

Murottal Therapy in Schizophrenia Patients with Nursing Problems of Violent Behavior

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ABSTRACT

Mental disorders are behavioral patterns that are usually accompanied by symptoms of limitations or disorders in one or more of the main human functions, such as psychological, behavioral, biological, or disruptive functions that involve interaction with others or with the community. This study is a case report with a nursing care management approach that includes assessment, data analysis, formulating nursing diagnoses, interventions, implementation and then evaluation. This family nursing care is provided based on Evidence-based Nursing Practice after determining the diagnosis based on the assessment data, then the intervention is prepared by reviewing several literatures that report on murottal therapy for clients at risk of violent behavior. The results of the literature review are then applied to nursing care. The collection of nursing care data was carried out using an assessment form and interviews. After murottal therapy was carried out 3 times within a period of 3 days, before the intervention, Mr. M had a threshold score of 5. The higher the threshold score, the more the anger level peaks and is uncontrollable. After murottal therapy, the anger threshold score was 1. The results of the application of murottal therapy in nursing care with patients who have a risk of violent behavior show that murottal therapy can have an impact or increase anger control.

Keywords: caregiver; history of violent behavior; murottal therapy; psychoeducation; schizophrenia;

INTRODUCTION

Mental disorders are a syndrome of a person's behavioral patterns that are typically associated with symptoms of distress or impairment in one or more important human functions, namely psychological, behavioral, biological functions, and the disorder is not only located in the relationship between the person but also with society (Prakoso, et al., 2024). People with Mental Disorders, hereinafter referred to as ODGJ, are people who experience disorders in thoughts, behavior and feelings that are manifested in the form of a collection of symptoms and/or significant behavioral changes, and can cause suffering and obstacles in carrying out functions as humans (Pratiwi, et.al., 2019) The World Health Organization (WHO) states that 23 million people suffer from mental illness, such as schizophrenia or psychosis. However, only 31.3% of that number receive treatment from a psychiatrist (Ivanova, et.al., 2022). In Indonesia, according to the 2018 Basic Health Research (Riskesdas), 9.8% or more than 20 million people are affected by emotional mental disorders. In addition, around 450,000 people suffer from schizophrenia or psychosis, which are severe mental disorders, and 6.1%, or 12 million people, experience depression. The 2018 Riskesdas results also show that the prevalence of psychosis in Indonesia is 6.7 per 1,000 households. This means that 6.7 out of 1,000 households have members who suffer from psychosis. Although some of the sufferers of this disease do not take medication regularly, 84.9 percent of sufferers have received medical treatment (Riskesdas, 2018., and Hastuti et.al., 2019).

One of the most common types of mental disorders in Indonesia is schizophrenia. One of the symptoms of schizophrenia is violent behavior that can cause loss of control over individual behavior, psychotic behavior, concrete thinking, problems in processing information,

interpersonal relationships, and problem solving (Scone, 2022., & Mawaddah, 2022). Ineffective family coping strategies are the cause of negative responses that hinder the role and function of the family in providing care and support for family members with mental disorders (Pratiwi, et.al., 2023). Therefore, medical therapy or antipsychotics are needed to be given to clients with schizophrenia, but this therapy can only help correct chemical imbalances in the brain, so additional modality therapy is needed in the form of non-pharmacological therapy. This is also in line with the research of Susilaningsih & Ningsih, (2021) which shows that Al-Quran murottal therapy is one of the modality therapies that has been developed, this therapy shows the influence of Al-Quran therapy which is calming and peaceful so that it can reduce stress, anxiety, and depression (Susilaningsih, 2021). This is in line with the word of Allah SWT in the Al-Quran Surah Al-Isra' verse 82 which reads:

وَنُنَزِّلُ مِنَ الْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِّلْمُؤْمِنِينَ ۖ وَلَا يَزِيدُ الظَّالِمِينَ إِلَّا خَسَارًا

Translation:

"And We send down from the Qur'an (something) that is a cure and a mercy for the believers, but for the wrongdoers (the Qur'an) it only increases in loss" (QS. Al-Isra '(17:82)

This verse explains that the Qur'an is a cure for those who believe. In another study, it was found that the Qur'an can improve mental health and listening to the Qur'an can reduce anxiety levels in patients (Wahid, et al., 2021). Based on the practice carried out in the Arjuna room of the dr. Arif Zainudin Surakarta Mental Hospital, 11 inpatients with schizophrenia were obtained with nursing problems of a history of violent behavior, hallucinations, social isolation, and low self-esteem. The subject of this study was the provision of psychiatric nursing care to Mr. M who had a history of violent behavior. The client was made a subject because he was often in and out of the hospital with the same case and had not been able to control his emotions, apart from taking medication and activity therapy while at home sick. So the purpose of nursing care carried out is to teach the implementation standards (SP 1-4) of the problem of how to control emotions in clients with a history of violent behavior in Mr. M experiencing turbulent emotions. Based on the background, the author is interested in taking the title "Murottal Therapy in Schizophrenia Patients with Nursing Problems of Violent Behavior"

METHOD

This study is a case report with a nursing care management approach that includes assessment, data analysis, formulating nursing diagnoses, interventions, implementation and then evaluation. This family nursing care is provided based on Evidence-based Nursing Practice after determining the diagnosis based on the assessment data, then the intervention is prepared by reviewing several literatures that report on murottal therapy for clients at risk of violent behavior. The results of the literature review are then applied to nursing care. The collection of nursing care data was carried out using an assessment form and interviews. This nursing care was carried out in the Arjuna room of Dr. Arif Zainudin Surakarta Mental Hospital, this therapy was carried out for approximately 5 - 10 minutes for 3 consecutive days.

The following are the steps of murottal therapy according to (Akib., 2021): (1) make a time contract with the client (2) choose an atmosphere that is conducive enough to listen to murottal (3) instruct the patient to close their eyes and instruct the patient to be calm and relax the muscles of the body from the face to the toes and relax, (3) instruct the client to take a deep breath through the nose, hold it for 3 seconds then exhale through the mouth accompanied by saying a prayer or chosen word, (4) instruct the client to get rid of negative thoughts and stay focused on deep breathing and prayers or words spoken, (5) Do this for approximately 5 minutes, (6) instruct the client to end the relaxation by closing their eyes for 2 minutes, then opening them slowly. Evaluate or turn on the murottal chanting 3 minutes after the therapy is carried out, during which time it is used for subjective evaluation with the patient.

RESULTS

Table 1.
Results of Applying Murottal Therapy

Therapy	Before	After
Therapy 1	4,3	3
Therapy 2	5	2
Therapy 3	3	1

Table 1 shows that after 3 times of therapy within 3 days, before the intervention, Mr. M had a threshold score of 5. The higher the threshold score, the more the anger level peaks and becomes uncontrollable. After murottal therapy, the threshold value of anger was 1.

DISCUSSION

The first day is approached by building a relationship of mutual trust with the patient, after that begins to explore the patient so that the patient is able to express the cause of his anger. This is in accordance with the implementation strategy 1 of the risk of violent behavior, namely recognizing anger. Furthermore, controlling anger with deep breathing and hitting a pillow. In this phase (SP2) patients begin to be taught how important it is to control anger with relaxation. Patients can do deep breathing relaxation and hit a pillow. The third implementation strategy on the first day, according to the target of controlling anger with positive words, the two patients are introduced slowly. To strengthen motivation, it is added with calming natural music relaxation. Starting with deep breathing relaxation, then getting carried away in the music, start motivating the patient to always say positive words such as "I am a good person, good people should not be angry", "I must be patient, because patience is loved by God". Furthermore, the patient is required to do murottal therapy, this is in accordance with SP 4 violent behavior where anger is controlled spiritually. After 15 therapy sessions, the patient said he was calmer and more comfortable with vital signs HR: 80x / minute; RR: 19x / minute; BP: 120/80 mmHg, S: 36.70C.

On the second day of implementation, an evaluation was carried out, on the second day of therapy the patient was able to perform SP 1 and SP 2 independently. Furthermore, the researcher again gave SP 3 and SP 4, namely murottal relaxation therapy, the patient seemed to enjoy it and enjoyed it more than the first day. Relaxation was carried out for half an hour then vital signs were measured HR: 82x / minute; RR: 21x / minute; S: 36.80C; BP: 110/70 mmHg. Furthermore, on the third day of implementation, an evaluation was carried out again, the patient had implemented SP 1 and SP 2 every day. Both cases were also able to independently perform murottal therapy and invite other friends. Measurement of vital signs was still carried out after therapy with the results of HR 82x / minute; RR: 20 rpm; S: 36.80C; BP: 120/70 mmHg.

The results of this study are in line with the research of Yuliana et al., (2023) where in their study they also reported a decrease in signs of symptoms of violent behavior and an increase in the ability to control violent behavior greater in the group that received therapy than those who did not receive Murottal Al-Quran (Yuliana, et.al., 2023). Indrianingsih et al., (2023) also revealed that the results of the study obtained data on a decrease in signs and symptoms of clients at risk of violent behavior in client 1 with a decrease of 24%, client 2 by 26%, client 3 by 20%, client 4 and client 5 each by 28% with psychoreligious dhikr therapy (Indrianingsih, et.al., 2023). Agustini & Pramono, (2020) also revealed that patients at risk of violence who received Al-Quran therapy were better at controlling their emotions compared to those who did not receive therapy (Agustini, et.al., 2020).

The intervention guidelines use the Nursing Intervention Classification guidelines and refer to the Nursing Outcome Classification outcome criteria. The provision of intervention also uses five standard strategies for implementing violent behavior risk with a rational emotive cognitive

behavior therapy (RECBT) approach (Susilaningsih, et.al., 2021). RECBT is a therapeutic approach that can be effective in helping schizophrenia patients manage their symptoms and improve their quality of life (Rizki, et al., 2020). RECBT focuses on understanding and managing unhealthy thoughts and emotions that may affect patient behavior. This therapy helps schizophrenia patients identify irrational thinking patterns and replace them with healthy and adaptive thinking patterns (Sasongko, et.al., 2020 & Ernawati, 2020). Through this process, patients can learn to cope with stress, control psychotic symptoms, and improve their ability to face everyday challenges. With the help of trained therapists, schizophrenia patients can develop more effective coping strategies, increase self-confidence, and gain skills to better manage their symptoms (Lestari, et.al., 2022).

Effectiveness of Murottal Therapy in Schizophrenia Patients with Nursing Problems Violent behavior has been the focus of research and observation in the field of mental health. The recitation of the Qur'an contained in murottal therapy has the potential to provide significant benefits for schizophrenia patients with violent behavior (Ustriyani, et.al., 2023 & Ramadan, et.al., 2020). Murottal therapy can help reduce stress levels and improve patient concentration. By listening to the recitation of the Qur'an regularly and consistently, schizophrenia patients can experience changes in their thoughts and emotions, thereby helping to reduce impulsivity and minimize violent behavior. In addition, murottal therapy can also provide a calming and spiritual influence on schizophrenia patients (Ertekin, et.al., 2019 & Nadimah, et.al., 2018). Reading the Qur'an in a calm and comfortable atmosphere can help patients control negative emotions that often trigger violent behavior (Pratiwi, et.al., 2022 & Irawati, et.al., 2023). By including a spiritual dimension in therapy, schizophrenia patients can feel more connected to something greater than themselves, which can then help them feel calmer, more focused, and able to manage the aggression and violence that arises (Wahyuningtyas, et.al., 2023 & Kannan, et.al., 2022). The effectiveness of murottal therapy in reducing violent behavior in schizophrenia patients is greatly influenced by consistency, a holistic approach to care, and collaboration with a competent care team (Wahid, et.al., 2021).

CONCLUSION

The results of the application of murottal therapy in nursing care with patients who have a risk of violent behavior show that murottal therapy can have an impact or increase anger control, this is proven by the evaluation of patients for three days who experienced increased emotional control, however, to find out the maximum results, the author suggests that clients continue to carry out this therapy every day both during treatment in the hospital and at home because the time used by the author in implementing it is too short.

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