Vol. 2 No. 4 Edisi Oktober 2025 E. ISSN. 3032-2472
Multidisciplinary Indonesian Center Journal (MICJO)
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NURSING CARE FOR MRS. A AT RISK OF VIOLENT BEHAVIOR WITH A FOCUS ON DEEP BREATHING RELAXATION AT DR. RM SOEDJARWADI REGIONAL MENTAL HOSPITAL, KLATEN

ASUHAN KEPERAWATAN PADA Ny. A RESIKO PERILAKU KEKERASAN DENGAN FOKUS TINDAKAN RELAKSASI NAFAS DALAM DI RUMAH SAKIT JIWA DAERAH Dr. RM SOEDJARWADI KLATEN

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DOI: https://doi.org/10.62567/micjo.v2i4.1451

Abstract

Background: According to WHO (2022), there are 24 million people suffering from schizophrenia, with 3,980 of them at risk of violent behavior. The risk of violent behavior is an angry response that can manifest physically or verbally. If not addressed promptly, the risk of violent behavior can endanger both the individual and others. This condition poses a serious challenge as it can disrupt the patient's recovery process and create anxiety in the surrounding environment. Therefore, appropriate nursing interventions are needed—not only to calm the patient but also to enhance the patient's ability to control their emotions. One of the interventions that can be applied is the deep breathing relaxation technique. **Objective**: To describe the nursing care from assessment to evaluation for Mrs. A with a risk of violent behavior, focusing on the deep breathing relaxation intervention. **Method**: This scientific paper uses a descriptive research method in the form of a case study. **Results**: After three days of nursing interventions for patient with a risk of violent behavior using deep breathing relaxation, the client showed reduced tension and was able to control her emotions well. **Conclusion**: Deep breathing relaxation for patient was effective in reducing the risk of violent behavior.

Keywords: Nursing Care, Risk of Violent Behavior, Deep Breathing Relaxation

Abstrak

Latar belakang : Menurut WHO (2022) terdapat 24 juta yang menderita skizofrenia dengan 3.980 penderita resiko perilaku kekerasan**. Resiko perilaku kekerasan adalah respon marah yang dapat ditimbulkan dengan fisik atau verbal**. Resiko perilaku kekerasan apabila tidak segera ditangani dapat mencelakai diri sendiri maupun orang lain. Kondisi ini menjadi tantangan serius karena dapat mengganggu proses penyembuhan pasien dan menimbulkan

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kecemasan bagi lingkungan sekitar. Oleh karena itu, dibutuhkan intervensi keperawatan yang tidak hanya menenangkan pasien, tetapi juga mampu meningkatkan kemampuan pasien dalam mengontrol emosinya. Salah satu intervensi yang dapat digunakan adalah teknik relaksasi nafas dalam. **Tujuan** : Menggambarkan asuhan keperawatan mulai dari pengkajian sampai evaluasi pada Ny A resiko perilaku kekerasan dengan fokus tindakan relaksasi nafas dalam. **Metode** : Penulisan karya tulis ilmiah ini menggunakan penelitian deskriptif yang berbentuk studi kasus. **Hasil** : Setelah dilakukan tindakan selama 3 hari asuhan keperawatan pada pasien **resiko perilaku kekerasan dengan tindakan r**elaksasi nafas dalam menunjukkan klien mengalami penurunan ketegangan, dapat mengontrol emosinya dengan baik. **Kesimpulan** : Relaksasi nafas dalam pada pasien efektif dalam mengurangi risiko perilaku kekerasan.

Kata Kunci : Asuhan Keperawatan, Resiko Perilaku Kekerasan, Relaksasi Nafas Dalam

1. INTRODUCTION

Mental disorders are disease conditions that arise due to disturbances in thought, perception, and behavior, causing individuals to experience difficulty adapting to themselves, others, and their surrounding environment. One of the most common symptoms of mental disorders is the inability to control oneself, which can potentially trigger violent behavior (Wulansari, 2021).

A mental disorder is a psychological condition or behavioral pattern that causes emotional distress, decreased quality of life, and impaired functioning. This condition reflects dysfunction in psychological aspects rather than social deviation or conflict with the community environment (Suparmanto, 2023).

Schizophrenia is a behavioral deviation resulting from emotional distortion that leads to abnormal behavior. Mental disorders can cause disruptions in mental, emotional, cognitive, and volitional functions, as well as difficulties in self-adjustment, all of which interfere with an individual's humanistic functioning and may lead to the risk of violent behavior. Schizophrenia is a type of mental disorder characterized by inappropriate responses to the environment, manifested through abnormal speech, thought, feelings, and behavior that affect social, occupational, and physical functioning (Wulansari, 2021).

Schizophrenia is a chronic disease that significantly affects the patient's quality of life. Individuals with schizophrenia often experience higher levels of rejection compared to those with other mental disorders. Schizophrenia consists of a series of psychotic responses that result in various functional impairments, such as difficulties in communication, thinking, emotional expression, and brain function. It is commonly accompanied by thought disturbances, violent behavior, social isolation, delusions, and hallucinations (Permani et al., 2023).

According to the World Health Organization (WHO, 2022), mental disorders are complex conditions that can affect an individual's thoughts, emotions, and behaviors. These disorders may be caused by internal or external stressors. Globally, around 300 million people suffer from mental disorders, including depression, dementia, and bipolar disorder, with 24 million cases of schizophrenia. Based on the Indonesian Basic Health Research (Riskesdas, 2018), the number of people with schizophrenia in Indonesia is estimated at around 400,000. In Central Java, approximately 317,000 people suffer from mental disorders. Data from Dr. RM Soedjarwadi Regional Mental Hospital in Klaten (January 2023) recorded 75 inpatient and

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1,250 outpatient cases of schizophrenia. Among these, 3,980 cases involved risk of violent behavior, 4,021 hallucinations, 1,871 social isolation, 1,754 self-care deficits, 1,026 low self-esteem, and 401 delusions.

The risk of violent behavior refers to harmful actions performed by an individual, either physically or verbally, which may cause harm to oneself or others. Violent behavior occurs when a person loses self-control or direction toward the environment or other people. Self-directed violence includes self-harm and suicidal tendencies or neglecting oneself through self-denial. The risk of violent behavior involves both physical and psychological harm (Syifa et al., 2023).

The risk of violent behavior is defined as an action intended to cause injury, whether physical or psychological. It includes verbal aggression directed toward oneself, others, or the environment, and may involve current acts or a history of violent behavior (Untari, 2019).

The risk of violent behavior is an individual's response to stressors that can manifest as anger through threats, self-harming actions, or aggression toward others. This condition is characterized by changes in cognitive, affective, behavioral, and social interaction aspects. Patients often exhibit symptoms such as increased blood pressure, irritability, emotional instability, aggression, and a tendency to harm themselves or others (Suparmanto, 2023).

Interventions for managing the risk of violent behavior are implemented through several steps: Strategy 1 (SP1) involves identifying causes, signs, and symptoms, recognizing violent behavior, explaining its consequences, and teaching physical control techniques such as deep breathing relaxation and hitting a pillow. Strategy 2 (SP2) focuses on controlling violent behavior using medication, Strategy 3 (SP3) emphasizes verbal control, Strategy 4 (SP4) addresses spiritual control, and Strategy 5 (SP5) evaluates all physical, pharmacological, verbal, and spiritual training activities.

Therapy to manage violent behavior through physical control techniques, particularly deep breathing relaxation, has proven effective. Deep breathing relaxation is a therapeutic technique that helps reduce tension and anxiety, regulate emotions, and control the respiratory system through slow and rhythmic breathing. Controlled breathing promotes mental calmness, physical relaxation, and muscle flexibility in responding to emotional stimuli (Pertiwi et al., 2023).

Deep breathing relaxation helps calm physical tension, which in turn reduces mental stress. This technique involves respiratory relaxation by controlling breathing rhythm and muscle activity at a slower pace. Regular and rhythmic breathing creates a sense of relaxation both physically and mentally. Consistent practice also increases muscle flexibility, allowing the body to respond to emotional triggers without rigidity (Avelina, 2024).

According to a study by Natalia et al. (2021), relaxation techniques are methods aimed at reducing physical tension and consequently lowering mental stress. One commonly applied technique is deep breathing, which teaches patients to inhale deeply and slowly, hold their breath briefly at maximum inspiration, and then exhale gradually.

Sudia (2021) also states that deep breathing relaxation is a technique that helps individuals control and maintain emotional balance to prevent excessive anger. This method effectively reduces physical tension, alleviates stress, and helps the body achieve a relaxed state through slow and controlled breathing, thereby providing a sense of calm and composure.

2. RESEARCH METHOD

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This study employed a descriptive research design in the form of a case study. The aim was to describe the nursing care process provided to Mrs. A, who was at risk of violent behavior, focusing on the implementation of deep breathing relaxation techniques. The study was conducted at Dr. RM Soedjarwadi Regional Mental Hospital in Klaten. The subject of this case study was a patient diagnosed with risk of violent behavior who met the inclusion criteria: female, aged 20–50 years, communicative, and in a stable condition. Patients who were about to be discharged, escaped from the hospital area, male, or outside the age range were excluded.

Data were collected through interviews, observation, and documentation. Interviews were conducted directly with the patient to explore subjective data, while observation and physical examination were used to obtain objective data related to the patient's behavior, appearance, and emotional condition. Documentation included recording all findings, nursing care plans, and implementation outcomes. The instruments used in this study consisted of observation sheets for violent behavior risk and standard nursing documentation forms that included assessment, diagnosis, intervention, implementation, and evaluation.

The data were analyzed descriptively by describing the nursing care process according to the nursing process stages: assessment, nursing diagnosis, planning, implementation, and evaluation. The intervention focused on deep breathing relaxation, which was carried out for three consecutive days to help reduce tension and improve emotional control in the patient. The results were then interpreted based on changes observed in the patient's behavior and emotional responses.

Ethical considerations in this study included informed consent, anonymity, and confidentiality. The researcher obtained written consent from the patient before conducting the study, ensured the anonymity of the respondent by not using real names, and maintained the confidentiality of all collected data.

3. RESULTS AND DISCUSSION

Data Analysis

Table 4.2 Data Analysis

Date/Time	focus data	Diagnosis	Initial
26-11-2024 09.00 WIB	Subjective data: The patient was angry and throwing tantrums at home. The patient attempted to strangle her older sibling, hit her mother while feeding her, became dazed, and refused to do any activities. She was angry because she wanted to sew but her husband wouldn't let her, and she frequently argued with her husband. The patient is currently stable. Objective data: The patient appeared tense, had a high-pitched voice, a stiff body, and a sharp gaze.	Risk of violent behavior	Ika

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26-11-2024 09.00 WIB	Subjective data: The patient is angry and prone to tantrums at home, tries to strangle his older sibling, and hits his mother while feeding her. Objective data: The patient appears tense, has a high-pitched voice, a stiff body, and a sharp gaze.	Risk of harming yourself, others, and the environment	Ika
26-11-2024 09.00 WIB	Subjective data: The patient reported hearing voices that incited him to rage and physical aggression. Objective data: The patient was seen frequently talking to himself.	Hallucinatory sensory perception	Ika

Priority nursing diagnoses

1. Risk for violent behavior
2. Risk for harm to self, others, and the environment
3. Sensory perception, hallucinations

Nursing Plan

Date/Time	Focus Data	Objective	Diagnosis	Initial
26-11-2024 09.00 WIB	Risk of violent behavior Subjective data: The patient is angry and throws tantrums at home. The patient tries to strangle her older sibling, hits her mother while feeding her, stares blankly, and refuses to do anything.	After 24 hours of treatment, it is expected that: 1. The patient will be able to control the risk of violent behavior. 2. The patient will not harm themselves, others, or the environment.	Nursing Actions for the Client 1. Implementation Strategy 1 (SP 1) a. Identify the causes, signs and symptoms, violent behavior, and consequences of violent behavior. b. Explain how to control violent behavior: physical, medication, verbal, and spiritual. c. Practice how to control violent behavior physically: take a deep breath and punch a mattress or pillow. d. Guide the patient to include it in the physical exercise schedule. 2. Implementation Strategy 2 (SP 2) a. Evaluate physical exercise activities. Offer praise.	Ika

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	The patient is angry because she wants to sew but her husband won't let her, and frequently argues with her husband. Objective data: The patient appears tense, speaks in a high-pitched voice, has a stiff body, and is accompanied by a sharp gaze.		b. Evaluate how to control violent behavior physically: take a deep breath. c. Practice how to control PK with medication (explain the 6 correct answers: type, purpose, dosage, frequency, method, and continuity of medication intake). d. Guide the patient to include it in the physical exercise and medication schedule. 3. Implementation Strategy 3 (SP 3) a. Evaluate physical exercise activities and medication. Offer praise. b. Evaluate how to control violent behavior physically: take a deep breath.	

Date/Time	Focus Data	Objective	Diagnosis	Inital
			a. Practice verbally controlling violent behavior (methods include: expressing, requesting, and refusing appropriately). b. Guide the patient to include physical exercise, medication, and verbal activities in the activity schedule. 4. Implementation Strategy 4 (SP 4) a. Evaluate physical exercise, medication, and verbal activities. Offer praise. b. Evaluate physical exercise, medication, and verbal activities: deep breathing. c. Practice spiritual control (2 activities). d. Guide the patient to include physical exercise, medication,	

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			verbal, and spiritual activities in the activity schedule. 5. Implementation Strategy 5 (SP 5) a. Evaluate physical exercise activities 1, 2, medication, verbal, and spiritual activities. Offer praise. b. Evaluate physical exercise, medication, verbal, and spiritual activities in the activity schedule. c. Evaluate independent abilities. d. Evaluate whether violent behavior is under control. Nursing actions for the family. 1. Implementation Strategy 1 (SP 1) a. Discuss problems experienced in caring for the patient. b. Explain the meaning, signs and symptoms, and the process of violent behavior.	
Date/Time	**Focus data**	**Objective**	**Diagnosis**	**Initial**
			a. Explain how to treat violent behavior b. Practice one method of treating violent behavior by performing a physical activity: taking deep breaths and hitting the mattress or pillow. c. Encourage the patient to assist according to the schedule. Offer praise. 1. Implementation Strategy 2 (SP 2) a. Evaluate the family's activities in caring for or physically training the patient. Offer praise. b. Explain the 6 correct ways to administer medication. c. Practice how to administer or guide the patient in taking	

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			medication. d. Encourage the patient to assist according to the schedule. Offer praise. 2. Implementation Strategy 3 (SP 3) a. Evaluate the family's activities in caring for or physically training the patient and administering medication. Offer praise. b. Guidance method: good speech. c. Practice how to guide spiritual activities. d. Encourage the patient to assist according to the schedule. Offer praise. 3. Implementation Strategy 4 (SP 4) a. Evaluate the activities in caring for or physically training the patient, administering medication, practicing good speech, and spiritual activities. Offer praise. b. Explain follow-up to a mental hospital or community health center, signs of relapse, and referrals. c. Encourage the patient to assist according to the schedule. Give praise	
Date/Time	**Focus Data**	**Objective**	**Diagnosis**	**Initial**
			1. Implementation Strategy 5 (SP 5) a. Evaluate family activities in caring for or training the patient physically, administering medication, engaging in appropriate speech, and engaging in spiritual activities, as well as follow-up. Provide praise. b. Assess the family's ability to	

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			care for the patient. c. Assess the family's ability to manage the patient's care by referring them to a mental hospital or community health center.	
26-11-2024 09.00 WIB	Hallucinatory sensory perception Subjective data -The patient reported hearing voices that incited him to anger and physical aggression. Objective data: -The patient was seen frequently talking to himself.	After 24 hours of treatment, it is expected that: 1. The patient will be able to control their hallucinations 2. The patient will be able to build a trusting relationship	1. Implementation Strategy 1 (SP 1) a. Identify hallucinations, time of occurrence, triggering situation, feelings, response b. Classify methods for controlling hallucinations: scolding, medication, conversation, activities c. Practice controlling hallucinations with scolding d. Guide the patient to include the practice of scolding in their schedule. 2. Implementation Strategy 2 (SP 2) a. Evaluate the practice of scolding, give praise b. Practice controlling hallucinations with medication (explain the 6 points: type, purpose, dosage, frequency, method, and continuity of medication) c. Guide the patient to include the practice of scolding and taking medication in their schedule.	Ika

Date/Time	Focus Data	Objective	Diagnosis	Initial
			1. Implementation Strategy 3 (SP 3) a. Evaluate the practice of scolding and administering medication. Offer praise. b. Practice how to control hallucinations by having a conversation during	

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			hallucinations. c. Guide the patient to include in the schedule activities for practicing scolding, taking medication, and having a conversation. 2. Implementation Strategy 4 (SP 4) a. Evaluate the practice of scolding, taking medication, and having a conversation. b. Practice how to control hallucinations by carrying out daily activities (starting with two activities). c. Guide the patient to include in the schedule activities for practicing scolding, taking medication, having a conversation, and having a daily activity. 3. Implementation Strategy 5 (SP 5) a. Evaluate the practice of scolding, taking medication, having a conversation, and having a daily activity. Offer praise. b. Practice daily activities. c. Assess independent abilities. d. Assess whether hallucinations are under control. Nursing actions for the family. 1. Implementation Strategy 1 (SP 1) a. Discuss the problems experienced in caring for the patient. b. Explain the meaning of signs, symptoms, and the process of hallucinations.	
Date/Time	**Focus Data**	**Objective**	**Diagnosis**	**Initial**
			a. Explain how to treat hallucinations b. Practice how to treat	

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			hallucinations: scolding c. Encourage patient assistance according to schedule. Give praise 1. Implementation Strategy 2 (SP 2) a. Evaluate family activities in caring for or training the patient b. Explain the 6 correct ways to administer medication c. Practice how to administer or give medication d. Encourage patient assistance according to schedule. Give praise 2. Implementation Strategy 3 (SP 3) a. Evaluate family activities in caring for or training the patient to scold and administer medication. Give praise b. Explain how to converse and carry out activities to control hallucinations c. Practice and make time to converse with the patient, especially during hallucinations d. Encourage patient assistance according to schedule and give praise 3. Implementation Strategy 4 (SP 4) a. Evaluate family activities in caring for or training the patient to scold, administer medication, and converse. Give praise b. Explain follow-up to a mental hospital, signs of relapse, and referrals c. Encourage patient assistance according to schedule. Give praise.	
Date/Time	**Focus Data**	**Objective**	**Diagnosis**	**Initial**

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		1. Implementation Strategy 5 (SP 5) a. Evaluate family activities in caring for or training the patient, such as admonishing and administering medication, conducting conversations, and carrying out daily activities and follow-up. Provide praise. b. Assess the family's ability to care for the patient. c. Assess the family's ability to conduct follow-up visits to a mental hospital or community health center.		

VII.Catatan keperawatan

Tabel 4.4 Catatan Keperawatan

Date/Time	Diagnosis	Implementation	Evaluation	Initial
26-11-2024 09.40 WIB	Risk of violent behavior	Implementation Strategy 1 (SP 1) 1. Identify the causes, signs and symptoms, and risks of violent behavior, as well as the consequences of these risks. 2. Explain how to control the risk of violent behavior: physical, drug, verbal, and spiritual. 3. Teach patients how to physically control the risk of violent behavior: deep breathing. 4. Guide patients to include physical exercise in their activity schedule.	S: - The patient is easily angered and throws tantrums at home. - The patient tries to strangle her older sibling, hits her mother while she's feeding her, becomes incoherent, and refuses to do anything. - The patient becomes angry because she wants to sew but her husband won't let her, and she frequently argues with him. - The patient reports refusing to do deep breathing exercises.	Ika

Date/Time	Diagnosis	Implementation	Evaluation	Initial

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			O: - The patient appears tense, with a high-pitched voice, a stiff body, and a sharp gaze. - The patient appears to be listening when taught deep breathing relaxation, but is not yet willing to practice it. A: -Implementation Strategy 1 (SP 1) has not been achieved. P: -Repeat Implementation Strategy 1 (SP 1), which is to help control the risk of physically violent behavior: deep breathing relaxation.
27-11-2024 09.10 WIB	Risk of violent behavior	Implementation Strategy 1 (SP 1) 1. Explain how to control the risk of violent behavior: physical, drug, verbal, spiritual. 2. Teach how to control the risk of violent behavior physically: deep breathing. 3. Guide the patient to include physical exercise in their activity schedule.	S: - The patient stated that he is currently feeling anxious because he wants to go home to see his child. - The patient stated that he wants to practice deep breathing relaxation. O: - His facial expression is tense, his gaze is sharp. - The patient still remembers yesterday's explanation about deep breathing relaxation. - The patient wants to do deep breathing relaxation with the nurse's guidance because he is not yet able to do it himself.

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Date/Time	Diagnosis	Implementation	Evaluation	Initial
			A: Implementation Strategy 1 (SP 1) partially achieved P: Repeat Implementation Strategy 1 (SP 1), which is to help control the risk of physical violence: deep breathing relaxation Guide the patient to include physical exercise in their activity schedule	
28-11-2024 11.00 WIB	Risk of violent behavior	Implementation Strategy 1 (SP 1) 1. Teach how to control the risk of physically violent behavior: deep breathing 2. Guide the patient to include physical exercise in their activity schedule	S: - The patient stated that they still remember the deep breathing relaxation. - The patient felt calm. O: - The patient appeared to be doing the deep breathing relaxation independently. - The patient appeared calm. A: Implementation Strategy 1 (SP 1) achieved. P: Maintain Implementation Strategy 1 (SP 1). Continue Implementation Strategy 2 (SP 2). Practice how to control the risk of violent behavior with medication.	

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DISCUSSION

This case study discusses nursing care for a patient with a risk of violent behavior, focusing on the intervention of deep breathing relaxation techniques. The nursing care process for Mrs. A was carried out systematically over three days, including assessment, nursing diagnosis, planning, implementation, and evaluation. The patient, a 31-year-old woman, was admitted with symptoms of anger, aggression toward family members, and refusal to engage in activities. The assessment revealed that her anger was triggered by family conflicts and restrictions from her husband, which led to emotional instability and aggressive behavior consistent with the characteristics of patients at risk of violence.

Based on the assessment findings, the primary nursing diagnosis established for Mrs. A was risk of violent behavior, supported by both subjective and objective data such as verbal aggression, tense body posture, and attempts to harm others. The secondary diagnosis was hallucination, as the patient admitted to hearing voices commanding her to become angry. These findings align with previous studies indicating that hallucinations often co-occur with violent tendencies due to impaired perception and loss of self-control.

The nursing plan focused on helping the patient recognize triggers of violent behavior, identify early signs of anger, and learn techniques for emotional control through deep breathing relaxation exercises. The intervention was implemented over three consecutive days. On the first day, the patient refused to practice the breathing technique; on the second day, she began to participate with assistance; and by the third day, she was able to perform the relaxation independently and reported feeling calmer. The gradual improvement demonstrated the effectiveness of relaxation techniques in managing physical tension and emotional outbursts.

During the evaluation phase, it was found that the nursing goals were achieved—Mrs. A successfully demonstrated her ability to control anger through deep breathing relaxation. The results support the findings of Sudia (2021), which showed that relaxation therapy significantly helps patients with mental disorders in managing anger and reducing the risk of violent behavior. This case highlights the importance of consistent therapeutic interventions and emotional regulation training in psychiatric nursing care to improve patients' self-control and adaptive functioning.

4. CONCLUSION

Based on the case study conducted over three days, from November 26 to November 28, 2024, the nursing care provided to Mrs. A, who was diagnosed with a risk of violent behavior, showed significant improvement. The intervention focused on deep breathing relaxation techniques, and the problem was successfully resolved on the third day.

1. Assessment Results: Mrs. A's main complaints at home included frequent anger and episodes of aggression. She attempted to strangle her sister, hit her mother while being fed, appeared blank, and refused to engage in daily activities. Her anger was triggered by her desire to resume work as a tailor, which her husband did not allow, leading to frequent arguments. The precipitating factors identified were unemployment and financial dependence on her husband, who was not transparent about his income, contributing to family conflicts. The predisposing factor was a history of mental illness seven years prior, with ineffective treatment in 2017 due to noncompliance with medication.
2. Priority Nursing Diagnosis: The main nursing diagnosis established for Mrs. A was risk of violent behavior.

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3. Implementation Strategies: The strategies for managing the risk of violent behavior included identifying the causes, signs, and symptoms; recognizing violent behavior and its consequences; and teaching the patient how to control violent behavior through physical (deep breathing relaxation), pharmacological, verbal, and spiritual approaches. The patient's hallucinations subsided by the third day.
4. Nursing Intervention: The nursing intervention implemented for the patient focused on Strategy 1 (SP1) — teaching and guiding the patient to control violent behavior physically through deep breathing relaxation exercises.
5. Evaluation: After three days of intervention, Mrs. A was able to control her anger and emotional responses effectively through deep breathing relaxation techniques.

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