31.70% |
| 12th class | 19 | 31.70% |
| Graduation | 18 | 30.00% |
| Post graduation | 4 | 6.70% |

**Table 5: represent** the majority (31.70%) fathers were pass out 10th and 12 the class and (30.00%)are graduated father and rest of them and (6.70%) were post graduated.

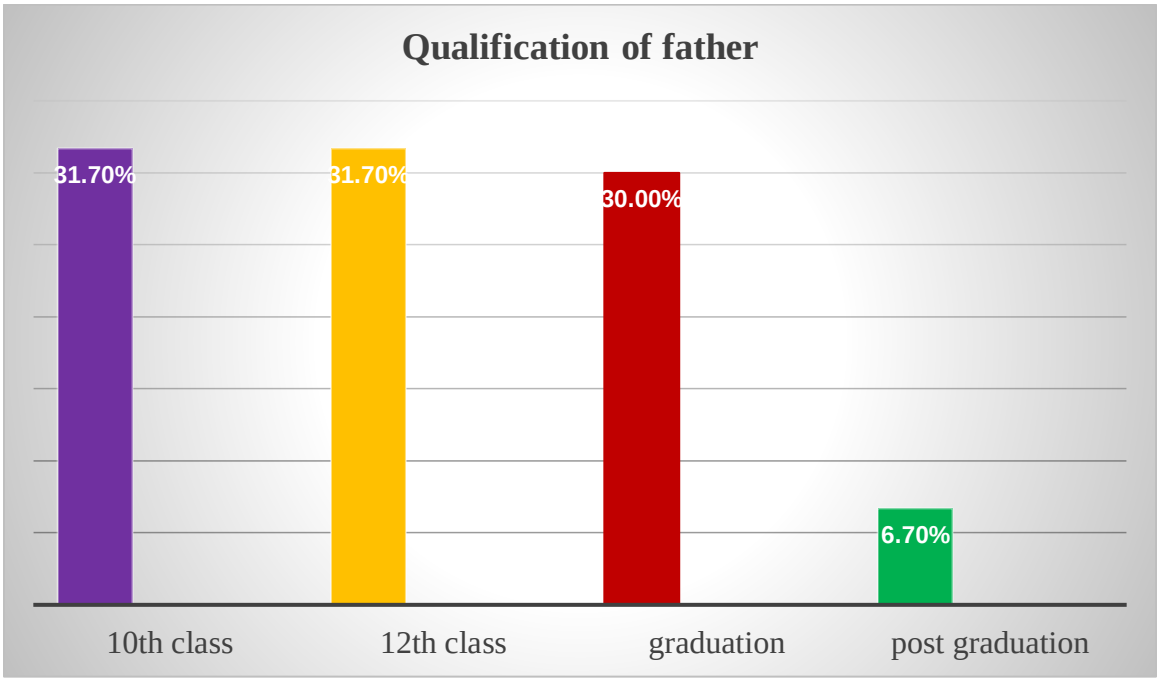



**Figure 5**: pie represents the distribution of the participants according to their qualification of father.

**Table 6: Distribution of the participants according to their driving experience**

| **Driving experience** | N | % |
|---|---|---|
| <2years | 38 | 63.30% |
| 2-4 years | 22 | 36.70% |
| 4-6 years | 0 | 0.00% |
| >6 years | 0 | 0.00% |

The data represent in table 6 reveals the distribution of the participants according to their driving experience. majority (63.30%) of the participants were having < 2years of experience, (36.70%) of the participants were having experience 2-4 years and rest of them (0.00%) of the participants were having driving experience > 6 years.

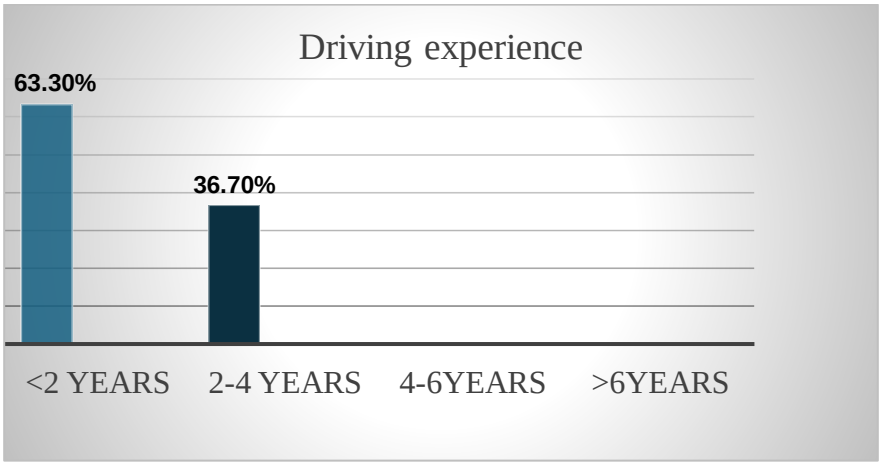



**Figure 6:** the graph represents the distribution of participation according to their driving experience.

**Table 7: distribution of the participants according to their residence.**

| Residence | n | % |
|---|---|---|
| Rural | 14 | 23.30% |
| Urban | 46 | 76.70% |

Table 7 reveals the majority (76.70%) were belongs to the urban area (8.30) were belongs to rural area

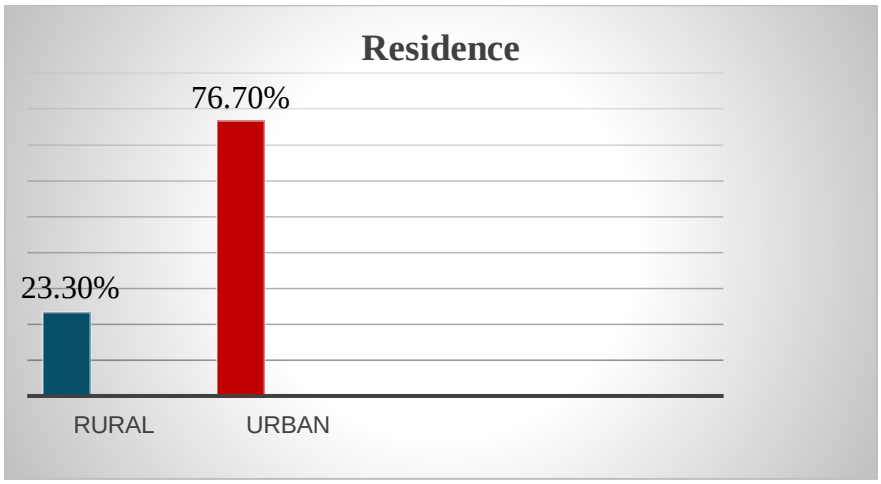



**Figure7:** The graph represents the distribution of participants according to their residence

**Table 8: distribution of the participants according to their occupation of mother**

| **Occupation of mother** | n | % |
|---|---|---|
| Housewife | 40 | 66.70% |
| Government | 5 | 8.30% |
| Private | 15 | 25.0% |

**Table 8** reveals the (66.70%) participants mothers were housewife and (8.30%) participants fathers have government job and rest of them (25.00%) were private job.

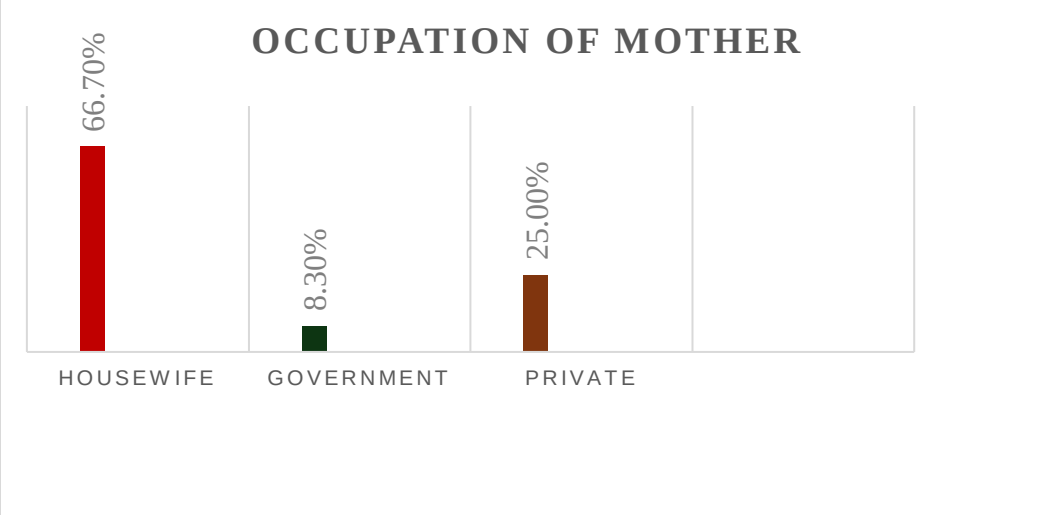



**Figure 8:** The graph represents the distribution of participants according to their occupation of moth

**Table 9: distribution of the participants according to their occupation of father**

| **Occupation of father** | n | % |
|---|---|---|
| Businessman | 30 | 50.00% |
| Government | 9 | 15.00% |
| Private | 21 | 35.00% |

Table 9 reveals the (50.00%) participants fathers were businessman and (35.00%) participants fathers have private job and rest of them (15.00%) were government job.

**International Journal of Environmental Sciences**
ISSN: 2229-7359
Vol. 11 No. 22s, 2025
https://theaspd.com/index.php/ijes/index

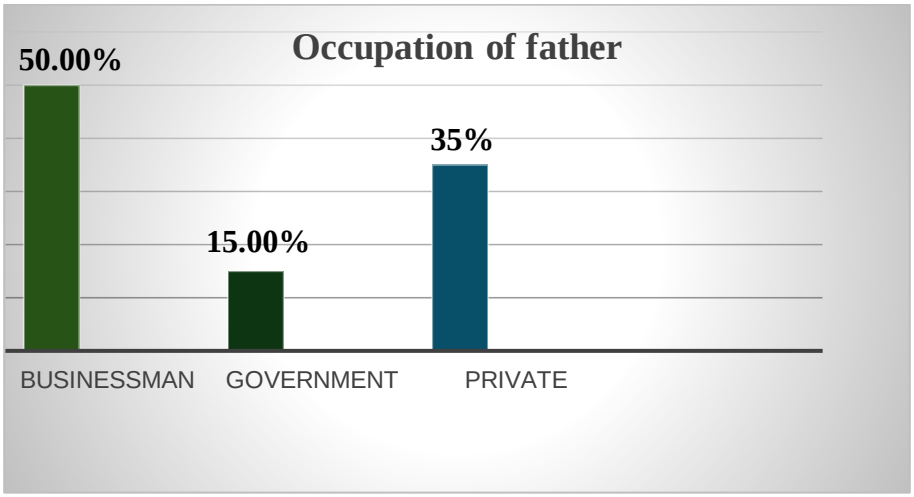



**Figure: 9** represents the distributions of participants according to their occupation of father

**Table 10: distribution of the participants according to their source of knowledge regarding road rage**

| Source of knowledge regarding road rage | n | % |
|---|---|---|
| TV | 12 | 20.00% |
| Newspaper | 11 | 18.00% |
| Social media | 25 | 41.70% |

Table 10 reveals the majority (41.00%) peoples have information from the social media and (20.00%) people have knowledge from the TV, (18.00%) have information from newspaper and rest of them people (20.00%) have knowledge from other sources.

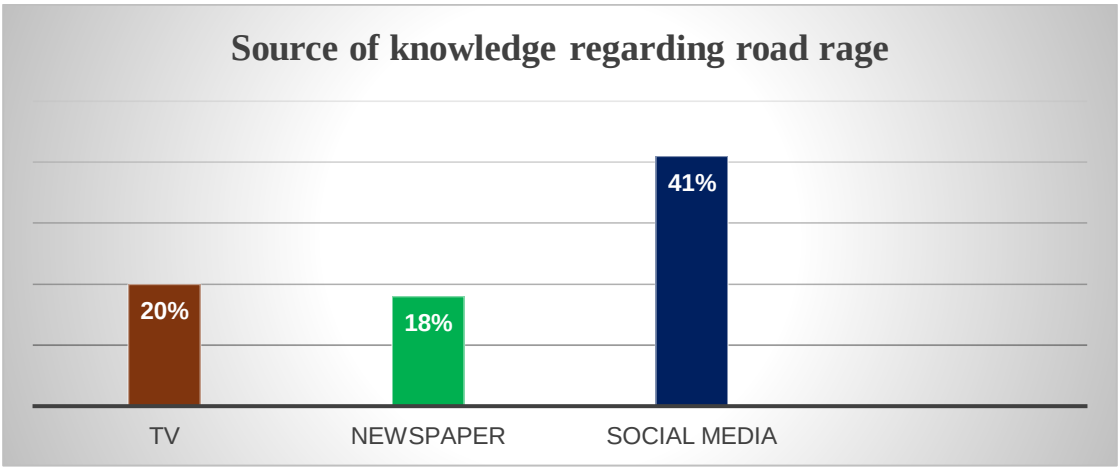


**Figure 10:** The graph represents the distribution of the participants according to the source of knowledge regarding road rage.

**Table 11: comparison of mean pre- test and posttest levels of driving anger in pre- experimental one group pre-test post-test**

| Score | N | Mean | Standard Deviation | Mean Difference | t-Value | Two Tailed (do= 59, [] =0.00 |
|---|---|---|---|---|---|---|
| | | | | | | Critical Value (CV) |
| Pre-test | 60 | 39.37 | 6.137 | 12.79 | 10.769 | 5.1 |
| Post- Test | 60 | 26.58 | 6.463 | | | |

**Table 11:** indicates the comparison of mean pre and post-test level of driving anger in the participants of pre -experimental one group pre-test post-test after the comparison of mean pre- test and post-test levels of driving anger among participants its's found that there is a mean difference of 12.79 between pre- test and post -test with t-value of 10.469 there is so much significant difference in the level of driving anger during pre-test and post-test with intervention

**Table 12: Association between effectiveness of motivational therapy with socio**

**demographic variables of the participants**

| Demographic variable | Moderate<br><br>2 | Severe<br><br>3 | total | Chi-square | df | p-value |
|---|---|---|---|---|---|---|
| Age in years | | | | | | |
| 17 to 19 | 13(86.7%) | 2(13.3%) | 15 | 2.143 | 2 | 0.343 |
| 20 to 22 | 28(93.8%) | 2(6.7%) | 30 | | 2 | 0.233 |
| 23 to 25 | 15(100.0%) | 0(0.0%) | 15 | | 1 | 0.147 |
| 26 to 28 | 56(93.3%) | 4(6.7%) | 60 | | | |
| Gender | | | | | | |
| Male | 40(95.2%) | 2(4.8%) | 42 | 0.816 | 1 | 0.366 |
| Female | 16(88.9%) | 2(11.1%) | 18 | | 1 | 0.735 |
| Type of family | | | | | | |
| Joint family | 18(100.0%) | 0 (0.0%) | 18 | 1.986 | 2 | 0.370 |
| Nuclear family | 37 (90.2%) | 4(9.8%) | 41 | | 2 | 0.204 |
| Single family | 1(100.0%) | 0(0.0%) | 1 | | 1 | 0.232 |
| Qualification of mother | | | | | | |
| 10th class | 16 (88.9%) | 2(11.1%) | 18 | 2.347 | 3 | 0.504 |
| 12th class | 16 (100.0%) | 0(0.0%) | 16 | | 3 | 0.305 |
| Graduation | 19(90.5%) | 2(9.5%) | 21 | | 1 | 0.646 |
| Post graduation | 5(100.5%) | 0(0.0%) | 5 | | | |
| Qualification of father | | | | | | |
| 10th class | 19(100.0%) | 0(0.0%) | 19 | 15.357 | 3 | 0.002 |
| 12th class | 19 (100.0%) | 0(0.0%) | 19 | | 3 | 0.010 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Graduation | 16(88.9%) | 2(11.1%) | 18 | | 1 | 0.002 |
| Post graduation | 2(50.0%) | 4(6.7%) | 4 | | | |
| Driving experience | | | | | | |
| <2 years | 35 (92.1%) | 3(7.9%) | 38 | 0.251 | 1 | 0.616 |
| 2.4 years | 21(95.5%) | 1(4.5%) | 22 | | 1 | 1.000 |
| 4-6 years | | | | | 1 | 0.607 |
| >6 years | | | | | 1 | 0.619 |
| Residence | | | | | | |
| Rural | 13(92.9%) | 1(7.1%) | 14 | 0.007 | 1 | 0.935 |
| Urban | 43(93.5%) | 3(6.5%) | 46 | | 1 | 1.000 |

| | |
|---|---|
| Occupation of mother | |
| Housewife | 36 (90.0%) |
| Government | 5 (100.0%) |
| Private | 15(100.0%) |
| Occupation of father | |
| Businessmen | 29(96.7%) |
| government | 7 (77.8%) |
| Private | 20 (95.2%) |
| Source of knowledge regarding road rage | |
| TV | 11(91.7%) |
| Newspaper | 11(100.0%) |
| Social media | 23(92.0%) |

| | |
|---|---|
| **Other sources** | **11(91.7%)** |

To find the association between effectiveness of motivational therapy with socio demographic variables of the participants., the research hypothesis was stated and tested at 0.05 level of significance. therefore, the present study revealed that, there was statistically significant association p value- 0.343 found between knowledge scores with selected demographic characteristics

## DISCUSSION, CONCLUSION, IMPLICATIONS, AND RECOMMENDATIONS

This chapter provides a concise summary of the research study, including its recommendations, conclusions, limitations, implications, and a call for additional research. Discussions and key findings are directed at the study's goals and central hypothesis. A study to assess the effectiveness of motivational therapy on aggression management combating road rage among the students of selected school of sharda university greater Noida, U.P''. is the statement of the problem.

Findings and discussion of the study

The present study findings were discussed based on the objectives of the study and statistical findings and with similar study findings.

**Description of sample characteristics**

**According to Table 1,** the majority of participants (50%) were male. Age-wise, 25% of participants fell within the 17–19 and 23–25 year age groups. No participants were reported in the 26–28 age range.

**Table 2** shows the gender distribution, where most participants (70%) were male and the remaining 30% were female.

**Table 3** highlights the type of family participants belonged to. Most of them (68.3%) came from nuclear families, 30% belonged to joint families, and only 1.7% were from single-parent families.

As seen in **Table 4**, the educational background of the mothers varied. Around 35% of the mothers were graduates, 30% had completed up to 10th grade, 26.7% had completed 12th grade, and 8.3% held postgraduate degrees.

**Table 5** focuses on the fathers' educational levels. About 31.7% of the fathers had completed 10th or 12th grade, 30% were graduates, and 6.7% held postgraduate degrees.

Driving experience of the participants is shown in **Table 6**. A majority (63.3%) had less than 2 years of experience, 36.7% had 2 to 4 years, and none had more than 6 years of driving experience.

**Table 7** shows the participants' area of residence. Most of them (76.7%) were from urban areas, while only 8.3% came from rural areas.

able 8 provides data on the mothers' occupations. It reveals that 66.7% were housewives, 25% worked in the private sector, and 8.3% were employed in government jobs.

According to Table 9, half of the participants' fathers (50%) were involved in business, 35% worked in private jobs, and 15% were in government service.

Lastly, Table 10 displays the sources from which participants received information. The majority (41%) got their information through social media, 20% through television, 18% from newspapers, and the remaining 20% from other sources. A similar study was conducted by Sharat V Kondaguli et.al (2023) An experimental study to assess the effectiveness of structured Motivational therapy on Aggression management combating road rage among the late adolescents of selected areas in Bhopal (M.P) .The findings of the study revealed that the majority of the participants were male (73.33%) were more in number which is consistent with the present study where most of the participants belonged to 70.00% were male.

**Description of comparison of mean pre- test and post-test levels of driving anger in pre-experimental one group pre-test post-test.**

this indicates the comparison of mean pre and post-test level of driving anger in the participants of pre - experimental one group pre-test post-test after the comparison of mean pre-test and post- test levels of driving anger among participants its's found that there is a mean difference of 12.79 between pre- test and post -test with t-value of 10.469 there is so much significant difference in the level of driving anger during pre-test and post-test with intervention. A similar study was conducted by Sharat Kondaguli (2023) The influence of motivational therapy in dealing with driving anger among adolescents in selected localities of Bhopal India. a quasi- experimental single group Pre-test Post-test study. the finding of the study revealed that the mean of the post test is 29.67 which is consistent with the present study where the result of the mean of the post-test is 26.58%

**Description of Association between effectiveness of motivational therapy with socio demographic variables of the participants.**

To find out the association between effectiveness of motivational therapy with socio demographic variables of the participants. , the research hypothesis was stated and tested at 0.05 level of significance. therefore, the present study revealed that, there was statistically significant association p value- 0.343 found between knowledge scores with selected demographic characteristics.

## CONCLUSION

Based on the findings of the present study the following conclusions were drawn

The data represent in table 1 reveals the distribution of participation according to their age majority of the participants (50.00%) were males The data represented in table 2 reveals the distribution of subjects according to their gender majority of the participants (70.00%) were male the data present in table 3 reveals the distribution of participants according to their type family majority of the participants (68.30%) were

belongs to the nuclear family. majority (35.00%) are graduated mother majority (35.00%) are graduated mother The data represent in table 6 reveals the distribution of the participants according to their driving experience. majority (63.30%) of the participants were having < 2years of experience Table 7 reveals the majority (76.70%) were belongs to the urban area Table 8 reveals the (66.70%) participants mothers were housewife Table 9 reveals the (50.00%) participants fathers were businessman Table 10 reveals the majority (41.00%) peoples have information from the social media. A similar study was conducted by Sharat V Kondaguli et.al (2023) An experimental study to assess the effectiveness of structured Motivational therapy on Aggression management combating road rage among the late adolescents of selected areas in Bhopal (M.P). The findings of the study revealed that the majority of the participants were male (73.33%) were more in number which is consistent with the present study where most of the participants belonged to 70.00% were male.

**Table 11:** indicates the comparison of mean pre and post-test level of driving anger in the participants of pre -experimental one group pre-test post-test after the comparison of mean pre-test and post-test levels of driving anger among participants its's found that there is a mean difference of 12.79 between pre- test and post -test with t-value of 10.469 there is so much significant difference in the level of driving anger during pre-test and post-test with intervention. To find the association between effectiveness of motivational therapy with socio demographic variables of the participants., the research hypothesis was stated and tested at 0.05 level of significance. therefore, the present study revealed that, there was statistically significant association p value- 0.343 found between knowledge scores with selected demographic characteristics.

## IMPLICATIONS

The findings of the study have implications for nursing practice, education, administration and research

### Nursing Practice.

Every area of nursing is affected by the current study. It significantly affects nursing practice. The relationship between lifestyle factors and physical, physiological, emotional, social, and personality development is examined in this study. The people are susceptible to a wide range of behavioral difficulties, such as substance abuse, alcoholism, aggression, road rage, anger management, and substance abuse. As a result, incidents of driving rage and traffic accidents are frequent. Anger is a perfectly acceptable human emotion as long as it is controlled; if it becomes unmanageable, it may be devastating to stop its negative effects. The use of aggression management techniques is crucial. Nurses can play a critical role in preventing such incidents by teaching patients how to regulate their emotional outbursts during stressful situations.

### Nursing education

Future nurses are prepared by the curriculum, which places a greater focus on health promotion and prevention strategies. The study's findings highlight the importance of concepts and correlations for understanding, and it suggests that students take proactive measures to promote health education in the community while they are studying. To address the health issues, conferences and seminars must be held as part of service education programs.

**Nursing administration**

Suggestions must come from the nurse administrator who is on the planning committee. The nurse administrator should be interested in sharing the information by using educational resources like posters, booklets, and modules that teach women about health.

**Nursing research**

The survey offers baseline information for further research projects. Research on ways to increase motivational therapy's efficacy in managing aggression and preventing road rage should be conducted. It can be necessary for the researcher to prepare in order to lessen rage when driving.

**Limitations**

- The study was time consuming.
- Lack of interest among the population to be the part of the study.
- Only educated people were included**.**

**Recommendations**

**Based on the results of the current study, the following recommendations are suggested:**

- The study may be replicated with a larger sample size to enhance the generalizability of the findings.
- A comparative study can be carried out involving different age groups to explore variations in outcomes.
- A similar investigation can be extended over a longer period, with post-tests scheduled at intervals of six months and one year to assess long-term progress.
- The same research can be conducted in various settings to examine its applicability across different environments.

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