AJTEOH
Asian Journal of Toxicology, Environmental, and Occupational Health
IASSSF 2(2): 68–82
ISSN 3025-3675

Institute for Advanced Science, Social and Sustainable Future
MORALITY BEFORE KNOWLEDGE

Impact of assertive training on violent behavior reduction in psychiatric patients: A case study approach

Lelyana Septia Damayanti[1*]
[1] *Faculty of Nursing, Universitas Jember, Jember 68121, Indonesia.*
*Correspondence: lelyana.septidamay.98@gmail.com

Received Date: December 5, 2024 Revised Date: January 15, 2025 Accepted Date: January 31, 2025

ABSTRACT

Background: Violent behavior is a condition where a person vent their feelings and anger in a physical form that can harm themselves, others and the environment. One of the nursing interventions that can be given patients with violent behavior is assertive training. The purpose of this study was to determine changes in the level of violent behavior through assertive training. **Methods:** The research design used is descriptive observational with case studies. The sample is Mr. M with a diagnosis of violent behavior who was treated at RSJ. Radjiman Wediodiningrat Lawang. The inclusion criteria in this study were patients with violent behavior problems, patients who were able to communicate well, patients who had completed at least SP1, while the exclusion criteria were patients refusing to be managed patients, patients who were getting mechanical restraints. Nursing interventions carried out are doing SP1-SP5 and doing assertive exercises in sessions 1-4. **Findings:** The findings of the intervention obtained patients can find out the causes of anger, identify unmet wants and needs, communicate the causes of anger, express verbal refusal, reject irrational requests. **Conclusions:** Assertive training teaches patients to train interpersonal communication skills, in conveying their needs, rights, without ignoring the rights of others so as to reduce violent behavior. This therapy is effective for reducing violent behavior and symptoms of patients with violent behavior. **Novelty/Originality of this article:** This study introduces assertive training as an effective non-pharmacological intervention to reduce violent behavior in psychiatric patients. It highlights how structured assertive exercises improve communication skills, enabling patients to manage anger and express needs appropriately.

KEYWORDS: assertive practice; nursing care; violent behavior.

1. Introduction

Schizophrenia is a condition in which psychotic disorders occur, including distortion of thought processes, perceptual disorders, abnormal affect, and autism (Zahnia & Sumekar, 2016). The problem that often occurs in schizophrenia patients is violent behavior (Kandar & Iswanti, 2019). Violent behavior is a situation where individuals are unable to express their feelings of upset or anger so that they take actions that can threaten and endanger both others, themselves, and the environment. Violent behavior is a status of emotional range and expresses anger in physical form. This action is to convey the message that he feels disapproved, not considered, underestimated, and feels that his wishes are not being obeyed (Firmawati & Biahimo, 2017).

Mental health problems are still a significant health problem in the world, including in Indonesia. According to WHO data (2020) shows data that the incidence of schizophrenia in the world is estimated at 212.4 out of every 5,000 people in the world 100,000

Cite This Article:
Damayanti, L. S. (2025). Impact of assertive training on violent behavior reduction in psychiatric patients: A case study approach. *Asian Journal of Toxicology, Environmental, and Occupational Health, 2*(2), 68-82. https://doi.org/10.61511/ajteoh.v2i2.2025.1500

population. Meanwhile, according to Ministry of Health of the Republic of Indonesia (2018), the results show that the rate of schizophrenia in Indonesia is 6.7% per 1000 households, in East Java Province the incidence of schizophrenia is 6.4% per 1000 households. Based on 2017 Indonesian National data, there is an incidence of patients with reported violent behavior of 0.8% per 10,000 population (Pardede et al., 2020).

Violent behavior is an inappropriate expression of anger, characterized by actions that can injure self, others, and the environment (Muhtith, 2015). Stuart's Stress Adaptation Model of mental health nursing care views human behavior from a holistic perspective that integrates biological, psychological, and social cultural aspects in nursing care. Which consists of presdiposition factors, precipitating factors, assessment of stressors, coping sources, and coping mechanisms (Stuart, 2013). This model is to identify health-sickness as an individual characteristic that interacts with environmental factors (Azizah et al., 2016).

Individuals with violent behavior express their anger and discomfort expressed through violent behavior (Firmawati & Biahimo, 2017). Patients with violent behavior express their anger by taking physical and verbal actions or both that can harm, injure themselves, others, and the environment (Nabilah et al., 2022; Sujarwo, 2018). This violent behavior has a negative impact in the form of an increased incidence of depression, anxiety, post- traumatic stress disorder, suicide risk, an increase in cardiovascular disease, and premature death. Someone who has been a victim of violent behavior will have a greater risk of becoming a perpetrator in the future (Rivara et al., 2019). Seeing the impact and disadvantages of violent behavior, it is necessary to treat individuals with violent behavior by professionals (Makhruzah, 2021).

Nurses have the ability to help patients control violent behavior with various types of exercises: group activity therapy, progressive muscle relaxation techniques, classical music therapy, cognitive therapy, and assertive training. Assertive training is an application in behaving with other individuals by expressing their thoughts and feelings honestly so as not to make others feel threatened (Arumsari, 2017). This assertive training is the application of behavioral training behavior and helps individuals to relate directly in interpersonal situations. So that patients can relate to other people, be able to express their wishes, what they like, what they want to do, and make other people uncomfortable when communicating (Firmawati & Biahimo, 2017). This assertive exercise is carried out using the describing, modeling, role play, feed back, and transferring methods, which can be done anywhere and anytime because it does not require tools and materials (Martini et al., 2018). The advantage of doing this assertive exercise is that it helps patients improve their socialization skills with the community, express their wishes, make choices, and reduce differences in understanding with interlocutors (Firmawati & Biahimo, 2017). Based on the results of research by Nabila, (2022), the application of assertive training in patients with violent behavior can significantly reduce the level of violence. Based on observations in the Camar Room of Dr. Radjiman Wediodiningrat Lawang Mental Hospital, there were 4 patients with violent behavior problems. One of the selected patients showed irregularity in taking medication and a lot of pent-up problems, causing difficulty in controlling emotions. Researchers in this case are interested in providing therapy to see changes in violent behavior through assertive training in the Camar Room of Dr. Radjiman Wediodiningrat Lawang Mental Hospital,

1.1 Concept of violent behavior

Violent behavior is a form of aggression that can hurt other people, animals, and objects. Aggression is a response to anger, disappointment, and feelings of resentment that can lead to violent behavior. Violent behavior is not only acts of violence by attacking others, but also violence against oneself, as well as abuse of illegal drugs. Violent behavior can be divided into verbal and physical violence (Muhith, 2015). Violent behavior is the accumulation of extreme emotions of anger or fear in response to feelings of threat that arise from the external and internal environment (Nurhalimah, 2016). This behavior has a

good response for oneself, the environment and others. To avoid these losses, it is necessary to treat patients with violent behavior appropriately (Muhith, 2015).

According to Muhith (2015) and Kandar & Iswanti (2019), factors that can cause violent behavior include biological, psychological, socio-cultural, and behavioral factors. Predisposing and precipitating factors play an important role in influencing violent behavior. Biologically, mild stimulation of the hypothalamus, particularly the perifornical nucleus, can increase aggressiveness, as seen in cats showing aggressive signs. Damage to the limbic system, frontal and temporal lobes also contribute. Psychologically, violent behavior can be triggered by organic brain damage, mental retardation, childhood emotional deprivation, being a victim or witness of violence, and experiences of profound loss. Socio-cultural factors also play a role, where cultural norms and social environment may encourage individuals to learn violent behaviors. In addition, violent behavior can be triggered by the responses received or being a frequent bystander to violence, either at home or in the community and outside the home. One response that may arise is feelings of anger that can be adaptive or maladaptive anger that can fluctuate in the range of adaptive or maladaptive responses. Failure can frustrate the individual and lead to a passive response/fight and challenge response. This response as a maladaptive response is aggressive and violent.

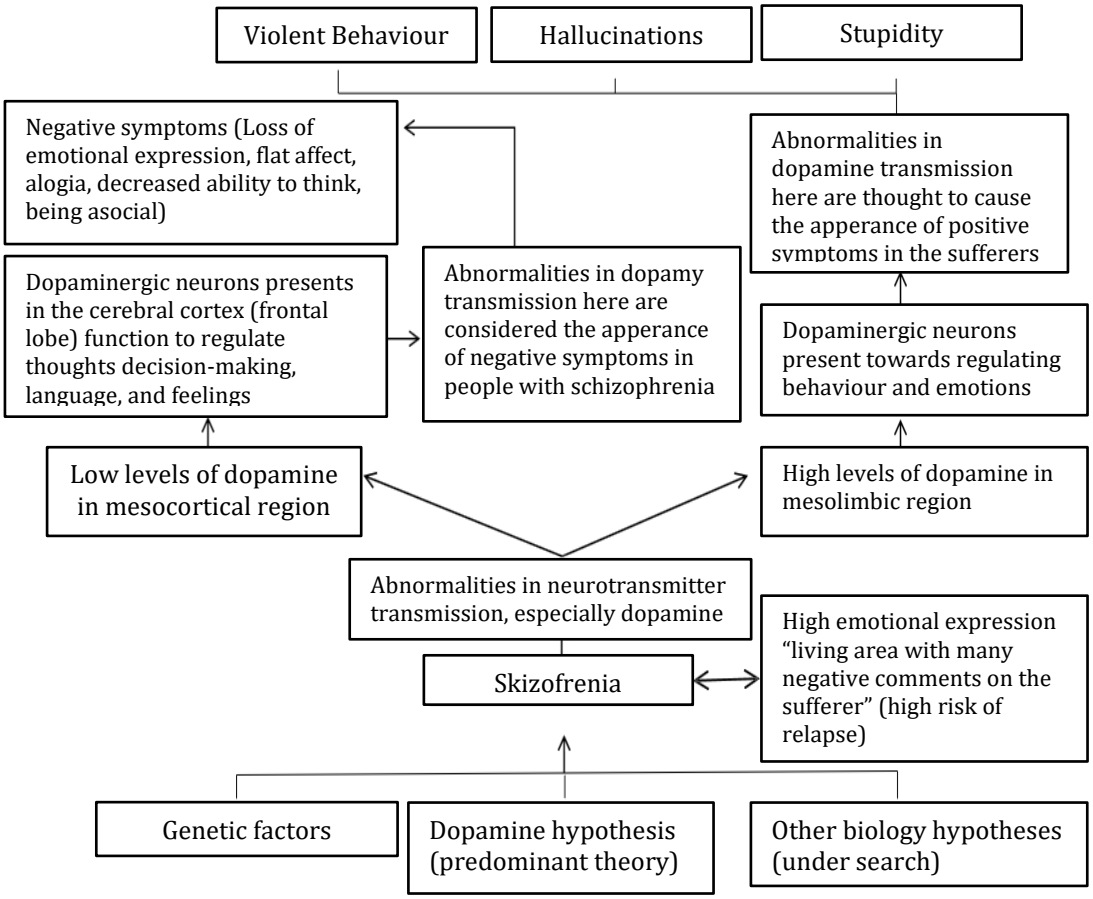

Fig. 1. Pathway of schizophrenia

1.2 Management of schizophrenia

Several therapies can help schizophrenia patients control their symptoms, according to Irwan, et al (2008). Treatment generally uses antipsychotics to control hallucinations, delusions, and thinking disorders. There are three types of antipsychotics: conventional antipsychotics (such as Haloperidol, Thioridazine, and Chlorpromazine) which are effective but have serious side effects, newer atypical antipsychotics (such as Risperdal, Seroquel, and Zyrexa) which are more recommended due to their more minimal side effects, and

Clozaril which is effective for patients who do not respond to conventional antipsychotics, although it requires regular blood monitoring due to the risk of decreased white blood cells. Side effects of antipsychotics include muscle disorders (extrapyramidal), tremors, weight gain, and impaired sexual function, so exercise and dietary patterns need to be considered.

In addition to pharmacological therapy, psychosocial therapy is also important. Behavioral therapy involves economic rewards and social skills training to improve interpersonal abilities. Family-oriented therapy helps patients adapt after hospital discharge with family support. Group therapy is effective for reducing social isolation, increasing the sense of unity, and strengthening the patient's reality test (Muhith, 2015). In a therapeutic approach, nurses can build trusting relationships, discuss the causes and effects of violent behavior, and teach how to control violent behavior physically, verbally, spiritually, and adherence to medication.

1.3 Assertive therapy

Assertive training is used to train individuals who have difficulty in controlling anger to express feelings in a good way. This exercise is used to shape the patient in expressing not without offending. This exercise is a skill given to patients to train social adjustment violent behavior through self-expression of feelings, expectations, opinions and rights (Gerald, 2013).

This assertive training has the following objectives, the first is to improve skills in behavior in society, teach individuals to express feelings properly, avoid misunderstandings with others. This assertive exercise has benefits for those who practice it such as individuals being able to express their feelings without causing anger and offense, being able to respect and appreciate others more, being able to say "no" to things that are not in accordance with their wishes, being able to express positive responses. Standard operating procedures in the implementation of the exercise are regulated in the Working Team of SDKI DPP PPNI (2017).

1.4 Basic concepts of nursing problems

Related conditions that can cause violent behavior according to the Working Team of SDKI DPP PPNI (2017), there are several related conditions such as attention deficit/hyperactivity disorder (ADHD), behavioral disorders, oppositional disorder, tourtette disorder, derilium, dementia, and amnestic disorders. According to Purwaningsih et al. (2021) assertive training is an exercise to improve the patient's ability to communicate with others, and express their anger. So they are able to express their feelings more openly.

In line with Wahyuni's research (2021), it is said that there is an influence between assertive training behavior on aggressive behavior in adolescent prisoners (p-value: 0.00, α 0.05). Assertive training has shown to significantly reduce violent behavior in patients with schizophrenic disorders who are treated in psychiatric hospitals (Priyanto & Permana, 2019). Assertive training has an effect on reducing the risk of violent behavior in patients with violent behavior (Martini et al., 2021). According to Damayanti & Iskandar (2017) things that need to be studied in patients with violent behavior are: patient identity, reason for entry, precipitating factors and history of current illness, presdiposition factors, psychosocial assessment, physical examination, mental status, the need to prepare for going home, coping mechanism, psychosocial and environmental issues, knowledge aspect, aspects.

2. Methods

This research is a descriptive observational method with a case study. The nursing process approach includes assessment, diagnosis, intervention, and evaluation. In this study using one research subject with appropriate cases based on the criteria taken with a

diagnosis of schizophrenia with nursing problems that arise, namely violent behavior. This research was conducted in the Gull and Cucakrowo Room of the RSJ. Dr. Radjiman Wediodiningrat Lawang, Malang Regency. The time of implementation of nursing care in this study was carried out for 7 days, namely August 31, 2022-September 6, 2022.

An operational definition is a definition based on the observable characteristics of a study. Can be observed and can be measured and used as further research (Nursalam, 2015). The Operational Definition in this study changes the level of violent behavior by providing assertive training. This assertive exercise is given individually. The implementation of assertive training is carried out one exercise a day with a time span of 20-30 minutes in each session. This implementation time is adjusted to the agreement between the researcher and the respondent between the time after breakfast and before napping. Measuring tools to evaluate changes in behavior levels adjust to SLKI (2017) with a scale range of 1 (increasing) to 5 (decreasing).

Then, this study use primary and secondary data analysis by conducting anamnesis directly on patients in the Camar Room of the Mental Hospital Dr. Radjiman Wediodiningrat Lawang. In this study using therapeutic communication in the nursing process both assessment and evaluation. The data analysis technique applied in this study is descriptive analysis, namely analyzing data by describing the data obtained to draw a conclusion from the author. Data management is carried out by collecting data by obtaining as many facts as possible, then comparing and analyzing deviant stress mechanisms in patients using Struart's stress adaptation model, reference books, and previous research results / journals. The analysis technique applied by narrating the answers obtained from the anamnesis results to answer the problem form ulation that has been determined previously.

Table 3. Operational definition

Variable	Operational definition	Indicator scale	Measurement tool	Scale	Score
Violent behavior	Anger the expressed excess ive and uncontrolled verbal and physical behavior that can harm oneself, others, and the environment.	Cognitive Attitude Behavior	SLKI, 2017	Ratio	Minimum score of 1 (improved). Maximum score 5 (declining)
Assertive Training	Practice assertive is a therapy that can be used by individuals and groups to improve their communication skills interpersonal communication skills. The purpose ofof the exercise this exercise to train a person in expressing rights needs, and wishes without ignoring the rights of others	Cognitive Attitude Behavior	SLKI, 2017	Ratio	Minimum score of 1 (improved). Maximum score 5 (declining)

3. Results and Discussion

3.*1 Analyze patient characteristics*

The respondent in this study Mr. M is a man. Based on the results of research conducted by Andira & Nuralita (2018), it is said that the majority of patients admitted to Prof. Dr. M. Iidrem hospital are dominated by 69% men and only 31% women. Men tend to be more at risk of schizophrenia because women have the hormone estrogen which has an effect on dopamine activity in the accumbent nucleus by inhibiting the release of dopamine (Afconneri et al., 2020). The researcher believes that men have a great responsibility to their

families to fulfill their needs and others. So that this is related to the heavy duties carried and can be a stimulus for mental health problems. Besides this, there are also heavy duties and responsibilities that are carried out and this affects emotions. Someone who is unable to control their emotions causes violent behavior.

Mr. M's patient in this case is 35 years old and has schizophrenia which is characterized by violent behavior. Based on the results of research that as many as 58.1% of respondents with early adulthood 25-35 years have high relapse (Afconneri et al., 2020). Based on research conducted by Firmawati (2020), it is clear that respondents who experienced violent behavior were in the 41-50 group. In research conducted on Hafne (2019) explained that in the research conducted, the most men who experienced schizophrenia occurred in respondents in the age range of 20-24 years with 30 respondents. Researchers believe that age does not affect the occurrence of schizophrenia in a person. Age affects how decisions will be made and a person's response in dealing with a problem.

In an adult male with the demands of life and lack of ability to cope with a problem leads to increased violent behavior. Br. M admitted that he routinely did control at Dr. Radjiman Wediodiningrat Mental Hospital, but deliberately did not take medicine regularly because he was afraid of being sleepy at work. Patients who were not compliant with taking medication (67.8%) had a high relapse rate, with a 3.716 times greater risk of relapse than those who were compliant (Afconneri et al., 2020). Researchers argue that compliance in taking medication is very important for patients with mental disorders to prevent relapse. In individuals who have difficulty maintaining adherence, family support is needed to motivate and remind patients. Relapse can cause anxiety and increase violent behavior in patients.

Mr. M is 35 years old and there are more unmarried schizophrenia patients than married ones, with a percentage of 51.3% in single patients (Andira & Nuralita, 2018). At the age of 35, which is the early adult stage of development, individuals face high burdens and responsibilities. Non-compliance in taking medication and unmarried status at a mature age can add stress, which if not handled properly, can lead to maladaptive behavior. In this case, the patient's education level was high school. Based on research from 40 respondents at the BLUD RSJA polyclinic, patients with

High school education 42.5% tend to be prone to schizophrenia compared to higher education levels (Afconneri et al., 2020). The level of education greatly influences the thought process related to the disease and makes decisions related to the disease (Prabhawidyaswari, 2022). The level of education and knowledge will become a person's foundation and reference in perceiving a problem. For someone who perceives a problem as a threat, it will cause fear, worry about someone living life. The level of education will affect how a person seeks help in solving a problem.

3.2 Analyze the main nursing problem

The According to Stuart (2013) nursing care needs to integrate various aspects of both biological, psychological, sociocultural, environment. There are 2 factors that can cause stress in a person. Predisposing factors consist of biological, psychological, and sociocultural. Meanwhile, precipitating stressors are perceived as challenges, threats, and demands that require additional energy for coping.

Mr. M said his family did not have any mental disorders from both the mother and father's side. The patient said that when he was a child, he was never seriously ill, had a fever until seizures, never fell, and other physical trauma. On biological factors Mr. M does not experience disturbances and obstacles to his biological factors. The first predisposing factor is biological factors derived from biological backgrounds that may affect the patient's mental health (Stuart, 2013). In someone who does not have problems in the biological aspect, someone who does not have a genetic history with mental disorders, does not have a history of trauma and growth disorders as a child. In addition, there are factors that influence the

occurrence of violent behavior such as the period of unpleasant childhood, life experiences that lead to aggressive behavior.

Psychological factors Mr. M said he had an unpleasant experience, namely experiencing love failure twice, the last time experiencing a breakup because his girlfriend was a widow and separated 2 years ago. The patient said that his mother had died 4 years ago, which made him very disappointed and sad. The patient said he was unable to control his emotions when he relapsed. Deep sadness and loss of loved ones cause excessive feelings of anxiety which can cause individuals to feel depressed and unsettled. (Isnawati, 2020). Excessive stress can affect individuals experiencing mental illness and increase the risk of violent behavior (Kandar & Iswanti, 2019). In someone who experiences a breakup the reaction that arises is shock. This condition causes individuals from adaptive behavior to non-adaptive behavior. The breakup condition can cause stress to the individual. This stress has a negative impact on health, psychology, and interpersonal interactions.

Sociocultural factors Br. M is 35 years old, male, has a high school education, works as a tailor, the patient is not married, Br. M said he had experienced bullying and beatings during junior high and high school. Br. M said he experienced conflict in his family which caused his family condition to be less harmonious with his uncle's family. Br. M said that at first he just kept quiet and did not want to retaliate, but because the bullying and violence he experienced lasted a long time, Br. M decided to retaliate for this behavior. This is in line with the research that there is a relationship between attitudes and bullying experiences among students of SMK N 2 Bogor. In someone who has experienced violence before, when he has the opportunity to commit violence, he will tend to become a perpetrator of violence (Nurdiana et al., 2020). Based on social learning theory explains that the environment affects the formation of a person's personality in socializing. Someone who observes violent behavior will unconsciously imitate the aggressive actions that have been previously observed (Ainiyah, 2017). Someone who has been a victim of violence will become a perpetrator in the future. Researchers believe that someone will subconsciously have a grudge for unpleasant past experiences so that victims will have the opportunity to become perpetrators when they have the opportunity.

In the precipitation factor, Mr. M said that he often missed taking medicine for the past 1 month because he was sleepy all day and disturbed the patient's work. The patient said that he often missed his girlfriend who had not him for a long time. Patients with schizophrenia who are irregular in taking medication will have a high risk of relapse (Nabila, 2022). In someone who is not routine in taking medication, it will have a high risk of relapse, therefore it is necessary to provide knowledge to patients regarding the importance of taking medication, the impact not complying with taking medication, taking medication routes, and how to manage taking medication so as not to interfere with patient productivity.

Br. M's assessment of stressors where the patient says he is lost and worried if it becomes a flare-up and is unable to control his emotions as a cognitive response. In the affective response seen in Br. M, namely unstable emotions where the patient appears angry, irritable and smiling in a short time. On physiological factors on the results of TTV TD: 153/94 mmHg, pulse: 105 x/min, face looks reddish. Behavioral factors found in Mr. M are bulging eyes, pacing, lack of eye contact, several times saying harsh words, easily distracted eye contact, bulging eyes, social factors in the results of observing patients more daydreaming, and alone. Assessment of stressors is an evaluation of the meaning of an event related to a person's well-being (Stuart, 2013). The opinion of the researcher is that the assessment of this stressor is very important because how one perceives a problem. Determines how an individual controls an event.

Br. M said that before his mother died he always poured out his complaints to his mother. However, after his mother died he rarely talked to other people and his family. And also the patient said he only lived alone with his father who rarely reminded him to take medicine because he was busy working. the patient said he had a colleague while in the mental hospital. who comforted him when the patient felt sad, the patient said he was

escorted by his father when controlling and going to the hospital, and the patient had insurance that guaranteed the cost of treatment and patient care. based on research conducted by Martin & Ramadhan (2022) explains that patients with mental disorders who get low family support as much as (56.7%), the low family support factor is due to the lack of family acceptance to determine the recovery of patients with mental disorders. The family has an important influence on health status, especially compliance with involvement in schizophrenia patients. The cause of non-compliance of patients and families in taking long-term medication as an effort to prevent relapse. Because the emergence of side effects from drug consumption can be caused by a lack of motivation to consume drugs and a lack of explanation of drug consumption (Martin & Ramadhan, 2022). Family support has an important role in the process of care for patients with schizophrenia. Difficulties in caring for patients with mental disorders are very complex, from can come from the family itself or from environmental stigma. Family support also needs to be emphasized in the care of patients with schizophrenia.

The patient said that when he was bored and tired, the patient vented his emotions by drinking coffee, being alone in his room all day and suppressing his own problems and never telling his problems to others. he said he felt uncomfortable when he was in the middle of many people. The coping mechanism in Mr. M. the patient said with doing this does not solve the problem, only me he feels more comfortable. The coping mechanism carried out by Mr. M is included in the destructive coping mechanism where the patient only avoids the problems faced by avoiding anxiety and worry without solving the problem.

According to Stuart's Stress Adaptation Model theory in Br. M, the patient's precipitating factors experienced disturbances in psychological factors where he was abandoned by the closest person, sociocultural factors where Br. M had been a victim of violent behavior (Bulliying) during junior and senior high school. In the precipitation factor where the patient rarely takes medicine for the last 1 month. With a destructive coping mechanism characterized by the patient being alone and not telling his problems to others. in this condition if you do not get good treatment, where there is a patient's lack of self-control, a maladaptive response will occur. Signs and symptoms that may appear in someone with violent behavior according to SDKI (2017) someone will threaten, speak harshly or swear, speak in a loud voice, speak curtly, threaten or attack others, hurt themselves, or hurt others, slam things, and have aggressive behavior. A person who has problems either from themselves, family, or the surrounding environment. How a person solves his problems well is influenced by various factors both perceptions related to the problem, and how good family support to help patients control problems, as well as how the patient's strategy in controlling the problems faced.

3.3 Analysis of nursing interventions on major nursing diagnoses

The main problem experienced by SDR.M is violent behavior. The plan that will be carried out is nursing actions with strategies implementation (SP), and by implementing assertive training. The action plan will be implemented for 5 days of SP implementation and assertive training will be implemented simultaneously after the implementation strategy. The intervention delivery plan is based on an agreement between the author and the patient.

The nursing action plan for patient Mr. M is with the implementation strategy (SP) in its implementation SP is carried out from 1 to 5 meetings. At meeting 1 foster a trusting relationship, identify the causes of anger, signs, and symptoms felt and control anger with deep breathing, hitting pillows and mattresses. In SP 2, train patients to control violent behavior by taking medication. In SP 3, train the patient to control anger by social or verbal, SP 4 trains patients with violent behavior in a spiritual way (Muhith, 2015). By providing interventions, the implementation strategy is expected to be able to control violent behavior in various ways, including physical, verbal, spiritual and pharmacological ways.

Assertive training is an exercise program that develops communication between people by expressing their feelings and thoughts without making others feel threatened. This

exercise can be done individually or in groups (Nursalim, 2013). This exercise can be carried out in 4 sessions, at the first meeting discussing events and events that can cause anger, the attitudes that patients do when they feel angry, explaining aggressive, passive, and assertive behavior. Train patients to communicate to nurses the causes of anger and the attitudes they take. Train patients to be assertive towards the causes of anger. In the second session discussed the unmet needs and desires of the patient, ways to fulfill unmet needs and desires. In the third session, train patients to be assertive in fulfilling unmet wants and needs that cause anger. In the fourth session discussing irrational requests, explaining how to refuse ordinary requests and practicing how to ask for and refuse irrational requests (PPNI DPP SPO Guidelines Working Team, 2021). In the previous intervention, controlling violent behavior by physical, spiritual, medicinal and verbal means. This intervention focuses more on how patients have good interpersonal and social relationships.

Assertive training is able to control violent behavior and increase assertive behavior. This exercise can help patients change their views, improve interpersonal communication skills and patients are able to convey their person honestly, straightforwardly, and firmly without hurting others (Wahyuni et al., 2021). According to the researcher, this assertive exercise is given to convey needs, rights, and determine choices without ignoring the rights of others. In this study, researchers think this assertive exercise is appropriate to be given to patients with violent behavior to control behavior.

The objectives and expected outcome criteria of the assertive training intervention and SP according to SLKI (2017) are as follows. There is a decrease in verbalization of threats to others, verbalization of , attacking behavior, acts of harming themselves and others, acts of damaging the surrounding environment, harsh and loud voices, verbalization of suicide, suicide threats, loss, suicide planning, euphoria, and depressive emotions. The provision of assertive training and implementation strategies is declared successful and effective in reducing symptoms and levels of violent behavior with the criteria set out in the SLKI. Which is marked by a change in the signs and symptoms of violent behavior in the form of a decrease in scores on aspects of verbalizing threats to others, verbalizing swearing, attacking behavior, loud and harsh voices, aggressive behavior, verbalizing important relationships. As well as patients being able to identify the causes of anger, fulfill unmet needs and desires, reject irrational requests.

3.4 Analysis of implementation strategies and assertive training

Nursing actions are carried out with an agreement between the researcher and the patient. the time of implementation of both SP interventions and assertive exercises is carried out 5 times. Assertive training is carried out with an average of 20-30 minutes in each session. Nursing actions began on August 31, 2022 and ended on September 6, 2022. The place of implementation was carried out in two places, namely the gull room (IPCU) and the cucakrowo room.

Implementation strategy 1 was carried out on August 31, 2023 in the Gull Room (IPCU). The actions taken are asking the patient about cause of anger, asking about the signs and symptoms he feels when he is angry, helping patients to train and control anger by physical means Deep breathing exercises, helping patients incorporate controlling anger with breathing in daily activities in carrying out this action no significant difficulties were found, it's just that the patient is still angry and doesn't have a trusting relationship with the researcher. Implementation strategy 2 was carried out on September 1, 2022 carried out in the Gull Room (IPCU) the actions carried out were evaluating deep breathing exercises, teaching to hit pillows and mattresses, incorporating into the daily schedule in this action no problems were found. Implementation strategy 3 was carried out on September 2, 2022 carried out in the Cucakrowo Room, the actions carried out were evaluating controlling anger by hitting pillows and mattresses, training to express anger verbally, incorporating into the daily activity schedule. in carrying out this action there was a little difficulty where the patient had quite unstable emotions, but after 2 repetitions the patient was able to apply

it well. Implementation strategy 4 was carried out on September 3, 2022 the actions that have been carried out are evaluating controlling violence by physical and verbal means, training patients to control anger by praying and praying, incorporating into a daily schedule, the difficulty in this action is how to control the patient's anger.

Convincing the patient of the greatness of God to himself. Implementation strategy 5 carried out on September 4, 2022 in the Cucakrowo Room carried out actions to evaluate activities to control violent behavior by physical, verbal, spiritual means, train how to take medicine regularly with the 5 correct principles, and include it in the daily schedule of taking medicine. In taking medication regularly with the 5 correct principles (correct patient, correct drug name, correct way of taking the , correct time of taking the drug, and correct dose of the drug) in addition to explaining the side effects of the drug and the disadvantages of not taking the drug regularly (Sujarwo, 2018). In this implementation, it was carried out for 5 consecutive working days during the implementation process, no significant obstacles and difficulties were found, during the implementation process the patient was able to follow the activities well and cooperatively.

Assertive Training 1 was carried out on August 31, 2022, identifying events and events that provoke emotions, identifying actions taken when feeling angry, identifying attitudes taken including aggressive, passive, or assertive. Teaching to tell the nurse the cause of anger and the attitude taken, training patients to be assertive. Assertive training 2 carried out on September 1, 2022 carried out actions in the form of identifying unmet desires, identifying ways to meet unmet needs. Assertive exercise 3 trains patients to be assertive in fulfilling needs that have not been fulfilled and that are causing anger. Assertive training 4 was carried out on September 3, 2022 and September 6, 2022 in the form of identifying other people's irrational requests, identifying ways to refuse that are usually done, practicing how to refuse irrational requests, practicing expressing reasons for refusing irrational requests. Assertive training 4 was carried out 2 times because the patient had not been able to refuse properly, and still spoke with rudeness and rudeness and the patient had not experienced behavioral changes and symptom signs if evaluated using the SLKI criteria so that repetition must be done, which is explained in table 4. Assertive training on assertive behavior in adolescent prisoners has a p-value of 0.00, which means that there is a significant effect of providing assertive training on aggressive behavior in adolescent prisoners (Wahyuni et al., 2021). Providing assertive training interventions is felt to be more effective if given regularly, and carried out in tandem between providing SP and assertive training, this is to familiarize patients and patients are able to apply it properly.

3.5 Evaluate the level of violent behavior

Evaluation of the action was carried out at the end of each meeting to determine the development and changes in violent behavior in patients. The evaluation was carried out separately between the implementation of the implementation strategy and assertive training. To assess the success of this action is based on the criteria and objectives of the SLKI results.

At the time of SP 1, the patient bulging eyes and lack of eye contact, pacing, and clenching his hands. When asked about the cause of anger, the patient explained that he was angry because he missed his girlfriend who had not seen him for 2 years, and his medication consumption was not regular. After being given a deep breathing action to relieve his anger, the patient was able to apply and include it in the daily schedule, the patient said he was happy to be able to talk to the nurse but still felt angry. Implementation of SP 2, the patient said he still felt angry and more comfortable when taking deep breaths. When taught to control anger by hitting pillows and mattresses, the patient seemed cooperative and agreed to include a daily schedule of hitting pillows and deep breathing to control anger. Implementation of SP 3 evaluating deep breathing and hitting pillows, the patient said he

had done it and when practicing expressing anger verbally and refusing well, the patient was able to do it. In SP 4 practicing how to control with spirituality, the patient

The patient was cooperative and calmer after practicing wudhlu and prayer. Implementation of SP 5 by practicing controlling anger by taking medicine with the 5 correct principles, the patient said that it was difficult to divide the time because the side effects of the medicine disturbed the patient at work. the patient can explain the name of the drug, the time of the drug, the route of the drug, the dose of the drug, and the side effects of the drug. Based on the results of the statistical test, the p-value ($p < 0.05$) based on the results of the research shows that there is an effect on the implementation of strategies for implementing violent behavior on signs of schizophrenia symptoms in the inpatient room of the Jambi Provincial HospitalJD (Makhurah, 2021). This is in line with research conducted by Sujarwo (2018), explaining that there was an increase in anger control and violent behavior after the intervention was given. Implementation strategy (SP) 1-4 the patient is able to apply deep breathing exercises, hit the mattress and pillow, the patient is able to control violent behavior in a verbal way, in this session the patient has a little bit of anger.

However, after 2 repetitions, the patient was able to perform well due to emotional unsteadiness. As well as controlling emotions in a spiritual way, and patients are able to divide the time between taking medication and working. At the implementation of assertive training meeting 1, the patient can explain the cause of his anger and identify aggressive, assertive, and passive attitudes. The patient is also willing to report to the nurse when the patient feels angry. At meeting 2 the patient can identify unmet needs and how to fulfill their needs, the patient releases longing for his lover by looking at photos of his lover, the patient is cooperative during the action, the patient's eye contact during interaction improves. At the 3rd meeting the patient can be assertive in meeting unmet needs. And the factors that cause anger. At meeting 4 the patient can distinguish irrational requests and can refuse well at this meeting carried out 2 times because at the first meeting the patient was unable to carry out properly. In research that has been carried out by Nabilah et al. (2022) explains that patients who are given assertive training have better anger control skills than patients who are not given assertive training. In line with this, it describes that assertive training can reduce violent behavior in schizophrenic patients with violent behavior (Utami et al., 2021). The provision of training teaches how to behave when experiencing anger, teaches to identify unmet needs and desires and how to fulfill unmet needs and desires. And how to say no to irrational requests. This exercise teaches individuals how to communicate well with others, how to control emotions well, and how to channel their anger without harming others. At the final evaluation of nursing actions, subjective data were obtained, namely, the patient said he felt calmer and happy to be able to talk to the nurse, able to control his anger, and the patient did not hesitate to express his feelings and reject requests that were not in accordance with his wishes. Objectively, the patient's face looks calmer and more relaxed, there is eye contact, and the hands are not clenched appear cooperative and carry out the actions included in the daily schedule.

Table 2. Evaluation measures to determine the success of interventions according to SLKI, 2017

Violent behavior	Before action	After the action					
		H1	H2	H3	H4	H5	H6
Verbalization of threats to others	1	2	3	3	4	4	5
Verbalization of swearing	1	2	3	3	3	4	4
Attacking behavior	3	3	3	3	4	4	5
Destructive behavior to the surrounding environment	2	2	2	3	3	4	5
Aggressive behavior	1	1	2	2	3	3	4
Loud sound	1	1	2	2	2	3	3
Speak harshly	1	1	1	2	3	4	5
Verbalization loses an important connection	1	1	1	2	2	2	2

In the table above, it can describe the changes in the level of violent behavior in Mr. M. In accordance with research conducted by Priyanto & Permana (2019), it is explained that there is a significant decrease in the risk symptoms of violent behavior in the intervention group compared to the control group (p value) <0.05) after assertive training. In a study conducted at Dr. H. Marzoeki Mahdi Hospital in Bogor, it was explained that assertive training is very effective in preventing violent behavior and can reduce violent behavior at home (Firmawati & Biahimo, 2017). Assertive training does not shorten the length of treatment in the intermediate room of the Banyumas Regional Hospital but reduces the risk symptoms of violent behavior, namely behavioral responses, social responses, cognitive responses, and physical responses (Priyanto & Permana, 2019). This assertive exercise will be effective if it is carried out not only once, but must be taught continuously until the patient is able to remember the exercises that have been given (Nabila, 2022). The implementation of interventions with implementation strategies and assertive training is considered very effective in reducing violent behavior in patients with schizophrenia, because in this intervention several methods are obtained to reduce violent behavior. Physical methods by deep breathing, hitting pillows and mattresses. There is a verbal method by teaching patients to convey their anger properly. Spiritual methods, namely by fostering individual relationships and the creator. In addition, pharmacology is given to prevent relapse in patients. Assertive training is also very effective in reducing violent behavior. This exercise is carried out by teaching patients to identify the cause of their anger, face events that cause them to identify unmet desires and how to fulfill needs and how to refuse irrational requests. This exercise emphasizes how individuals can express their rights, needs and desires without violating the rights of others.

4. Conclusions

The nursing care process for patients with violent behavior is carried out for 7 days. At the time of the assessment, the patient's face looked red and the facial expression was tense, had a sharp gaze, the hands looked clenched, the intonation of the voice was loud and the speech was rude. The nursing action plan for patients is implementation strategy (SP) 1 to 5 and assertive behavior is applied.

At the time of nursing care SP 1-5 was carried out smoothly. Then carried out assertive training meetings 1 to 4 on assertive training 4 carried out 2 times. There are obstacles because patients find it difficult to refuse requests because they are afraid that they will be ostracized and increasingly considered strange. In the evaluation results, there was a decrease in the level of violent behavior in patients. This study is expected to be a development in providing therapeutic information for students especially nursing mental at patients behavior violence.

Acknowledgement
The author would like to express their sincere gratitude to the reviewers for their invaluable comments and insightful suggestions, which greatly contributed to improving the quality and clarity of this manuscript.

Author Contribution
This work was solely conducted by L. S. D., who was responsible for the conceptualization, methodology, data collection, analysis, and writing of the manuscript.

Funding
Not available.

Ethical Review Board Statement
Not available.

Informed Consent Statement
Not available.

Data Availability Statement
Not available.

Conflicts of Interest
Not available.

Open Access

References
Afconneri, Y., Lim, K., & Erwina, I. (2020). Factors of Recurrence in Schizophrenia Clients at the Polyclinic of Prof. Dr. Hb Sa'anin Mental Hospital Padang. *Journal Endurance: Scientific Review of Health Problems*. *5*(2). https://doi.org/10.22216/JEN.V5I2.3885

Ainiyah, Q. (2017). Social Learning Theory and Children's Aggressive Behavior in the family. *Al-Ahkam: Jurnal Ilmu Syari'ah dan hukum.* *2*(1), 91-104. https://doi.org/10.22515/alahkam.v2i1.789

Andira, S., & Nuralita, N, S. (2018). The effect of gender differences on the depressive symptoms of schizophrenia patients at the Prof. Dr. M. IIdrem Mental Hospital, Medan City, North Sumatra in 2017. *Farmatera Bulletin*. *3*(2), 97- 108. https://jurnal.umsu.ac.id/index.php/buletin_farmatera/article/view/1946

Arumsari, C. (2017). Assertive Exercise Counseling Strategy to Reduce Bullying Behavior. *Journal of innovative counseling: Theory, practice & research*. *1*(1), 31- 39. https://journal.umtas.ac.id/index.php/innovative_counseling/article/view/23

Azizah, L. Zainuri, I, & Akbar, A. (2016). *Textbook of Mental Nursing Theory and Clinical Practice Application*. Indomedia Library

Damayanti, M., & Iskandar. (2012). *Asuhan Keperawatan Jiwa*. Refika

Firmawati, & Biahimo, U. U. (2017). The relationship between asserticeness training and violent behavior at Prof DR. V. L. Ratumbuysang Mental Hospital Manado, North Sulawesi Province. *Zaitun: Jurnal Ilmu Kesehatan,* *5*(1). https://journal.umgo.ac.id/index.php/Zaitun/article/view/1212

Gerald, C. (2013). *Teori dan praktek konseling dan psikoterapi*. PT Refika Aditama.

Isnawati, R. (2020). *Skizofrenia akibat putus cinta*. CV. Jakad Media Publishing.

Kandar, & Iswanti. D. I. (2019). Presdiposition and prestipitation factors of patients at risk of violent behavior. *Journal of Mental Nursing Science*. *2*(3), 149-156. https://doi.org/10.32584/jikj.v2i3.226

Ministry of Health of the Republic of Indonesia. (2018). *National Riskesdas Report 2018*. Ministry of Health of the Republic of Indonesia.

Martin, W., & Ramadhan, R. (2022). The relationship between family support and compliance with taking medication in patients with mental disorders in the work area of the Manggopoh Lubuk Basung health center. *NTHN Journal: Nan Tongga Health and Nursing. 17*(1), 1-8. https://doi.org/10.59963/nthn.v17i1.92

Martini, S., Endriyani, S., & Febriani, A. (2021). Anger Control Management through Assertive Training for Schizophrenia Clients with Violent Behavior Problems. *JKM: Journal of Independent Nursing.* *1*(2), 302-308. https://doi.org/10.36086/jkm.v1i2.1013

Muhith, A. (2015). *Mental Health Education Theory and Application*. CV Andi Offset.

Nabilah, P., Kusumawaty, I., Martini, S., & Yunike. (2022). Implementation of Assertive Action on Schizophrenia Clients with Violent Behavior Problems to Express Anger. *Aisyiyah Medika Journal*. *7(*2), 24-33. https://doi.org/10.36729/jam.v7i2.850

Nurdiana, S., Pertiwi, F. D., & Dwimawati, E. (2020). Factors associated with bullying experience at SMK Negerti Bogor, West Java Province in 2018. *PROMOTOR Journal of Public Health Students*. *3*(6), 605-613. https://doi.org/10.32832/pro.v3i6.5567

Nurhalimah. (2016). *Mental Nursing Printable Teaching Materials Module*. Ministry of Health of the Republic of Indonesia

Pardede, J. A., Siregar, L. M., & Hulu, E. P. (2020). *The effectiveness of behavior therapy on the risk of violent behavior in patients with schizophrenia*. *Mutiara Ners Journal. 3*(1), 8-14. https://e-journal.sari-mutiara.ac.id/index.php/NERS/article/view/1005

Priyanto, B., & Permana, I. (2019). *The Effect of Assertive Training in Reducing Symptoms of Violent Behavior in Schizophrenia Patients: A Literature Review. Avicenna Journal of Health Research. 2*(2), 14-24. https://doi.org/10.36419/avicenna.v2i2.298

Priyanto, B., & Permana, I. (2019). The effect of assertive training in shortening the length of treatment reduces the risk symptoms of violent behavior. *Health science and pharmacy Journal. 3*(3), 91-98. https://doi.org/10.32504/hspj.v3i3.166

Purwaningsih, Khairai, A. I., & Lubis. T. I. M. 2021. Assertivener Training Technique in Reducing Violent Behavior in Schizophrenia Patients at Prof. Dr. Muhammad Iidren Meda Mental Hospital. *Hesti Medan Research Journal Akper Kesdam I/BB Medan*. *6*(1), 74-82. https://doi.org/10.34008/jurhesti.v6i1.236

Rivara, F., Adhita, A., Lynos, V., Massey, A., Mills, B., Moran, E., Simkes, M., & Rahbar, A. R. 2019. Overview: The effect of violens on health. *Health affairs. 38*(10), 1622- 1629. https://doi.org/10.1377/hlthaff.2019.00480.

Stuart, G. W., (2013). *Principle and practice of psychiatric nursing.* 10th edition. Elsevier.

Working Team of SDKI DPP PPNI. (2017). *Indonesian Nursing Diagnosis Standards Definitions and Diagnostic Indicators*. DPP PPNI

PPNI DPP SPO Guidelines Working Team. (2021). *Guidelines for Standard Operating Procedures Nursing*. 1st edition. DPP PPNI

Utami, A. A. A. R. S., Ibrahim, M., & Purnama. H. (2021). The Effect Of Assertive Training For Reducing Violence Behavior In Schizophrenia Patients: Literature Review. *Journal of comprehensive nursing.* *7*(1), 90-97. https://journal.stikep-ppnijabar.ac.id/index.php/jkk/article/view/255

Wahyuni, S. E., Daulay, W., Nasution, M, L., & Purba J. M. (2021). Assertive training affects the aggressive behavior of juvenile prisoners. *Journal of mental nursing (JKJ). 9* (2): 391-398. https://doi.org/10.26714/jkj.9.2.2021.391-398.

Biographies of Author

Lelyana Septia Damayanti, Faculty of Nursing, Universitas Jember, Jember 68121, Indonesia.

- Email: lelyana.septidamay.98@gmail.com
- ORCID: N/A
- Web of Science ResearcherID: N/A
- Scopus Author ID: N/A
- Homepage: N/A