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Nursing Care in Violent Behavior Disorders

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ABSTRACT
This research aims to examine and design nursing care for two patients who are at risk of violent behavior. Observation, interviews, and analysis of patient data are data collection methods. The results showed that both patients had a history of previous violence, environmental factors, and mental health disorders. The results of the assessment can identify potential triggers, detect the level of risk, and evaluate the patient's social support and coping. The nursing diagnosis of risk disorder for violent behavior in patients underlies a treatment plan that focuses on violence prevention. Nursing intervention takes the form of self-control skills training, adaptive coping strategies, and close monitoring of behavior changes. Periodic evaluations are performed to assess the effectiveness of the treatment plan and detect changes in behavior. Discharge planning is developed by considering family support, social networks, and mental health services in the community to ensure continuity of patient care. The research concluded that nursing care for violent behavior requires a holistic approach involving interprofessional collaboration and ongoing support. Implementation of coordinated prevention strategies can help mitigate the potential for violence exhibited by patients.

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1. INTRODUCTION

Mental health is a condition of emotional, psychological and social health which can be seen from satisfactory interpersonal relationships, effective behavior and coping, positive self-concept and emotional health [1]. According to WHO, it is estimated that 450 million people worldwide experience mental disorders, around (10%) adults experience mental disorders currently and (25%) of the population is expected to experience mental disorders at a certain age during their lives.

Violent behavior is a form of physical and verbal violence and coercion shown to oneself or others [2]. Violent behavior is a form of behavior that aims to hurt someone. violence is considered an extreme result 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 [3]. 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.

Most patients with schizophrenia and nonviolent mental disorders. Nevertheless, the risk of violence in patients with this disorder is greater than in the general population. This risk is particularly high in schizophrenia and mental disorders with substance use disorders, alcohol dependence, depression, and personality disorders, even without these [4]. The main problem that often occurs in schizophrenia patients is violent behavior. This condition must be treated immediately because violent behavior that occurs can endanger the patient, other people and the environment [5].

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2. RESEARCH METHOD

This nursing care is carried out in mental hospitals with patients who are at risk of violent behavior. This care was carried out for 1 week. The first thing the nurse does is approach the patient, then conduct an assessment of the patient and formulate nursing problems, plan nursing actions, carry out nursing actions and finally evaluate the patient's condition regarding the actions that have been given. This aims to determine the effect of implementing ways to control the risk of violent behavior in five ways.

Data collection methods were carried out during the assessment, namely by interviews, physical examination and observation. Interviews were conducted on 2 patients, physical examinations were carried out head to toe on the patients, and observations were carried out by directly observing the patient's behavior. 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 (May et al., 2023).

3. RESULTS AND DISCUSSION

3.1. Result

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

Table 1. Health Record

No	Aspects Studied	Patient 1	Patient 2
1.	Patient's name	Mr. m	Mr. I
2.	Age	24 years old	33 Years
3.	Gender	Man	Man
4.	Education	elementary school	S1
5.	Position in the Family	The patient is the 4th child of 4 siblings, the patient is the 3rd son in the family	The patient is the 6th child of 6 children, and the patient is the 2nd son in the family
6.	Since when has he been treated at the RSJ?	03 November 2023	October 31, 2023
7.	How many times was it treated?	Twice	First time
8.	Is there a family member who experiences mental disorders?	There isn't any	There isn't any
9.	Initial symptoms appear	Patients often have tantrums, clenched fists, sharp gazes, and hit their parents for no reason	Patients often cannot control their anger with clenched hands, sharp gazes and slamming things.
10	When did the symptoms appear	The patient said he likes to get angry if someone bothers him	The patient said he likes to get angry when someone bothers him
11	Emergent behavior	Rampage, hitting people, breaking things	Angry and slamming things/damaging things
12.	Are there any withdrawal symptoms?	The patient had withdrawal symptoms approximately 2 months ago, the patient felt bored of taking medication, when he withdrew from the medication the client felt annoyed for no reason, even because of small things he would get angry and hit people.	The patient had no withdrawal symptoms.
13	The family member closest to the patient	The patient said his closest family member was his mother.	The patient said his closest family members were his parents.
14	Has the patient ever been visited by family?	The patient was never visited by family while being treated in hospital.	The patient was visited by family once while being treated in hospital.

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The medical diagnosis in patients 1 and 2 is paranoid schizophrenia with a risk of violent behavior. The pharmacological therapy given to patient 1 was Trixeyphenidyl, Respiridone, and Clozapine. In this patient, the 2 pharmacological therapies given were Respiridone and Clozapine.

The nursing action carried out by the nurse for patient 1 and patient 2 was a strategy for implementing how to control the risk of violent behavior with 5 SPs carried out over 6 meetings, where the results were that patient 1 was able to carry out the action well, the nurse taught how to control the risk of violent behavior by means of identifying the risk of violent behavior and physical exercise 1 (take deep breaths), physical exercise 2 by hitting a pillow, verbal communication: (asking, refusing and expressing feelings well), spiritually, and obediently 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 the risk of violent behavior and physical exercise 1 (take deep breaths), physical exercise 2 by hitting a pillow, verbal communication: (asking, refusing and expressing feelings well), spiritually, and obediently taking medication. Provided that Mr. M can do the physical exercises that have been taught, Mr. M tends to move easily and has less eye contact. Meanwhile, Mr. I can follow the physical exercises that have been taught, the patient is cooperative, and makes eye contact (+).

3.1. 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 [7]. 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 using these five methods, the patient was able to practice taking deep breaths, 2 physical exercise by hitting a pillow, third verbal communication: asking, refusing and expressing feelings well, fourth using spiritual means; pray, do dhikr, 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 gaze was not sharp. Patient 2 after implementation, the patient was able to control anger using these five methods, the patient was able to practice physical exercise 1 [8], deep breathing [9], physical exercise 2 by hitting a pillow, verbal communication: asking, refusing and expressing feelings well, in a spiritual way; pray, make dhikr, pray and be obedient to taking medication [10]. Likewise with the patient's behavior, after implementation, the patient was cooperative for 6 meetings, there was eye contact, the patient's gaze was not sharp, he was no longer suspicious and the patient looked calm.

3.1.1. Comparison between Mr. M and Mr. I

Mr. M: The patient shows a less cooperative response, the patient appears to be pacing back and forth, sometimes his eyes are very sharp. The patient's cooperation was not good during the assessment, where he often said he did not know when asked by the nurse, but he still wanted to be taught and was able to follow what the nurse taught. Mr. M looks neat, with neat clothes, neat hair, and Mr. M also wears sandals. Pharmacological therapy of clozapine, risperidone, and trihexyphenidyl.

Mr. I: The patient responded well and was able to cooperate during the interview and implementation. Mr. I looked neat and was able to maintain personal hygiene. The patient also wore sandals. Pharmacological therapy Respiridone, and Clozapine.

3.1.2. Evaluation and implementation results

Mr. M : The evaluation was carried out through a time contract, and the results showed progress. Mr. M tends to be closed, his verbal orientation is not good, but after taking action for 6 days, Mr. M seems better and more active in talking to someone, and Mr. M is able to carry out the 5 implementation strategies that have been taught.

Mr. I: Evaluation is carried out by comparing the patient's initial condition and progress during implementation. Mr. I is more open, has good verbal orientation, and Mr. M is able to carry out the 5 implementation strategies that have been taught.

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This comparison is carried out to assess the progress of the actions that can be carried out by the patient and assess the response of each patient. So that there are differences in response, ability to implement, and pharmacological therapy obtained. Although both had schizophrenia with problematic risk of violent behavior, differences between individuals and response to intervention became clear in this comparison.

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. .I. Mr. M tends to switch easily, makes eye contact (-) and still looks restless, while Mr. I 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.

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