

Studi fenomenologi: pengalaman klien dengan perilaku kekerasan yang pernah dilakukan pengikatan = Phenomenological study restraint experience of patient with violent behaviour / Mariyati

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Abstrak

ABSTRAK

Klien perilaku kekerasan membahayakan baik terhadap diri sendiri, orang lain maupun lingkungan. Hal ini menjadi alasan klien dirawat di rumah sakit. Perilaku kekerasan ditunjukkan dengan kekerasan fisik dan verbal. Penanganan perilaku kekerasan di rumah sakit sering menggunakan tindakan pengikatan. Proses tindakan pengikatan memiliki dampak fisik dan psikologis. Penelitian ini bertujuan mengeksplorasi pengalaman klien perilaku kekerasan yang pernah dilakukan pengikatan melalui studi fenomenologi. Desain penelitian ini menggunakan metode kualitatif dengan pendekatan studi fenomenologi. Jumlah partisipan dalam penelitian ini adalah 8. Tema yang ditemukan ada 4 yaitu: amuk sebagai alasan pengikatan, dukungan positif tenaga profesional selama pengikatan, mekanisme koping selama pengikatan, dampak biopsikososial selama pengikatan dan rasa tidak berharga selama pengikatan. Saat pengikatan tidak dapat dihindari, maka kehadiran perawat selama pengikatan sangat penting, kehadiran perawat memberikan rasa aman dan nyaman. mempengaruhi rasa aman klien. Rekomendasi penelitian ini adalah perawat harus memonitor dan mengevaluasi klien selama pengikatan.

ABSTRACT

Patients with violent behavior can harm themselves, others and environment. It was bad trigger the patients were hospitalized. Violence forms of behavior can be characterized by verbal and physical attack. Management of violent behavior in hospital often uses restraint, but restraint has physical and psychological effects. This study aimed to explore restraint experience of patient with violent behavior. The research method used phenomenological study with qualitative approach. The research sample was 8 participants taken by purposive sampling method. This research resulted 5 themes were aggressive behavior as a main reason of restraint, professional healthcare supports during restraint, coping mechanism during restraint, biopsychosocial effects of restraint and feeling worthless during restraint. When restraint was unavoidable, the presence of nurses during mechanical restraint was important, their presence was meaningful making patients safe and comfortable. It is recommended that nurses must be monitoring and evaluating the patients during restraint.