



Faculty of Medicine and Health Sciences

**Exposure of Violence and Working Alliance between
Mental Health Nurses and Patients**

Iyus Yosep

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Exposure of Violence and Working Alliance between Mental Health Nurses and Patients

Iyus Yosep

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DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of Universiti Malaysia Sarawak. Except where due acknowledgements have been made, the work is that of the author alone. The thesis has not been accepted for any degree and is not concurrently submitted in candidature of any other degree.



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.....

Signature

Name: Iyus Yosep

Matric No.: 16010023

Faculty of Medicine and Health Sciences

Universiti Malaysia Sarawak

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ABSTRACT

Work-related violence including physical assaults and nonphysical violence against nurses has become a major public health problem particularly in mental health hospitals. In addition, nurses are deemed responsible for the violation of patients' rights such as isolation, drug administration without informed consent and exercising restraint over patient's aggressive behaviors. Working Alliance between nurses and patients has been established as successful in reducing the high burden of psychiatric nurses associated with complete patient dependency on nurses. Therefore, violence risk assessments in clinical nursing practice and established its association with working alliance are important core mental health skills. The purpose of this study was to explore work-related violence toward mental health nurses and its relationship with the working alliance, and to explore the experience of workplace violence among nurses at Mental Hospital West Java Province, Indonesia. This study adopted a sequential explanatory mixed method. In qualitative study, 40 nurses were recruited using purposive sampling. The data was collected using focus group discussions. Data analysis was perform using Colaizzi's methods. For quantitative part of the study, a cross-sectional design was conducted at Mental Hospital West Java Province among a convenience sample of 120 nurses. Data were collected from the respondents using the Bahasa Indonesia version of the Working Alliance Inventory-Short Revised-Therapist (WAI-SRT), and Survey Questionnaire on Workplace Violence in the Health Sector. Logistic and linear regression was used to determine workplace violence in relation to working alliance and their associated factors. In qualitative analysis, this study found that nurses experienced violence included: physical assault, verbal violence, sexual harassment, and intimidation of family, the threat of a lawsuit. Their responses to the violence were unpredictable situation, desire to leave the job, anticipatory and spiritual responses. While,

a total of 56 (46.7%) of nurses reported being verbally abuse, 29.2% claimed to be physically attacked, and 24.2% experienced both verbal abuse and physical attack. The mean score of working alliance was 44.46 (SD = 11.32), agreement on goals had higher score than other domains with mean 17.65 (SD = 3.45), followed by task (16.56 ± 5.81), and bond (22.10 ± 7.23). There was a negative correlation between workplace violence with the working alliance, meaning that nurse who experienced high intensity of physical or verbal violence had low working alliance. The mental health hospital director needs to provide continue and routinely Prevention and Management of Violence and Aggression (PMA) training for all mental health staff on wards, to apply de-escalation technique rather than restraint practices, and to design working alliance training and therapeutic strategies for nurses. Also, developing an electronic system to facilitate nurses when asking for help from the security team, if needed, or when patients are rowdy, anxious, uncontrollable and disruptive, aggressive, threatening their life and environment. Besides that, it is very important to provide nurses with legal protection against lawsuits and to establish an ethics team that can protect nurses' or patients' rights. Future research exploring the factors associated with workplace violence among mental health nurses in Indonesia is also warranted to understand the main problems of workplace violence in Indonesia deeply.

Keywords: Violence, working alliance, mental health, nurse, patient

Pendedahan Keganasan dan Perikatan Kerja antara Jururawat Kesihatan Mental dan Pesakit

ABSTRAK

Masalah keganasan di tempat kerja yang melibatkan serangan fizikal dan keganasan bukan fizikal terhadap jururawat telah menjadi masalah kesihatan awam utama terutamanya di hospital kesihatan mental. Di samping itu, jururawat dianggap bertanggungjawab atas pelanggaran hak-hak pesakit seperti pengasingan, pemberian ubat tanpa persetujuan termaklum dan kekangan fizikal pesakit yang bertingkah laku agresif. Pakatan Kerja (Working Alliance) antara jururawat dan pesakit telah disahkan berjaya mengurangkan beban berat jururawat psikiatri yang berkaitan kepada ketergantungan pesakit sepenuhnya kepada jururawat. Oleh itu, penilaian risiko keganasan dalam amalan kejururawatan klinikal dan perjalinan hubungan pakatan kerja adalah kemahiran kesihatan mental asas yang penting. Tujuan kajian ini adalah untuk menyelidik masalah keganasan di tempat kerja terhadap jururawat kesihatan mental dan hubungannya dengan pakatan kerja, serta untuk meneroka pengalaman keganasan di tempat kerja di kalangan jururawat di Hospital Mental Provinsi Jawa Barat, Indonesia. Kajian ini menggunakan kaedah bercampur penjelasan berurutan (sequential explanatory mixed method). Dalam kajian kualitatif, 40 jururawat direkrut melalui pensampelan bertujuan (purposive sampling). Analisis data dilakukan menggunakan kaedah Colaizzi. Untuk kajian bahagian kuantitatif, kajian keratan rentas (cross-sectional study) dilakukan di Hospital Mental Provinsi Jawa Barat di antara 120 jururawat secara persampelan mudah (convenience sampling). Data dikumpulkan dari responden menggunakan Working Alliance Inventory-Short Revision-Therapist (WAI-SRT) dalam versi Bahasa, dan Borang Soal Kaji Selidik Keganasan di Tempat Kerja dalam Sektor Kesihatan. Regresi logistik dan linear digunakan untuk menentukan perkaitan antara

keganasan di tempat kerja dengan pakatan kerja dan faktor-faktor yang berkaitan dengannya. Dalam analisis kualitatif, kajian ini mendapati bahawa jururawat mengalami keganasan yang melibatkan: serangan fizikal, kekerasan verbal, gangguan atau serangan seksual, ugutan dari keluarga dan ugutan tuntutan mahkamah. Tindak balas mereka terhadap keganasan adalah perasaan bahawa situasi kerja tidak dapat diramalkan, keinginan untuk meninggalkan pekerjaan, respons antisipatif dan rohani. Sementara sejumlah 56 (46.7%) jururawat dilaporkan mengalami kekerasan verbal, 29.2% mengaku pernah diserang secara fizikal, dan 24.2% mengalami kekerasan verbal serta serangan fizikal. Skor min pakatan kerja adalah 44.46 ($SD = 11.32$), persetujuan mengenai matlamat memperoleh skor yang lebih tinggi daripada domain lain dengan min 17.65 ($SD = 3.45$), diikuti oleh tugas (16.56 ± 5.81), dan perhubungan (22.10 ± 7.23). Terdapat korelasi negatif antara keganasan di tempat kerja dengan pakatan kerja, yang bermaksud bahawa jururawat yang mengalami keganasan fizikal atau verbal secara kerap mempunyai pakatan kerja yang rendah. Pengarah hospital kesihatan mental perlu memberikan latihan Pencegahan dan Pengurusan Kekerasan dan Keganasan (PMA) yang berterusan dan secara rutin kepada semua kakitangan kesihatan mental di wad, untuk menerapkan teknik de-eskalasi, pada masa yang sama mengelakkan amalan pengekangan, serta merancang latihan pakatan kerja dan strategi terapi untuk para jururawat. Seterusnya, menyediakan sistem elektronik untuk memudahkan jururawat ketika meminta pertolongan dari pasukan keselamatan, jika diperlukan, atau ketika pesakit bergaduh, cemas, tidak terkawal dan mengganggu, berkelakuan agresif, serta mengancam nyawa dan persekitaran mereka. Selain itu, ia amatlah penting untuk memberi perlindungan undang-undang kepada jururawat terhadap tuntutan mahkamah dan menubuhkan pasukan etika yang dapat melindungi hak jururawat atau pesakit. Penyelidikan masa depan yang meneroka faktor-faktor keganasan di tempat

kerja di kalangan jururawat kesihatan mental di Indonesia juga wajar menyelidik dan lebih mendalami masalah-masalah keganasan utama di tempat kerja di Indonesia.

Kata kunci: *Keganasan, perikatan kerja, kesihatan mental, jururawat, pesakit*

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LIST OF ABBREVIATIONS

ANT	Attention Network Task.
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CNC	Clinical Nurse Consultant
FGD	Focus Group Discussions
ID	Identification
IPV	Intimate Partner Violence
NFP	Nurse-Family Partnership
PTSD	Post Traumatic Syndrome Disorder
RAT	Recovery Alliance Theory
SD	Standard Deviation
WHO	World Health Organization
WAI-SR	Working Alliance Inventory-Short Revised
WAI-SRT	Working Alliance Inventory Short Revised-Therapist

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter provides the background of the study in Section 1.1. In Section 1.2, the problem statement is presented. The research objectives are found in Section 1.3 while the hypotheses are in Section 1.4. Section 1.5 outlines the significance of the study while Section 1.6, the definition of terms. Summary of the chapter is in Section 1.7.

1.2 Background of Study

World Health Organization has reported a survey carried out in 24 countries with 62,971 respondents concerning the loss of productive days and inability to work (being “totally unable to work” or other normal daily activities) due to symptoms of mental disorder (Alonso et al., 2010; Andrade et al., 2013; Al-Hamzawi et al., 2014). Schizophrenia is a serious mental disorder affecting approximately 29 million people worldwide (Svettini et al., 2015). A study of diseases, injuries, and risk factors reports that “the global burden of disease is attributable to mental health and substance use disorders” (Degenhardt et al., 2013; Ferrari et al., 2014, Svettini et al., 2015).

Ministry of Health in Indonesia estimates that 400,000 people out of the total population in Indonesia have severe mental health problems. The 2013 Basic Health Survey (Riskesdas) states that the percentage of people with mental health problem stood at 1.7 per 1,000 people. Indonesia has around 800 psychiatrists and 26 out of 34 provinces have psychiatric hospitals, mostly in provincial capitals. Due to high prevalence of mentally ill

people and minimal access to service, many patients were untreated, leading to the widespread use of shackling especially in West Java, the most densely populated province, which had recorded an increase of 63% in incidence in 2012. The increase in the prevalence of mentally ill patients have an impact on nurses. Mental health nurses are confronted with their routine activities related to traumatic events and unpredictable work conditions such as paranoid, hallucination or aggressive behaviour.

Workplace violence against nurses in the mental health unit and at the hospital in the world is increasing. A study of violence and traumatic experiences in Indonesia would provide critical information, allowing for proper interventions in this country. Data about the violence and traumatic experiences of mental health nurses are very important. The relevant data will enhance the hospital management to improve policies that promote an optimum work climate and provide appropriate interventions for mental health nurses and patients. It will allow the mental health nurses to give their patients the best intervention and, thus, minimize the rate of relapse in patients with mental illness in Indonesia.

1.3 Problem Statement

Violence in the workplace has become an ill-fated reality in a health care setting, particularly among nurses who are working in a mental health hospital whereas the nurses exposed to the patients with schizophrenia more frequently. Several studies have been reported a higher prevalence of violence against nurses ranged from 35.1% to 72.8% (Lee, Pai-Yen 2010; Spector, 2014; Chang et al. 2015). The high rate of violence in nursing is attributed to dissatisfaction with nursing performance, mainly in communication and interpersonal relation aspects (Speroni et al. 2014; Purpora & Blegen 2015).

However, in some cases, violence committed by mental health patients often viewed as a reasonable action. This statement is supported by research findings that psychopathy and clinical factors are strongly correlated with the frequency of violence (Doyle et al. 2012). Another study mentions that most violence is carried out by patients with schizophrenia at the time of auditory hallucination (Bucci et al. 2013; Scott & Resnick 2013). On the contrary, the patient's violence is intolerable because it may deteriorate the nurse's condition and may cause trauma to the nurses. If nurses experience trauma, their function as facilitators in restoring patient's health will be affected. Therefore, Whittington (2002) proposed the idea of zero tolerance to violence, in which it is important to have practical policies, protocols, and procedures in place to manage aggression and violence in the Mental Hospital.

The experience of violence affects the mental health nurse performance. The previous Study by Zabidah (2011) found that there are psychological problems such as fear, anxiety, uncertainty, depression, disturbed sleep, fragility, vulnerability, lost esteem and confidence, as the impact of traumatic experiences. An adaptive coping response for nurses in the case of violence may be analogized to the case of 'exposure to the terror,' as the study reported by Bleich, Gelkopf and Solomon (2003) concluded that the most prevalent coping mechanism is active information search about loved ones and social support. While the prevalence of the different type of violence against mental health nurses has been well-documented in previous studies, little studies explore the experience of mental health nurses against violence particularly in a developing country such as Indonesia. Thus this study was done to fill the gap.

1.4 Research Objectives

The purpose of this mixed methods sequential explanatory study was to explore nurses' perspective of work-related violence and traumatic experience related to workplace violence at Mental Hospital West Java Province, Indonesia, and on the commitment of nurses to the establishment of proper working relationship with psychiatric patients.

More specifically, the objectives of the study are:

- a. To determine the socio-demographic characteristics of mental health nurses
- b. To examine the prevalence of workplace violence and its associated factors
- c. To examine the prevalence of working alliance and its associated factors
- d. To examine the relationship between workplace violence and working alliance
- e. To explore the experience of workplace violence among nurses

1.5 Hypothesis

The hypotheses used in this study are as follows:

- a. Null hypothesis (H₀): there is no significant relationship between exposure to violence and work alliance.
- b. Alternative hypothesis (H_a/H₁): there is a significant relationship between
- c. exposure to violence and working alliance.

1.6 Significance of Study

Research on traumatic experiences of nurses in mental hospitals is very important. The traumatic experience has an effect on nurses' performance while they are on duty or dealing with patients. The findings of this study could enhance the hospital management to improve policies that promote an optimum work climate and provide appropriate interventions for mental health nurses and patients. It may allow the mental health nurses to give their patients the best intervention and, thus, minimize the rate of relapse in patients with mental illness in Indonesia. In addition, the findings of this study could be used as a basis for future studies.

1.7 Operational Definition of Terms

The following terms were operationally defined.

Table 1.1: Operational Definition of Workplace Violence and Working Alliance

Variable	Operational definition	Tools	Scale	Result
Workplace violence	Displaying aggressive behaviour, including spitting, scratching, deploying physical force, or using an object as a weapon, either to threaten or physically assault'.	Survey Questionnaire on Workplace Violence in the Health Sector, WHO (2003)"	Categorical	Physical Verbal Both (Physical and Verbal abuse)

Table 1.1 continued

Variable	Operational definition	Tools	Scale	Result
Working Alliance	Working alliance is associated with enhanced consumer outcomes and experiences with care. It is seen as mutual and essential to understand the complexity of the nursing work environment, including the relationship of nurse and patient outcomes, especially in the case of violence.	Working Alliance Inventory-Short Revised (WAI-SR) for patients and “Working Alliance Inventory-Short Revised-Therapist (WAI-SRT) (Horvath, 2000)	Ordinal	High Low

1.8 Summary

The incidence of mental health illness is on the increase in West Java, Indonesia. This chapter describes mental nurses in some countries experienced workplace violence when caring for their patients. Whether nurses in Indonesia suffered similar experiences was less known. The chapter, thus, describes the significance of conducting a study. Beside presenting study objectives, this chapter also states the hypotheses. The operational definition of the terms used in this study is also expressed. Next chapter will describe the literatures reviewed for the study