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Implementation of Deep Breathing Relaxation Techniques to Control Anger at Violent Behavior

Amalia Pasca Fitry[1], Vikri Haikal Ramdani[1], Suhanda[1], Rosmiati[1]
[1]STIKes Muhammadiyah Ciamis, Indonesia

Correspondence: Amalia Pasca Fitry
Email: amaliapasca@gmail.com
Address: Sukamaju, Baregbeg , Ciamis, Jawa Barat

ABSTRACT

Objective: This case study was conducted to describe the application of deep breathing relaxation techniques to control anger in patients with violent behavior

Method: The design of this research uses case studies through a qualitative approach that focuses on the application of nursing interventions. The participants used in this study were Mr. P is 32 years old, a man with a mental disorder with violent behavior. The process of assessment and diagnosis is focused on the main problem. Objective and subjective data become a reference for periodic evaluations of nursing implementation. The research location was carried out at the BLUD of Banjar City Hospital on 25-28 May 2022.

Results: Based on the results of nursing care, signs and symptoms were obtained, namely the subjective data of the client being angry, annoyed and injuring himself while the objective data of the client looked annoyed, the face was red, the hands clenched and the client was silent. bow down in shame because of his actions. The nursing problem found is violent behavior. The intervention given is a deep breathing relaxation technique.

Conclusion: The therapeutic intervention of deep breathing relaxation techniques has proven effective in controlling anger in patients with violent behavior and clients say that after the intervention they become calmer, relaxed and able to control angry feelings.

Introduction

Based on information from the World Health Organization in 2019, around 264 million people have mental disorders, 45 million people have bipolar, 50 million people have dementia, and 20 million people have schizophrenia (Sandi, 2021). Schizophrenia is a serious, ongoing, or chronic mental problem. The prevalence of schizophrenia around 2018 in the general population reached around 1,000 people. Based on epidemiological assessments, it is said that the overall

prevalence of schizophrenia ranges from 0.2% to 2.0% (Suyasa, 2021). About 1 in 100 people in the United States (2.5 million) have schizophrenia. Schizophrenia is ranked 4th out of the 10 most dangerous diseases in the world.

Based on the basic health study (Riskesdas) of the Ministry of Health in 2018, the rate of severe mental disorder schizophrenia reached around 450,000 people or 7% per 1,000 population. West Java Riskesdas information for 2018 shows that the prevalence of mental disorders in people aged over 15 years is 7.8 n families. with predominance of schizophrenia or psychosis (per mile) 5% (Kandar & Iswanti, 2019).

Schizophrenia is a mental disorder characterized by major disturbances in the form of aggressive thoughts, feelings and behaviors where these thoughts are not logically connected. There are two general symptoms in people with schizophrenia, namely the first positive symptom, including the emergence of delusions, agitation, hallucinations, and aggression. During this time, negative symptoms include rough or flat affect, difficulty initiating conversation, passivity, apathy, decreased motivation, decreased attention span, withdrawal, and social discomfort.

Schizophrenia often arises from positive symptoms of violent behavior. Based on WHO information, around 2 million people engage in violent behavior and more than half of patients who engage in violent behavior, or around 50%, do not receive treatment (Organization, 2019). Violent behavior is a state of control over one's behavior that is out of control and directed at other people, the environment, or oneself. The act of violence itself can be in the form of self-injury such as suicide or allowing oneself to be left alone (Siregar, 2022). Whereas in other people violent behavior can be in the form of an aggressive action shown to injure or kill other people (Putri & Fitrianti, 2018).

Violent behavior is an emotional state mixed with feelings of frustration and hatred or anger (Novendra, 2019). Anger can start from a stressor that comes from internal or external (Sutjiato, 2015). Internal stressors including illness come from hormones, anger and revenge, while external stressors can come from insults, ridicule, humiliation and loss. Anger is needed as a preventive measure so that it does not turn into a disgraceful act, because bad behavior can lead to violent behavior that can harm oneself, others and the environment (Anggit Madhani, 2021). Impacts and losses caused by acts of violence require expert attention.

Nurses as specialists are responsible for providing nursing services under their authority and authority, independently or in collaboration with other members of the health service, in the form of nursing care. Nursing care is an activity that helps through the relationship between clinical medical officers and clients, families or networks to achieve optimal levels of well-being. Nursing activities carried out on clients with violent behavior through generalist nursing activities one of which is controlling anger through deep breathing relaxation.

The deep breathing relaxation strategy is a type of nursing care, where an officer shows the client how to take full breaths, hold inspiration optimally and how to exhale gradually and slowly (Sutinah et al., 2019).

Based on the explanation above, the authors have an interest in conducting a case study with the application of deep breathing relaxation techniques to controlling anger in patients with violent behavior. P with a medical diagnosis of paranoid schizophrenia at the BLUD of RSU Banjar

City which has recorded 12 cases or 6.35% since the last 2 years from January 2020 to December 2021 and is the 6th of the 10 most common diseases in RSU Kota Banjar.

Objective

This case study was conducted to illustrate the application of deep breathing relaxation technique interventions to controlling anger in patients with violent behavior.

Methods

The research design used was a case study using a nursing care approach, namely research using data from assessment, diagnosis, planning, implementation of actions, and evaluation implementation. Several methods were used for data collection such as interviews, field observations and documentation. This case study uses a descriptive analysis approach whose main purpose is to explore the problem, provide an overview of the case study, and further analyze nursing care with interventional nursing care. Deep breathing relaxation techniques to control the angry response of violent clients.

This study uses a case study design with a qualitative approach and focuses on the application of nursing interventions. The participants used in this study were Mr. P, 32 years old, male with violent behavior mental disorder. The process of assessing and establishing a diagnosis is focused on the main problem. Objective and subjective data become a reference for evaluation of nursing implementation on a regular basis. The research location was carried out at the BLUD of Banjar City Hospital on 25-28 May 2022.

Result and Discussion

Assessment

The client named Mr. P 32 years old man, married, laborer with the last high school education from Cigadung village, Banjar when examined on 25 May 2022 the client said he was annoyed, jealous and wanted to hit other people but was held back and preferred to beat himself. Previously, the client had been treated at the Tanjung room hospital in 2017 and the family had no history of the same disease. The person in charge of the client is Mr. A who is an uncle.

At the time of examining the data analysis, it was found that the client's subjective data said he was annoyed and jealous of his wife who was too close to a man, wanted to hit someone else but was detained and preferred to beat herself, the client said she was ashamed of her actions. As for the objective data, it was found that the client looked annoyed, angry, had red eyes and hit himself against the wall. The therapy used was 1 ampoule haloperidol injection and 1 ampoule diozepam injection.

Diagnosis

Table 1. Data Analysis

Symptom	Ethiology	Problem
Subjective data: The client said he was jealous of his wife because he was too close to other men, so that he became annoyed and wanted to hit someone else but was held back causing him to hurt himself. The client also said that	Violent Behavior ↓ self-harm ↓ Low Self-Esteem	Violent Behavior

he was sometimes ashamed of other
people because of his actions.

Objective Data:
1. The client's face looks annoyed
2. The client's tone sounds a bit curt
3. Seen the client hit the wall.

Intervention, Implementation, and Evaluation
        Nursing interventions for patients with violent behavior need to be carried out to control anger based on the theory of Anggit Madhani (2021).

Table 2. Nursing Intervention, Implementation and Evaluation

Intervention	Implementation	Evaluation
SP 1 and deep breathing relaxation therapy After nursing actions the client can demonstrate how to control anger by: 1. Physical (deep breathing relaxation technique) 2. Take the right medicine 3. 3. Verbal (assertive action Spiritual	1. Fostering a relationship of mutual trust 2. Say therapeutic greetings, greet clients in a friendly manner 3. Introduce yourself politely 4. Ask the client's full name and the client's preferred nickname 5. Carry out timely contracts with patients 6. Identification with clients about the signs and causes of violent behavior 7. Discuss with the client about alternative ways to control anger 8. Teach the client relaxation deep breaths to express anger.	**S:** 1. The client answers greetings from students "Waalaikumsalam" 2. The client wants to introduce himself to the student "My name is Mr. P and likes to be called Mr. Just P" 3. The client wants to tell about the causes of hospital admission and violent behavior, "I was taken to the hospital because I was jealous of my wife who was too close to a man who wanted to register my wife as pre-employment, I was annoyed and wanted to hit but I held it and preferred to hit the wall" . 4. After the intervention was given, the client said that he was a little less annoyed and started to calm down a little **O:** The client looks calm, speaks spontaneously, the emotion is

unstable, eye contact (+), the client is willing to shake hands, looks annoyed, looks to clench his fist and hit the wall

A:
Goal partially achieved

Q:
Continue intervention

After carrying out nursing care at Mr. P aged 32 years with violent behavior at BLUD RSU Banjar City from 25-28 May 2022. The process consists of assessment, determination of diagnosis, nursing plans, nursing actions and evaluation.

The initial phase, namely assessment, is the first step in the nursing process, where the author collects data through a client approach. This data will be sent as part of performing a nursing diagnosis. Based on the results of the study on May 25, 2022 at 09.00 it was found that the client said he was jealous of his wife who was too close to the man in helping with the pre-work list, this made the client angry, annoyed and wanted to hit someone else but was detained so he chose to hit himself Alone. Self-esteem assessment on Mr. P is that the client says that he is sometimes ashamed of his actions.

The second nursing step is to confirm the diagnosis through the results of data analysis research, it is found that the nursing problem that arises is violent behavior, characterized by subjective data, the client is angry, annoyed and hurts himself while the objective data is, the client looks annoyed, the face is red, the hands are clenched and customers lowered their heads in shame at his actions.

Based on field data with existing theories, the results obtained are related in terms of establishing a nurse's diagnosis by examining signs and symptoms in patients with violent behavior. The facts in the field found that the signs and symptoms of violent behavior are subjective data that the client is angry, annoyed and injures himself. As seen from the objective data, the client looks annoyed, his face flushes, his hands clenched and the client bows down in shame because of his actions.

It can be compared with the theory carried out by Malfasari in 2020 which states that signs and symptoms of violent behavior include subjective data: Manifestations such as danger, manifestations of harsh speech, the desire to hit/injure oneself. Objective data: Red and tense face, staring, muscle tension, jaw clenching, clenched fists, slurred speech, squeaky voice, shouting, competition, walking, holding back, hitting if dissatisfied, feeling ashamed of himself for his illness. medication, mental trips can be heard with violence, aggressive behavior and throwing or hitting objects or other people (Malfasari et al., 2020).

The next third step is to develop a treatment plan based on a diagnosis of violent behavior. Anggit Madhani's theory-based nursing action plan for 2021 which states that there is an implementation strategy for managing anger in patients with violent behavior, namely (1) controlling anger through physical means by applying deep breathing therapy, (2) appropriate medication, (3) words or be kind, assertive action (4) spiritual way of prayer, Al-Qur'an, dhikr or according to the client's religion.

Whereas family nursing activities based on Pardede's 2020 research are presented (1) explaining the problem of the risk of violent behavior, (2) discussing problems and possible consequences given to clients who are involved in violent behavior, (3) explaining and training families on how to deal with clients with violent behavior (4) creating a therapeutic environment for clients who commit violence, and (5) explaining to families how to use medical services for follow-up, how to refer clients to health to prevent disease recurrence. The focus action taken is by applying deep breathing relaxation techniques to control clients with violent behavior.

Deep breathing relaxation techniques are movements that provide nutrition by taking deep breaths, inhaling slowly, still giving as much inspiration as possible and exhaling slowly (Hidayat et al., 2022; Kurniawan, 2022). The benefits of deep breathing relaxation therapy are that it can bring real calm, reduce stress, tension and anxiety, stress and pressure felt by clients to reduce violent behavior (Tazqiyatus Sudia, 2021).

Based on research by Kinandika (2014) and Biyan Tazqiyatus Sudia (2021) shows that a positive response by introducing deep breathing relaxation techniques can make clients feel calmer, relaxed, and clients can control their emotions (Tazqiyatus Sudia, 2021). The fourth stage is the implementation of nursing where the writer acts according to the conceptual nursing plan, but in this case there are nursing actions that are not carried out because they are based on the patient's unstable situation and condition.

Conceptually, the provision of nursing care must be carried out in accordance with the operational plan. The implementation of mental nursing actions is carried out based on the implementation strategy (SP) for each main issue (Sirait, 2015). The nursing action that the author takes is to do BHSP or build a trusting relationship first with the client, namely by identifying the causes of feelings of anger, signs and symptoms that are felt and physical exercises of deep breathing relaxation to control feelings of anger, teach clients about the 5 right to take medicine, namely right medicine, right client, right way, right time and right dosage and teaching clients how to control anger in a spiritual way, namely by encouraging clients to do more dhikr and ishtigfar.

The fifth stage is evaluation which is the final stage of nursing to evaluate the effect of the nursing actions taken. The formative evaluation on May 25 2022 found that the results had not been resolved because the client's emotions were still unstable and the client's face still looked annoyed. Whereas in the summative evaluation, namely by monitoring the results of the client's progress notes conducted on May 27-28 2022, it showed good results.

On May 27, 2022 the first day of progress notes, the results obtained were that after implementing deep breathing relaxation therapy the client said he was much calmer, and could control his anger. Then on May 28, 2022 the second day of progress notes, the results obtained are that after applying the breathing relaxation technique the client says he becomes calmer, relaxed and can control and control his angry feelings.

Conclussion

After nursing care, Mr. P with violent behavior at the Banjar City Hospital, Bangsal Tanjung on 25-28 May 2022, the authors can conclude that the application of deep breathing relaxation techniques has proven effective in controlling anger in patients with violent behavior. During the implementation process, the client is very cooperative in carrying out the recommended nursing actions.

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