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Nursing Care in Risk of Violent Behavior

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ABSTRACT
The aim of this research is to analyze and design nursing care for two patients, who are at risk of violent behavior. Observations, interviews, and medical record documentation studies are data collection methods. Based on the research results, it is known that both patients have a high risk of violent behavior, especially related to a history of previous violence and underlying mental disorders. Initial assessment includes identification of potential triggers for violence, evaluation of level of coping, and assessment of social support. Risk of violent behavior is the patient's second nursing diagnosis. Treatment plans are implemented with a focus on violence prevention, involving collaboration with a multidisciplinary team, including medical personnel, and psychiatrists. Nursing interventions involve therapeutic approaches to improve coping, interpersonal skills training, and close monitoring for signs of violence. Periodic evaluations are conducted to assess the effectiveness of the treatment plan and identify changes in patient behavior. Discharge planning involves coordination with family and mental health services in the community to ensure continuity of care after discharge. The conclusion of this research is that nursing care for patients at risk of violent behavior requires a careful, proactive and collaborative approach. Implementing integrated violence prevention strategies and close monitoring can help reduce the risk of violent incidents.

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1. INTRODUCTION

Violence is an extreme response to feelings of anger or fear or panic. Aggressive behavior and violent behavior are often seen as a range where verbal aggression is on the one hand and violent behavior (violence) on the other. A situation that causes emotions, feelings of frustration, hatred or anger. This will influence a person's behavior. Based on this deep emotional state, sometimes behavior becomes aggressive or injurious due to poor use of coping. Therefore, everyone is at risk of violent behavior if there is something that makes someone angry or afraid.[1]

Risk of violent behavior is a form of behavior in which someone causes physical harm such as physical or psychological harm to someone. Based on this definition, acts of violence can be carried out verbally and directed against oneself, other people, or the environment. The risk of violent behavior can occur in two forms. namely when an act of violence occurs or an act of violence has occurred previously[2]

The risk of violent behavior occurs in situations where a person commits an act that is likely to cause physical harm to themselves or another person. When an angry person responds to a stressor with uncontrolled motor movements, this is often called a "tantrum".[2]

The risk of violent behavior is a response to a stressor experienced by another person, a response that can harm oneself, others or the environment. Considering the consequences, treatment of patients who are at risk of violent behavior must be carried out quickly and appropriately by professional staff.[2].

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2. RESEARCH METHOD

The method used is the Application of Nursing Care by producing descriptive reports in the form of case studies. By including an assessment which aims to provide a detailed description of the background, nature and character of a case, in other words, a case study focuses attention on a case intensively and in detail. The author uses a descriptive case study design that describes mental nursing care with the main problem being the risk of violent behavior in Mr. M and Mr. U with a medical diagnosis of Paranoid schizophrenia, for 6 days from assessment to evaluation. Data collection was carried out by: 1) Observation: The author made observations on patients to obtain objective data. 2) Interview: The author conducted interviews with patients to obtain subjective data. 3) Physical Examination: The author records the results of the physical examination and the patient's medical records. Then the author will compare the condition of the patient Mr [3].

3. RESULTS AND DISCUSSION

3.1. Result

In the case of mental nursing care for Mr. evaluate the patient's condition regarding the actions that have been given[4]. Data collection is carried out during the assessment, by conducting interviews with patients, physical examination and observation or directly observing the patient's behavior[5].

No	Aspects studied	Mr. m	Mr. U
1.	Name Initials	Mr. m	Mr. U
2.	Age	24 years old	33 Years
3.	Gender	Man	Man
4	Education	JUNIOR HIGH SCHOOL	SENIOR HIGH SCHOOL
5	Position in the family	4th Child of 4 Siblings	The 3rd child of 3 siblings
6	Since when have you been treated in hospital?	November 3, 2023	November 3, 2023
7	How many times have you been treated?	2nd time	Number 1
8	Does anyone in the family experience mental disorders?	There isn't any	There isn't any
9	What are the early symptoms of violent behavior	Raging, Hands clenched, Eyes bulging	Raging, angry, destroying things in the house
10	When do the first symptoms of violent behavior appear?	Mr. M said he likes to get angry if someone touches him and bothers him.	Mr. U said he felt Rishi for his father who always forbade him to do anything
11	Behavior that appears when PK appears	Rampage, hitting people, and breaking things.	Destroying things in the house, throwing tantrums
12	Reasons for Dropping Out of Drugs	Mr. M said he was bored of taking medicine.	Mr. U said he felt short of breath when taking the medicine, therefore the patient did not continue taking the medicine
13	Symptoms of relapse are drug withdrawal	Mr. M said that when he stopped taking drugs he always felt annoyed for no reason, even because of small things he would get angry and even hit people.	Mr. U said that when he was withdrawing from medication, he always felt like he was angry when his activities were always prohibited by his father
14	Who are the closest people to the patient?	Mr. M said the person closest to him was his mother.	Mr. U said the person closest to him was his mother

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15	Has your family ever visited RSJ?	Never	Never

Mr. M's medical diagnosis is paranoid schizophrenia with a risk of violent behavior. The pharmacological therapy given is Trihexyphenidyl, Respiridone, and Clozapine. At Mr. U is paranoid schizophrenia with a risk of violent behavior. The pharmacological therapy given is Olanzapine.

OnThe nursing care action carried out by the nurse for patient 1 and patient 2 was the strategy for implementing how to control the risk of violent behavior with 5 SPs carried out over 6 meetings, where the results showed that patient 1 was able to carry out the action well. The nurse taught how to control the risk of violent behavior by how to identify rpk and physical exercise 1 (Take deep breaths), physical exercise 2 by hitting a pillow, physical exercise 3 verbal communication: (ask, refuse and express feelings well), physical exercise 4 spiritually, physical exercise 5 obey taking medication . In case patient 2 is able to carry out the action well, the nurse teaches how to control the risk of violent behavior by identifying rpk and physical exercise 1 (take deep breaths), physical exercise 2 by hitting a pillow, physical exercise 3 verbal communication: (asking, refusing and expressing feeling good), physical exercise 4 with spiritual, physical exercise 5 obey taking medication. Note that Mr. M can follow the physical exercises that have been taught but Mr. M tends to move easily, lacks eye contact and sometimes his gaze is sharp and Mr. U can follow the physical exercises that have been taught, the patient is cooperative, there is eye contact, the patient's vision is not sharp, he is not suspicious and the patient looks calm.

3.2. Discussion

Before implementing it, nurses always build mutual trust relationships (BHSP) with patients in order to gain their trust. In implementing the implementation strategy for patient 1 and patient 2 after implementation, the results were that both patients were able to carry out the implementation well because they were willing to follow the nurse's instructions and directions. After implementing the implementation strategy on patient 1 and patient 2, the results showed that both patients were able to carry out the implementation well because they were willing to follow the nurse's instructions and directions. From the results of this implementation, of course there are several differences in behavior after the implementation. In patient 1, after implementation, the patient was able to control anger (RPK) with these five methods, the patient was able to practice deep breathing, physical exercise 2 by hitting a pillow, verbal communication: asking, rejecting and expressing feelings well, in a spiritual way. ; pray, make dhikr, and pray and be obedient to taking medication. Likewise with the patient's behavior, after implementation, the patient was cooperative for 6 meetings, there was eye contact, the patient's vision was not sharp. Patient 2 after implementation, the patient was able to control anger (RPK) with these five methods, the patient was able to practice physical exercise 1 Take a deep breath, physical exercise 2 by hitting a pillow, Verbal communication: asking, rejecting and expressing feelings well, by means of spiritual; pray, make dhikr, and pray and be obedient to taking medication. Likewise with the patient's behavior, after implementing it for 6 meetings, Mr. M can follow the physical exercises that have been taught, but Mr. U can follow the physical exercises that have been taught, the patient is cooperative, there is eye contact, the patient's vision is not sharp, he is not suspicious and the patient looks calm.

Comparison between Mr. M and Mr. I

Mr. M: The patient can follow the physical exercises that have been taught, but Mr. neat, with neat clothes, neat hair, and pharmacological therapy of clozapine, risperidone, and trihexyphenidyl.

Mr. I: The patient can follow the physical exercises that have been taught, the patient is cooperative, there is eye contact, the patient's vision is not sharp, he is not suspicious and the patient looks calm, in appearance Mr. I looks neat and is able to care for his personal hygiene. Olanzapine pharmacological therapy.

Evaluation and implementation results

Mr. M : The evaluation obtained by Mr. M showed progress in following the exercises given, after taking action for 6 days Mr. M looked better and was able to apply the 5 physical exercises that had been taught to control emotions.

Mr. I : The evaluation obtained by Mr. M showed progress in following the exercises given, after taking action for 6 days Mr. M looked better and was able to apply the 5 physical exercises that had been taught to control emotions.

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This comparison aims to assess the progress of the actions that can be carried out by the patient and assess the response of each patient. Differences were found in each patient's response. Differences between individuals and responses to intervention became clear in the explanation that has been outlined.

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4. CONCLUSION

After providing nursing care to patients at risk of violent behavior, it was found that there was a development in the patient's condition from before and after being given physical exercise 1 to physical exercise 5 which was aimed at training to control emotions and it was also found that there was a difference in response between Mr. M and Mr. .u. Mr. U can follow the physical exercises that have been taught, the patient is cooperative, eye contact is (+), the patient's vision is not sharp, he is not suspicious and the patient looks calm.

REFERENCES

[1] Kandar and D. I. Iswanti, "PREDISPOSITION AND PRESTIPITATION FACTORS OF RISK OF VIOLENT BEHAVIOUR," vol. 2, no. 3, pp. 149–156, 2019.

[2] F. W. Hulu, J. Manurung, Meylani, S. H. Pagan, and J. A. Pardede, "Penerapan Terapi Generalis SP 1- 4 Dengan Masalah Risiko Perilaku Kekerasan Pada Penderita Skizofrenia," pp. 1–48, 2021.

[3] N. Permani, I. Apriliani, and F. K. Dewi, "Asuhan Keperawatan Jiwa Masalah Utama Resiko Perilaku Kekerasan dengan Diagnosa Medis Skizofrenia pada Pasien Gangguan Jiwa," no. 100, pp. 191–195, 2018.

[4] M. A. Subu, D. Holmes, and J. Elliot, "STIGMATISASI DAN PERILAKU KEKERASAN PADA ORANG DENGAN GANGGUAN JIWA (ODGJ) DI INDONESIA Pendahuluan Metode," vol. 19, no. 3, pp. 191–199, 2016.

[5] R. Novendra, "MANUSKRIP PENGELOLAAN KEPERAWATAN RESIKO PERILAKU KEKERASAN (RPK) RUMAH SAKIT JIWA PROF . Dr SOEROJO MAGELANG Oleh : RIZKY NOVENDRA," 2019.

[6] T. Suerni and L. PH, "Respons Pasien Perilaku Kekerasan," *J. Penelit. Perawat Prof.*, vol. 1, no. 1, pp. 41–46, 2019, doi: 10.37287/jppp.v1i1.16.

[7] V. S. Putri, R. M. N, and S. Fitrianti, "Pengaruh Strategi Pelaksanaan Komunikasi Terapeutik Terhadap Resiko Perilaku Kekerasan Pada Pasien Gangguan Jiwa Di Rumah Sakit Jiwa Provinsi Jambi," *J. Akad. Baiturrahim Jambi*, vol. 7, no. 2, p. 138, 2018, doi: 10.36565/jab.v7i2.77.

[8] K. Kandar and D. I. Iswanti, "Faktor Predisposisi dan Prestipitasi Pasien Resiko Perilaku Kekerasan," *J. Ilmu Keperawatan Jiwa*, vol. 2, no. 3, p. 149, 2019, doi: 10.32584/jikj.v2i3.226.

[9] P. G. Ghozali and Y. S. Pratiwi, "Gambaran Pengaruh Terapi Aktivitas Kelompok Stimulasi Persepsi Perilaku Kekerasan Pada Pasien Resiko Perilaku Kekerasan," *Pros. Semin. Nas. Kesehat.*, vol. 1, pp. 1875–1881, 2021, doi: 10.48144/prosiding.v1i.946.

[10] N. M. D. Sulistiowati, B. A. Keliat, and I. Y. Wardani, "Pengaruh acceptance and commitment therapy terhadap gejala dan kemampuan klien dengan resiko perilaku kekerasan," *J. Keperawatan Jiwa*, vol. 2, no. 1, pp. 51–57, 2014, [Online]. Available: https://jurnal.unimus.ac.id/index.php/JKJ/article/view/3910

[11] A. A. Ginting, A. Winranto, D. C. Natasha, and D. I. S. Surbakti, "Penerapan Asuhan Keperawatan Jiwa Pada Tn. A Dengan Masalah Risiko Perilaku Kekerasan Pendekatan Strategi Pelaksanaan di Ruang Sipiso-Piso Rumah Sakit Jiwa Prof. Dr. Muhammad Ildrem Medan.," *J. ilmu keperawatan jiwa*, vol. 2, no. 1, p. 1, 2022, [Online]. Available: https://osf.io/preprints/e5qhv/%0Ahttps://osf.io/e5qhv/download

[12] K. Tanjung, "Penerapan Asuhan Keperawatan Jiwa Pada Ny. A Dengan Risiko Perilaku Kekerasan: Studi Kasus," pp. 1–36, 2022.

[13] K. L. Aristha, "Manajemen Asuhan Keperawatan Jiwa Pada Ny . A Dengan Risiko Perilaku Kekerasan," pp. 1–37, 2020.

[14] J. A. Pardede, "Standar Asuhan Keperawatan Jiwa Dengan Risiko Perilaku Kekerasan," pp. 3–7, 2019, doi: 10.31219/osf.io/we7zm.