THE CHARACTERISTICS OF PATIENTS AT RISK OF VIOLENT BEHAVIOR

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ABSTRACT
Violent behavior is a maladaptive response from anger. Violent behavioral responses that cannot be controlled by a client will have a negative impact on the client and others. The study aimed to determine the characteristics of patients at risk of violent behavior. This research was a quantitative research through descriptive analytic method. A sample of 40 patients with violent behavior were treated at RSJD Dr. Amino Gondohutomo, Central Java Province. Sampling was done using random sampling method. Data collection tool was a questionnaire. Research data were analyzed univariately using frequency distribution. The results showed that the majority of respondents aged 26-35 years, were male, and high school graduates.

Keywords: characteristics, patients, risk of violent behavior

INTRODUCTION
Violent behavior is a maladaptive response of anger. Anger is an annoyance or unpleasant feeling that is parts of daily life (Stuart & Laraia, 2005, Stuart, 2013). Anger is an annoyance that arises as a response to anxieties or unmet needs that are perceived as threats and violent behavior is the adaptive mal response of anger, the result of extreme anger (panic). Keliat (2003) stated that violent behavior owned by an ambigue person who is always anxious, has a negative assessment of self and others, and unable to solve problems properly, so violent behavior is one of the ways used by the client to solve the problem. If anger is shown to yourself, it can cause depression and low self-esteem. If anger is expressed incorrectly, it can worsen relationships with others. When anger is suppressed, it can turn into hatred which can be manifested by showing negative self-behavior from passive to aggressive (Townsend, 2009).

Data from the 2013 Basic Health Research of Ministry of Health of the Republic of Indonesia stated that the prevalence of mental disorders is 1-2 people per 1,000 population. The prevalence of severe mental disorders in the population of Indonesia is 1.7 per mile and most mental disorders are schizophrenia. Central Java is one of the five provinces with the most schizophrenia sufferers. Schizophrenia prevalence in Central Java was 0.23% of the population exceeding the national rate of 0.17% (Riskesdas, 2013). Based on data from the Central Java Community Mental Health Steering Team (TPKJM), it mentioned that mental disorders in the Central Java region are classified as high, with a total of 107 thousand sufferers or 2.3 percent of the population (Widiyanto, 2015). Based on data obtained from Dr. Amino Gondohutomo Central Java Province in Room 12 Madrim in November (November 14-23, 2019), there were 8 patients with mental disorders who were at risk of violent behavior. The problem of nursing violent behavior clients is one of the reasons for families bringing patients to the mental hospital because the clients risk themselves and others (Keliat, 2003). Research conducted by Wahyuningsih, Keliat, and Hastono (2009) stated that violent

behavior is the main cause of clients being taken to the mental hospital by 68%, the results of the implementation of practice during Residency 3, writers got from 39 patients, 100% of patients were taken to the mental hospital because the patient committed violent behavior shown to the patient himself, others, and the environment. It can be concluded that non-constructive anger can lead to violent behavior where the client injures himself, others and damages the environment including household and family tools so that the client is brought to the mental hospital with the family.

Violent behavioral responses that cannot be controlled by the client will have a negative impact on the client and people who are around the client such as family and also health workers when the client is brought to the mental hospital. The client's self-destructive behavior and suicide attempt occur in connection with the aggressive attitude towards oneself and others (Hillbrand, 1995, in Sulastri, 2007). The client's family is often becomes the victim of violence committed by the client so this is closely related to the reason that the client was taken to the mental hospital. Health workers, especially nurses who work in emergency departments and psychiatric intensive units, often experience the effects of client's violent behavior more often than other professions (Fauziah, Hamid, Nur Aeni, 2009). The results of a preliminary study of 13 patients, there were 10 adult and male patients who had unpleasant experiences such as one of them was due to disharmony in the family (divorce)/loss of loved ones, often experiencing failure, life filled with aggressive action, and the emergence of distrust in their own selves. Therefore, patients feel stressed, anxious, helpless, frustrated, angry, and want to fight that will lead to the risk of violent behavior. Based on this background, it is necessary to conduct research that aims to determine the characteristics of patients at risk of violent behavior.

METHOD

This research was a quantitative research with descriptive analytic method. The sample in this study were 40 patients with violent behavior who were treated at the Dr. Amino Gondohutomo Hospital of Central Java Province. Sampling was done using a random sampling method. Data collection tool was a questionnaire. Research data were analyzed univariately using frequency distribution.

RESULTS

Table 1.
Respondents' Characteristics

Characteristics	f	%
Age		
17-25	5	12,5
26-35	28	70
36-50	7	17,5
Gender		
Male	30	75
Female	10	25
Education		
Does not have any education	2	5
Elementary School	3	7,5
Secondary School	8	20
High School	25	62,5
University	2	5

The research result found that the majority of the respondents were at the age of 26-35 years old, male and high school graduates.

DISCUSSION

Age

The results of the study on the clients who were treated in Room 12 Madrim with the problem of Risk of Violence Behavior were mostly at the range of 26-35 years olf as many as 5 respondents (50%). Age of 26-35 years old are classified as adults. In this age stage, the individual is characterized by the ability of individuals involved in the life of the family, society, work and is able to guide their children. At this productive age, individuals have demands for the achievement of self-actualization both from themselves, families, and the environment (Erikson, 1963 in Toensend, 2009). This age is the age of adult development tasks. At this stage, the respondent enters psychosocial stage. The most important thing of this stage is being able to foster good relations with the community, work relationships, and intimate relationships with others. If it is not achieved, individuals will find it difficult to build relationships (Azizah, 2017). According to Wahid, Hamid and Helena (2013), adulthood is a time of maturity from the cognitive, emotional and behavioral aspects. Failure experienced by someone to reach the level of maturity will be difficult to meet the demands of development at that age and can have an impact on mental disorders. Adult age is the socio-cultural aspect with the highest frequency of experiencing mental disorders.

Schizophrenia rarely occurs in patients aged less than 10 years or more than 50 years. The age of having violent behavior is mostly under 35 years old and this is associated with failure to fulfill developmental tasks and environmental demands (Sinaga, 2007). Research conducted by Bobas, Fillat, Arango (2009), found that young clients are more likely to engage in violent behavior and this is also in accordance with the findings of research conducted by Pasaribu, Hamed, Mustikasari (2013), that the risk of violence behavior occurs at a young productive age (20-42 years).

Based on some of the findings above, it is found that young age is a productive age, where individuals are required to achieve self-actualization both from themselves, family, and the environment and if the task is not achieved or fails, then individuals tend to commit acts of violence as a result from failure, age also affects the client in receiving therapeutic learning because the age is more than 35 years, the ability to receive therapeutic training will also be resulted different from age less than 45 years.

Gender

The results showed that the majority of respondents who were at risk of violent behavior were male as many as 10 respondents (100%). The characteristics of this study were using male respondents because Madrim is a special room for men. This study is in line with research conducted by Saswati & Sutinah (2018) which showed that the most respondents were male by 16 people (66%). Research conducted by Berhimpong (2016), showed that (56.7%) or 30 respondents were male. This is because men are very susceptible to mental disorders, one of the causes is the high emotional level. Even for minor disorders, men are twice as risky as women. In addition, men also have less verbal and language skills than women, so men tend to be closed and bury every problem and psychological sterors they face. If this consition it lasts a long time without any constructive coping mechanism, the tendency for him to fall into a mental disorder will be higher. The theory revealed by Kaplan, Saddock, and Grebb (2009) in Hamid and Helena (2013) showed that men are more likely to have negative symptoms than women because women have better social functions than men.

Education

The results showed that the average respondents who were at risk of violent behavior were high school graduates by 5 respondents (50%). Low education can be a reason of psychological problems. Individuals with low education will have difficulty in conveying ideas or opinions, thus affecting the way they relate to others, solve problems, make decisions and respond to sources of stress. According to Purwanto, H (2012) in Nursalam (2009), the core of educational activities is the teaching and learning process. The outcome of the teaching and learning process is a set of behavioral changes. Thus, education has a profound effect on one's behavior. Someone who is highly educated will behave differently from someone who is poorly educated. However, in this study, it was found that the educational status of most respondents was high school (65%) this could be because most respondents have a burden because they have a high education but are not in accordance with what respondents expected.

Education is a benchmark to assess a person's ability to interact effectively with others and the level of education will also affect the way people think and analyze a problem, in making decisions, solving problems and influencing individuals in assessing stressors. This shows that the educational background of clients' risk of violent behavior can be used by the clients in receiving knowledge or information. This result is different from previous research conducted by Keliat (2003), explaining that violent behavior is carried out by individuals with low educational backgrounds. Research by Pasaribu, Hamid, Mustikasari (2013), where 53.84% of clients were treated in the gatot glass room of RSMM Bogor with a high-risk of violent behavior. This is in accordance with Stuart (2013), who explained that coping strategies are closely related to cognitive function. With high education, it will affect one's ability to have rational reasoning and critical thinking in solving the problems they face. With higher education, it will be easy to provide knowledge and information related to health problems faced by clients.

Based on research conducted by Fuadah (2013) of 130 respondents showed that 53% of 130 respondents had committed violent behavior. This study is in line with the research of Yunita (2012), Ilham (2013) and Wisnu (2014) which states that the majority of those who commit violent behavior are in the adolescent age range. According to Towsend (2011), violent behavior is a condition in which a person takes actions that can be harmful physically, to himself or others. Symptoms that are encountered in patients through observation and interviews about violent behavior are red and tense faces, sharp eyes, tightly clenching jaws, clenching fists, pacing, rough talking, high pitch, screaming or shouting, threatening verbally or physically throwing or hitting objects / other people, damaging goods or objects, do not have the ability to prevent / control violent behavior (Yosep, 2010). Based on the description above, it can be concluded that the majority of those who commit violent behavior in the adolescent age range, because adolescents is a period where many experience problems arised in the family and work. Adult adolescence has increased emotional sensitivity so that a little stimulation has caused great emotions that will have an impact on violent behavior.

CONCLUSION

The characteristics of patients at risk of violent behavior are majority aged 26-35 years, male sex, and high school education.

REFERENCES

Fauzah, Hamid, A., Y., & Nuraini. (2009). *Pengaruh Terapi Perilaku Kognitif pada Klien Skizoprenia dengan Perilaku Kekerasan di Rumah Sakit Marzoeki Mahdi Bogor.* FIK UI : Depok

Keliat, B. A., Akemat., Helena C. D., Nurhaeni, H. (2012). *Keperawatan Kesehatan Jiwa Komunitas: CMHN (Basic Course).* Jakarta: Penerbit Buku Kedokteran EGC

Kusumawati F dan Hartono Y. 2010. *Buku Ajar Keperawatan Jiwa*. Jakarta: Salemba Medika

Livana, P. H., & Mubin, M. F. (2019). GAMBARAN KARAKTERISTIK KELUARGA YANG MENGANTARKAN PASIEN GANGGUAN JIWA KE IGD. *Jurnal Gawat Darurat*, *1*(1), 25-30. http://journal.stikeskendal.ac.id/index.php/JGD/article/view/505

Livana, P. H., & Wardani, I. Y. (2020). Karakteristik Keluarga Pasien Hemodialisis yang Mengalami Stres. *Jurnal Ners Widya Husada Semarang*, *6*(3), 71-76. http://stikeswh.ac.id:8082/journal/index.php/jners/article/view/318

Livana, P. H., Daulima, N. H. C., & Mustikasari, M. (2020). Karakteristik Keluarga Pasien Gangguan Jiwa yang Mengalami Stres. *Jurnal Ners Widya Husada Semarang*, *4*(1), 27-34.http://stikeswh.ac.id:8082/journal/index.php/jners/article/view/299

Notoatmodjo, S. (2010). *Metodologi Penelitian Kesehatan.* Jakarta:rineka cipta.

Nurusalam. (2013). *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan.* Salemba Medika

Putri, D. E. (2010). *Pengaruh emotional emotive behafior terapy terhadap klien prilaku kekerasan diruang rawat inap RSSM Bogor.*

Riskesdas. (2013). *Laporan Nasional 2013.* Retrived from http://www.depkes.go.id

Setiadi. (2013). *Konsep dan Proses Keperawatan Keluarga*, Edisi Pertama. Yogyakarta: Graha Ilmu

Stuart (2013). *Buku Saku Keperawatan Jiwa. Edisi 5.* Jakarta:EGC

Sujarwo, S., & Livana, P. H. (2016). GAMBARAN KARAKTERISTIK PASIEN EMERGENCY PSYCHIATRIC DENGAN PEMENUHAN NUTRISI KURANG DARI KEBUTUHAN TUBUH. *Jurnal Keperawatan*, *8*(1), 1-8. http://journal.stikeskendal.ac.id/index.php/Keperawatan/article/view/28

Townsend. C.M. (2009). *Essentials of psychiatric mental health nursing.* (3th Ed.) Philadelphia: F.A Davis Company

Wahyuningsih, D. Keliat, B , Hastono SP. (2009). *Pengaruh assertiveness training terhadap perilaku kekerasan pada klien skizoprenia* di RSUD Banyumas, Tesis. Jakarta. FIK UI. Tidak dipublikasikan

WHO. (2012). *The word healt report: 2012: mental health: new understanding, new hope*. Ritriefed from www.who.int/whr/2012/en/

Widiyanto, Danar. (2015). Penderita sakit jiwa di jawa tengah masih tinggi. Retrieved from http://krjogja.com/read/258461/penederita-jiwa--di-jawa-tengah-masih-tingggi-kr

Yosep, I. 2009. *keperawatan jiwa*. Refika Aditama. Bandung.