



Nursing Care for The Risk of Violent Behavior in Schizophrenic Patient

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ABSTRACT

Objective: This study aims to describe the nursing care of the risk of violent behavior in patients with schizophrenia in RSUD Banyumas.

Method: In this study, the researchers applied a case study method and the data collection techniques used were interviews, observations, and documentation studies.

Result: The results showed that after being given therapeutic communication for three days, the patients were able to control their emotions with assistance from the nurses and the patients seemed to be able to interact well.

Conclusion: Based on the results of the study, it can be concluded that nursing actions of deep breathing relaxation, and distraction by hitting the pillow can reduce the emotional problems of people with the risk of violent behavior.

Keywords: nursing care, schizophrenic, violent

Introduction

Mental disorders are manifestations of behavioral deviations and emotional (cognitive) distortions, so behavioral disorders might be found. This happens because of a decrease in all mental functions (Hapsari, 2018). Abnormalities are seen in a variety of psychiatric symptoms including tension, hopelessness, moodiness, restlessness, anxiety, hysterics, weakness, and inability to achieve goals (Damayanti, 2020).

Schizophrenia is a mental disorder that can affect the thoughts, feelings, and behavior of individuals with a loss of understanding of reality and loss of insight. In schizophrenia, there are positive and negative symptoms. Positive symptoms include delusions, hallucinations, catatonic behavior, disorganized behavior, disorganized speech, and agitation. Negative symptoms include

alogia, asocial, anhedonia, and avolition. One of the symptoms of schizophrenia is violent behaviors (Yudhantara & Ratri, 2018).

Violent behavior is a response to stressors that can be experienced by anyone. This response can harm himself, others, or the environment (Pardede et al, 2020). If there are no treatments or implementation strategies, the risk of violent behavior will have an impact on patients to take actions that can endanger themselves, others, and the environment, such as being able to attack other people, breaking furniture, burn houses (Amimi et al., 2020).

The prevalence (per mile) of households having ART with schizophrenia/psychosis mental disorders based on the residence shows that the problem is more frequently found in rural areas (7.0%) than in urban areas (6.4%). In the Ministry of Health Strategic Plan 2015-2019, there were performance indicators of the directorate of prevention and control of mental health problems with a target of 230 districts/cities in 2018 and it reached 247 districts/cities (Indriyani & Tri, 2019).

Objective

This study aims to describe the nursing care of the risk of violent behavior in patients with schizophrenia in RSUD Banyumas.

Method

The method of this scientific research was a descriptive case study designed to explore the problems of nursing care for patients with violent behavior. The case study research design itself includes an investigation of a unit of research aiming to describe important events that occur nowadays (Nasrudin, 2019).

The subject in this study was Mrs. R with the risk of violent behavior with schizophrenia in Nakula Room, RSUD Banyumas. The focus of the study in this scientific paper was the nursing care for the risk of violent behavior on Mrs. R with schizophrenia in Nakuka room at RSUD Banyumas. According to Yunita & Widya (2020), operational definition consists of:

- a. Nursing care is a process that includes performing assessment, establishing a diagnosis, preparing interventions, implementing nursing, and conducting nursing evaluations.
- b. The risk of violent behavior is a form of the situation when a person performs actions that can harm physically or people.
- c. Schizophrenia is a mental disorder that can cause burdens and severe mental disorders and will affect a person's thoughts, feelings, and behavior.

The data collection method used in this scientific paper was an approach to the subject and the process of collecting the characteristics of the subject is required in a study (Mawarti et al., 2021). The data collection method was divided into three, namely interviews, observation, and documentation studies. One of the data collections carried out by the researchers was by conducting interviews directly with the patient and the questions were such as identity, reasons for hospitalization, and reasons for being unable to control his emotions. Observations that can be taken in this case study include physical examination, appearance, conversation, activity, mood, affect, interaction during an interview, the process of thinking, level of consciousness, judgment ability, and discharge planning needs. In the documentation study, the researchers used a record of the results of the examination and other relevant data (Setiawan, 2017).

The role of nurses in patients with schizophrenia symptoms is to provide nursing care for a patient with mental health, carry out standard operating procedures, and carry out therapeutic

modalities for mental health nursing and room management. For the ethics of the case study in this scientific paper, the researchers used a code of ethics in nursing which is a statement of beliefs expressing moral concerns, values, and nursing goals. The nursing code of ethics aims to provide a reason or basis for decisions concerning ethical problems with a consequent mortality model. The principles of this nursing ethics are divided into three, namely beneficence, confidentiality, and justice. Beneficence is defined as the act of making the best decision for the patient and encouraging the patient to choose that action. Confidentiality refers to keeping information such as documentation of the patient's health condition, and it can only be read for medical purposes. Justice is working according to nursing knowledge and tips by considering fairness based on practice standards and applicable law.

Results

The researchers will discuss the results of a case study of nursing care for Mrs. R having the risk of violent behavior with schizophrenia at RSUD Banyumas. This study was carried out for three days starting from December 21 to December 23, 2021. The researchers carried out Nursing Care including assessment, nursing diagnosis, implementation, and evaluation. The following are the results and discussion of the case study.

Assessment

Data including the assessment of patient identity. Mrs. R, 24 years old, female, with no CM 00528670. She is a housewife, and her address is Dusun Cibenon RT 01/03, Cilacap district. The patient was admitted to the hospital by the family to the ER on December 15, 2021, at 13.30 with complaints of tantrums for 3 days, constant restlessness, unable to sleep for 2 days because the patient had problems with his employer at work, and it made her angry and unable to control her emotions.

Predisposing factors are found if the patient has a history of mental disorders twice in the past 10 years, a history of non-adherence to medication and a history of control 1 year ago, an unpleasant experience, and pressure from somebody who always orders the person to work without thinking his condition, thereby it can make him depressed and the patient feels sad with blunted affect.

An assessment of the precipitation factor found that the patient experienced changes again 1 month ago because the patient had problems with her employer at work that made her angry and unable to control her emotions. Perceptions and expectations of the patient and families regarding Mrs. R's problem show that the patient wanted to go home quickly and always keep in a healthy condition, so she could reunite with her family at home. When having an assessment, the researchers did not meet with the patient's family so the researchers could not do family SP and the disadvantage of not meeting the researchers with the patient's family was that after the patient returned home, the family might not understand how to prevent from relapse.

Nursing Diagnosis

From the results of the assessment and analysis of Mrs. R's data, it was found the subjective data that the patient said there was a problem with his employer at work that made her angry and unable to control her emotions. The objective data shows that the patient looked angry with a lethargic and tense facial expression, in the middle of a conversation, there were

hand movements showing anxiety, and the patient did not want to look at his interlocutor when talking.

Intervention

Interventions for the risk factor of violent behavior in patients with schizophrenia consist of general goals, specific goals, and nursing interventions. In carrying out nursing care for three days, the researchers used guidelines for managing patients with a risk of violent behavior disorder in schizophrenia. After nursing intervention for 3x24 hours, it is expected that the patient's risk of violent behavior will reduce with the criteria for attacking behavior from 5 to 4, aggressive/angry behavior from 5 to 4, and the natural feeling of depression from 4 to 3. To observe the actions, the researchers identified the function of anger and tantrums and identified the things that triggered the patient's anger. Therapeutic actions were applied by facilitating the expressions of anger, touching to provide support (embracing, patting), and making supporting statements.

Implementation

Nursing implementation for Mrs. R with the nursing problem of the risk of violent behavior disorder in schizophrenia was carried out from 21 to 23 December 2021, including the following:

On December 21, 2021, the first action was taken: having a trusting relationship between the researchers and Mrs. R and advising the patient to control her emotions by using deep breathing techniques. On December 22, 2021, the nursing actions performed were evaluating the actions on the first day, advising the patient to control her emotions by venting her anger with the pillow hitting technique and evaluating SP 1 then re-teaching deep breathing techniques, and advising the patient to vent her anger with the pillow hitting technique. On December 23, 2021, the nursing actions were evaluating SP 1 and SP 2, re-teaching deep breathing techniques, and recommending venting anger by hitting a pillow.

Evaluation

On December 21, 2021, the researchers conducted SP 1 on the patient by fostering a trusting relationship and encouraging the patient to control her emotions using deep breathing techniques. The evaluation of the SP 1 procedure shows that there were no changes. On December 22, 2021, the researchers conducted SP 2 on the patient and suggested the patient control her emotions by venting her anger by hitting a pillow and teaching deep breathing techniques. The results of the evaluation of SP 2 action show that she forgot how to breathe deeply and asked the researchers to re-teach her. The patient also seemed calmer than yesterday. After the action was taken, the problem was partially resolved, and the actions were continued with the intervention: building a trusting relationship and encouraging the patient to control her emotions using deep breathing techniques. On December 23, 2021, the researchers carried out SP 3, the same treatment as SP 2. The results of the evaluation in SP 3 show that the patient could control her emotions but she still asked the researchers to re-teach her and the patient seemed to interact well. After that, the problem was partially resolved, and the actions were continued with the intervention: building a trusting relationship and encouraging the patient to control her emotions using deep breathing techniques.

Discussion

Assessment

According to the data obtained, the patient had experienced a mental disorder in 2011 at RSUD Banyumas, with the main problem of having violent behavior and a medical diagnosis of hebephrenic schizophrenia. In the room, the patient appeared to have an angry face with a lethargic and tense facial expression, and in the middle of a conversation, it was found hand movements showed anxiety.

Basically, between the literature review and the case review, there is no gap, as evidenced in the literature review on signs and symptoms. Alfianto & Miftakhul (2021) explain that the signs and symptoms of violent behavior are such as having the idea of injuring, planning violent actions, threatening, drug abuse, experiencing major depression, being angry, showing hostility/panic, speaking curtly, using dirty words, and having a history of violent behavior. In line with Ruswadi (2021), the factors that support the risk of violent behavior: are biological factors such as feeling angry when there is a problem at work with the employer, and psychological factors such as putting on an angry face with a lethargic and tense facial expression, in the middle of conversation hand movements indicating anxiety are noticed. Meanwhile, in the case review, objective and subjective data obtained show that the patient had a tantrum for 3 days, felt anxious to move continuously, and could not sleep for 2 days because the patient had problems at work with her employer, and it made her angry and unable to control her emotions.

Nursing Diagnoses

Based on the results of the assessment and analysis of data obtained from Mrs. R, the researchers formulated nursing diagnoses to assist the patient's nursing process at RSUD Banyumas. The nursing diagnosis found in the study was a risk of violent behavior. From the results of data analysis and assessment, subjective data were obtained indicating that the patient said there was a problem at work with her employer, and it made her angry and unable to control her emotions, while for objective data, it was found that the patient looked angry with a lethargic and tense facial expression, and in the middle of a conversation, hand movements were showing the patient's anxiety. This is supported by the results of research conducted by Sovitriana, (2019), stating that violent behavior is shown by someone who has a red and tense facial expression accompanied by tremors.

Intervention

In this case, the researchers established a nursing care plan to reduce and overcome the problems faced by the patient from the established diagnosis. A nursing plan consists of implementing priority problems, goals, and nursing action plans. The researchers developed a plan of action for the patient based on the goals and outcome criteria such as the risk of violent behavior (I.09256). According to Damaiyanti (2020), nursing interventions for patients with the risk of violent behavior include the goals of nursing actions by approaching or building a trusting relationship with patients. The goal is to recognize the risk of violent behavior and use the drug properly, and the outcome criteria are being able to control the patient's emotions and anger.

Implementation

Implementation is the stage when nurses apply nursing interventions to help patients achieve their goals. The abilities of nurses that must be possessed at this stage are having effective communication skills, creating an attitude of mutual trust and mutual assistance,

performing psychomotor techniques, making systematic observations, providing health education, providing advocacy, and evaluating (Musmini, 2019). Nursing implementation on Mrs. R with the nursing problem of the risk of violent behavior disorder in schizophrenia: building a trusting relationship between the researchers and Mrs. R and teaching the patient to control her emotions by using deep breathing techniques. According to Parwati's theory (2018), the implementation stage is the action plan that has been made. Then the patient, Mrs. R had done TAK with the result that there was a positive effect on the therapy such as pharmacotherapy, occupational therapy, and group therapy.

Evaluation

In real cases, the results of SP 1 evaluation in penulsi patients foster a trusting relationship and encourage patients to control their emotions through deep breathing techniques. Evaluation of the SP 1 procedure did not change the patient's behavior. The results of the evaluation of SP 2 indicate that the patient forgot how to breathe deeply and asked the researchers to re-teach. The patient looked calmer than yesterday. After taking the actions, the problem was partially resolved and it was continued with the intervention to build a trusting relationship and encourage the patient to control her emotions using deep breathing techniques. In a follow-up evaluation of SP 3, the patient said that he could control his emotions but still asked the researchers to re-teach and the patient could interact well. After that, the problem was partially resolved, and it was continued with the intervention like building a trusting relationship and encouraging the patient to control her emotions by utilizing deep breathing techniques.

Conclusion

The researchers provide comprehensive nursing care for three days to Mrs. R with the nursing problem of the Risk of violent behavior disorder in RSUD Banyumas. From the nursing care that has been carried out, the researchers attempt to improve the quality of service to patients at risk of violent behavior including the following:

The study was conducted by the researchers using interviews, observations, and documentation studies. Things that were asked during the interview included the patient's identity, the identity of the person in charge, the reason for admission to the hospital, precipitation factors, predisposing factors, family perceptions and expectations, genograms, family decision-making, decision-making patterns, self-concept, social relations, spirituality, cultural issues, perceptions, thought content, memory, level of concentration and numeracy and self-monitoring. The data that can be observed in this case study were physical examination, appearance, speech, motor activity, mood, affect, interaction during the interview, thought process, level of consciousness, judgment ability and discharge planning needs.

The medical diagnoses and prescribed drugs were taken from the medical records of the patient with certain nursing diagnoses such as the risk of violent behavior, complaints of tantrums for 3 days, restless to move continuously, and unable to sleep for 2 days because the patient had problems at work with her employer, and it made her angry and unable to control her emotions. Nursing intervention for the risk of violent behavior in Mrs. R was applied to the implementation strategy. The implementation of nursing care for the risk of violent behavior in Mrs. R was building a trusting relationship, practicing how to relax deeply, and practicing how to control emotions when feeling angry. Nursing evaluation of Mrs. R for three days found that the patient was able to build a trusting relationship with the researchers, relax deeply, and control her emotions with help.

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