



Management of Nursing Care for Patients at Risk of Violent Behavior with Implementation Strategies to Control Anger in the Mental Hospital

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ABSTRACT

The risk of violent behavior is a situation where a person commits an action that can harm himself or herself or others or the environment, whether physically, emotionally, sexually or verbally, accompanied by uncontrolled rage and restless noise. The purpose of this paper is to describe the management of nursing care for patients at risk of violent behavior in mental hospitals. The method that will be used is the descriptive method by implementing nursing for 6 days in the form of nursing care for clients to meet the need for preventing the risk of violent behavior by providing the application of controlling emotions with SP 1 to 5. The data collection technique is carried out using a nursing methodology approach which consists of build relationships of mutual trust and carry out assessments which include physical examination, observation, supporting examinations, enforcement of nursing diagnoses, nursing interventions, nursing implementation and nursing evaluation. The results of nursing management showed that the problem of risk of violent behavior was resolved because the client was able to control anger by applying SP 1 to SP 5, namely by deep breathing relaxation, by hitting a pillow or mattress, verbally, by praying and by obediently taking medication. Try not to cause other problems due to the risk of violent behavior. Suggestions for nurses in hospitals to continue to teach and provide education on how to control anger to clients who are at risk of violent behaviour independently.

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1. INTRODUCTION

Mental disorders are an international problem, and if not treated, the number of cases will increase from year to year [1]. According to the World Health Organization (WHO), mental disorders include depression, bipolar disorder, schizophrenia [2], and psychosis, dementia, and developmental disorders. In 2012, the World Health Organization (WHO) recorded that the number of people suffering from mental disorders worldwide reached 450 million people, and in 2016, data from the World Health Organization (WHO) showed that around 35 million people suffered from mental disorders. 60 million people suffer from bipolar disorder, 21 million people suffer from schizophrenia, and 47.5 million people suffer from dementia. In Indonesia, the provinces with the highest number of people suffering from mental disorders are DKI Jakarta (24.3%), Nagroe Aceh Darussalam (18.5%), West Sumatra (17.7%), NTB (10.9%), and South Sumatra (9.2%). Based on the results of the 2013 Basic Health Survey (Riskesdas), the prevalence of emotional and mental disorders indicated by symptoms of depression and anxiety in the population aged 15 years and over was 6% (around 14 million people). The prevalence of serious mental disorders such as schizophrenia is 1.7 per 1,000 population or around 400,000 people [3].

Mental disorders are a health condition in which a person experiences changes in thought patterns, emotions, or behavior, or a combination of these three changes. Mental disorders are related to stress, social functioning, work, and family problems [4], [5]. Mental disorders include a variety of problems with varying signs and symptoms [6]. Mental disorders are generally characterized by a combination of abnormal thought

patterns, emotions, behavior and relationships with other people [7]. According to the Ministry of Health of the Republic of Indonesia, mental disorders are changes in mental function that cause disruption of mental function, which can cause suffering to individuals and cause disruption in the implementation of social roles.

2. RESEARCH METHOD

The method used in this scientific work is a descriptive method with case studies. Case collection was carried out for 6 days for 2 clients at a managed mental hospital through interviews and direct observation. In its implementation, the author builds a relationship of mutual trust with clients to obtain information. Assessment is the first step and main basis in the nursing process [8]. From all the data obtained, the author formulates a nursing diagnosis. After formulating a nursing diagnosis, the author then plans the nursing actions he wants to take, then implements the action plan that has been made and evaluates the actions that have been taken. To reduce the risk of violent behavior, this can be done by teaching clients SP 1 to SP 5. SP 1 trains how to control violent behavior by taking deep breaths, SP 2 by hitting the pillow/mattress, SP 3 verbally, SP 4 spiritually, and SP 5 obediently takes medication

3. RESULTS AND ANALYSIS

3.1. Results

The study was carried out on November 7 2023 at 08.00 WIB at the Mental Hospital and client data was obtained:.

| Assessment Data | Client 1 | Client 2 |
|--|--|---|
| Client Name | Client 1 | Client 2 |
| Age | 33 Years | 37 Years |
| Gender | Man | Man |
| Education | S1 | Junior High School |
| Position in the Family | The client is the 6th child of 6 siblings. The client in the family has the position of being the last child and the client has an older sister and brother. | The client is the 2nd of 4 siblings. The client in the family has a position as the successor to his parents' job, namely vegetable farming and the client has 2 older brothers and 1 younger sister. |
| Since when has he been treated? | The client has been treated in hospital since October 31, 2023. | The client has been treated in hospital since October 31, 2023. |
| Reason for Treatment | The client was admitted to a mental hospital because the client had been angry for a week and was slamming plates and glasses at home until they broke. | The client was admitted to a mental hospital because he went on a rampage, wanting to hit his sister and destroying things. Initially possessed by anger at his younger sibling because of a work problem involving fighting over vegetable land, in the end, older sibling number 1 calmed him down and separated him. |
| Treated for How Many Times | This client is being treated for the first time in a mental hospital. | In 2015, the client experienced mental disorders and was ultimately hospitalized and stopped taking medication. |
| Families Experiencing Mental Disorders | The client said that no one in the family experienced mental disorders. | The client said that no one in the family experienced mental disorders. |

| | | |
|---|---|--|
| Initial Symptoms That Appear When RPK Occurs | When a client is emotional, the client will experience symptoms such as clenched hands, bulging eyes and when the client gets angry the client will slam things until they are damaged. | When a client is emotional, the client will experience symptoms such as clenched fists, sharp red eyes that look like they are glaring and when the client gets angry the client will avoid and be alone, not wanting to be invited to interact. |
| When do the first symptoms of violent behavior appear | The client says he gets angry when someone bothers him and annoys him. | The client says he gets angry when someone bothers him. |
| Behavior That Appears During RPK | Client When the risk of violent behavior arises the client will damage things. | Client When the risk of violent behavior arises the client will damage things. |
| History of drug withdrawal | The client never stopped taking medication | The client stopped taking medication in 2015 |
| Who are the Closest Family Members | The client said the people closest to him were his family. | The client said the people closest to him were his family. |
| Family visit | The client was visited by his family twice while in hospital. | The client was visited by his family once while in hospital. |

3.1. Discussion

3.1.1. Nursing Assessment

3.1.1.1. Nursing Assessment in Client 1

From the data obtained Client 1 looked angry. anger is a pattern of behavior designed to warn bullies to stop their actions, for example a person who is always teased or insulted by his friends then that person will become angry if they do not stop or apologize to him then this can pose a risk to carrying out violent behavior because the person doesn't like being constantly teased by his friends [9]. From the data obtained, Client 1 appears anxious, according to the author, anxiety is the body's response to a situation when a person does not feel peaceful in his heart, always feels worried and uneasy [10]. Anxiety is not being at peace, always feeling worried (about mood), not calm (not sleeping), impatient in waiting. Client 1 show nervous and tense behavior when interacting with the writer in the room. According to the author, a tense face is a stiff/tense facial expression shown by clients when they feel angry and anxious.

Tense is tight (stretched, a rope that is pulled or stretched). The tense face is caused because the client is experiencing feelings of anxiety and is thinking about something. The client shows a tense face when asked to talk to the writer. From the data obtained by the client, according to the author, a sharp gaze is a gaze with sharp eyes as if he is ready to do something that might harm him and is a sign that the client is not weak. Vision that is fixed and long and looks fierce and quickly wants to do something, sharp eyesight is caused by the client feeling that he cannot trust people new to the client. The client will show a sharp look when interacting with the writer but will not be angry.

The client's psychosocial genogram data shows that the client is the last of 6 siblings, no other family members have mental disorders. Mental status is obtained from general appearance, the client looks neat, wears appropriate clothing. The client speaks in a high tone, loud and fast. Motor activity, the client appears restless when interacting directly. In terms of feelings, the client seems hopeless because he feels he has failed to make his mother happy. Affect, when interacting directly, the client's feelings suddenly change from happy to annoyed to angry (unstable). During the interaction the client's eye contact is sharp. Perception, the client does not experience visual or auditory hallucinations. Thought process, the client only thinks about himself wanting to go home to meet his family. Thought content, the client does not experience thought disturbances or delusions, the client just wants to go home. The client's level of consciousness is composmentis and the client does not experience disorientation in time, place and person. This is proven by the client knowing that it is now Tuesday in November 2023 where he is in the hospital, the client has memorized some of the names of the nurses in the room. The client's memory does not have memory problems, the client can tell about his past and tell about his activities while in the ward. The level of concentration and numeracy, the patient is able to count well. The client's judgment ability is not impaired. Self-review, the client said he was fine. The client said he was taken to a mental hospital because

of a sore throat and pain in his right chest. Coping mechanism, adaptive when at home the client feels angry and yells at his older sibling and maladaptive clients when angry slam plates and glasses until they break [11].

3.1.1.2. Nursing Assessment of Client 2

In his writing, stated that anger is something that is very normal and a healthy feeling. However, it is important to distinguish between anger, aggression and violence, which are often equated. Anger is a potential behavior, namely an emotion felt within a person. Meanwhile, aggression or violence is behavior that arises as a result of certain emotions, especially anger. Angry emotions do not have to lead to aggressive behavior, anger that is managed well will give rise to behavior that is acceptable to social norms such as assertive behavior, but if anger cannot be managed well, then anger can have an impact on the emergence of aggressive or violent behavior that is not accepted by social norms [12].

From the data obtained, Client 2 had experienced mental disorders in the past in 2015 and had stopped taking medication. Client 2 once said that he had used marijuana, but Client 2 forgot when he used it. When asked if he had ever heard a whisper or seen a shadow, his response was no. Client 2 said that he had become angry and annoyed with his younger brother because of the dispute over vegetable land. Clients also have unpleasant past experiences such as lack of attention, affection and injustice. The client's psychosocial genogram data shows that the client is the 2nd of 4 siblings, no other family members have mental disorders. Mental status is obtained from general appearance, the client looks neat, wears appropriate clothing. The client speaks in a high tone, loud and fast. The client also said that while he was in hospital he never prayed because he was lazy, but before entering the hospital the client said he often and diligently prayed at home.

It was found that the client's emotional state was also worried about his parents when the client was in hospital, his affect also depended on emotional feelings and mood changes in expression. Self-perception is also that the client says he does not hear whispers or visions that are not real. When invited to interact, clients also show tangential thought processes by speaking in circles that don't convey what they mean.

3.1.2. Nursing Diagnosis in Client 1

3.1.2.1. Nursing Diagnosis in Client 1

The first data analysis found was that in subjective data the client said he would get angry if a desire was not fulfilled and the client said that when he was at home he got angry to the point of slamming plates and glasses so they broke. Objective data found facial expressions were tense, restless, high pitched voice and loud and fast speaking. From this data the author raises the nursing diagnosis of risk of violent behavior. According to (Agusmiasar & Sundari, 2023) the signs and symptoms that occur during violent behavior include bulging eyes and a sharp gaze, a tense face, clenched hands, clenched jaw and stiff body posture. Talking in a loud, rude and curt tone. Behavior that can hurt yourself, others or the environment. Emotionally unstable, feeling disturbed, always wanting to throw a tantrum. Intellectuals like arguing, domineering, talkative, dismissive. Spiritual is like feeling powerful, feeling the most righteous, without morals. Social such as withdrawal, rejection, isolation.

The second data analysis found in subjective data was that the client felt ashamed of his parents because he felt he had failed in making them happy. The client feels sad and worried that his mother will be disappointed in him. The objective data found was that the patient looked worried and had a sad facial expression. From this data the author raised a nursing diagnosis of low self-esteem. According to (Kuntari & Nyumirah, nd) situational low self-esteem is the emergence of negative perceptions about oneself in response to the current situation. Situational low self-esteem is a form of trauma that occurs suddenly, such as surgery, accidents, dropping out of school, divorce, and being a victim of rape. Treatment of patients with situationally low self-esteem must be prompt and appropriate to avoid chronic low self-esteem and socially isolated behavior.

The third data analysis showed that subjective data showed that the client felt anxious about the costs his family would incur if he was treated for too long in a mental hospital and the client felt anxious because he was thinking about his parents at home. Objective data was obtained, the client looked restless and was thinking about something. From this data, the author raises the problem of anxiety nursing. According to (Al et al., 2019) Anxiety is a natural and temporary reaction to events that cause stress, but when the person is helpless and unable to worry about trivial situations or events that interfere with their daily life, anxiety will develop into a disease. mentally.



Of the three nursing problems during the assessment, the one that tends to be more prominent in the client is the risk of violent behavior. Therefore, the author establishes the main diagnosis for clients, namely the risk of violent behavior.

3.1.2.2. Nursing Diagnosis in Client 2

The first data analysis found was that the client's subjective data said he was angry and wanted to hit his younger brother. From the objective data, the client appears to be looking down and has sharp eyes. From these data, the author raises the issue of nursing the risk of violent behavior. According to (Muhith, 2015: 178) The risk of violent behavior is a form of behavior that aims to hurt someone physically or psychologically. Violent behavior can be carried out verbally, directed at oneself, other people and the environment. Violent behavior can occur in 2 forms, namely ongoing violent behavior or a history of violent behavior

The second data analysis found in subjective data was that clients were embarrassed to speak because they were not confident. From the objective data, the client appears to be looking down, and likes to avoid friends when they are chatting. From these data, the author raises the problem of low self-esteem nursing. According to (Keliat, 2010) low self-esteem is the condition of a person who assesses his own existence as lower than other people who think negatively about himself as an individual who is a failure, incapable and unachievable. According to (Fitria (2009) also states, low self-esteem is a person's condition where he feels that he is not accepted in the environment and has negative images about himself.

The third data analysis found in subjective data was that clients were often alone. From the objective data, the client appears to be looking down and likes to avoid being spoken to. From these data, the author raises the problem of social isolation nursing. According to (Yosep & Sutini, 2014) social isolation is a situation where an individual experiences a decline or is even completely unable to interact with other people around him. Social isolation patients experience problems in interacting and experience behavior of not wanting to communicate with other people around them, preferring to remain silent, isolate themselves, and avoid other people.

Of the three nursing problems during the assessment, the one that tends to be more prominent in the client is the risk of violent behavior. Therefore, the author establishes the main diagnosis for clients, namely the risk of violent behavior.

3.1.3. Nursing Intervention

3.1.3.1. Nursing Intervention in Client 1

The main priority in nursing problems is the risk of violent behavior. Because, according to the author, the client is not committing acts of violence, but has or is currently committing acts of violence in the past, and does not yet have the capacity to carry out these acts. Prevent acts of violence and control behavior. Highest priority means the problem requires the caregiver's attention because it can affect the client's overall health and slow resolution of the problem. Therefore, the implementation of the second and subsequent priorities can be handled collectively and sustainably. After conducting an assessment and implementing a nursing diagnosis, of course it is necessary to develop a strategy to handle, prevent and alleviate client problems identified in the nursing diagnosis.

The intervention that the author will provide consists of implementing strategies with clients at risk of committing violent behavior. When implementing a nursing intervention, the author needs to determine the goals and outcome criteria so that the actions taken can be achieved. The first specific goal that must be applied to clients considering the risk of violent behavior is to build a relationship of mutual trust using the principles of therapeutic communication. According to (Perawat et al., 2020) violent behavior is a response to anger that is expressed by threatening or harming other people or destroying the environment. This reaction can be detrimental to yourself, others and the environment. A trusting relationship with clients, the risk of violent behavior requires time and long dialogue, and often clients do not easily trust other people. Building a relationship of mutual trust can be achieved by greeting each time you interact, and listening to your feelings at the moment.

The second specific objective is that the client is able to state the causes of signs and symptoms of the risk of violent behavior, the client is able to identify the violent behavior carried out and the consequences of violent behavior, so the author asks the client what violent behavior the client has carried out, whether the client's violent behavior is good or not. No. Clients can identify constructive

ways to identify anger. Teaching deep breathing techniques is a healthy way to express anger. When you inhale, around 500 ml of oxygen enters your breath. After that, the air from the atmosphere mixed with blood will go to the arteries and veins and throughout the body, especially the brain, and when you blow, it will release poisonous gas and carbon dioxide, making the client's negative thoughts and feelings more relaxed (Al et al., 2019). The third specific goal is that the client is able to control violent behavior by means of the second physical exercise of hitting the mattress or pillow. The fourth specific goal is for clients to practice controlling anger verbally, namely refusing well, asking well, expressing feelings well. The fifth specific goal is that clients can control it by spiritually practicing worship and prayer. The sixth specific goal for clients is to prevent violent behavior by means of psychopharmacotherapy by complying with taking medication. Administering medication must also pay attention to the 6 principles of correct medication administration, namely:

- a. That's right client
- b. Medication is given to the right client by ensuring the client's identity bracelet complies with applicable procedures.
- c. Correct medication means that the medication given to the client must be as prescribed, the nurse must write down the prescription in the client's medical record. It is correct that this dose is given according to the client's characteristics according to the calculation results and the type of medication (tablets, liquid) in a certain amount. The nurse must be able to calculate the dose of medication the client needs.
- d. Correct timing, the medication given must be in accordance with the administration program, frequency and administration schedule.
- e. Correct documentation, documentation must be carried out after administering the drug and documenting the reasons why the drug was not given in the correct route.

3.1.3.2. Nursing Intervention in Client 2

The main priority in nursing problems is the risk of violent behavior. Because, according to the author, the client is not committing acts of violence, but has committed or is currently committing acts of violence in the past due to work problems involving fighting over vegetable land. According to (Stuart, 2009; Stuart, 2013) Violent behavior is the result of extreme anger (anger) or fear (panic) as a response to feelings of threat, whether in the form of threats of physical attack or self-concept.

In Mr. Building a relationship of mutual trust can be achieved by greeting each time you interact, and listening to your feelings at the moment. As well as explaining the signs and symptoms, causes and consequences of violent behavior as well as practicing deep breathing exercises and hitting the mattress pillow. Identify signs and symptoms, causes and consequences of violent behavior. Explains how to control violent behavior by physically taking one deep breath and physically hitting the mattress/pillow twice. Train clients how to control violent behavior by physically taking one deep breath and physically hitting the mattress/pillow twice. Train clients to include deep breathing exercises and hitting the mattress/pillow into the daily activity schedule. Explain and train clients to take medication using the 6 correct principles, the benefits/advantages of taking medication and the disadvantages of not taking medication. Explaining the medication taken (6 correct: type, dose, frequency, method, person and continuity of taking medication). Discuss the benefits of taking medication and the disadvantages of not taking medication with the client. Train clients how to take medication regularly. Train clients to incorporate regular medication taking into their daily activity schedule. Practice verbal/speak well. Explain how to control violent behavior verbally/talking nicely. Train clients how to verbally/speak well. Train clients to include verbal activities/talking carefully about taking medication into their daily activity schedule. Practicing the spiritual way. Explains how to control violent behavior spiritually. Train clients to incorporate spiritual activities into their daily activity schedule.

3.1.4. Implementation of Nursing

3.1.4.1. Implementation of Nursing in Client 1

After creating a nursing intervention the author will carry out nursing implementation which is the fourth stage of the nursing process (Nursing et al., 2020). The first implementation was carried out by the author on Tuesday, November 7 2023, namely the first, the author gave a therapeutic greeting and got to know each other and built a relationship of mutual trust. According to (Sumangkut et al., 2019) to carry out effective communication with clients, you must first build a relationship of mutual trust so that clients can be invited to collaborate which is marked by exchanging behavior, feelings, thoughts and

experiences in building good relationships with clients with disorders. mental condition with the client's condition, the risk of violent behavior, the client will be easily sensitive to body language, expressions, face, posture, movements, voice intonation and others.

The second meeting on Wednesday 8 November 2023, the author identified the causes so that he could find out what made the client feel angry. The author asks the client for signs and symptoms, whether the client knows what signs and symptoms are at risk of committing violent behavior. If the client does not understand, the author will educate the client such as speaking harshly, glaring eyes or sharp eyes and the client not easily accepting input from other people, threatening and blushing. Then the author teaches the client to control violent behavior by means of physical exercises. First, take a deep breath. The client tries not to vent his anger so that it doesn't have a negative impact. Explain how to take a deep breath, namely first inhaling from the nose, holding for a moment, then exhaling or blowing out of the mouth slowly. Encourage the client to repeat how to control anger using physical methods 1, provide positive reinforcement to the client.

According to (Maftuhah & Noviekayati, 2020) positive reinforcement is providing pleasant consequences to clients when a desired behavior appears with the aim of ensuring that the behavior is carried out consistently. This technique is very effective because the client will be interested in making behavior changes with pleasant feelings. The third meeting was on Thursday 9 November 2023. The author carried out the third implementation by providing therapeutic greetings, validating the previous daily activity, namely taking deep breaths. The client can repeat and carry out the previous activity well, then teach the client to control anger with physical exercise 2, namely hitting the pillow/mattress. The fourth meeting on Friday 10 November 2023, the author carried out the fourth implementation by giving therapeutic greetings, then validating the previous daily activities regarding controlling anger by means of physical exercise 1 deep breathing and physical exercise 2 hitting the pillow/mattress. The client can repeat and practice it well, then continue teaching the client to control anger with physical training in 3 verbal ways, namely expressing anger well, refusing well, and asking well.

The fifth meeting was on Saturday 11 November 2023. The author carried out the fifth implementation for clients by giving therapeutic greetings, validating all daily activities that had been taught about controlling anger by means of physical exercise 1 deep breathing, physical exercise 2 hitting the pillow/mattress, physical exercise 3 verbally. Clients can practice it or do it in the right and good way, then the author continues physical training. 4 Control feelings of anger with spiritual worship or prayer to the Almighty God. The sixth meeting on Sunday 12 November 2023, the author carried out the sixth implementation of nursing on the client with the first author giving a therapeutic greeting to the client, validating the activities that had been carried out, namely physical exercise 1 deep breathing, physical exercise 2 hitting the pillow/mattress, physical exercise 3 verbally, and physical exercise 4 spiritually by worshiping or praying to the Almighty God. After the patient can practice it well, the author continues the last physical exercise or physical exercise 5 to control anger by obediently taking medication. The principle of taking medication is carried out in 6 ways, namely (type, use, dose, frequency, method and continuity of medication). This implementation is a way to control violent behavior with medication.

3.1.5. Nursing Implementation

3.1.5.1. Nursing Implementation in Client 2

The first implementation was carried out by the author on Tuesday, November 7 2023, namely the first, the author gave a therapeutic greeting and got to know each other and built a relationship of mutual trust. Ask about preferred calls and explain the purpose of the meeting.

The second meeting on Wednesday 8 November 2023 saw the author identify the causes of the violence he committed by helping the client express his feelings. Clients are also able to control their anger by being taught the first physical exercise, namely deep breathing exercises. Explain how to take a deep breath, namely first inhaling from the nose, holding for a moment, then exhaling or blowing out of the mouth slowly. Encourage the client to repeat how to control anger using physical methods 1, provide positive reinforcement to the client.

The third meeting was on Thursday 9 November 2023, the author gave a therapeutic greeting, as well as evaluating the previous exercise, namely the deep breathing relaxation exercise. Helping clients be able to control anger with two physical exercises, namely hitting a pillow/mattress. Teach and practice two physical exercises, and help clients arrange daily activity schedules.

The fourth meeting on Friday 10 November 2023, the author gave a therapeutic greeting, re-evaluated the previous exercise, namely physical exercise one and physical exercise two, namely deep breathing relaxation exercises and also hitting the pillow/mattress. Clients are able to identify controlling anger verbally, expressing anger well, refusing well, and asking well. As well as helping clients prepare daily activity schedules.

The fifth meeting on Saturday 11 November 2023, the author provided therapeutic greetings, evaluated and repeated how to control anger verbally, express anger well, refuse well, and ask for good things. And help clients identify worship and control anger through worship. As well as helping clients prepare daily activity schedules.

The sixth meeting on Sunday 12 November 2023, the author carried out the sixth implementation of nursing on the client with the first author giving a therapeutic greeting to the client, validating the activities that had been carried out, namely physical exercise 1 deep breathing, physical exercise 2 hitting the pillow/mattress, physical exercise 3 verbally, and physical exercise 4 spiritually by worshipping or praying to the Almighty God. After the patient can practice it well, the author continues the last physical exercise or physical exercise 5 to control anger by obediently taking medication. The principle of taking medication is carried out in 6 ways, namely (type, use, dose, frequency, method and continuity of medication). This implementation is a way to control violent behavior with medication.

3.1.6. Nursing Evaluation

3.1.6.1. Nursing Evaluation of Client 1

To find out the results of the implementation that has been carried out for clients, the author then evaluates the implementation that has been taught to clients. According to the author, after implementing nursing, we will evaluate the client's response in order to determine the client's abilities. Meanwhile, nursing evaluation is comparing the results of actions that have been carried out and assessing whether the problems that have occurred have been resolved completely or only partially or even if the problem has not been resolved [13]. Evaluations are carried out every day with notes on the client's progress from the first meeting on November 7 2023 until the last meeting on November 12 2023. The subjective data results show that the client can build a relationship of mutual trust with the author, the client can identify his anger, the client can re-practice how to control anger by how to do physical exercise 1 take a deep breath (SP1), the client can also control and apply physical exercise 2 when the client feels angry by hitting the pillow/mattress (SP2), the client can practice physical exercise 3 verbally the client can express, refuse and ask with good tone (SP3). The client can also practice controlling anger by applying physical and spiritual exercises. The client prays 5 times a day and prays for his parents and the client asks God to make the client recover quickly. The client wants to go home quickly and be with his family (SP4). Then the client can practice physical exercise 5 by obediently taking medication. The client can recognize the medication he is taking, the color of the medication, and the form of the medication (SP5).

3.1.6.2. Nursing Evaluation of Client 2

Nursing evaluation is a stage that determines whether the goals that have been prepared and planned are achieved or not. Evaluation is based on how effective the interventions carried out by families, nurses and others are. There are several evaluation methods used in treatment. The most important and important factor is that the method must be adapted to the objectives and intervention being evaluated. Evaluations are carried out every day with notes on the client's progress from the first meeting on November 7 2023 until the last meeting on November 12 2023. The subjective data results show that the client can build a relationship of mutual trust with the author, the client can identify his anger, the client can re-practice how to control anger by how to do physical exercise 1 take a deep breath (SP1), the client can also control and apply physical exercise 2 when the client feels angry by hitting the pillow/mattress (SP2), the client can practice physical exercise 3 verbally the client can express, refuse and ask with good tone (SP3). The client can also practice controlling anger by applying physical and spiritual exercises. The client prays 5 times a day and prays for his parents and the client asks God to make the client recover quickly. The client wants to go home quickly and be with his family (SP4). Then the client can practice physical exercise 5 by obediently taking medication. The client can recognize the medication he is taking, the color of the medication, and the form of the medication (SP5).



4. CONCLUSION

Mental health is the most important thing that must be treated well by medical professionals. If not managed well, people with mental disorders can experience obstacles in their social roles and cause stress on themselves and their families. The most common mental disorder in Indonesia is schizophrenia, whose symptoms include the risk of violent behavior. If left unchecked, the risk of violent behavior turning into violent behavior and, in the maladaptive stage, into anger. This can cause harm to yourself, others and the environment. Experts say the risk of violent behavior can be controlled by implementing implementation strategies. SP 1 is how to control anger by using deep breathing techniques, SP 2 is to control anger by hitting a pillow or mattress, SP 3 is to control anger verbally, SP 4 is to control anger by spiritual means, SP 5 is to control anger by obediently taking medication correctly (Right patient, right drug, right dose, right time and right route of administration).

REFERENCES

- [1] A. M. Kring and S. L. Johnson, *Abnormal Psychology: The Science and Treatment of Psychological Disorders*, 14th ed. 2018.
- [2] American Nurses Association, *Psychiatric Mental Health Nursing*, 2nd ed., vol. 34, no. 3. Nursebooks.org, 2014.
- [3] Kemenkes RI, "Laporan Nasional Riskesdas 2018," *Badan Penelitian dan Pengembangan Kesehatan*. p. 198, 2018, [Online]. Available: http://labdata.litbang.kemkes.go.id/images/download/laporan/RKD/2018/Laporan_Nasional_RKD2018_FIN_AL.pdf.
- [4] S. Zhou, S. Da, H. Guo, and X. Zhang, "Work-family conflict and mental health among female employees: A sequential mediation model via negative affect and perceived stress," *Front. Psychol.*, vol. 9, no. APR, pp. 1–10, 2018, doi: 10.3389/fpsyg.2018.00544.
- [5] S. Viertiö *et al.*, "Factors contributing to psychological distress in the working population, with a special reference to gender difference," *BMC Public Health*, vol. 21, no. 1, pp. 1–17, 2021, doi: 10.1186/s12889-021-10560-y.
- [6] J. Deng *et al.*, "Prevalence of mental health symptoms in children and adolescents during the COVID-19 pandemic: A meta-analysis," *Ann. N. Y. Acad. Sci.*, vol. 1520, no. 1, pp. 53–73, 2023, doi: 10.1111/nyas.14947.
- [7] C. Gabrysch, R. Fritsch, S. Priebe, and A. P. Mundt, "Mental disorders and mental health symptoms during imprisonment: A three-year follow-up study," *PLoS One*, vol. 14, no. 3, pp. 1–13, 2019, doi: 10.1371/journal.pone.0213711.
- [8] M. Lotfi, V. Zamanzadeh, R. Khodayari-Zarnaq, and K. Mobasseri, "Nursing process from theory to practice: Evidence from the implementation of 'Coming back to existence caring model' in burn wards," *Nurs. Open*, vol. 8, no. 5, pp. 2794–2800, 2021, doi: 10.1002/nop2.856.
- [9] C. Liu *et al.*, "Developmental Patterns of Anger from Infancy to Middle Childhood Predict Problem Behaviors at Age 8," *Dev. Psychol.*, vol. 54, no. 11, pp. 2090–2100, 2018, doi: 10.1037/dev0000589.Developmental.
- [10] M. Hamilton, "the Assessment of Anxiety States By Rating," *Br. J. Med. Psychol.*, vol. 32, no. 1, pp. 50–55, 1959, doi: 10.1111/j.2044-8341.1959.tb00467.x.
- [11] T. Hawken, J. Turner-Cobb, and J. Barnett, "Coping and adjustment in caregivers: A systematic review," *Heal. Psychol. Open*, vol. 5, no. 2, 2018, doi: 10.1177/2055102918810659.
- [12] R. Gramling *et al.*, "Epidemiology of Fear, Sadness, and Anger Expression in Palliative Care Conversations," *J. Pain Symptom Manage.*, vol. 61, no. 2, pp. 246–253.e1, 2021, doi: 10.1016/j.jpainsymman.2020.08.017.
- [13] K. Rørtveit, B. Sætre Hansen, I. Joa, K. Lode, and E. Severinsson, "Qualitative evaluation in nursing interventions—A review of the literature," *Nurs. Open*, vol. 7, no. 5, pp. 1285–1298, 2020, doi: 10.1002/nop2.519.