



- Family Caregiver Support Program to Increase Quality Care Among the Geriatric Population
- Nurse Staffing Factors, Fatigue, and Work-related Stress among Emergency Department Nurses During COVID-19 Pandemic
- Relationship between Fine Motor Skill and the Use of Gadget in Pre-school Age Children
- Nursing Students' Caring Behavior Towards Clinical Learning Readiness
- Identification of Risk Factor of Adolescent Sexual Behavior in Purwokerto: Pilot Study
- The Effect of Giving Cucumber (*Cucumis sativus*) Juice on Blood Pressure in Stage 1 Hypertension Patients in Cimahi Public Health Center
- The Relationship Between Mother's Support to the Development Level of Preschool-Age Children
- Knowledge-related Human Papillomavirus Vaccination: A Study of Indonesian Women
- The Effectiveness of Online Education Study Live Method on Reducing Hesitancy of the COVID-19 Vaccine
- The Relationship of Spirituality with Coping Mechanism in Patients with Type 2 Diabetes Mellitus in Sukabumi Regency, Indonesia
- Knowledge and Attitude of Mothers Regarding Early Childhood Health Protocol Implementation During the Covid-19 Pandemic
- Factors Affecting Sleep Quality of Treated Patients In the *Intensive Cardiac Care Unit* Room
- Literature Review: Description of the Psychological Impact of Social Support on Gynecological Cancer Patients
- Implementation of Assertive Training to Increase the Ability of Anger Expression in Violent Behavior Patients at RSMM Bogor
- Use of Mobile Health on Adherence among HIV Positives Person: A Literature Review
- Honey for The Treatment of Diabetic Foot: A Literature Review

JURNAL KEPERAWATAN KOMPREHENSIF	VOL. 9	NO. 1	Page 1 - 127	Bandung January 2023	ISSN 2354-8428  e-ISSN 2598-8727
------------------------------------	--------	-------	-----------------	----------------------------	--

## Review Article

# Implementation of Assertive Training to Increase the Ability of Anger Expression in Violent Behavior Patients at RSMM Bogor

Tjahjanti Kristyaningsih<sup>1</sup> | Ani Nuraeni<sup>2</sup> | Hemma Siti Rahayu<sup>3</sup> | Mayang Audi<sup>4</sup>

<sup>1,2,3,4</sup>Department of Nursing,  
Fatmawati Nursing College  
and Health Sciences, Jakarta  
- Indonesia

### \*contact

chika\_biyotas@yahoo.co.id

Received : 21/11/2022

Revised : 18/01/2023

Accepted : 28/01/2023

Online : 31/01/2023

Published : 31/01/2023

### Abstract

**Aim:** Violent behavior is a feeling of anger, annoyance, emotion, or disappointment that arises and is characterized by a clenched hand, bulging eyes, glaring, loud, and harshly talk that can result in dangerous actions for himself and others, and the environment. Violent behavior can be caused by various factors, both internal and external. One way to deal with violent behavior is by implementing assertive training. Assertive training is an effort to express anger well so that patients can express their annoyance well, ask for help and apologize well.

**Method:** The case study research design involved four subjects chosen based on established inclusion criteria to obtain an overview of the implementation of assertive exercises in increasing the ability to express anger in patients with violent behavior.

**Result:** The main intervention in this paper is the application of assertive exercises for two subjects. After the intervention was carried out three times a day in five days, the result was an increase in ability in assertive training and in expressing anger in patients with violent behavior who implement assertive training. Two patients who did not implement assertive training still had difficulty controlling their anger properly.

**Conclusion:** This case study concludes that assertive training can increase the ability of angry expressions well, such as expressing annoyance well, asking for help well, and rejecting well.

### Keywords:

**Violent Behavior, Assertive Training**

## INTRODUCTION

Mental health is still underestimated by some people who think it is not a disease. In fact, mental health is the same as physical health. It is estimated that one in four adults will experience mental health problems at some point in their life. This makes mental disorders one of the main causes of the burden of disease worldwide. If left untreated, mental disorders can threaten a person's life.

In Indonesia, mental health problems are a serious financial problem and must receive comprehensive attention from the Central and Regional Government sectors and the entire community. The burden of disease or mental illness in the country is still quite large. In contrast to the 2013 Basic Health Research Which reported the prevalence of schizophrenia or psychosis mental disorders, the 2018 Risesdas reported the

prevalence of households having ART with schizophrenia or psychosis. The prevalence of antiretroviral therapy for schizophrenia or psychosis reaches 6.7%, around 282,654 people (1) Meanwhile, the prevalence of mental and emotional disorders in adolescents aged <15 years is 9.8%. One of the behaviors of mental and emotional disorders experienced by most patients is violent behavior (2).

Violent behavior is a feeling of anger, annoyance, emotion, or disappointment that arises and is characterized by a clenched hand, bulging eyes, talk harshly, do dangerous actions for himself, others, and the environment (3). Violent behavior can be caused by various factors, both internal and external. Such violent behavior can cause problems and develop into more severe, interfering with the patient's bio-psycho-socio-piritual needs. If left unchecked, it will threaten oneself, others, and the environment, so nursing action is needed for patients with violent behavior

Nursing management of patients with violent behavior requires various collaborative actions, both medical and nursing actions. Nursing action begins with fostering a trusting relationship followed by implementing strategies so that patients can control violent behavior that is usually done at home to implement nursing modality therapy. While the medical collaboration action is the provision of psychopharmaceutical therapy and the management of restless patients. Patients are also taught the management of violent behavior physically, verbally, spiritually, and drugs. In managing verbal violence behavior, the application of assertive exercises is carried out (4).

According to (5), assertive exercise is an act of expressing an opinion/expression of displeasure/disagreement without hurting the interlocutor and as a result, patients who are trained can control their anger. This assertive exercise research gives results, namely by giving assertiveness. Action exercises to patients at risk of violent

behavior, allowing patients to control their anger more than patients who are not given assertive action exercises. Meanwhile, the assertive exercise research conducted by (6) shows the results of an increase in the ability to express anger assertively, these results are obtained using observation sheets that have been tested for validity and rehabilitation. From these results, it can be seen that patients who are given assertive exercises become more capable of expressing anger well compared to patients who are not taught assertive exercises so that the patients who are given assertive exercises showed their symptoms of violent behavior decreased (7-9).

Based on the background of the problems above, it can be concluded that assertive training is very influential for patients to express opinions, express anger, and express disapproval without hurting the other person. From these results, the authors formulated the problem, "How is the application of assertive training in increasing the ability to express anger in patients with violent behavior?" To answer this question, the authors are interested in compiling a case study on violent behavior patients titled "Application of Assertive Exercises in Improving Anger Expression Ability in Violent Behavior Patients at Dr. Hospital. H. Marzoeki Mahdi Bogor". This case study was conducted by comparing two patients with violent behavior who were given assertive training with two patients who did not receive assertive training (7).

## METHODS

This study used a descriptive method as a case study using a nursing care approach and compared two patients with violent behavior who were given assertive training with two patients who did not receive assertive training. This case study was conducted on four patients who had the same symptoms, namely Violent Behavior, and the instruments used in this case study included the form of documentation of

Mental Health Nursing Care, a form to observe the Ability of Assertive Training, and a form to observe the Ability of Anger Expressing (8).

The data collection method in this case study uses several methods, interviews conducted by question and answer to patients. Violent behavior is directed in accordance with the assessment format that is validated by statements from the room nurse systematically according to the objectives, especially on the symptom factors of violent behavior such as speaking with high-pitched, sharp gazes, bulging eyes, clenching fists, hitting other people, and damaging the environment. Another method is observation by making direct observations of the patient's violent behavior, both symptoms of violent behavior, the ability to express anger, and the ability to exercise assertiveness. The researcher also conducted a documentation study, validating the patient's statement about the patient's history of admission to the RSMM and previous treatment.

The data collection procedure begins with the researcher building a trusting relationship with the patients being managed. Then the author conducted an assessment focused on violent behavior and continued with assertive exercises on the four patients. Patients are taught assertive exercises and asked to apply them daily to nurses or other patients according to an agreed daily activity schedule. The development of the patient's ability to perform assertive exercises was recorded in the observation sheet of the ability to exercise assertiveness for five days and the patient's feelings were evaluated after doing the exercise. Researchers also observed changes in the ability to express anger before and after assertive exercise

This case study was conducted at Dr. Hospital. H. Marzuki Mahdi Bogor, West Java. This case study data collection activity was carried out on February 21-25, 2022 with the time of carrying out assertive exercises three times a day and adjusted to

the patient's activity schedule and/or when the patient felt upset/angry. The presentation of data is adjusted in the form of descriptive case studies and are presented narratively by describing the results of the success of doing assertive exercises through observation sheets carried out for five days and then the results will be obtained differences that occur in patients who are given assertive training and patients who are not given.

In carrying out this case study, the principles of research ethics are observed, namely respect for human dignity, respect for the privacy and confidentiality of case study subjects (Respect for privacy and confidentiality), fairness and openness (Respect for justice and inclusiveness) and take into account the benefits and losses incurred (10,11).

At the beginning the authors conducted an assessment of four patients by previously building a trusting relationship. The four patients had the same signs and symptoms; tense stares, high-pitched speech and sometimes clenched fists. Meanwhile, the difference in symptoms of anger was that subjects had a habit of being angry by using harsh words and three subjects were used to slamming things, damaging household appliances and hitting people around them. According to these symptoms, the nursing diagnosis for those four patients: Violent Behavior.

Authors compiled for the two intervention patients was to teach the meaning of assertive exercises, the advantages of doing assertive exercises, the disadvantages of not doing assertive exercises, expressing frustration in a good way, asking for help in a good way, refusing in a good way and conveying feelings before and after do assertive exercises. The schedule for assertive training activities to be carried out has been agreed upon by the two subjects, namely 3 times a day for 3 days. In the morning session, the patient learns about the meaning of assertive exercise, the advantages of assertive exercise, the

disadvantages of not doing assertive exercise, conveying feelings before and after doing assertive exercise and how to properly convey frustration. In the afternoon session the two subjects evaluated what had been taught in the morning session and then continued with learning to ask for help properly and learning to refuse in a good way. On the second and third day in the morning session the author re-taught both subjects about assertive practice then the afternoon and evening sessions were used to evaluate the ability of the two patients to learn assertive exercise. Whereas in the control group, the authors did not teach assertive exercises.

In the intervention group there was an increase in the ability to perform assertive exercises and a decrease in symptoms of anger. The two intervention patients were able to express anger well when they were upset, when they asked for help they used the phrase please and did not force them and when they could not help their friends, the subject said sorry and said they would help on other occasions. On the other hand, in the non-intervention group, the patient still showed symptoms of anger such as anxiety, tense expressions, speaking in a high tone and speaking harshly when it was not what he wanted.

## RESULT

### 1. Symptoms of Violent Behavior before Assertive Practice

The four case study subjects have symptoms of violent behavior that are almost the same and in accordance with the inclusion criteria of this case study such as when angry using a high tone, looking tense, forcing when asking for something or when the request is rejected, if angry, likes to slam things, say rudely to other patients. and has a history of domestic violence. The four subjects have limitations in expressing anger well.

### 2. Overview of Implementation in Assertive Training

Prior to conducting the case study, the researcher developed a trusting relationship and continued with the implementation of the implementation strategy of teaching the patient how to control anger physically (deep breathing and hitting the pillow) and using good medicine. After that, two patients were taught assertive exercises, while the other two patients were not given assertive exercises. Assertive exercises are carried out by adjusting the schedule of activities (activities) of the two patients in the room and the patient's condition every day.

Subject 1 after being exercised assertively for five days, showed a very good response which was indicated by an increase in the ability to exercise assertiveness every day. However, patients have cognitive difficulties in explaining the benefits and assertive sentences that must be practiced every day, so patients must be explained repeatedly and often reminded in advance of applying assertive exercises, the advantages and disadvantages of doing assertive exercises, when angry they can express better, when asking for help using the sentence please and not forcing and when you can't help a friend say sorry. Whereas in Subject 2 after assertive exercise, the patient is better able to focus on learning and apply the exercise according to the agreed schedule, so that the patient is able to express anger well when asking for help using the word help, although sometimes he still shows an annoyed expression when his request is rejected and is reminded to ask for help. use the word sorry. The situation of the room greatly affects the two subjects in doing assertive exercises and the activities in the

room help the subject to learn to express anger, ask for help and refuse well.

Meanwhile, in the other two patients who were not given assertive exercise, the researchers only taught exercises to control anger with physical exercises (deep breathing relaxation techniques and hitting the pillow), taught them to take medicine well and do activities when feeling upset.

### 3. The Ability to Express anger

After five days of assertive training, there was a comparison between the two subjects whom doing assertive training, namely Subject 1 on the second day was able to express anger well if he was upset, if he asked for help, he used the sentence please and did not force him and when he couldn't help a friend, the subject said sorry. and said that he would help next time. While in Subject 2, the increase in the ability to express anger was seen on the fifth day with previously being often helped, reminded if annoyed not to use a high tone, asking for help must use the sentence please and not force, and if you refuse to help a friend say sorry.

In two patients who were not given assertive training, it was found that the symptoms of violent behavior were still visible because the patient was unable to convey his frustration/angry, asked for something in a high tone, looked tense when his request was rejected, and was often reminded by the nurse to take a deep breath when feeling upset.

In carrying out this case study the authors had limitations, namely: 1) The application of assertive exercises was not optimal for both subjects because both had activity schedules that had been arranged by the

hospital, causing the meeting between the writer and the patient not according to the original plan; 2) Before implementing assertive exercises the author must consider the patient's condition, if this is not possible then the application of assertive exercises cannot be carried out according to plan; and 3) Both subjects have limitations in understanding and are easily distracted when studying, so it takes quite a long time for each patient.

## DISCUSSION

The results of this case study showed that the four patients had symptoms of violent behavior. This is supported by data that the four patients showed frequent angry behavior, slammed things, looked tensed, and had a history of hitting family members or neighbors. The four case study subjects have the same main problem, namely Violent Behavior which is in accordance with the inclusion criteria of this case study. As (12) said that to control violent behavior, a nurse should teach the patient how to control his anger/emotion by physically, verbally, doing exercises, spiritually and also with medication.

One of the nursing actions to overcome violent behavior is by way of assertive training. This action is the focus of the author in conducting this case study. This assertive exercise was carried out three times a day for five days according to a schedule agreed with the nurse-patient. This is because the two patients who were given assertive training had a schedule of activities that had been arranged by the room nurse and the author also had to consider or adjust to the patient's condition every day.

The results obtained after five days of applying assertive exercises were that both patients showed an increase in doing assertive exercises, so that both patients also showed an increase in expressing anger better than the two patients who



were not given assertive exercises. This is in accordance with research that has been studied by (5) which showed that giving assertive exercises to patient at risk of violent behavior are able to control their anger or emotion. This case study recommends the importance of nurses teaching patients assertive exercises so that patients are able to control anger verbally, namely by expressing anger assertively.

## CONCLUSION

This case study concludes that assertive training can increase the ability of angry expressions well, such as expressing annoyance well, asking for help well, and rejecting well.

## REFERENCES

1. Kementerian Kesehatan. Laporan Nasional RISKESDAS 2018. Jakarta: Kementerian Kesehatan RI; 2019.
2. Simanjuntak NO. Hak pelayanan dan rehabilitasi orang dengan gangguan jiwa (ODGJ) terlantar menurut UU No. 18 Tahun 2014 tentang kesehatan jiwa (Studi kasus UPT wanita tuna susila dan tuna laras Berastagi). HUMANITAS: Jurnal Kajian dan Pendidikan HAM. 2017;8(1):54-76.
3. Afnuhazi. Komunikasi Terapeutik Dalam Perawatan Jiwa. Yogyakarta: Gosyen Publishing; 2015.
4. Sebastian J, Debnath S. Nursing management of patients with violent behaviour. Indian Journal of Continuing Nursing Education. 2020;21(2):129.
5. Irvanto, D. Surtiningrum, A. Nurulita U. Pengaruh Terapi Aktivitas Kelompok Asertif Terhadap Perubahan Perilaku Pada Pasien Perilaku Kekerasan. 2013;
6. Suyanta, Murti. Pengaruh Assertive Training Terhadap Kemampuan Mengekspresikan Marah Pasien Skizofrenia Dengan Riwayat Perilaku Kekerasan Di Rumah Sakit Grhasia DIY. 2015;VII(01):1-15.
7. Utami AAARS, Ibrahim M, Purnama H. The Effect Of Assertive Training For Reducing Violence Behavior In Skizofrenia Patients: Literature Review. Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal). 2021;7(Special Edition).
8. Kurniati SR, Daulima NHC. ASSERTIVE TRAINING THERAPY FOR SCHIZOPHRENIC PATIENT WITH RISK OF VIOLENT BEHAVIOR. International Journal of Nursing and Health Services (IJNHS). 2019;2(2):1-7.
9. Irvanto D, Surtiningrum A, Nurullita U. Pengaruh Terapi Aktivitas Kelompok Asertif Terhadap Perubahan Perilaku Pada Pasien Perilaku Kekerasan. Karya Ilmiah. 2013;
10. Yosep I, Sutini T. Buku Keperawatan Jiwa. Penerbit Buku PT Refika Aditama Bandung. 2010;
11. Keliat BA. Keperawatan kesehatan jiwa komunitas. Jakarta: Egc. 2011;
12. Nurhalimah. Keperawatan Jiwa. Jakarta. Jakarta: Pusdik SDM Kesehatan Kementerian Kesehatan Republik Indonesia; 2016.