

STUDY OF INFORMATION MANAGEMENT ON PATIENTS AT SUICIDE RISK IN HOSPITAL

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ABSTRACT

The purpose of this study is to study information management against patients at risk of suicide in hospitals. Literary research on how Hospital Information Systems helped improve the efficiency of health services was conducted from 2010 to 2023 using databases such as PUBMED, Sciencedirect, Researchgate, and Google Scholar. For patients who threaten or attempt suicide, success in nursing is characterized by the patient's safe and secure condition. For patients' families who have threatened or attempted suicide the success of nurses is characterised by the family's ability to play a role in protecting family members who are threatening or attempting suicide.

Keywords: Information Management, Patients at Suicide Risk, Hospitals

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INTRODUCTION

Kill self is action destructive aggressive self yourself and can end life (Wilson, 2018) . Kill self is emergency psychiatry Because patient is at in circumstances high stress and use maladaptive coping . Situation serious to kill self is during suicidal ideation self arise in a way repeated without specific plan or test kill self or specific plan For kill self . (Triadi, 2017) .

Kill self is something syndrome which is manifestation from very deep wounds , no have hope , and low hope For get help to suffering experienced . Someone who is at risk do action kill self is when they No capable get solution from problems and suffering experienced and not capable help himself Alone or something form of " scream ask for please " against suffering experienced (Wahono, 2015) .

Classification Suicide

1. Kill self egoistic , Consequences someone who has connection bad social .
2. Kill altruistic self , Consequences adherence to customs and customs .
3. Kill self anomic , Consequences environment No can give comfort for individual (Hamsinar, Aum, & Musadat, 2021) .

Range Response Self Protective



GAMBAR 11.1 Rentang Respons Protektif Diri

Information

- a. Enhancement self that is a individual who has hope , confidence , and awareness self increase .
- b. Growth-increase risky , that is is position in the range that is still normally experienced experiencing individual development behavior .
- c. Behavior destructive self not directly , that is every destructive activity well-being physique individual and can leads to death , like behavior damaging , speeding ,

- gambling , action criminal , involved in risky recreation high , abuse substances , deviant behavior in a way social , and the behavior that gives rise to it stress .
- d. Injury self , that is something dangerous action self do it yourself with on purpose . Injury done to self alone , without help of others, and injury the Enough critical For injure body . Form general behavior injury self including injure and burn skin , banging head or member body , injure his body little by little , and bite finger .
- e. Kill self , that is action straight aggressive to self Alone For end life (Amalia & Huda, 2020) .

Research purposes This for Management Studies Information Towards Risk Patients Suicide In Hospital .

LITERATURE REVIEW

Predisposing and Precipitating Factors

Predisposing Factors

- a) Failure or adaptation , so No can face stress .
- b) Feelings isolated can happen Because lost interpersonal relationships or fail do meaningful relationship .
- c) Feelings of anger or hostility . You can commit suicide is self - punishment Alone .
- d) Ways to end despair .
- e) Crying ask for Help .

Five factor domains risk supports understanding behavior destructive self throughout cycle life , that is as following .

1. Psychiatric diagnosis

More than 90% of adults who terminate his life with kill self have connection with disease soul . Three disturbance soul can make individual risky For kill self that is disturbance affective , schizophrenia , and abuse substance .

2. Personality traits

Three aspect related personalities tightly with big risk kill self are hostility , impulsivity , and depression .

3. Environment psychosocial

Just experienced it loss , separation or divorce , early loss , and attrition support social is factor important related matters with kill self .

4. Family history

Previous family history do kill self is factor risk important For behavior destructive .

5. Biochemical factors

The data shows that in a way serotonergic , opiateergic , and dopaminergic can be a process medium give rise to behavior damage self (Priastuty & Mulyana, 2021) .

Causative factor addition happen kill self including, among others following :

a) Reason kill yourself to your child

Escape from abuse and rape .

Situation chaotic family .

Feeling No loved or always criticized .

Afraid or insulted at school .

Losing a loved one .

Punished by others.

b) Reason kill self in adolescents .

Interpersonal relationships are not meaningful .

Difficult to maintain interpersonal relationships .

Escape from persecution physique or rape .

Feeling No understood by others.

Losing a loved one .

Circumstances physique .

Problem with parents . \

Problem sexual .

Depression.

c) Reason kill yourself to students .

Ideal self too tall .

Worried will task too academic Lots .

Failure academic means lost appreciation and love love parents .

Competition For success .

d) Reason kill yourself at age carry on .

Status change from independent to dependency .

Degrading disease ability works .

Feeling No meaning in society .

Loneliness and isolation social .

Lost double , like work , health , partner .

Source life depend .

Precipitation Factor

a) Psychosocial and clinical

Despair

Skin race white

Gender man

Age more old

Living alone

b) History

Once try kill self .

Family history about test kill self .

Family history about abuse substance (Nurrachmawati & Nurohma, 2013)

E. Grouping Suicide

1. Cue kill self

Cue kill self showed with behave in a way No direct want to kill self , for example with saying “ Please look after the children Because I will go Far !” or “ Everything will more Good without I .” On condition This patient Possible Already have an idea for end his life , however No accompanied with threats and attempts kill self . Patients in general disclose feeling like guilt / sadness / anger / breakup hope / no Empower . The patient also expressed things negative about self himself describes it price self low .

2. Threats kill self

Threat kill self generally spoken by the patient , which contains desire For dead accompanied with plan For end life and preparation tool For carry out plan the .

By active patient has think about plan kill yourself , but No accompanied with test kill self . Although in condition This patient Not yet Once try kill self , supervision strict must done . Chance A little just can utilized patient For carry out plan kill himself .

3. Experiment kill self

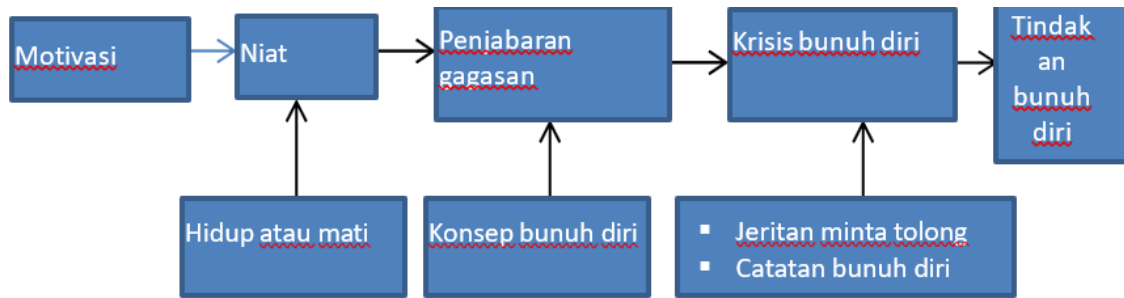
Test kill self is action patient injure or injure self For end his life . On condition Here , patient active try kill self with method hanging yourself , drink poison , cutting tendon pulse , or drop self from high place (Dwi Larasati, Dwi Susanti, & Bektı Prasetyo, 2015) .

METHOD

Study literature about How System Hospital Information helps increase efficiency service health done from 2010 to 2023 with using databases such as PUBMED, Sciencedirect , Researchgate , and Google Scholar (Situmorang, 2019) . In research this , researcher Collect data from existing literature reviews structure thematic based on concepts designed thinking For answer question scientific . They do This with group and discuss literature in accordance theme or the topic (Nainggolan, Sihombing, & ., 2022) . For makes it easier search based on topics discussed , topics discussion arranged to in the mind map (figure 1) for makes it easier search based on topic in each branch of the mind map . Then , for each database, search with the keyword " effectiveness system hospital information " , " effectiveness system health ” , and “ effectiveness system information (Syahrial, 2024) ."

RESULTS AND DISCUSSION

Occurrence Process Behavior Suicide



G. Upbringing Patient Care With Risk Suicide ASSESSMENT

Risk Factors Suicide According to Hatton , Valente, and Rink

No	Behavior/symptoms	Intensity Risk		
		Low	Currently	Heavy
1	Worried	Low	Currently	Tall or panic
2	Depression	Low	Currently	Heavy
3	Isolation/withdrawal	Feelings of depression faint, don't withdraw	Feelings of helplessness, separated hope, interesting	Helpless, broken hope, withdraw, protest at self .
4	Function daily	Generally good to everyone activity	Fine on some activity.	No Good on all activities
5	Source-source	A number of	A little Part constructive.	Not enough
6	Strategy coping	Generally constructive.	A little or only One	Most of the destructive.
7	Important/close people	A number of	Yes, generally satisfactory.	Be negative towards help.
8	Service past psychiatrist	No, positive attitude.	Medium (stable-unstable)	Unstable
9	Lifestyle	Stable	Often	Continuously
10	User alcohol and drugs	Not often	From not to in a rather fatal way.	From not to various fatal ways.
11	Suicide attempt previously	No or non-fatal	A number of	Clear or present
12	Disorientation and disorganization	There isn't any	A number of	Clear or present
13	Hostile	No or little	Often thought about, sometimes there are	Think often and constantly with plans

			ideas for plan	Specific.
14	Suicide plan	Faint, sometimes there are thoughts, no plan	Currently	High or panic

According to SIRS (Suicidal Intention Rating Scale)

Score 0 : No suicidal ideation past and present self .

Score 1: There is suicidal ideation yourself , no There is test kill yourself , no threaten kill self .

Score 2: Think about kill self with active , no There is test kill self .

Score 3: Threaten kill self , for example , “ Leave I Alone or I kill self ”.

Score 4: Active try kill self .

Behavioral Factors

a) Disobedient

Non-compliance is usually associated with the treatment program carried out (administration drug). Patients with desire kill self choose For No notice himself .

b) Injury self

Injury self is as something action endanger self do it yourself with on purpose . Injury self done to self alone , without help of others, and injury the Enough critical For injure body .

c) Behavior kill self

Usually shared become three category , ie as following :

Threat kill self , that is verbal and nonverbal warnings that the person consider For kill self . That person Possible show verbally that He No will be around We much longer or maybe also communicate nonverbally through giving gift , revise his will , and so on .

Assassination attempt self , that is all self - directed action carried out by individuals who can leads to death If No prevented . Kill self Possible happen after sign warning missed or neglected . People who do effort kill yourself and what you don't truly want to

dead Possible will dead If signs the No is known just in time . (Ah, Rizky, & Hanik, 2015)

Other Factors

Another necessary factor noticed in assessment patient destructive self (kill self) is as following :

a) Assessment environment effort kill self .

Precipitation of insulting / painful life events . Preparatory actions / methods required , organize plan , discuss about kill self , give goods valuable as gift , note For kill self . Use method violence or more medicine / poison turn off . Understanding lethality from selected method . Precautions must be taken to avoid this is known .

b) Instruction symptom

Despair . Reproach to self myself , feelings failed , and didn't valuable . Feeling realm depression . Agitation and restlessness . Persistent insomnia . Decline weight . Speak sluggish , tired , interesting self from environment social .

c) Disease psychiatric

Assassination attempt self previously . Abnormalities affective . Alcoholism and or abuse drug . Abnormalities action and depression in adolescents . Dementia early onset and status of mental disorders in the elderly . Combination from above conditions .

d) Psychosocial history

Recently separated , divorced , or lost . Living alone . Doesn't work , changes , or lost new job experienced . Stress life double (move , lose , break up meaningful relationships , problems school , threat to crisis discipline) . Disease medical chronic . Excessive drinking and abuse substance .

e) Factors personality

Impulsive , aggressive , hostile . Stiffness cognitive and negative . Despair . Pride low . Limitations or disturbance personality anti-social .

f) Family history

Family history behave kill self . Family history disturbance affective , alcoholism , or both of them . Source Coping .

Act in demand kill self usually relate with factor social and cultural . Durkheim created order about Act in demand kill self . There are three subcategory kill self based on motivation someone , that is as following .

- a) Kill self egoistic . Consequence someone who has connection bad social .
- b) Kill altruistic self . Consequence adherence to customs and customs .
- c) Kill self anomic . Consequence environment No can give comfort for individual .

Mechanism Coping

Mechanism related ego defenses with behavior destruction self not direct is denial . Meanwhile , mechanism the most prominent coping is rationalization , intellectualization , and regression . (Ah, Rizky, & Hanik, 2015)

Reason

(Keliat , et al., 2019)

- a) Excessive stress
- b) Disruption draft self
- c) Loss support social
- d) Occurrence negative in life
- e) Disease critical
- f) Farewell and/ or divorce
- g) Difficulty economic victims of violence
- h) History of suicide self individual and or family

Signs and Symptoms (Keliat , et al., 2019) Major

Subjective :

Saying words like “ Please look after the children Because I will go far away !” or “ Everything will more Good without I .” Express the words "I want dead ", "No please me ", " Let it be I ", "I don't Want to help " Give threat will do kill self . Disclose want to dead . Disclose plan want to end life Objective : Gloomy , no enthusiastic . Prepare tool For . Lots of silence do plan kill self . Banging head . Drop head from high place . Do test kill him directly active with try cut pulse , hanging yourself , drink poison

Minor

Subjective :

Disclose signal For do kill yourself , but No accompanied with threat do kill self or test kill self . Disclose feeling guilty , sad , angry , broken hope , or No Empower . Disclose things negative about self himself describes it price self low

Objective :

Sleep not enough . Eye contact not enough . Back and forth. Daydreaming a lot . Seen sad . Cry continuously

CONCLUSION

For the patient who gave it threat or do test kill self , success care nursing be marked with circumstances permanent patient safe and secure . For family the patient who gave it threat or do test kill self , success care nursing be marked with ability family role as well as in protect member threatening family or try kill self . For the patient who gave it signal kill self , success care nursing be marked with matter following . The patient is capable disclose his feelings . The patient is capable increase price himself . The patient is capable use method solution good problem . For family the patient who gave it signal kill self , success care nursing be marked with ability family in nurse patient with risk kill yourself , so family capable do matter following . Family capable mention return signs and symptoms kill self . Family capable demonstrate return ways protect member families at risk kill self . Family capable use facility available healthcare in nurse member family yeng risky kill self .

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