



Patient's Experiences of Violence as Perpetrator: A Qualitative Study from Patients with Schizophrenia in Indonesia

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Abstract

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BACKGROUND: Individuals with schizophrenia are at an increased risk for violence – limited study on exploring the experience of violence in patients with schizophrenia as a perpetrator.

AIM: This research aimed to investigate the perception of violence as a perpetrator in Indonesia in patients with schizophrenia.

METHODS: This study used phenomenology using a purposive sampling technique. A total of 40 patients were from the psychiatric ward of significant mental hospitals in West Java, Indonesia. The inclusion criteria for patients were the following: Age over 18 years old confirmed diagnosis with schizophrenia. Focus group discussion of patients comprised four groups. Each group consisted of tens of patients.

RESULTS: The patient's experiences as a perpetrator were categorized into six subthemes: 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.

CONCLUSION: The patient's experiences of violence were not linear, but rather it was a complex experience of being a perpetrator, yet at the same time as of perpetrator violence. A staff training program to reduce patient violence is needed.

Introduction

Workplace violence against nurses in the mental health unit and at the hospital in the world is increasing. Patients and their families were the prominent people who abused them with words and bodies. According to Spector *et al.* [1], 36.4% of nurses reported bodily injury, 66.9% reported non-physical violence, 39.7% reported harassment, and 25% reported sexual harassment. There is a wide variation in the incidence of workplace violence in different nations; for example, a study conducted in eight European countries found that the prevalence was 40.5% [2]. While the prevalence in Asian nations such as Egypt was 27.7% [3] and 38.9% in Thailand [3], the prevalence in the United States was 20.7% [2]. More than half of Taiwanese nurses reported being physically or verbally harassed at work [4]. There is a need for additional assessment of nurse abuse in the workplace, particularly in mental health settings, taking these critical factors into account.

Several variables have been highlighted in the literature as contributing to the rise in violence against nurses. The underlying issue is patient and

family dissatisfaction with hospital services. High rates of nurse violence result from patient dissatisfaction with nursing care, particularly about interpersonal connections and communication [5], [6]. Other research has revealed that the source of discontent with nurses is primarily related to communication and interpersonal connections [7], [8], [9] suggested that the dissatisfaction of patients and their families concerning the communication element drives them to commit violence against nurses.

Violence done by patients with schizophrenia is frequently recorded in the media, often sensationalized. Violence done by mentally ill patients, on the other hand, is sometimes justified. It is reinforced by research findings that show that psychopathy and clinical variables are substantially connected with the frequency of violent behavior [10]. According to another study, most violence is perpetrated by schizophrenia patients during auditory hallucinations [11], [12]. Calls for more intensive treatment of mental illness to mitigate violent crime are also accompanied by these studies [13]. Of course, the premise behind this view is that psychotic symptoms or psychotic disorders enhance the likelihood of aggression. The psychosis is correlated with a 49–68% increase in the risk of aggression [14] in a meta-analysis