



## Description of Nurse's Attitude in Caring for Violent Behavior Patients

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### Article Info

#### Article history:

Received 22 December 2022

Received in revised form 18  
January 2023

Accepted 21 February 2023

#### Keywords:

Violent Behavior  
Nurse's Attitude  
Patient

### Abstract

*Predisposing factors become the cause of violent behavior originating from clients such as lack of attention which usually occurs in childhood, having low emotional abilities such as someone who is easily angry, has anxiety disorders, depression, family relationships that are not going well, losing someone beloved. While precipitation factors such as hopelessness, helplessness, and lack of confidence. Interviews and observations are the methods used in this study. The attitude of nurses in caring for patients with violent behavior is included in the good category (82.5%) as evidenced by the score on the interview sheet. Based on the results of observations regarding the attitude of nurses in caring for patients with violent behavior, nurses have carried out in accordance with the theory based on the level of attitude as evidenced by the interview sheet.*

## Introduction

Quality of life can decrease as a result of distress and dysfunction which can be seen from the behavior of patients with psychiatric disorders, such as behavioral and emotional patterns. Psychological dysfunction is a visible sign but does not include effects due to social inequality due to community conflict (Pangestika et al., 2018). Someone who injures himself or even others physically and psychologically is included in acts of violent behavior. Verbally, this behavior is carried out with the aim that he, other people and even the environment are injured, by not being able to control the feeling of uproar and anxiety accompanied by tantrums (Dermawan, 2018).

In 2019 WHO (World Health Organization) stated data on the prevalence of mental disorders, which consisted of 264 million people with depression, 45 million people with bipolar disorder, 57 million people with dementia and 20 million people with schizophrenia (Hasannah & Uswatun, 2019).

The number of Indonesia's population has increased due to mental disorders based on reports on prevalence rates by basic health research (2018), namely from 1.7% to 7% while mental emotional disorders from 6% to 9%. Bali is the province in Indonesia with the most mental disorders with a percentage of 10.5% (Risikesdas, 2018).

The number of Indonesia's population has increased due to mental disorders based on reports on prevalence rates by basic health research (2018), namely from 1.7% to 7% while mental emotional disorders from 6% to 9%. Bali is the province in Indonesia with the most mental disorders with a percentage of 10.5% (Risikesdas, 2018).

Based on data from the Dadi Regional Special Hospital in South Sulawesi Province in the emergency room from January to April 2022, the number of incidents of violent behavior was

141 cases. From the explanation above, the researcher's interest in carrying out research on the description of the knowledge and attitudes of nurses in caring for patients with violent behavior in the emergency room at Dadi Regional Special Hospital, South Sulawesi Province in 2022.

Predisposing factors become the cause of violent behavior originating from clients such as lack of attention which usually occurs in childhood, having low emotional abilities such as someone who is easily angry, has anxiety disorders, depression, family relationships that don't work

Well, losing loved ones. As well as getting used to noise in the environment, overcrowding, proactive social interaction, objections that lead to insults. Meanwhile, precipitation factors such as feelings of hopelessness, helplessness, and lack of self-confidence (Suryenti et al., 2018). If this is not handled properly, various disorders will occur, such as feelings of anxiety, emotions, moods that interfere with personality and obsessive compulsive disorder (OCD), experience stress due to trauma (PTSD), which can lead to mental disorders such as violent behavior (Jennifer, 2021).

Violent behavior requires special handling from the nurse on duty so that patients with violent behavior can be handled. So that nurses need knowledge, especially if they want to make clinical decisions in initial assessments that require knowledge as an important component, precisely the decisions taken by nurses so that the priority is patient care, special knowledge is needed as a supporting factor so that types and levels of severity can be separated, so that patients can be handled in a complete and directed manner (Tufani, 2018).

Nurses' handling of violent behavior is in the form of prevention strategies and control strategies, namely health education, awareness, communicating verbally and non-verbally, changing environments and intervened behavior (Tufani, 2018).

## Methods

This case study uses a descriptive design. The research location was at the Special Hospital in the Dadi area, Sulawesi Province, with the subject being a nurse on duty in the ER. Participants who took part in this study were two nurses with a minimum education level of D3 in nursing and with a minimum of 3 years work experience. Data was collected by distributing questionnaires in the form of an attitude instrument using an observation sheet. This questionnaire contains the attitudes of nurses in caring for patients with violent behavior. There are 10 questions on the questionnaire, there are 4 answer choices with a score (Strongly disagree: 1, disagree: 2, agree: 3, strongly agree: 4). The highest score is 40 and the lowest score is 10, with the score criteria namely (Good: 31-40, Adequate: 21-30, Poor: 10-20) (Husein, 2012), direct interviews with research subjects and observation as a method of collecting data directly by observing the respondent.

## Results and Discussion

There were 2 nurses who were selected to be the subject of the case study, namely subject I and subject II with predetermined criteria on the inclusion and exclusion criteria.

Table 1. Nurse attitude responses

Statement Nurse,"A"	Score			
	1 Strongly disagree	2 Disagree	3 agree	4 Strongly agree
I continue to treat patients with violent behavior until the control strategy			√	
I treat patients with violent behavior if the patient is in a bad state			√	

Environmental therapy is so important for nurses to maintain an environment for patients with violent behavior				√
I treat the patient according to the procedure correctly			√	
I treat patients with violent behavior verbally, to others and to the environment			√	
Nurses teach how to communicate to others			√	
Nurses help patients with violent behavior by participating in groups and individuals				√
Nurses provide methods that cause individual change by examining their feelings, attitudes, ways of thinking and behavior.			√	
Nurses set aside a schedule of daily activities of violent behavior patients			√	
Nurses facilitate activities or programs that can reduce inappropriate patient behavior				√
Score	<b>33</b>			

Interpretation: Based on table 1, the results of interviews and observations on "Sister "A" were obtained from 10 questions that answered strongly agreeing 3 items (12), while those answered agreed there were 7 items (21).

Table 2. Nurse attitude responses

Statement Nurse "R"	Score			
	1 Very inconsistent	2 Disagree	3 agree	4 Strongly agree
I continue to treat patients with violent behavior until the control strategy			√	
I treat patients with violent behavior if the patient is in a bad state			√	
Environmental therapy is so important for nurses to maintain an environment for patients with violent behavior			√	
I treat the patient according to the procedure correctly			√	
I treat patients with violent behavior verbally, to others and to the environment				√
Nurses teach how to communicate to others				√
Nurses help patients with violent behavior by participating in groups and individuals				√
Nurses provide methods that cause individual change by examining their feelings, attitudes, ways of thinking and behavior.			√	
Nurses set aside a schedule of daily activities of violent behavior patients			√	

Nurses facilitate activities or programs that can reduce inappropriate patient behavior			√	
Score	<b>33</b>			

Interpretation: Interpretation : Based on table 2, the results of interviews and observations on "Sister "R" of 10.

The questions answered strongly agreed 3 items (12), while those answered agreed there were 7 items (21).

This component is carried out on the two case study subjects which are shown through efforts in carrying out their duties as nurses who are actualized by providing sincere help to others, a feeling of calm given to patients and a positive attitude, in this case the two subjects respectively each has a special way of self-actualization in providing care to patients with violent behavior. Judging from the results of the interview sheets conducted on the two nurses, there are several differences in the check list, namely:

On problem number 3 with the question of the importance of environmental therapy that can be maintained for patients with violent behavior.

Sister "A" answered strongly agree (SS), while Sister "R" answered agree (S). Because Subject I (Sister "A") in maintaining the environment for patients better guarantees patient safety and provides protection to avoid the danger of sudden violent behavior caused by other patients. Sharp objects and other dangerous items are kept away so that the patient's safety can be guaranteed so that there is no threat of suicide by the patient. Meanwhile, subject II (Sister "R") is friendly in interaction, gentleness, meeting the needs so that patients feel calm as the solution.

As explained by Rauner (2016) a caring attitude can be observed from the nurse's readiness to come to the patient as soon as possible and express a willingness to help the patient. A caring attitude is manifested by nurses with a quick attitude in meeting patient needs, caring about the patient's condition and suffering, having strong personal integrity, and having a positive response in accepting and caring behavior towards others.

In question number 5 with the question I treat patients with violent behavior verbally, towards themselves, other people and the environment.

Sister "A" answered agree (S), while Sister "R" answered strongly agree (SS). Because Subject I (Nurse "A") is more in providing clinical understanding to patients who experience violent behavior based on their knowledge. A nurse is required to understand the problems that occur in patients. Whereas Subject II (Sister "R") tends to give a more caring attitude in the form of attention given to patients for their complaints sincerely so that patients feel comfortable.

Changes can occur in the relationship that is fostered depending on the circumstances, maintaining the relationship so that it can be maintained through trust that is open, honest, sincere, candid in receiving patients, promises kept and valued patients.

According to (Rahmat in Suriyani, 2017) fostered relationships are not static, usually change according to situations and conditions, therefore, to maintain or maintain a trusting relationship, nurses must be open, honest, sincere, accept patients as they are, keep promises and respect patients.

In problem number 6 with questions the nurse teaches how to communicate with others.

Sister "A" answered agree (S), while Sister "R" answered strongly agree (SS). Because Subject I (Sister "A") self-actualizes more by being respectful and appreciative of every patient he treats and the confidence he displays when meeting patients. Meanwhile, Subject II (Sister "R") focused on communication when carrying out therapeutic actions so that during the treatment

process the patient felt comfortable. Patients who tell their problems are listened to properly, solutions are given in depth problems as privacy that is well maintained by the subject so that a trusting relationship can be fostered with the patient. As stated by Potter et al. (2016) the therapeutic communication process includes the sincere ability and commitment of nurses to provide nursing services to patients, helping patients and their families to achieve success in the healing process. In problem number 10 with questions the nurse facilitates activities or programs that can reduce inappropriate patient behavior.

Sister "A" answered strongly agree (SS), while Sister "R" answered agree (S). Because subject I (Sister "A") gave informed consent to the patient in carrying out the activity, building interaction well. Patients with mental disorders tend to leave the nurse by simply cutting off interactions. Making contracts as a tool for patients to remember the agreed agreement regarding the interaction to be carried out. Whereas Subject II (Nurse "R") interacts with patients and carries out activities with patients and directly makes agreements, especially when giving action to patients. The purpose of making a deal so that patients believe in every action of nursing care both before and after its implementation.

As explained by Stuart (2017) agreements and introductions are activities carried out by nurses when they first meet or contract with patients. Agreements and introductions were carried out at the beginning of the first, second and subsequent meetings. Introduction and agreement stage with the aim of facilitating the accuracy of data and plans that have been made with the patient's current condition, as well as evaluating the results of past actions.

Results of observations on Subject I (Sister "A") and Subject II (Sister "R"). Author as follows:

### **Nurse Preparation**

The nurse's self-preparation as an officer in the emergency room, which is often associated with the patient's condition with violent behavior, requires the nurse to have adequate competence. The nurse's self-preparation is shown by the terms and criteria of the nurse on duty in the emergency room. The results of the interviews show that in general there are no specific provisions regarding the selection of nurses who serve in the ER, meaning that all nurses have the opportunity to serve in the ER. However, there are several things that are prioritized in the placement of nurses in the emergency room, namely nurses getting certain training in accordance with the job specifications in the emergency room, namely special training needed according to the specifications of their duties, for example PICU (Psychiatric Intensive Care Unit) training, BTCLS, aggressive patient training and restrain training. The next criterion is that the nurse chosen is prioritized who is still young.

### **Be aware of the patient's condition**

The purpose of controlling the patient's environment is to maintain patient safety, nurse safety, patient safety and patient behavior. The nurse's self-awareness is also shown by the attitude or initial response of the nurse when she finds a patient with sudden tantrums. The nurse's response when encountering an angry patient begins with maintaining a safe distance from the patient, observing the patient's condition, approaching the patient, estimating the amount of energy needed, exercising restraint and coordinating with the doctor. Based on the results of research findings in interviews, nurses' self-awareness in restraining acts is based on their understanding of the purpose of restraining actions which are manifested in the behavior of nurses in dealing with patients with angry behavior, namely by keeping a distance between the nurse and the patient.

## Confidence

Confidence is how nurses have good confidence to be able to carry out restraint actions on patients with angry behavior. The nurse's confidence is shown by the nurse's ability to implement good nursing care characterized by low side effects

## Acceptance of nurses in dealing with patients with violent behavior

Self-acceptance according to Hurlock (1973) in Rufaidah (2014) is a level of individual ability and desire to live with all of his characteristics. Individuals who can accept themselves are defined as individuals who have no problems with themselves, who do not have the burden of feelings towards themselves so that individuals have more opportunities to adapt to the environment. This is shown by the attitude of nurses who accept risks from their work and accept it as a form of service to others and a form of service to God.

## Conclusion

The attitude of nurses in caring for patients with violent behavior is included in the good category (82.5%) as evidenced by the score on the interview sheet. The two case study subjects can show their efforts in carrying out their duties as nurses in actualizing themselves to help others sincerely, provide peace of mind to patients and have a positive attitude, in this case the two subjects have their own ways, especially in actualizing themselves in caring for patients with violent behavior. Based on the results of observations regarding the attitude of nurses in caring for patients with violent behavior, nurses have carried out in accordance with the theory based on the level of attitude as evidenced by the interview sheet. Such as nurse self-preparation, self-confidence and acceptance of nurses in dealing with violent behavior patients.

## Suggestion

It is necessary to conduct further research with qualitative methods so that the nurse's experience can be explored more deeply

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