



## Application of Assertive Training for the Ability to Control Anger in Patients with Violent Behavior

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### ABSTRACT

Objective: To be able to provide comprehensive nursing care to patients with violent behavior by applying assertive training techniques. Method: This research method used a qualitative descriptive design with a nursing care process approach including assessment, diagnosis, planning, implementation, and evaluation, which was carried out for 3 days in the Tanjung Room BLUD of the Banjar City Hospital. Enforcement of nursing diagnoses and nursing interventions refers to the IDHS, SIKI, and SLKI, and nursing evaluations are documented using the SOAPIER method. Researchers intervened in the application of assertive exercises with the study population being patients with violent behavior, with the inclusion criteria of patients with a diagnosis of violent behavior and cooperative patients. Accidental sampling technique: this study used one patient with violent behavior. The analysis technique uses interview transcripts and triangulation. Result: The results of this case study show that after being given assertive training technical interventions for 3 days with a duration of 10–20 minutes a day, the problem of nursing violent behavior towards patients was resolved, marked by the patient being able to control anger verbally. assertive training, assertive training therapy, which generally makes the client comfortable, seen from the client's side, is also cooperative and prefers to socialize and talk to other people around him. Conclusion: After nursing care was carried out at the BLUD of the Banjar City Hospital for Ms. S in the Tanjung room with a medical diagnosis of paranoid schizophrenia from March 29 to March 31, 2023, the authors concluded that assertive training is proven to be able to control the anger of patients who experience violent behavior. The benefits will be maximized if done regularly and gradually. So that nurses can carry out these non-pharmacological interventions to control anger in patients with mental disorders with violent behavior problems.

**Keywords:** Assertive training, Violent behavior, Schizophrenia

### Introduction

Schizophrenia is a condition of a psychotic disorder characterized by major disturbances, namely disturbed thoughts, emotions and behavior, where these thoughts are not logically related to each other. There are 2 general symptoms of schizophrenic patients, namely in the form of positive symptoms consisting of delusions, hallucinations, agitation, and aggression. While the negative symptoms of schizophrenia such as difficulty starting a

conversation, blunt or flat affect, reduced motivation, passivity, apathy and social withdrawal and discomfort. One of the positive symptoms of schizophrenia that often occurs is violent behavior (Makhruzah et al., 2021).

(World Health Organization 2019), National Institute of Mental Health (NIMH). Around the world, there are around 264 million people with mental disorders who have depression, 45 million people suffer from bipolar disorder, 50 million people have dementia, and 20 million people have schizophrenia (Ridiansyah et al., 2022). According to data from the Ministry of Health of the Republic of Indonesia in 2017 the number of schizophrenics in Indonesia reached 2.5 million consisting of patients with violent behavior (Palufi & Fitriani, 2017).

Violent behavior is a state of loss of control of one's behavior which is usually directed at other people, the environment and even oneself. Violent behavior towards oneself can take the form of self-injury such as suicide or allowing oneself to be neglected (Rahmi & Suryaningsi, 2022). Violent behavior can also be said to be an emotional state which is a mixture of feelings of frustration and hatred or anger (Prasetya, 2018).

Anger can begin with a stressor that comes from internal or external (Arnanda, 2022). Internal stressors include illness, hormones, resentment and resentment, while external stressors can come from teasing, insults, insults, loss of value, being deceived, evictions and disasters. Anger requires prevention so that it does not become maladaptive, because maladaptive behavior will lead to violent behavior that can harm and harm oneself, others and the environment (Emilia, 2020).

Management of schizophrenic patients is pharmacological and non-pharmacological therapy. One of the nonpharmacological therapies in schizophrenic patients is assertive training. Assertive training is a technique of expressing feelings and opinions honestly, fairly and openly to oneself and others, being able to be assertive and mutually respectful (Rudianto, 2016). This assertive behavior is the best way to express anger without physically or psychologically hurting the other person. Besides that, this behavior can also be for the client's self-development (Muhith, 2015). This assertive communication requires gradual training to achieve assertive communication skills. Chronic schizophrenic patients with assertive training have been shown to increase assertive behavior and interpersonal communication skills immediately after being given assertive training (Priyanto, 2019). The management that can be done in carrying out assertive exercises in patients with violent behavior is to control violent behavior through verbal (expressing thoughts and feelings, expressing desires and needs to express anger, refusing rational requests and giving reasons, and maintaining changes in assertive behavior.). Implementation using the method of description, modeling, role play, feed back and transfer. (Martini et al., 2021). With assertive exercises applied in daily activities, it will help patients convey things that patients actually want to convey properly according to their goals and help patients reduce the risk of violent behavior.

Based on the background above, the researcher is interested in conducting a case study research with the title Application of Assertive Training on the Ability to Control Anger in Violent Behavior Patients at BLUD RSUD Kota Banjar.

### **Objective**

The purpose of this case study is to be able to perform nursing care on Ms. S with violent behavior using assertive training techniques to control anger in mental patients.

### **Method**

This research method used a qualitative descriptive design with a nursing care process approach including assessment, diagnosis, planning, implementation and evaluation which was carried out for 3 days in the Tanjung Room BLUD of Banjar City Hospital. Enforcement of nursing diagnoses and nursing interventions refers to the IDHS, SIKI, SLKI and nursing evaluations are documented using the SOAPIER method. Researchers carried out interventions in the application of assertive exercises with the study population being patients with violent behavior, with the inclusion criteria of patients with a diagnosis of violent behavior and cooperative patients. Accidental sampling technique, the study used 1 patient with violent behavior. This researcher provides an assertive exercise technique intervention. Assertive exercises are carried out using the interview method, practice expressing verbally: refuse well, ask well, express feelings well.

1. "Can you describe how you feel now?"
2. "I'm sure you can express your feelings further"
3. "Remove all the worries that are in you"
4. "Thank you if you are willing to share your story with me"
5. "I understand, but the actions you take can have an impact on harming yourself, others and the environment"
6. "Try now to try to calm down by taking deep breaths and imagining experiences that make you calm or happy"
7. "let's try to fix everything together"
8. "I am impressed by your desire to heal and I will help you control your angry behavior . "

This therapy is carried out for 3 days with a duration of 10-20 minutes every 1 session for 3 consecutive days and is repeated every time anger appears. The first stage carried out is:

- a. preparation
  - 1) Define Patient
  - 2) Patient Identification
  - 3) Make a Contract with the Patient
- b. Orientation
  - 1) Give therapeutic greetings
  - 2) Ask the patient's current feelings
  - 3) Explain the purpose and time of the contract

c. Work Stage

Teach the patient the method of channeling anger verbally, namely:

- 1) Express feelings of annoyance
- 2) Ask for something/help properly
- 3) Refuse nicely

d. Termination

- 1) Evaluation
- 2) Ask how the patient feels after contact
- 3) Ask again about social/verbal ways that can be done to get rid of anger
- 4) Further Action Plan

Instruct the patient to channel his anger so as not to cause anything bad

- 5) The contract is coming

Agree to do how to get rid of anger spiritual method

The research instrument used interview guidelines, observation sheets and measurements documentation were made before and after being given therapy. Then observe the ability to control the patient's anger from the initial and final measurements. The analysis technique uses interview transcripts and triangulation.

## Results

The client named Mrs. S is single, 30 years old, a woman, Muslim, and domiciled in Randegan, Banjar. The client and his family came to the Banjar City Hospital on March 20, 2023 at 09.23 WIB. The client was taken to the hospital because his condition was getting worse. Before being taken to the hospital, the client often gets angry and injures himself by hitting walls, talking continuously, and breaking things at home. The complaint was triggered when he broke up with his girlfriend in middle school, since then the client's behavior has changed. During the study on March 29, 2023 at 09.43 WIB the client's condition was not much different from the previous condition, talking continuously, getting angry and beating himself up by hitting the wall, mood swings / moods change quickly, pushy if there is a desire and difficult to manage, but if spoken to the client can answer questions well. The nursing problem is violent behavior.

During the cooperative client intervention, it's just that his anger still likes to come when something upsets him. As well as effective techniques for clients, namely assertive training techniques. Because the technique includes all interventions that can reduce the client's angry response. Assertive training techniques that generally make clients comfortable can be seen from the side of clients who are also cooperative and prefer to socialize talking to other people around them. Compared to the technique of deep breathing and hitting the pillow, hitting the pillow can only quell the anger at that time. Significant changes were seen in the assertive exercise intervention.

## Discussion

This discussion contains an analysis of case studies with nursing diagnoses of violent behavior along with responses from clients which are then compared with theory. The discussion includes assessment, nursing problems, planning, nursing actions and evaluation of researchers focusing on how to control violent behavior towards anger control so that behavior can injure oneself, others and the environment does not occur.

The very first process is assessment which is a key step in the nursing process, which aims to collect information about the patient including identity, reasons for admission, predisposing factors, physical examination, psychosocial, mental status, discharge planning needs, coping mechanisms, psychosocial and environmental problems, knowledge, and medical aspects (Akbar, 2021). These data will later be submitted for the enforcement of nursing diagnoses. Based on the results of the analysis of the case data above, subjective data was found. The first was found that the client's family said that before being taken to the hospital, the client often got angry and injured himself, kept talking, and damaged household items. The complaint was triggered when he broke up with his girlfriend in junior high school, since then the client's behavior has changed. Furthermore, it is supported by objective data, that is, the client looks annoyed, the client's hands are clenched, the client is seen injuring himself. Data analysis in the case above is in accordance with the theory put forward by the researcher.

From the results of the study on Ms. S with subjective data and objective data obtained compared to theory according to (Candra, 2021) which states that symptoms of violent behavior include subjective data: Expressions in the form of threats, expressions of harsh words, expressions of wanting to hit/injure. Objective Data: Blushing and tense face, tense muscles, sharp gaze, tightly clenching jaws, clenching hands, speaking harshly, high voice, screaming or shouting, arguing, pacing back and forth, forcing will, hitting if displeased, showing hostility and throwing or hitting objects (Anggie, 2022).

Based on the cases of violent behavior above, it can be concluded that the results of the study data found that there were changes in empirical data rationally because the cases the authors studied had received therapy with various methods from the hospital, both medically and therapeutic modalities.

Based on data from the field compared to data according to (Wuryaningsih et al., 2020) research theory there are differences because there are many deficiencies in the signs and symptoms according to the conceptual theory which of course in this study conducts assessments since the client is to the hospital. While the author conducts an assessment of the client after a few days the client has received treatment from the hospital where the author conducts an assessment on March 29 2023 and the client is taken to the hospital on March 20 2023.

The second nursing care process, namely nursing diagnoses, can be concluded to determine nursing diagnoses in patients, namely violent behavior. Based on subjective and objective data in this case, a diagnosis of functional grief, low self-esteem and violent behavior can be established which results in clients injuring themselves according to the

theory put forward by (Kurniasari et al., 2023). Based on the analysis of diagnostic data that is a top priority in providing nursing care, namely violent behavior where the diagnosis requires immediate treatment and if not treated immediately it will become a threat that can result in loss or injury to the client, other people and the environment.

After analyzing the data resulting from the diagnosis, a nursing planning process is then made in accordance with the problems that arise in patients. In accordance with the case experienced by Ms.S with the priority problem that must be addressed immediately, namely violent behavior. Then the action plan that will be carried out for 3 days of meetings is expected that the client can control violent behavior. The first action is carried out by means of BHSP (Building Mutual Trust Relationships) by introducing oneself, identifying clients, approaching first with frequent but brief contact methods. The second action is done by teaching how to control anger by hitting the pillow. The third action is carried out by controlling anger and violent behavior verbally (asking, receiving, expressing correctly) in the third implementation, assertive training techniques are applied. Practice expressing anger verbally: refuse kindly, ask kindly, express feelings kindly. This intervention is thought to be effective in improving verbal skills in patients who experience violent behavior which is supported by six factors, namely gender, patient self-esteem, patient personality type, situation in the surrounding environment, culture, and level of education (Selvia, 2022).

The next process, namely the implementation of nursing, is a series of activities that have been planned beforehand and then carried out by the author to help patients from the problems they face which describe the expected outcome criteria. In the implementation carried out by the author always refers to all the plans that have been prepared.

The first nursing action to take is to do BHSP (Building a Mutual Trust Relationship) by introducing yourself, identifying the client, making an approach first using the frequent but brief contact method, implementing a time contract. At the first meeting, the writer talked and talked about violent behavior by controlling the trust that had been established so that the client would want to discuss it and the writer taught how to control his anger and violent behavior with deep breathing techniques.

The second day of the strategy implementation then the action taken by the researcher was by first validating the problem and evaluating previous exercises and teaching how to control anger by hitting pillows. The next implementation strategy is to teach clients how to control anger and violent behavior verbally (asking, receiving, expressing properly). In the third implementation, assertive training techniques are applied. Practice expressing anger verbally: refuse kindly, ask kindly, express feelings kindly. Before implementation, there was a response from the patient who was always angry if something upset him. Meanwhile, during the implementation of assertive training, it was found that the patient's response was able to control his anger. The implementation of assertive training is carried out in several stages of the process, namely preparation, orientation, work stage, termination, and evaluation.

The last nursing process is an evaluation which is the process of reporting how the activity was resolved, how it deviates from the provisions, and determines the difference

between the two and what benefits have been taken. And it is applied to monitor the following care and evaluate the effect of nursing actions on patients. On the first day there was a change in the client by being able to apply deep breathing techniques to reduce the client's angry response when angry. On the second day the client is able to replace violent behavior injuring himself and others by hitting the pillow, so that the client no longer hits his hand against the wall and does not injure other people. On the third day, there was a significant change in reducing the client's violent behavior. During the cooperative client intervention, it's just that his anger still likes to come when something upsets him. As well as techniques that affect clients, namely assertive exercise therapy. Because the technique includes all interventions that can reduce the client's angry response. Assertive exercise therapy, which generally makes the client comfortable, can be seen from the side of the client who is also cooperative and prefers to socialize and talk to other people around him. Compared to the technique of deep breathing and hitting the pillow can only reduce feelings of anger. Significant changes were seen in assertive exercise therapy interventions.

### **Conclusion**

The conclusion from the results of the authors examines and implements nursing care for Ms. S with violent behavior at the BLUD of Banjar City Hospital for 3 days of meetings starting on March 29 2023, the authors can conclude that assertive training is proven to be able to control the anger of patients suffering from violent behavior. The benefits of exercise will be maximized if done regularly and gradually. So that nurses can carry out these non-pharmacological interventions to control anger in patients with mental disorders with violent behavior problems.

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