



MENTAL HEALTH NURSING CARE MANAGEMENT BASED ON SERVICE EXCELLENCE FOR MR. D WITH VIOLENT BEHAVIOR AT PROF. DR. MUHAMMAD ILDREM PSYCHIATRIC HOSPITAL, NORTH SUMATRA PROVINCE, MEDAN CITY, 2025

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ABSTRACT

Mental disorders, particularly violent behavior, remain a serious challenge in mental health services in Indonesia. Violent behavior exhibited by individuals with mental disorders not only endangers themselves but also threatens the safety of others and the environment. This study aims to explore mental health nursing care management based on service excellence in patients with violent behavior, focusing on a case study of Mr. D at Prof. Dr. Muhammad Ildrem Psychiatric Hospital in Medan. The research method used is a descriptive qualitative case study approach through interviews, observations, and documentation. The results showed that Mr. D was diagnosed with paranoid schizophrenia and had a history of violent behavior marked by emotional instability, aggression, and low self-esteem. Nursing interventions focused on building trust, relaxation techniques training, assertive communication, spiritual approaches, and medication adherence. Evaluation results indicated a decrease in the frequency of violent behavior and improvement in the patient's self-control. This study emphasizes the importance of a holistic approach and quality nursing services in managing mental disorder patients with violent behavior.

Keywords: Mental Disorders, Violent Behavior, Mental Health Nursing Care, Service Excellence, Schizophrenia

Introduction

Mental disorders remain a significant global and national public health issue. According to the World Health Organization about 1 in 8 people worldwide or more than 970 million individuals experienced a mental disorder in 2019, and the number continues to rise. Among these, schizophrenia and bipolar disorder contribute substantially to the global disease burden due to their potential

to lead to high-risk behaviors such as violence (Sembiring Isyos Sari et al, 2025).

In Indonesia, the Ministry of Health 2023, North Sumatra Province recorded that 16,441 out of 21,322 people with severe mental disorders (ODGJ) had received health services, or around 77.11 percent. However, there are still a number of severely mentally ill individuals who

have not received services. Samosir Regency had the highest rate of service provision, exceeding the target by 188.62 percent, followed by North Tapanuli (144.11 percent) and Toba (121.15 percent). Meanwhile, the lowest coverage rates were recorded in South Nias District (21.51 percent), Karo (28.86 percent), and Central Tapanuli (44.44 percent).

This gap highlights the ongoing challenges in handling mental disorders, especially violent behavior. Previous studies have shown that mental health services in some regions remain suboptimal due to a lack of health workers and public education ((Rahmokusuma, S., & Raharjo, 2024)

Various efforts have been made by the government to address existing problems, including through the provision of social assistance, economic sector development, improvement of education and health services, infrastructure development, and community empowerment as part of the strategy to achieve sustainable development goals (SDGs). However, issues related to violent behavior linked to SDG 3—ensuring healthy lives and promoting well-being for all—remain unresolved to this day. This is supported by previous research findings indicating significant challenges persist in the field. Given this situation, I was motivated to conduct a nursing care process for Mr. D, who exhibits violent behavior, as a form of contribution to addressing this issue (Nurhadi *et al.*, 2024).

Violent behavior is a common manifestation found in patients with schizophrenia. Individuals with this disorder are estimated to have a 19.1% likelihood of engaging in violent acts (Makhruzah *et al.*, 2021). This behavior may be physical or verbal and directed toward oneself, others, or the environment

(Anipah, 2024). Such conditions are closely linked to an individual's inability to manage emotions and stress, as well as a disturbed self-concept such as low self-esteem (Anipah, 2024)

Based on previous research, the success of nurses in treating patients with violent behavior can be seen from the patients' ability to understand the causes, signs, and effects of the violent behavior they experience. Patients who are successfully treated will be able to control violent impulses through relaxation techniques such as deep breathing, as well as comply with drug therapy (Indonesian Ministry of Health, no date). Other indicators of success include the patient's ability to express feelings and needs assertively, as well as improving self-control through a spiritual approach (Ministry of National Development Planning (Bappenas), 2021). The implementation strategies that have been applied and taught are a holistic approach aimed at optimizing the management of violent behavior in patients. The management of clients at risk of violence requires an interprofessional approach and family involvement. Nurses play a central role in designing care plans and conducting preventive and curative interventions. The nursing process consists of five phases: assessment, diagnosis, planning, implementation, and evaluation. These stages must be executed in accordance with ethical and professional standards of care (Makhruzah, M., Sudarmi, S., & Herlina, 2021). Nursing care should not only focus on clinical symptoms but also consider the psychosocial, spiritual, and cultural factors of the client to achieve optimal recovery and prevent relapse (President of the Republic of Indonesia, 2023)

The nurse mentioned that Mr. D exhibited aggressive behavior, consistent

with Mr. D's statement that he often felt angry or irritated, which was difficult to control, and even felt the urge to hit people who made him uncomfortable (Sari, Br Sembiring I., 2024). During the assessment, objective signs were observed, including bulging eyes, tense facial expressions, loud speech, unstable emotions, slamming windows, and even physical violence toward other patients (Prof. Dr. Muhammad Ildrem Mental Hospital, no date). This condition necessitated Mr. D's isolation under strict supervision, with his legs chained to prevent further harm. This fact indicates that despite the Prof. Dr. Muhammad Ildrem Mental Hospital in Medan having various innovative programs, such as physical approaches (exercise, relaxation), psychosocial approaches (art therapy, group activity therapy), and the development of a more comfortable environment, the management of violent behavior has not yet been fully optimized. There remains a gap between the implementation of programs and the actual conditions on the ground, as evidenced by cases of violence such as that experienced by Mr. D.

At Prof. Dr. Muhammad Ildrem Psychiatric Hospital in Medan, the authors encountered a case involving Mr. D, a 37-year-old male diagnosed with paranoid schizophrenia, who exhibited a tendency toward violent behavior. Mr. D had assaulted his wife, carried sharp weapons in his neighborhood, and attacked fellow patients in the hospital. He also showed symptoms such as shouting, slamming windows, emotional instability, and threatening stares. He was eventually isolated and restrained to prevent further harm.

Mr. D displayed psychological symptoms such as uncontrollable anger, low self-esteem, and anxiety triggered by

feelings of being unappreciated. These findings are consistent with theories stating that anger and violence often emerge as responses to frustration, fear, or loss of control. Effective nursing interventions are essential to reduce the risk of violence and restore the patient's adaptive functions.

An effective approach to mental health nursing should prioritize the principle of service excellence—care that emphasizes empathy, therapeutic communication, and patient empowerment in addition to medical interventions. This aligns with the mission of STIKes Mitra Husada Medan to develop globally competitive and competent nurses and supports the government's effort in achieving the Sustainable Development Goals (SDGs), particularly Goal 3: Ensure healthy lives and promote well-being for all at all ages.

On the other hand, the author, as a student at STIKes Mitra Husada Medan, which has a vision of "Becoming a leading, professional, and globally competitive higher education institution in the field of health" and a mission to produce competent health workers who are able to play an active role in improving mental health services, felt compelled to raise this case as a case study. The case of violent behavior experienced by Mr. D was chosen because there is still a gap between the programs that have been implemented and the actual conditions on the ground, necessitating an analysis of the causal factors, behavioral patterns, and evaluation of the interventions carried out.

Therefore, the author deems it necessary to conduct this Case Study on Violent Behavior as an implementation of the PACER culture (Professional, Accountable, Quick, Effective, and Friendly), which is the identity of STIKes Mitra Husada Medan, and to create a safe,



effective, and humane care environment in line with the institution's educational and hospital objectives.

Research Method

This study used a qualitative descriptive case study approach with a focus on exploring the process and meaning behind nursing interventions. Data collection involved direct observation, patient interviews, and medical record reviews. The research was conducted at Prof. Dr. Muhammad Ildrem Psychiatric Hospital in Medan from February 24 to 28, 2025. The nursing process was carried out through the stages of assessment, diagnosis, planning, implementation, and evaluation.

Result and Discussion

The implementation of nursing care for Mr. D, whose main problem was violent behavior, showed a strong correlation between the results of the assessment, diagnosis, intervention, implementation, and evaluation of nursing care carried out in a structured manner using the Implementation Strategy (IS) approach, which is guided by the principles of mental health nursing and service excellence.

Preliminary findings indicate that Mr. D suffers from significant emotional control issues, characterized by aggressive behavior such as slamming windows, shouting, and verbal and nonverbal expressions of excessive anger. Mr. D's admission that he had hit his wife as an outlet for his emotions, along with his feelings of being ostracized by his friends, further supports the indication that the client is experiencing unresolved emotional stress. This data aligns with the theory of violent behavior, which states that individuals with an inability to express emotions adaptively are more likely to exhibit violent responses (Videbeck,

2021).

From the results of the assessment, three nursing diagnoses were established, namely Violent Behavior, Low Self-Esteem, and Risk of Violent Behavior. However, based on the results of observation and the patient's subjectivity, the priority diagnosis established was Violent Behavior. The intervention provided to Mr. D was based on five standardized implementation strategies (SP 1– SP 5) in psychiatric nursing for managing clients with violent behavior. These strategies not only encompassed physical behavior control but also spiritual, verbal, and pharmacological compliance aspects, and were implemented gradually and consistently over five days of intervention.

The nursing care for Mr. D was carried out over a period of four consecutive days in Sinabung 3 Ward at Prof. Dr. Muhammad Ildrem Psychiatric Hospital, Medan. Mr. D, a 37-year-old male diagnosed with paranoid schizophrenia, initially presented with frequent episodes of verbal and physical aggression, including yelling, banging windows, assaulting fellow patients, and expressing uncontrolled anger. Data collection through observation and daily evaluation indicated significant psychological instability marked by emotional lability, low self-esteem, and impulsive violent outbursts.

Interventions were designed holistically by combining independent nursing actions and collaborative approaches. Independent interventions included the implementation of deep-breathing relaxation techniques to help manage anger, physical activities such as punching pillows to provide a safe outlet for aggression, and the application of assertive communication training. Additionally, spiritual support was



integrated into daily care through prayer and religious reflection. Collaborative efforts involved administering prescribed antipsychotic medications Risperidone 2 mg and Clozapine 25 mg as advised by the psychiatric team.

Following three days of structured interventions, Mr. D began showing gradual improvement. He became more cooperative, engaged positively in therapeutic activities, and demonstrated greater control over emotional outbursts. He no longer displayed aggressive actions such as shouting or striking objects and patients. Notably, he expressed verbal recognition of the benefits of the interventions, stating that the deep breathing and punching pillow methods helped him feel calmer. Mr. D also showed increased motivation to maintain personal hygiene and took initiative in organizing his sleeping area. This was interpreted as a positive shift in self-esteem and self-awareness.

From a psychological standpoint, the interventions proved effective in altering the patient's response to internal stressors. The use of relaxation and assertiveness training equipped Mr. D with alternative coping mechanisms, enabling him to channel frustration in non-destructive ways. Moreover, spiritual involvement offered emotional grounding, which enhanced his sense of meaning and reduced feelings of isolation. These factors played a pivotal role in improving emotional regulation, reducing impulsivity, and promoting therapeutic engagement.

The success of Mr. D's case reinforces the significance of implementing service excellence in mental health nursing. This approach emphasizes empathy, responsiveness, and individualized care, which contribute to building trust between the nurse and the patient. The outcomes achieved—namely

the reduction of violent behaviors, enhanced self-control, and restored daily functioning—demonstrate that structured, compassionate, and evidence-based nursing interventions are essential in treating patients with violent tendencies. These findings support the broader application of such care models in psychiatric settings and highlight the importance of continuity of care post-discharge to maintain behavioral stability.

In addition to violent behavior, patients also experience low self-esteem (HDR), which is addressed through three sessions of strategy implementation. The intervention is aimed at identifying the positive abilities possessed by patients, training these skills, and integrating them into daily activities. Mr. D showed a significant improvement in his ability to clean his bed and wash his hands as a form of positive activity that builds self-confidence. Evaluation revealed an increase in self-assessment, a decrease in feelings of interventions targeting Mr. D's violent behavior significantly reduced symptoms while enhancing adaptive functions. The systematic nursing process—assessment, diagnosis, planning, intervention, and evaluation—proved effective. Mr. D, who shamed, and an increase in patient involvement in daily activities. This strategy aligns with Bandura's concept of self-efficacy, which emphasizes the importance of successful experiences in building self-esteem and a sense of capability.

The entire implementation and evaluation process was carried out systematically using the SOAP (Subjective, Objective, Assessment, Plan) format. The evaluation showed that Mr. D made significant progress, namely being able to control his anger, communicate more assertively, and demonstrate compliance with physical, verbal, spiritual,



and pharmacological interventions. The patient's active involvement in creating and following a daily schedule also indicates that the patient is beginning to develop self-control and clear goals in managing their daily activities.

Overall, the success of this intervention demonstrates that a service excellence approach in mental health nursing—which emphasizes empathy, effective communication, continuity of care, and a holistic approach—can produce significant changes in patients with violent behavior. Through the systematic implementation of nursing care based on objective data and mental health nursing theory, coupled with the structured application of SP, it is hoped that the rehabilitation process for patients like Mr. D can proceed optimally and sustainably.

Conclusion and suggestion

The mental health nursing care provided to Mr. D using the service excellence approach yielded positive outcomes. It can be concluded that initially showed aggressive tendencies such as shouting and attacking others, improved after relaxation training, guided physical activity, assertive communication, and spiritual involvement.

During the care process, Mr. D gradually gained emotional control, reduced his violent impulses, and improved his self-esteem and independence. He became more communicative and able to express emotions in healthier ways. These outcomes were strongly influenced by the service excellence model, which emphasizes kindness, empathy, professionalism, and responsiveness, thereby fostering trust and speeding recovery. This nursing approach is proven effective in helping patients with violent tendencies achieve psychological stability.

It is recommended that consistent implementation of interventions—including relaxation, positive communication, spiritual care, and pharmacological support—be continued as part of sustainable therapy. The care environment should promote recovery through empathetic and safe interactions, so that patients like Mr. D can optimally reintegrate into society.

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References

Anipah, A. (2024) *Mental Health Nursing Care for Clients at Risk of Violent Behavior*. Jakarta: Mitra Cendekia Press.

Indonesian Ministry of Health (no date) *Health Profile of North Sumatra Province 2023*. Jakarta.

Makhruzah, M., Sudarmi, S., & Herlina, H. (2021) “The Relationship between Self-Esteem and Risk of Violent Behavior in Clients with Schizophrenia at a Regional Psychiatric Hospital,” *Journal of Mental Health Nursing Science*, 3(2), pp. 55–61.

Ministry of National Development Planning (Bappenas) (2021) *Ministerial Decree No. Kep.136/M.PPN/HK/12/2021 on Sustainable Development Goals 2021–*



2024. Jakarta.

Nurhadi, M. *et al.* (2024) "Mental Health In The Workplace: Overcoming Stigma And Increasing Support," *Oshada*, 1(5), pp. 59–71. Available at: <https://doi.org/10.62872/gh2zy630>.

President of the Republic of Indonesia (2023) *Presidential Regulation No. 72 of 2021 on Accelerating Improvements in Community Nutrition and Mental Health*. Jakarta.

Prof. Dr. Muhammad Ildrem Mental Hospital (no date) *Internal Report on Inpatients in Sinabung 3 Ward, 2024* Medan.

Rahmakusuma, S., & Raharjo, Y. (2024) "Implementation of the Healthy Indonesia Program with a Family

Approach in Disadvantaged Areas," *Indonesian Health Policy Journal*, 13(1), pp. 33–41.

Sari, Br Sembiring I., Et Al (2024) "Development Of Health Promotion-Based Education Methods To Increase Accessibility Of Adolescent Mental Health," *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 9(2).

Sembiring Isyos Sari *et al* (2025) "Effectiveness of Health Belief Model-Based Psychoeducation in Enhancing Adolescent Mental Health Accessibility," *Journal of Applied Nursing and Health*, 7(3). Available at: <https://doi.org/https://doi.org/10.55018/janh.v7i3.429>