

REVIEW ARTICLE

Effect of Assertiveness Training to Reduce Anger in Patients at Risk of Violence Behavior : A Literature Review

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ABSTRACT

Assertive training is social skills training given to patients with violent behavior who are unable to express their anger properly, and therefore such individuals can communicate what they want, feel and think. The research design used is a literature study that aims to obtain information about the effect of assertive training on patients at risk for violent behavior. Search articles using Google Scholar, CINAHL, and Pubmed databases, with keywords "Assertiveness Training" OR "Assertiveness Skills" AND "Violent Behavior". The inclusion criteria were articles published in full text from 2010-2020, which have DOI, quantitative research, and discussing the effect of assertive training on patients at risk of violent behavior. In addition, 13 articles were selected based on the PRISMA protocol. The results show that assertive training can reduce symptoms of risk of violent behavior in mental patients, individuals who commit domestic violence, and parents who commit violence in parenting.

Keywords: Assertiveness training, Assertiveness Skills, Violent Behavior

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INTRODUCTION

Schizophrenia is a disorder that affects an individual ability to think, feel and behave normally, as well as a series of clinical symptoms characterized by changes in cognitive, emotional, perceptual and other behavioral aspects (1). Behavioral changes are also one of the symptoms of schizophrenia and it can be displayed in patients in the form of helplessness, hopelessness, loss of self-control, low social skills, aggressive and violent behavior (2). According to Stuart & Laraia (2005), violent behavior is a response to stress, carried out, both on oneself, others, and the environment, verbally and non-verbally (3). Furthermore, violent behavior is an aggressive or a violent behavior carried out verbally, physically, or both against an object person or self that has the potential to be destructive or actively causes pain, danger, and suffering (4). Violence is a major concern in psychiatric practice, and patients will be considered to be dangerous for nurses, especially those with tantrums, anger, aggression, or threats under the influence of an addictive substances (5-7). However, research reveals that violence against mental patients is frequently perpetrated by family members and most often occurs at home (7,8).

Health services provide management for patients with

violent behavior problems, in which the nurses provide health services to patients. Nursing care is provided in two forms, which are the generalist and specialist nursing. Keliat (2003) stated that providing generalist nursing care for violent behavior can significantly reduce violent behavior by 86.6% (9). In other words, specialist therapy can be practiced as a preventive strategy to prevent violent behavior in the form of increasing nurse self-awareness, patient education, and assertiveness training (3). Assertiveness training is a specialist therapy in interpersonal communication skills in various situations (3).

Research conducted by Wahyuningsih (2009) proved that there was a decrease of 87.4% of behavioral, social, and cognitive responses in patients who received generalist therapy (drugs) and assertiveness training when compared to patients who only received generalist therapy (drugs) (10). Subsequently, this shows that providing assertiveness training and generalist therapy is better than giving generalist therapy alone. In being assertive, an individual must express his feelings, opinions, needs proportionally and honestly, mainly to himself, without intending to manipulate, exploit or harm others.

METHOD

The study design used is a literature review. This review aims to obtain information on assertiveness training in patients with violent behavior. Furthermore, the selection of the article was carried using PRISMA

guidelines: i) Identification, ii) Screening, iii) Eligibility, iv) Included/selected articles. Identification stage, the articles were searched on the Scholar, CINAHL, and Pubmed databases using the keywords “Assertiveness training” OR “Assertiveness Skills” AND “Violent Behavior.” The search for articles was adjusted according to the inclusion criteria, namely articles published in full text, from 2010-2020, articles with DOI, quantitative research, and articles discussing the effect of assertive training on violent behavior towards patients. Articles were then screened to avoid duplications, and all articles that did not meet the inclusion criteria were excluded. Basically, articles are viewed according to the full text available. Subsequently, the articles are judged based on something interesting between abstract and content, and have DOI. In the included stage, the selected articles were analyzed to prepare this literature review. The summary of the analysis of the selection of each article can be found in Figure 1. PRISMA flow for article selection.

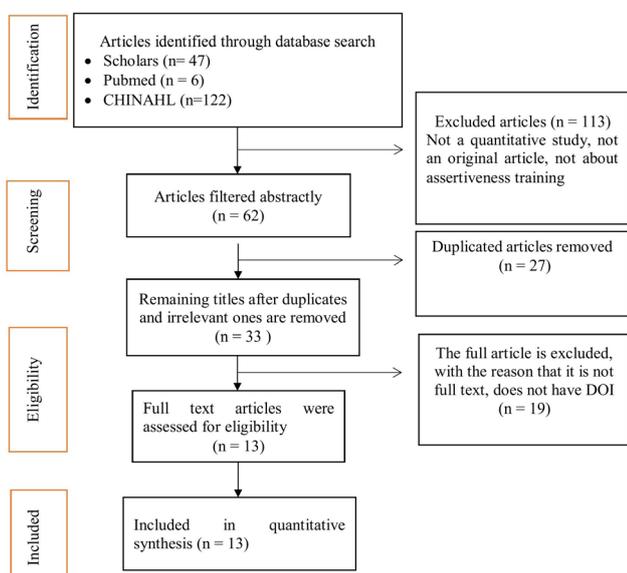


Figure 1: PRISMA flow diagram for the literature review process selection of articles

RESULTS

The results showed that 175 articles were found from Google Scholar, CINAHL, and Pubmed. Furthermore, articles were finally analyzed in this literature review. The research design of all articles analyzed was carried out using quasi-experimental study. According to the results of the analysis of 13 articles, 8 articles showed that assertiveness training given to patients with mental disorders (schizophrenia) was able to reduce violent behavior in behavioral, cognitive, social, and physical responses, 2 other articles discussed increasing control of violent behavior that occurred after asking for assertiveness training, which can accelerate the intensifying phase mental disorders patients who are hospitalized. However, not only for mental disorders, the results of other articles also discussed that assertive

training could improve parents’ assertive communication skills in providing care and assertive training are also able to reduce domestic violence committed by married couples. The results are explained in Table I. Summary of Articles.

DISCUSSION

Violent behavior is caused by natural urges and appears as a form of individual coping mechanisms with symptoms of constructive or destructive behavior directed at themselves or others. Violent behavior is often carried out physically or verbally to cover individual weaknesses such as low self-confidence (11). Similarly, the process of violent behavior is closely related to mental disorders in the individual. Stuart & Laraia (2005) explained that there are two dimensions related to the occurrence of mental disorders, including predisposing factors and precipitation factors (3).

Although not everyone diagnosed with schizophrenia will experience violent behavior. In patients with violent behavior, there are positive symptoms of the four main dimensions of schizophrenia. When an individual gets stressed out from various factors, then the individual will then carry out a process of assessing the stress factors. In particular, this process involves cognitive, emotional, physiological, behavioral, and social responses (3).

The risk of violent behavior is one of the problems nurses often face by patients in hospitals. Interventions for patients can be in the form of nursing and medical interventions. Stuart & Laraia (2005) stated that nurses could take various steps to prevent and overcome violent behavior (3). Assertiveness training is one of the prevention strategies carried out by patients to prevent violent behavior from recurring.

Assertiveness training is a behavioral training program that educates individuals to communicate their needs and rights and make choices without ignoring the rights of others (10). Furthermore, it teaches patients about assertive behavior, which is held in four sessions; the first session educates patients to be aware of themselves, change their thoughts and feelings, and practice assertive behavior, in session two they are trained to express their desires, in session three patients are instructed to establish social relationships in meeting patient needs; in session four, patients are trained to maintain assertive behavior changes in various situations.

The method of carrying out assertive exercises using description (explanation of the new behavior to be taught), modeling (providing examples of behavior to be trained), role-playing (trying exemplified behavior with groups or other people), feedback (providing feedback on behavior that has been practiced), good things, and things that need to be improved), transferring (try it in daily life). By using the above method, patients are

Table I. Summary Article

| Author | Purpose | Method | Findings |
|--|--|-----------------------------|--|
| (Wahyuningsih, Keliat, & Hastono, 2011), Indonesia | to determine the effect of assertive training on violent behavior in schizophrenic clients | Quasi-experimental research | Significant decrease in violent behavior in behavioral, cognitive, social and physical responses in the group that received Assertiveness training and generalist therapy |
| (Erwina, 2012), Indonesia | to describe the management of nursing care with Roy's adaptation model approach to clients at risk of violent behavior. | Quasi-experimental research | Assertiveness training results were very effective in 23 patients showing an increase in preventing violent behavior |
| (Priyanto & Permana, 2019), Indonesia | to determine the effect of assertiveness in shortening the length of treatment and reducing the risk of symptoms of violent behavior in the treatment room | Quasi-experimental research | <ul style="list-style-type: none"> The effect of assertive exercise did not shorten the length of treatment (p value > 0.05) There was a significant decrease in behavioral, social, cognitive, and physical responses (p value < 0.05) after assertive training |
| (Gowi, Hamid, & Nuraini, 2012), Indonesia | to obtain an overview of the effect of assertive training on parental violent behavior in school-age children | Quasi-experimental research | Significantly increased the assertive communicative ability of parents in the intervention group (p<0.05). |
| (Suharsono, 2014), Indonesia | to determine the effect of behavior therapy on the ability to control violent behavior | Quasi-experimental research | The result is an increase in the ability to control violent behavior in patients after being given behavioral therapy. Ability to control violent behavior before being given a good level of treatment 2 patients, enough 14 patients less 7 patients after being given treatment there was an increase in the ability to control |
| (Silitonga, Hamid, & Putri, 2014), Indonesia | to describe the management of nursing care with the Roy and Johnson Behavioral System Adaptation Model approach The client model of risky violent behavior | Quasi-experimental research | The results, patients who were given Assertiveness training experienced a decrease in cognitive, affective, physiological, behavioral, and social aspects. |
| (Aini, Keliat, & Nuraini, 2018), Indonesia | to determine the effect of assertive exercise therapy on the husband's assertive ability and the risk of domestic violence. | Quasi-experimental research | The results of this study showed the efficacy of assertive exercise therapy was 67.4% with a significant increase (p-value 0.05). Meanwhile, the risk of domestic violence decreased by 29.6% with a significant decrease (p-value 0.05). |
| (Sodikin, Wihastuti, & Supriati, 2015), Indonesia | This study aims to determine the effect of assertive training in shortening the intensive phase and reducing symptoms of violent behavior | Quasi-experimental research | The results, accelerate the patient's intensive phase and reduce symptoms of violent behavior more (p value < 0.001) |
| (Setiawan, Keliat, & Putri, 2017), Indonesia | to explain the results of nursing care to nurses and specialist nurses using Peplau's interpersonal theory model approach. | Quasi-experimental research | The results, a decrease in the patient's symptoms of violent behavior, an increase in the patient's ability to cope with violent behavior, and an increase in the family's ability to care. |
| (Fahrizal, Mustikasari, & Daulima, 2020), Indonesia | to present changes in the patient's signs, symptoms, and ability to manage the risk of violent behavior after being given therapy | Quasi-experimental research | The results of the application of assertive exercise therapy and family psychoeducation showed a decrease in signs and symptoms of the risk of violent behavior and an increase in the patient's ability to cope with the risk of violent behavior. |
| (Winahayu, Hamid, & Daulima, 2019), Indonesia | to describe the application of Assertiveness Training and Supportive Group Therapy using Stuart's Adaptation Stress Theory and Roy's Adaptation | Quasi-experimental research | Assertiveness training can reduce signs and symptoms of risk of violent behavior in cognitive, affective, physiological, behavioral, and social aspects. |
| (Irvanto, Surtiningrum, & Nurulita, 2016), Indonesia | to determine the effect of group activity assertive therapy on behavior change in patients with violent behavior | Quasi-experimental research | The results, there is a significant effect on behavior change in patients with violent behavior (p<0.05) |
| (Fadli, 2018), Indonesia | The purpose of this study was to determine the effect of giving assertive exercise therapy on reducing violent behavior in patients with mental disorders | Quasi-experimental research | The result, assertiveness training therapy can reduce violent behavior in mental patients at Madani Hospital, Central Sulawesi Province (p < 0.05) |

trained not only to focus on violent behavior but also to improve their overall abilities.

Assertive exercise is also not only carried out in patients with mental disorders, but in Gowi, Hamid & Nuraini's research (2012) assertive exercise is performed on parents generally. This research explained that the success of assertive training for parents is that parents can be active listeners for five-ten minutes to listen to what the child is complaining about, keeping their eyes level with the child, facing each other, relaxing, and refraining from advising children. The results showed that the ability of parents to behave assertively increased ($p = 0.000$; $\alpha = 0.05$) (12).

In Sodikin, Wihastuti & Supriati's research (2015), it was explained that assertive exercise has been shown to reduce symptoms of violent behavior and shorten the intensive phase. After assertiveness training, a more significant result with a p-value of 0.001 (p -value < 0.05) with an average mGAF-R ranking of 38.62 was found, which means the patient is no longer in the intensive phase. Giving assertive exercise can shorten the patient's intensive phase between 19,373 hours to 43,560 hours (13). However, this research contradicts the research of Priyanto & Permana (2019), which explained that there was no effect of assertive exercise on the length of treatment. The average length of treatment in the intervention group was 7.70, while in the control group, it was 8.59 days, there was a difference of only 0.89 days, meaning that the results were not significant because the p -value > 0.05 (14).

Assertive exercises can also be carried out to prevent domestic violence by husbands. After the intervention for six sessions (twice a week) for three consecutive weeks, assertive exercise was able to reduce the risk of domestic violence by 29.6%. In this therapy, husbands are trained how to change passive and aggressive behavior into assertive behavior (15). Research by Wahyuningsih's (2011) showed that the results of assertiveness training and generalist therapy have a significant effect on reducing behavioral, social, cognitive, physical, and composite violent behavior responses. The difference in the decrease in violent behavior in the group that received generalist therapy and assertiveness training was significantly different from the group that only received generalist therapy (10).

Assertive exercises are also given to strengthen the coping mechanisms in the patient's cognate system related to cognitive and emotional problems. Patients that received assertive training experienced a decrease in cognitive aspects by 3.80 points, affective aspects by 4.40 points, physiological aspects points. The highest decrease was found in the affective aspect, followed by a decrease in the physiological aspect (16). In Winahayu's research (2019), it is explained that assertive exercises are carried out in three-four meetings. The patient's ability after being given Assertiveness training increased

by 100% in sessions 1 to 4. The result was a decrease in signs and symptoms of risk of violent behavior. The average decrease in cognitive symptoms was 60.01%, affective 69.44%, physiological 35.71, behavioral 19.04%, and social 19.99% (17).

This is also in line with Setiawan's research (2017), after carrying out assertive exercises on patients with violent behavior, the results of the most significant reduction in cognitive symptoms, namely looking down on decisions, affective symptoms, unstable effect and feeling uncomfortable, physiological symptoms, namely increased breathing, behavioral symptoms, namely dominating the conversation, social symptoms, namely withdrawing (18). Meanwhile, in Suharsono's research (2014), the results of increasing control of violent behavior are categorized as follows: patients can control violent behavior with a good level (39.10%), sufficient (56.50%), less (4.40%). This research indicates that assertive exercise is very influential in increasing the ability to control violent behavior in patients (19).

Research by Erwina (2012) stated that the application of Roy's adaptation model to overcome the problem of the risk of violent behavior can be used properly. This Assertiveness training is in accordance with Roy's adaptation model concept, which is directed at the concept of input, process control, effects, and output. The intervention, in this case, is more focused on assertiveness training provided by nurses to improve coping mechanisms, namely cognates in patients at risk of violent behavior in solving their problems (20).

It can be concluded from the 13 articles reviewed, there are similarities in the results that assertiveness training specialist therapy can be used as a preventive strategy for violent behavior both for symptom reduction and to improve behavior. However, there are some limitations in the literature review, this research articles was conducted in Indonesia and utilize data sources from full-text articles.

CONCLUSION

The results of the analysis of 13 articles conducted in this review stated that assertiveness training can be carried out not only for patients with mental disorders but can also be applied to individuals who have symptoms of violent behavior either for domestic violence problems or non-assertive attitudes shown by parents to their children. Furthermore, the 13 articles also discussed if assertiveness training affects reducing anger symptoms in patients or individuals at risk of violent behavior. In one article was also found that assertiveness training could shorten the intensive phase of patients at risk of violent behavior, which is currently on treatment.

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