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Research Article

Experiences of Aggressive Behavior Patient after Physical Restraint in Mental Hospital, A Qualitative Study

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Abstract

Aims. The prevalence of Violence in nurses and patients is an important issue today. One of the handlings of violent patients in mental hospitals is restraint. Restraint becomes a difficult choice for nurses in mental hospitals. This choice is still made with ethical considerations to prevent a worse risk. Restraints can violate patient rights. But if not done can threaten the environment. After physical restraint the patient has special experiences that need to be evaluated by the mental health nurse.

Purpose. The purpose of this study was to describe the experience of patients with physical violence after restraint at the Mental Hospital, West Java.

Methods. The informant selection technique used in this study was purposive sampling. The number of informants in this study was six patients. Patients were selected based on two inclusion criteria, first; have ever done physical violence, secondly, have experienced physical restraint. Patients have been selected by the head of the ward and approved by the nursing ethics board. Data was collected through focus group discussions (FGD). Data was recorded using an audiovisual camera. The discussion was conducted over three sessions, in three days, each for 60 minutes. The collected data is typed verbatim. The thematic analysis used in this study refer to six steps qualitative analysis.

Result. There are six themes that arise in the client's response to violent behavior during physical restraint. It includes ignoring the patient's basic needs, Feelings of anger and irritation, thinking that there is no perceived positive influence, controlling his behavior for fear of the next physical restraint, Surrender to the conditions experienced, Feelings of relief and joy after not undergoing physical restraint, there is a feeling of revenge and want to take revenge.

Conclusion. The patient's experience with physical violence after the act of restraint reveals the occurrence of neglect of basic human needs, the emergence of feelings of anger and irritation and thinking that restraint is of no benefit. After going through the angry phase, there is a sense of resignation to the patient and the informant's efforts to control his behavior for fear of getting physical restraint again. However, there is also a feeling of resentment that is triggered by the experience of being treated inhumanely.

Keywords

Behaviour patient, physical restraint, mental

INTRODUCTION

The prevalence of Violence in nurses and patients is an important issue today. Based on 65 research results involving 61,800 nurses from 30 countries published by (1), the one-year prevalence of physical violence is one in five nurses (19.33%) who have experienced physical violence by patients. On the other hand, one of the effects of stigmatization on patients with mental disorders has led to aggressive behavior of patients towards their families, nurses and society. On the other hand, patients also experience violence from family, community and nursing professionals (2)

Mental patients are not only perpetrators of violence but also victims of violence. The research of Iyus (3), concludes the phenomenon of the patient's experiences as a perpetrator. These experiences have been grouped into categories as: Committing physical violence to family, quarreling with family, verbal abuse to family, a perpetrator of verbal violence to neighbors, expression of anger to object, and physical violence to nurse. On the other hand, patients can also be victims of violence by nurses and families, Violence typically includes pushing, punching, or kicking, and restrained (4).

One of the handling of violent patients in mental hospitals is restraint. Restraint becomes a difficult choice for nurses in mental hospitals. This choice is still made with ethical considerations to prevent a worse risk. Restraints can violate patient rights. But if not done can threaten the environment (5)

After physical restraint the patient has special experiences that need to be evaluated by the mental nurse. Nurses

need to understand the psychological evaluation of the impact of physical restraint, whether it creates a deterrent effect or causes resentment that triggers new violence. A preliminary study was conducted at the Bandung Mental Hospital on June 1-20 2016, on two informants, who had been subjected to physical restraint. The first informant expressed a feeling of freedom from pressure: "I am free now". The patient also expresses feelings with the expression "The situation is very difficult, it's complicated feels helpless, very tired". The second informant said with a verbal expression: "I felt a very strong bond, so my hands felt pinched, in the end I left everything to God, I could only ask for help and surrender". Based on this information there are psychological, biological and spiritual impacts that the client feels when experiencing physical restraint.

To get a different perspective, the researcher conducted interviews with nurses who performed physical restraints. According to the nurse's explanation, even though there was a conflict of feelings between the desire to be firm, fearful and sorry, the nurse still tried to stick to the standard operating procedures that had been set by the hospital. Nurses admit that they are used to doing it, data from emergency room nurses states that 40-50 physical restraint measures are carried out every month.

PURPOSE

The purpose of this study was to describe the experience of patients with physical violence after restraint measures at the Cimahi Mental Hospital, West Java.

METHODS

Types of Research

This type of research is descriptive with a qualitative approach. This research has a focus on understanding the response to the presence or absence of humans. This study aims to explain the experiences experienced by patients, especially when experiencing restraint (physical restraint), including their interactions with mental nurses.

Research subject

The informant selection technique used in this study was non-probability using purposive sampling, namely taking informants according to the criteria in accordance with the research objectives. Therefore, the informants who were the subjects of this study were patients who had undergone physical restraint at the Cimahi Mental Hospital, were calm, could communicate well and were willing to become informants. The number of informants in this study was seven patients who had committed acts of physical violence and experienced restraint at the Cimahi mental hospital.

Data Collection Techniques

Patients were selected based on two inclusion criteria, first; have ever done physical violence, secondly, have experienced physical restraint (restraint). Data was collected through focus group discussions (FGD). The group consisted of 6 patients according to the inclusion criteria. Patients have been selected and selected by the head of the room and approved by the nursing ethics board. Patients are selected in a calm condition and can communicate well. Prior to the FGD, the researcher introduced and approached

the informants, explained the objectives, and informed consent. and build trusting relationships with informants.

The main instrument used during the interview was the FGD leader who is an expert in the field of psychiatric nursing. Data was recorded using an audiovisual camera. The discussion was conducted over three sessions, in three days, each for 60 minutes. The collected data is typed verbatim.

Data Analysis

The data analysis technique used in this study uses thematic analysis. The stages of the analysis according to Bungin (2004) are as follows:

1. Listening to the recorded FGD results, and then making a transcript to gain an overall understanding.
2. Incorporate non-verbal notes of research subjects into transcripts to gain a better understanding.
3. Read the transcript repeatedly by reflecting on the contents of the transcript.
4. Identify the content that emerges from each of the transcripts.
5. Grouping based on the number of informants, explaining statements that are relevant to the content that appears.
6. Reflect on the content that appears with the contents of the entire interview.
7. Write down the themes that appear and illustrate according to the informants' statements.
8. Validate by conveying the content that appears to the relevant informant and asking for clarification.
9. Synthesize the existing statements so that there is no data that contradicts the contents of the existing transcript.

Research Location and Time

This research was conducted at the Bandung Mental Hospital on 30 August 2016 to 26 September 2016.

RESULTS

A. Characteristics of Informants

First Informant

The informant (26 years old) was in the rehabilitation room on August 15, 2016. He was admitted to the Cimahi Mental Hospital on August 8, 2016. The experience of physical restraint was from August 8 to 10, 2016. The informant is Muslim, Sundanese and only graduated from elementary school. Treated for the first time at RSJ Bandung. Diagnosed with schizophrenia. Informants experience mental disorders due to problems in the family economy. Symptoms appear when the informant's husband experiences termination of employment (PHK). The informant felt stressed at that time because she had just given birth to her first child. The informant began to experience hallucinations and was diagnosed with schizophrenia.

The experience of acts of physical restraint occurred when his family first brought him to the Bandung Mental Hospital. When he first arrived at the hospital, the informant rebelled by hitting the family who drove him and those who approached him because they did not want to be hospitalized. The informant was tied with both hands and feet using a rope and laid in a supine position.

During the FGD process, the informants looked calm because they had the opportunity to express their feelings. In the second FGD session, the informants looked angry when they

recalled the experience of undergoing physical restraint.

Second Informant

The informant (22 years old) was admitted to the Bandung Mental Hospital on August 6, 2016 and moved to the rehabilitation room on August 10, 2016. The informant underwent physical restraint on August 6 - 7 2016. Muslim, Sundanese and graduated from high school (SMA). Treated for the first time at RSJ Bandung. The initial diagnosis was Schizophrenia. Based on the medical history in the patient's status, the initial stressor that caused mental disorders was divorce that occurred in the informant's household. The household that had just been fostered for two years ended when the husband left the informant for no apparent reason. Informants began to feel pressure because they felt betrayed and began to experience mental disorders in the form of visual and auditory hallucinations.

The informant received physical restraint when his family first brought him to the Bandung Mental Hospital. The informant went into a rage when his family left him to be hospitalized. The informant tried to run and beat his family members who were going home. The informant shouted at his family members by continuously attacking the nurse and her family. Finally the patient underwent a physical restraint procedure. The informant was tied with both hands and feet using a rope and laid in a supine position.

During the three sessions of the FGD process, the informants looked relaxed and happy because they could express their feelings. The informants answered all the researcher's questions well and cooperatively.

Third Informant

The informant (40 years old) was admitted to the Bandung Mental Hospital on August 11, 2016. The patient was first diagnosed with Paranoid. The patient was in the rehabilitation room on 23 August 2016. The informant underwent restraint on 11-13 August 2016 and 17-18 August 2016. He is Muslim, Sundanese and graduated from elementary school (SD). Has been treated at Cimahi Hospital four times.

The main stressor that causes mental disorders is a huge loss to the business. Informants have been deceived so that they suffer huge losses. Informants are depressed because of debt, company operating costs, family economic needs and rising school fees for children. He often feels afraid that he will be harmed by the people around him. The informant did not experience any development of mental health because he kept relapse four times. For the last hospitalization, the informant was hospitalized again for shouting at the people around him, trying to attack and not being able to speak clearly.

The informant underwent physical restraint four times. In the last physical binding, the informant was tied up for showing self-defense moves and kicking a chair while attending music therapy. The nurse took the informant to the isolation room to undergo physical restraint and this made the informant even more angry and rebellious. The informant did not accept that he was tied up because he felt he did not hurt others and did not intend to hurt anyone.

During the FGD process, the informants looked calm and answered questions enthusiastically. The

informant showed a serious expression every time he stated his answer and tried to explain each answer in detail.

Fourth Informant

The informant (27 years old) was admitted to the Cimahi Mental Hospital on 11 August 2016. The informant underwent physical restraint from 11 to 12 August 2016. He is Muslim, Sundanese and graduated from elementary school (SD). Treated for the first time at RSJ Bandung. With a diagnosis of depression.

The main stressor causing the fourth informant's mental disorder is long unemployment and not getting a job. This makes the informants feel inferior and do not dare to associate with people in their surrounding environment. Informants feel they do not have any abilities. The informant began to often be alone and daydreaming in his room. The next stage, the informants often speak for themselves and are not responsive to the surrounding environment. Informants often experience visual hallucinations and after being taken to the hospital it was found that the informants were diagnosed with depression and hallucinations.

The informant received physical restraint when his family first brought him to the Cimahi Mental Hospital. The informant once kicked the hospital door and chairs around it with the excuse that someone would hurt him and lock him in the hospital. The informant kept kicking and hitting whatever objects were around him until hospital officials took him to an isolation ward to undergo physical restraint. The informant was tied with both hands and feet using a rope and laid in a supine

position. The hands and feet were tied tightly because the informant continued to rebel.

The FGD process was carried out in 3 sessions. In the first and second meetings, the informants seemed silent, not confident and embarrassed to express their answers to questions and responses from researchers. However, at the third meeting, the three informants began to appear enthusiastic about answering questions and clearly explaining the answers.

Fifth Informant

Informant (37 years old) was admitted to Cimahi Hospital on July 22, 2016, Informant underwent physical restraint on July 22 -July 23, 2016. He is Muslim, Sundanese and graduated from high school. Has been treated in the hospital four times. He was diagnosed with hebephrenic schizophrenia.

The main stressor causing mental disorders is being fired from his regular job and since then he has not been able to get a new job. Informants are often alone and laugh alone. Informants often get into fights and start destroying the furniture in their house. Fights that occur are often caused by informants who seduce women, thereby making the woman's family angry and beating the informant. The family finally took the informant to the hospital and was diagnosed with schizophrenia.

Informants are often hospitalized because of mental disorders they experience. In the last hospitalization, the informant was treated for being involved in a fight with a group of youths until he was finally taken to the police station. However, the police handed the informant over to the mental hospital after checking the

condition of the informant. When they arrived at the hospital, the informant went into a rage again and beat the people around him so that he was finally taken to the isolation room and subjected to physical restraints. The informant was then still tied with both hands and feet using a rope.

During the FGD process, the informants seemed calm and answered the facilitator's questions well. Informants often express their concerns outside the main topic of discussion, namely physical restraint.

Sixth Informant

The informant (42 years old) was admitted to the Mental Hospital on August 28, 2006. The informant underwent physical restraint on August 28-30 2016. He is Muslim, ethnic Sundanese and graduated from high school. Treated for the first time at RSJ Bandung. He was diagnosed with hebephrenic schizophrenia.

The reason for being admitted to the hospital was because the informant was often seen muttering alone in a meditation position. Informants often said that they heard voices saying that they could heal anyone. Gradually, the informant began to yell at his family members if they did not carry out the orders that came from his inner voice. The family finally took the informant to the Bandung Mental Hospital and was diagnosed with schizophrenia.

The informant received physical restraint when his family first brought him to the Cimahi Mental Hospital. The informant was angry because he was being pulled to go inside hospital, started screaming and hitting people who took him until finally hospital officials tied him up in the isolation

room. The informant did not accept that he was tied up because he felt he did not deserve to be treated like that. The informant was then still tied with both hands and feet using a rope.

During the FGD process, the informants seemed calm in answering the researcher's questions. The informant answered the facilitator's entire questions well and did not show an emotional state that indicated that the informant was not willing to be interviewed.

B. Description of Research Results

All of the informants stated that when they first underwent physical restraint, they felt angry and irritated with the treatment they received at the Mental Hospital. Feelings of disapproval of the treatment received, lack of information provided and difficulty in meeting the needs of elimination, physical activity and nutrition. This condition increases feelings of anger and irritation. However, because they could not fight back, finally the six informants felt resigned and gave everything to God Almighty. The six informants could not do anything to stop the act of physical restraint.

During physical restraint, there were several things that were meaningful to the informants, namely: they found it difficult to fulfill basic needs such as defecation, urination and eating. The absence of a positive influence felt by the two informants, the informants became more able to control their behavior for fear of being given physical restraints again. In addition, new themes emerged such as submission to God and the emergence of feelings of revenge. After the physical restraint ended, the six informants felt

calm, relief and joy at being able to receive their freedom back.

Based on the analysis above, it can be concluded that there are six themes that arise in the client's response to violent behavior during physical restraint, namely:

- 1) Ignoring the patient's basic needs
- 2) Feelings of anger and irritation
- 3) Thinking that there is no perceived positive influence
- 4) Controlling his behavior for fear of the next physical restraint
- 5) Surrender to the conditions experienced
- 6) Feelings of relief and joy after not undergoing physical restraint, 7. There is a feeling of revenge and want to take revenge

C. Emerging themes

1. Neglect of Patient's Basic Needs

1. First Informant:

"I want to go to the toilet, but they are ignored"

2. Second Informant

"I'm annoyed at the nurse... I want to let my pee go, the hospital is like in the forest."

3. Third Informant

"Because I'm on a diet, I can't eat..."

4. Fourth Informant:

"This is a violation of human rights; it is very difficult to move."

5. Fifth Informant:

"I want to eat, my hands are tied, I want to breathe free air, but I get beat up"

6. The sixth informant

"It's not strong enough, ask to open the tie, it's even harder, going to the bathroom is so difficult"

2. Feelings of deep anger

1. First Informant:

"When I was on a tea diet, I felt angry the most, annoyed because of why that was, I've had a lot of problems, eh, I added everything else, so just adding to my thoughts"

2. Second Informant:

"I feel dizzy, I think I can't open the bandage, I want to pee hard, I'm angry, I'm angry, we say I'm tired of being tied down, but there's nothing I can do so I'm shout, I'm annoyed, I can't open it after all."

3. Third Informant

"Because it's hard to open, it makes me more irritated, so I'm dizzy thinking about how to untie it." "To be tied or not, it's the same thing, it just makes you angry."

4. Fourth Informant

"I got really annoyed, because I didn't feel guilty."

5. Fifth Informant

"Indeed, the emotion came suddenly, it was unimaginable before, or when the emotion came. At that time, I was emotional because I didn't want to be treated so I was tied up, I didn't accept being tied up, so I was emotional."

3. Thinking that restraint is useless

1. Second Informant

"There's no point in just torturing people." "There's no point in getting annoyed and just making it difficult for me, so I'm even more annoyed."

2. Third Informant

"But it doesn't have any effect on me being tied down like that, it just makes me more rebellious." "I'm not so calm." "To be tied or not, it's the same thing, it doesn't make any difference to me, I just get annoyed."

4. Controlling his behavior for fear of Restraint again

1. Second Informant

"Tired, I don't want to be tied up again like before." "I don't want it and I can't do anything, I want it, it's hard." "I'm not angry anymore, I'm afraid that I will be tied up again."

2. Fourth Informant

"I realized now that I'm afraid to show self-defense moves in front of a lot of people, maybe I was wrong because I scared people, it's useless because I'm afraid to be tied up again and it's thought I want to bother people." "I was afraid that if I showed off again, I would be tied down again."

3. Sixth Informant

"I'm afraid if I'm tied up again, that's why it's good and it's very painful to defecate, peeing there is already painful again, my hand hurts, what can I do is difficult."

5. Surrender to the conditions experienced

1. First Informant

"I didn't rebel while I was tied up, I just kept quiet at that time." "It's hard to let go by yourself, so I just accept being tied up too"

2. Second Informant

"Yes, I just kept quiet after that, I just got more annoyed and couldn't be free to move the tea, the nurse didn't feel like it." "Yes, I've just given up, what can I do?"

3. Third Informant

"Yes, I'm already injured, I just keep quiet, just give up and I've tried, I can't get rid of the bond."

4. Fourth Informant

"I just surrender it's up to what I want to do too".

5. Fifth Informant

"Don't worry, just give up, don't have feelings of anxiety or anxiety or anything like that, just give up." "Believe in the Almighty, no matter what, just give up."

6. Sixth Informant

"But what can I do, I just give up, just accept it and it won't be released"

6. Feelings of Calm, Relief and Joy after not undergoing Physical Restraint

1. First Informant

"So you feel calm, because you feel angry while you are tied up, so when you release the knot, you feel calm, so your thoughts are calm." "I'm also happy that I can finally be free to do whatever I want." "I've calmed down, the package is opened so it's more calm and not difficult anymore".

2. Second Informant

"I'm happy that I've given up tea, so I'm free, relieved that I want to be free." "You want to move here and there, you are free, you want to scratch well, you want to pee easily."

3. Third Informant

"Tea has been released, I feel relieved, hope to be free, the soul feels calm, free, happy because it is free from bonds, happy."

4. Fourth Informant

"Alhamdulillah, when it was released, it felt good." "The body becomes comfortable, continues to be free to move as well." "You can do whatever you want, there's nothing to stop you."

5. Fifth Informant

"So I'm relieved to be free to go anywhere without being suspected anymore, maybe because her emotions have subsided." "I just feel like I want to be free, that's how it feels." "Happy to be able to do anything." "Want to pray is not difficult, want to dhikr freely so feel relieved". "You can do what you can't do when you're on a diet, it's easy to go to the toilet, you don't have to pee on the bed anymore."

6. Sixth Informant

"After being released, it feels good to feel like a mental illness has healed, it's sunny in the morning, I hope it's fresh." "After I was miserable when I was tied to tea, I was finally able to be happy when I let go of the bandage." "Yesterday, when I was tied up, it was really hard, I couldn't do anything but I felt free now."

7. Feelings can control emotions and are more calm

1. First Informant

"It's good to be tied like that because tea's emotions are more controlled." "Because you are no longer emotional, the taste of tea becomes calmer."

2. Fifth Informant

"It's like I often daydream because I just stay silent while I'm on a diet ... but so I can sleep soundly, because I have enough sleep, I feel calm inside, I'm not restless anymore, calm down."

8. Feelings of revenge and want to revenge

1. Second Informant

"There is a thought that one day I will have to make calculations, I have to repay, why does it have to be violent to help people?"

2. Fifth Informant

"So at that time I was emotional because I didn't want to be treated so I was tied up, I didn't accept being tied up so I got emotional, I felt revenge but couldn't take revenge"

DISCUSSION

1. Feelings of anger, irritation and resentment

The anger and irritation felt by the informant can be caused by a threat in the form of physical restraint on the informant. Anger arises because of

stressors, both internal and external to the individual. The stressor is responded to by the individual's emotional state in the form of anger (6). In this case, the stressor received by the informant is physical restraint. Physical restraint is an intervention that interferes with the mobility of the informant, causing discomfort which is a problem for the informant and identified by the informant as a stressor.

Anger and annoyance can occur because there are problems and limitations received as a result of physical restraint, causing the informant to feel a loss of control over himself. Many clients with violent behavior are afraid to lose control over themselves and become aggressive not because they want to scare people but because clients with violent behavior feel fear and anxiety (7) Loss of control felt by the informant, prompting the informant to look for ways to regain control over himself. The informant shows anger to show that the informant is giving resistance to the physical restraint he received. Anger is used because the use of physical restraints encourages the informant to perceive that violence is a valid means of gaining control (8).

Physical restraint is the cause of the difficulty of informants to meet elimination needs. Information must meet the need for elimination in bed so that the discomfort felt by the informant increases and causes anger in the informant. Nurses in the act of physical restraint are obliged to meet the elimination needs of the informant by bringing the informant to the bathroom or by preparing a bedpan or urinal as a form of nurse support for the informant (9)

The anger experienced by the informant can be minimized if the nurse can convey information or understanding in a therapeutic way to the informant. The informant came to the mental hospital not expecting to be hurt. Therefore, nurses must use their abilities therapeutically when interacting with informants in this case clients with violent behavior and not to embarrass or punish them (10)

Telling the informant what the informant can do will be more effective than specifying what the informant should not do. Telling the informant what the informant cannot do will build or increase the informant's efforts to show his strength, because the loss of control over the informant himself is very scary for the informant. What nurses can do is to give the informant a choice because it can help the informant to have a little control over the situation the informant is experiencing (11). The nurse can approach the informant calmly and say that the nurse is there to help and will not hurt the informant and will not allow the informant to hurt others (12).

2. Surrender to the conditions experienced

Based on the results of the study, information was obtained that the six informants felt resigned to the physical restraint they received. The informant stated that the informant finally gave up because their efforts to break free from physical restraints were not fruitful and the informant gave everything to God Almighty. The informant's efforts to solve the problem of freeing himself reached a point when the informant gave up and surrendered himself to accept physical restraints. When

someone feels inadequate and useless because they fail and cannot achieve their goals, they will feel hopeless and give up (4) . To respond to the sense of resignation experienced by the informants, it is important for nurses to listen to what the informants are complaining about. (3). Allow the informant to express his feelings so as not to feel inferior during physical restraint. Reassure the client by explaining that physical restraints will be released when the client is able to control his behavior.

3. Feelings of calm during physical restraint

Based on the results of the study, it was found that two informants felt calm while undergoing physical restraint. Both informants admitted that at the beginning the informant received physical restraint, the informant felt angry, but after the informant surrendered to the conditions the informant was facing, the informant became calmer. Informants stated that they had time to rest and be quiet so that they finally felt calm (13). Physical restraints can help informants by giving them time to be quiet and rest. After surrendering to the physical restraints they received, the informants no longer focused their minds on assessing physical restraint as a problem for the informants.

4. There is no perceived benefit

The benefits of physical restraint are the desired outcome for the informant. However, based on the results of the study, information was obtained that two informants considered that physical restraint did not provide direct benefits to the informants. The informants stated that

the informants did not feel the difference they felt before and after undergoing physical restraint. Physical restraint is only a problem for the informant and does not have any effect on the informant. This is because restraint causes a lot of trauma and needs to improve the relationship between patients and nurses (14).

The perception expressed by the informant indicates that the purpose or intent of the physical restraint action was not conveyed to the informant. Meanwhile, important information related to acts of physical restraint must be conveyed to informants that physical restraint measures are carried out to control violent behavior by informants and maintain the safety of informants and health workers (10)

5. Controlling his behavior for fear of physical restraint

Based on the results of the study, information was obtained that three informants considered physical restraint to change their behavior. Informants became aware to change the violent behavior they previously displayed. Informants can realize that the informant must be able to control his behavior so as not to have a negative impact on the informant and others. Performing physical restraint actions made the informant think more about the behavior that had been carried out. However, this attitude emerged from the fear of physical restraint that the informant received (15)

Changes in behavior to behave more positively by controlling violent behavior can be encouraged on the basis of the informant's unwillingness to get physical restraint measures in the future. (15). The difficulties and

discomfort that the informants felt while undergoing physical restraint were very memorable for the informants. The informants are aware that the thing that causes the informants to get physical restraint is because of the violent behavior that the informants show. Therefore, the informant tries to avoid acts of physical restraint by eliminating the violent behavior that causes the informant to get physical restraint.

Informants perceive acts of physical restraint as a form of punishment for violent behavior that informants commit. Based on the statement of (16) concluded that clients with violent behavior often underestimate the explanation of the benefits of physical restraint measures, today is not something that is not This is common because clients with violent behavior view acts of physical restraint as a form of punishment. The informant assumes that if the informant shows violent behavior then punishment in the form of physical restraint will be given to the informant. Therefore, the informant tried to change his behavior so that punishment in the form of physical restraint was not given to the informant.

6. Feelings of calm, relief and joy after not undergoing physical restraint

The informant felt that he had regained his freedom after a long period of physical restraint that hindered the mobilization of the informant. As revealed by (5,17). who concluded that physical restraint is an act accompanied by physical force to inhibit the client's freedom or mobility with violent behavior. In addition, acts of physical restraint can also risk causing injury,

lowering self-esteem, causing fear, dizziness, depression and encouraging anger. The disturbances that have been mentioned can cause discomfort in the informant. This discomfort becomes a threat to the informant's security so that after all the disturbances and inconveniences have stopped when the bond is opened, the informants feel happy for the cessation of the disturbance they feel. All the negative things that the informant received eventually disappear and bring joy to the cessation of the annoyance and discomfort they feel.

CONCLUSION

The patient's experience with physical violence after the act of restraint reveals the occurrence of neglect of basic human needs, the emergence of feelings of anger and irritation and thinking that restraint is of no benefit. After going through the angry phase, there is a sense of resignation to the patient and the informant's efforts to control his behavior for fear of getting physical restraint again. Feelings of calm, relief and joy after completing the restraint because they are free from limitations. However, there is also a feeling of resentment that is triggered by the experience of being treated inhumanely. Suggestions for hospital institutions, to be able to make standard physical restraint procedures that pay attention to the fulfillment of clients' basic needs and programs to reduce patient feelings of resentment.

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