Volume 1 Nomor 1, 2026, 19-28
JURNAL TERPADU PANRITA
p-ISSN: : e-ISSN:
Doi : https://doi.org/10.37362/jtp.v1i1.938, Received : 7 April 2026, Accepted : 17 Mei 2026

Nursing Intervention Of Deep Breath Relaxation And Dhikr In Patients At Risk Of Violent Behavior: A Case Study At Dadi Hospital, South Sulawesi Province

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Abstract

The prevalence of households with mental disorders in Indonesia is 3% of people, this figure indicates 3 per mile of households with ODGJ in every 1,000 households, so the number is estimated to be around 315,621 thousand ODGJ. There are several impacts that can be caused by the risk of violent behavior, namely a person can lose control of himself so that he can harm himself, others or damage the environment. The solution or non-pharmacological implementation to overcome the impact that may arise is deep breath relaxation therapy and dhikr. The purpose of applying dapalm and dhikr breath relaxation is to be able to carry out deep breath relaxation therapy and dhikr to clients with the risk of violent behavior. This study uses a descriptive design of a case study in the Kenari Room of RSKD Dadi, South Sulawesi Province. The intervention was given during six meetings (SP1–SP5) during 6–20 January 2025.Research Results Based on data analysis, a risk diagnosis of violent behavior was obtained, the interventions provided were deep breath relaxation therapy and dhikr, the implementation carried out for 6 days was found that the client was able to control violent behavior independently.The conclusion of this study is According to the results obtained, that the administration of deep breath relaxation therapy and dhikr makes Mr. S able to control violent behavior independently. This is in line with related journals.

Keywords: Risk of Violent Behavior, Deep Breath Relaxation Therapy, Dhikr Therapy

Introduction

The prevalence of households with mental disorders in Indonesia is 3% of people, this figure indicates 3 per mile of households with ODGJ in every 1,000 households, so the number is estimated to be around 315,621 thousand ODGJ. The prevalence of households with mental disorders in South Sulawesi in 2023 is 3.1% or around 9,483 people (SKI, 2023).

The risk of violent behavior is a response to the stressors faced by a person, this response can cause harm to both oneself, others, and the environment. A person who is at risk of violent behavior often shows behavioral changes such as threatening, rowdy, not being able to be still, pacing back and forth, restless, loud voice intonation, tense expressions, talking with enthusiasm, aggressiveness, high pitched voice and excessive cheerfulness. In a person who experiences a risk of violent behavior, there is a change in the ability to solve problems, orientation to time, place and people and anxiety (Pardede, Siregar, & Halawa, 2020).

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The impact that occurs from violent behavior is that a person can lose control of himself so that he can harm himself, others or damage the environment, this happens because of a disturbance in self-concept and low self-esteem. Self-esteem is an individual's assessment of self-achievement by analyzing how far behavior is in line with one's ideals. Where self-esteem disorder can be described as negative feelings about oneself, loss of confidence, feeling like they have failed to achieve their desires (Wuryaningsih et al., 2020). Violent behavior in people can also be said to be aggressive actions aimed at injuring or killing others. Violent behavior in the environment can be in the form of behavior that damages the environment, throwing glass, tiles, and everything in the environment. To reduce the risk of the impact of violent behavior, it can be overcome with pharmacological and non-pharmacological therapies. Non-pharmacological therapy is considered more effective and safe to use because it does not cause side effects like drugs, because non-pharmacological therapy uses physiological processes (Akbar & Rahayu, 2021).

One of the nursing actions that can be carried out according to the implementation strategy to control violent behavior is deep breath relaxation therapy combined with dhikr. According to Waluyo (2022) In previous research, relaxation techniques are stretching techniques that function to reduce tension and feelings of discomfort, such as pain, tense muscles, and anxiety. One of the goals of relationship training is to develop intuition. This relaxation practice is based on a relaxation practice within yourself. This technique can also be used to strengthen weaker people, the results and processes will be as good as possible if they are done under harmonious conditions and activities. This relaxation therapy is breath exercise by regulating breathing activity. Breathing relaxation exercises are done by adjusting breathing patterns as well as slower and deeper speeds, tempos, and rhythms. Regular breathing improves a relaxed posture both mentally and physically, making muscles more flexible and able to handle emotional outbursts without becoming stiff (Waluyo, 2022).

Studies have been conducted to prove that breathing relaxation therapy has an effect on angry behavior in schizophrenia patients. Research has also shown that deep breathing relaxation for three sessions has been shown to be effective in controlling anger in patients at risk of violent behavior. Research conducted shows that the use of deep breathing relaxation techniques has been proven to reduce signs and symptoms in patients at risk of violent behavior (Pertiwi et al., 2023).

Next is dhikr therapy, dhikr therapy is a therapy that is carried out by bringing the patient closer to the beliefs he adheres to. Kjaer 2002 stated that there is an increase in dopamine levels and serotonin levels which can increase feelings of euphoria or happiness in the body when spiritual actions or activities such as prayer or dhikr are carried out so as to minimize aggressive behavior. This is the basis that when spiritual therapy is carried out, it can control violent behavior. Dhikr according to sharia' is remembering Allah with certain ethics that have been determined by the Qur'an and hadith with the aim of purifying the heart and glorifying Allah. According to Ibn Abbas RA, dhikr is a concept, a place, a means, so that people remain accustomed to dhikr (remember) Him when they are outside of prayer. Dhikr therapy if recited properly and correctly can make the heart calm and relaxed

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and can also be applied to patients at risk of violent behavior, because when the patient does dhikr therapy diligently and focuses perfectly (khusyu') it can have an impact when the feeling of anger arises, the patient can relieve his anger and be more able to occupy himself by doing dhikr therapy (Akbar & Rahayu, 2021).

Case illustration

Patient Description. The assessment will be carried out on January 14, 2025 at 10.00 WITA. Data obtained from Mr. S age 43 years, male gender, born on May 5, 1982, is a client who has been treated since January 14, 2025 with a nursing diagnosis of the risk of violent behavior. At the time of the study, the client said that he often got angry when he remembered his family problems at home, sometimes if the client's emotions used to yell at his roommate. Based on the results of direct observation, clients often suddenly fall silent when they are talked to, clients often yell at their roommates and reprimand in a loud and harsh tone, clients seem to be often angry with themselves, clients have also wanted to run away from the hospital, clients seem restless, tense and confused, clients seem to often pac back and forth in their rooms During the study, clients still remember their history of health problems and realize that they have undergone previous treatment.

Based on medical record data, the client was treated at Dadi Makassar Hospital in 2018 and last underwent treatment in 2024. The client said that he had been taking medication regularly, but sometimes forgot to take it.

Table 1. Patient Characteristics

Age /Date of Birth	43years
Gender	male
Weight	50 kg
Medical Diagnosis	Skizofrenia
Nursing Diagnosis	Family health management is not effective in relation to the family's inability to recognize family health problems (SDKI 2017)
Condition saat ini	Vital signs 120/80 mmHg Pulse rate: 880beats/minute Respiratory rate: 24 times/minute Temperature: 37°C
Current medical history	Based on the study data, the main nursing diagnosis established for Mr. S is the risk of violent behavior with subjective data the client said that he often gets angry himself when remembering his family problems at home, sometimes if the client's emotions are used to yelling at his roommate. Objective data showed that clients often seemed to suddenly fall silent when they were being talked to, clients seemed to yell at their roommates and reprimands in a loud and rude tone of voice, clients seemed to be angry on their own, clients seemed restless, tense and confused and clients seemed to be pacing around in their rooms frequently.

Observation and Determination Steps for Nursing Care

1. Preparation Stage

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Before the implementation of data collection, the researcher first obtained ethical approval from the institution, namely STIKES Panrita Husada Bulukumba, which is evidenced by the approval letter of the Health Research Ethics Committee Number: 002086/KEP/STIKES Panrita Husada Bulukumba/2025. After obtaining ethical approval, the researcher approaches the client and family to explain the objectives, benefits, and procedures of the research. Furthermore, informed consent is obtained from clients and families as a form of willingness to participate in the research. Thus, the entire research process is carried out in accordance with the ethical principles of research, namely respecting autonomy, maintaining confidentiality, and ensuring the safety of respondents.

2. Nursing Care Determination

Based on the results of the assessment that has been carried out, priority nursing diagnosis is determined referring to the Indonesian Nursing Diagnosis Standard, namely: risk of violent behavior**.** This diagnosis is based on data that shows with subjective data the client says that he often gets angry himself when remembering his family problems at home, sometimes if the client's emotions are used to yelling at his roommate. Objective data showed that clients often seemed to suddenly fall silent when they were being talked to, clients seemed to yell at their roommates and reprimands in a loud and rude tone of voice, clients seemed to be angry on their own, clients seemed restless, tense and confused and clients seemed to be pacing around in their rooms frequently.

Nursing planning is prepared by referring to the Indonesian Nursing Intervention Standard, the intervention provided is a special intervention for the main nursing diagnosis, namely the risk of violent behavior in the form of breath relaxation therapy in combination with dhikr. The focus of this intervention is the Implementation Strategy (SP) in the form of breath relaxation therapy in combination with dhikr to help clients express emotions, reduce anxiety, improve concentration and manage behavior.

The first therapy is deep breath relaxation therapy by exhaling slowly, then taking a deep breath through the nose slowly for 3 seconds until you feel that your chest and abdomen are completely lifted. During the inhale, hold your mouth closed, then breathe in slowly and hold your breath for 3 seconds then exhale and exhale slowly through your mouth. This therapy is done 3 times for 10 minutes with a 2-minute break. Each cycle begins with inhale, holding the exhale, and exhaling. Then it is combined with dhikr therapy by the way the patient cleans himself first, Position sitting relaxed, relaxing, guided and asked to do dhikr in the form of Istigfar, namely saying Astagfirullah 33 times, Tahlil i.e. saying Laailahaillallahu 33 times, Tasbih i.e. saying Subhanallah 33 times, Tahmid i.e. saying Alhamdulilah 33 times and Takbir i.e. saying Allahuakbar 33 times. This therapy is carried out with a duration of 5 to 10 minutes per session and is repeated every time feelings of anger or emotions arise.

3. **Nursing Implementation**

The implementation of SP1 + SP4 is deep breathing exercises combined with dhikr.

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Combining SP1 and SP4 from day one is a strategy that can be used by directly providing relaxation techniques plus a spiritual approach.

Observation Results

Day 1, the implementation of the first implementation was carried out with the implementation of SP1 + SP4, namely deep breathing exercises combined with dhikr. Combining SP1 and SP4 from day one is a strategy that can be used by directly providing relaxation techniques plus a spiritual approach, the nurse helps the patient get the control tool right from the start. In addition, it can have a quick effect in reducing the patient's tension and anxiety and can prevent the appearance of violent behavior by providing coping skills from the beginning. At the time of providing therapy, Mr. S was initially hesitant and difficult to focus on doing dhikr, but after being guided the patient seemed confident and able to carry out dhikr independently and the client was very cooperative in participating in dhikr activities. Mr. S took a deep breath and hit the pillow 3 times and dhikr for 5-10 minutes.

On the 2nd day, the author taught SP2 about the type, dosage, and purpose of the medication he consumed, as well as showed awareness about the importance of taking medication regularly as part of the recovery process. Patients were able to name the type of medication taken, namely Haloperidol 5mg/8 hours, Risperidone 3mg/12 hours.

On the 3rd day, on January 17, 2025 at 10.00 WITA, the author taught SP 3, namely controlling violent behavior by verbally expressing feelings where the author taught how to speak, ask and refuse properly to avoid the risk of violent behavior.

On the 4th - 6th day, SP4 was given back in the form of dhikr. Patients were able to dhikr independently with initial guidance and mentioned feeling calmer and more peaceful. The client was very cooperative in participating in dhikr activities so that SP 4 was considered successful.

Evaluation: After implementation for 6 meetings, the results were obtained that the patient was able to mention how to control violent behavior starting from deep breathing exercises, hitting pillows. The follow-up planning carried out by the author is to continue to motivate and remind patients to always dhikr at all times.

Discussion

The results of the study showed that after the implementation for 6 meetings, in accordance with the implementation strategy to control violent behavior, namely deep breath relaxation therapy combined with dhikr. According to Waluyo (2022) in previous research, relaxation techniques are stretching techniques that function to reduce tension and feelings of discomfort, such as pain, tense muscles, and anxiety. One of the goals of relationship training is to develop intuition. This relaxation exercise is based on an inner relaxation exercise. This technique can also be used to strengthen weaker people, the results and processes will be as good as possible if they are done under harmonious conditions and activities. This relaxation therapy is breath exercise by regulating breathing activity. Breathing relaxation exercises are done by adjusting breathing patterns as well as slower and deeper

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speeds, tempos, and rhythms. Regular breathing improves a relaxed posture both mentally and physically, making muscles more flexible and able to handle emotional outbursts without becoming stiff (Waluyo, 2022). Studies have been conducted to prove that breathing relaxation therapy has an effect on angry behavior in schizophrenia patients. Research has also shown that deep breathing relaxation for three sessions has been shown to be effective in controlling anger in patients at risk of violent behavior. Research conducted shows that the use of deep breathing relaxation techniques has been proven to reduce signs and symptoms in patients at risk of violent behavior (Pertiwi et al., 2023).

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Based on the results of research from (Ustriyani, 2023), it is shown that the method of administering dhikr therapy is effective in controlling the risk of violent behavior, but it is still necessary to provide education to patients during the preparation stage and the patient's condition is stable or in a state of being able to listen to instructions. This is in line with the results of research from (Lesmana, 2023) which shows that there is an effect that the provision of psychoreligious therapy with dhikr is proven to have a good and significant influence on emotional control and reduce the risk of violent behavior, characterized by the client's response that seems calm. After carrying out SP1 to SP5 for 6 days, it can be concluded that Mr. S's violent behavior can be controlled.

Conclusion

The Application of Deep Breathing Relaxation Therapy and Dhikr in Patients with Risk Problems of Violent Behavior in the Canary Room of RSKD Dadi in South Sulawesi Province" can be concluded as follows: An assessment conducted on Tuesday, January 14, 2025, found that Mr. S had nursing problems with the risk of violent behavior, The nursing diagnosis found from the results of Mr. S's assessment is the risk of violent behavior, The nursing interventions provided are intervention strategies for the implementation of the risk of violent behavior consisting of SP1 to SP5 and the provision of deep breath relaxation therapy and dhikr in the form of Istigfar, namely saying *Astagfirullah* 33 times, Tahlil which is saying *Laailahaillallah 33 times,* Tasbih which is saying

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Subhanallah 33 times, Tahmid which is saying *Alhamdulilah* 33 times and Takbir which is saying *Allahuakbar* 33x, The implementation of nursing is adjusted to the interventions that have been prepared where the implementation of SP 1 to SP 5 and deep breath relaxation therapy and dhikr are carried out as many as 6 meetings with a range ofbTime 5-10 minutes.

The nursing evaluation obtained that after the administration of SP risk of violent behavior and Deep Breath Relaxation Therapy and Dhikr for six meetings, the nursing problem of the risk of violent behavior was resolved with the result that the patient was able to control violent behavior.

Acknowledgments

The author would like to express his deepest gratitude to all parties who have provided support in the implementation of this research. Gratitude was conveyed to the leadership of STIKES Panrita Husada Bulukumba for the support and research permits that have been given. The author also thanked the South Sulawesi Provincial RSKD for helping in the data collection process.

In particular, the author expressed his appreciation to the client and family who have been willing to be respondents and actively participate during the research process. Not to forget, the author also expressed his gratitude to all parties who have contributed, both directly and indirectly, so that this research can be completed properly

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