

ABSTRAK

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Penerapan Latihan Asertif terhadap Penurunan Tanda dan Gejala pada Pasien Risiko Perilaku Kekerasan di RSJD dr. Arif Zainnudin Surakarta

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Pendahuluan

Perilaku kekerasan yaitu perilaku agresif saat terdapat stresor yang bermanifestasi sebagai agresi verbal maupun nonverbal yang ditujukan kepada orang lain, lingkungan, dan diri sendiri. Salah satu cara mengontrol risiko perilaku kekerasan adalah dengan latihan asertif. Latihan asertif adalah latihan yang mengajarkan untuk mengenali perasaan marah dan membimbing dalam mengeksplorasi diri untuk mengidentifikasi sumber kemarahan yang dirasakan.

Metode: Penelitian ini menggunakan metode studi kasus dengan pengaplikasian *evidence based nursing*. Responden pada penelitian berjumlah 1 pasien risiko perilaku kekerasan berdasarkan kriteria inklusi dan eksklusi. Tanda gejala pasien diukur dengan lembar observasi dan tingkat agresif diukur dengan kuesioner BPAQ. Waktu pelaksanaan latihan asertif 30-45 menit.

Hasil: Sebelum diterapkan latihan asertif didapatkan 9 tanda gejala (Risiko Perilaku Kekerasan Sedang) dan skor tingkat agresif 77 (Tingkat Agresif Sedang). Setelah diterapkan terdapat 1 tanda dan gejala (Risiko Perilaku Kekerasan Ringan) dan skor 41 (Tingkat Agresif Ringan).

Simpulan: Penerapan latihan asertif efektif menurunkan tanda dan gejala risiko perilaku kekerasan. Pelayanan kesehatan terutama Rumah Sakit Jiwa diharapkan dapat mengembangkan program strategi latihan asertif secara berkelompok, serta meningkatkan kegiatan yang melibatkan aktivitas kelompok antar pasien baik sosial maupun spiritual.

ABSTRACT

The Implementation of Assertive Exercises to Reduce Signs and Symptoms in Patients' Risk of Violent Behavior at RSJD Dr Arif Zainnudin Surakarta

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Introduction

Violent behaviour is aggressive behaviour when there are stressors that manifest as verbal and nonverbal aggression directed at others, the environment, and oneself. One way to control the risk of violent behaviour is by practising assertiveness. Assertive exercises are exercises that teach to recognize feelings of anger and guide in self- exploration to identify the source of the anger felt.

Methods: This study uses a case study method with the application of evidence-based *nursing*. The respondents in the study were one patient at risk of violent behaviour based on inclusion and exclusion criteria. The patient's symptom signs were measured with an observation sheet and the level of aggression was measured by a BPAQ questionnaire. The implementation time of assertive training is 30-45 minutes.

Results: Before applying assertive exercises, 9 symptom signs (Risk of Moderate Violent Behavior) and an aggressive level score of 77 (Moderate Aggressive Level) were obtained. After being applied, there was one sign and symptom (Risk of Mild Violent Behavior) and a score of 41 (Mild Aggressive Level).

Conclusion: The application of assertive exercises is effective in reducing the signs and symptoms of the risk of violent behaviour. This study paves the way for further research in this area, encouraging the exploration of assertive training in different patient populations and settings. Health services, especially Mental Hospitals, are expected to develop a group assertive training strategy program, as well as increase activities involving group activities between patients, both social and spiritual.