# Mental Health Nurses in Indonesia: A Cross-sectional Survey of Workplace Violence and its Associated Factors

*Iyus Yosep,* Henny Suzana Mediani, Linlin Lindayani*

**Abstract:** Violence in the workplace is a problem that acknowledges no national borders and has a big impact on nurse wellbeing and working performance globally. This descriptive cross-sectional study examined violence and its associated factors experienced by nurses in Indonesia. Data were obtained from 120 registered nurses working at a mental health hospital in West Java. Workplace violence was assessed using the 2003 World Health Organization Survey Questionnaire on Workplace Violence in the Health Sector. Logistic regression was used to determine factors associated with workplace violence.

A total of 46.7% of nurses reported being verbally abuse, 29.2% having been physically attacked, and 24.2% experiencing both verbal abuse and physical attack. Among those experiencing both verbal abuse and physical attack, 27.6% of this occurred in acute care settings, and 32.1% happened during unit round and routine treatment. Nurses who had graduated with a diploma III were more likely to experience a physical attack and both physical and verbal abuse than those with a bachelor degree. Those who worked in the acute care unit tended to experience more physical violence and verbal abuse than in other units. The findings demonstrated a high incidence of occupational violence against mental health nurses, including high-intensity verbal abuse, physical aggression, and combination. Leaders and managers within the Indonesian mental health system, including physicians and nurses, as well as government officials need to develop and implement policies to combat this. Adequate budgets are needed to provide ongoing and routine prevention and management of violence and aggression training for all mental health workers in the clinics.

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***Correspondence to: Iyus Yosep,*** *Faculty of Nursing, Padjadjaran University, Indonesia. E-mail: iyusyosep2019@gmail.com*
***Henny Suzana Mediani****, Faculty of Nursing, Padjadjaran University, Indonesia. E-mail: henny.mediani@unpad.ac.id*
***Linlin Lindayani****, Sekolah Tinggi Ilmu Keperawatan PPNI Jawa Barat, Bandung, Indonesia. E-mail: linlinlindayani@gmail.com*

## Introduction

Violence in the workplace against nurses is a crucial issue and a global concern,[1,2] and the incidence of such violence, whether physical or verbal, is very common in the profession. Despite there being much evidence reporting violence towards nurses in other countries, there are few studies about this in Indonesia, the country where this study was undertaken. This study attempted to fill the gap in knowledge by examining the type and prevalence of violence toward psychiatric nurses in a hospital in West Java.

## Literature Review

A comprehensive analysis found that total exposure rates of violence were 36.4% for physical violence, 66.9% for non-physical violence, 39.7% for harassment, and 25% for sexual harassment, with 32.7% of nurses reporting physical injuries.[3] However, the prevalence of violence varies from country to country, for example, a study conducted in five European countries reported that 54% had been exposed to non-physical violence and 20% had been exposed to physical violence.[4] In Iran the prevalence of verbal, physical, sexist, and racist violence and threats was 80.8%[5] while in Thailand the percentage was 12.1% for physical violence and 50.3% verbal abuse.[6] More than half (55.7%) of the nurses studied in Taiwan confirmed having experienced physical aggression and 82.1% having psychological violence.[7] In another study, patients were the perpetrators in 62.8% of violent events, while their relatives or family committed 16.7% of the unacceptable acts.[5] The presence of violence against nurses signals the alarm for urgent and special attention in many countries.

In Indonesia, it is estimated that around 27.3 million people out of a total population of 260 million have severe mental health problems.[8] However, a lot of mental health problems/illness in Indonesia is underdiagnosed or undertreated, resulting in an under-estimation of the real number affected. Indonesia has limited numbers of mental health specialists, only 800 psychiatrists, less than 50 psychiatric/mental health nurses, whilst 26 out of 34 provinces have psychiatric hospitals, mostly in provincial capitals.[8] Care in these hospitals is taken care of by general nurses. Those nurses who are specialized in mental health nursing are mostly working on Java island, whilst in other provinces or islands such nurses are very limited.

Indonesian people have the same tendency as other people around the world to have mental illness (roughly 10% of a population at any given time), however many people do not have access to mental health care and lead lives with florid symptoms. Additionally, shackling of those suffering from mental health problems is widely used, particularly in West Java, the province with the highest population density, where it increased by 63% in 2018 compared to the previous year.[8] The Indonesian Health Regulation 36 of 2009 provides that "Patients with a mental disorder have the same rights as other citizens, including the right to dignified treatment, the right to informed consent and the right to patient safety." [9(p.1)] Clearly this is not the case across the country. From an Indonesian perspective, the provision of nursing services to patients is still viewed as a one-way intervention, such as the administration of medication in which patients become passive objects depending on the instruction of doctors in terms of appropriate medication.[10] Patients are not involved or participate in determining what is best for them.[11] Although the patients have the right to safety, incidents of abuse in a mental hospital still occur, even though data on exposure to violence in Indonesia might be underreported for politically sensitive reasons or because of cover-ups within hospitals.

The World Health Organization (2015) defines violence as "the intentional use of physical force or power. [12(p.1)] Threatened or actual violence is another important aspect of the WHO's definition, which emphasizes that "violence includes not only the act of physical assault but also emotional abuse."[12(p.1)] Although physical violence is heinous, verbal violence toward another is more ubiquitous.[13] Another study defined violence as the intentional use of physical force or power, threatened or actual, against oneself, another person or a group or community, which either results in or has a high likelihood of injury, death, psychological harm, mal-development or deprivation.[13]

The traumatic experience of violence experienced by nurses may be a different type and frequency to that experienced by patients. The violence and aggression nurses experience from patients and families brings an adverse impact on the nurses' performance. As the impact of traumatic experiences, psychological problems

such as fear, anxiety, uncertainty, depression, disturbed sleep, fragility, vulnerability, lost esteem, and confidence, are common.[14-16] This situation may affect the caring that provide to the patients, including communication or relationship between nurse and patients.[17] A previous study reported that nurses have difficulty communicating with people who are threatening, behaving aggressively and destructively.[18] Indeed, traumatic experience and exposure to violence may bring a negative impact on the nurses and may even impede engagement with patients or even cause the nurses to act with violence and aggression toward patients in a cyclical fashion.

There are several factors identified for the increasing violence against nurses. Among mental health nurses in China, a higher proportion of female nurses than male nurses are reported to be the victims of verbal abuse, with the difference in proportions being statistically significant.[19] Previous studies in China and Nigeria report that the significant predictors of violence against such nurses had college level or higher education, long years of practice and working, and on rotating duty.[20,21] The implication from this is that better educated and more experienced staff are more likely to report violence. In addition, physical assault in the whole career of nurses was associated with older age[21] and working on the psychiatric intensive care unit.[22]

The high rates of violence against nurses may be due to dissatisfaction with nursing care service, particularly in the areas of communication and interpersonal relationships, and job dissatisfaction,[23-26] and burnout. Previous studies indicated that barriers in communication between nurse and patients inhibits violence against nurses by patients or families.[27] It was found that most violence is carried out by people with schizophrenia during a period of auditory hallucination, [28] and within mental hospitals is attributable to alcohol or other drug abuse issues combined with poor medication adherence.[29]

There is limited evidence on violence among members of health staff, particularly nurses working at mental health hospitals in Indonesia. If violent events, and the type and frequency of these as well as associated factors are not documented, assessed and revealed, managers, educators, and policy makers cannot develop policies to combat this nor prevent the nurses from work stress, making the role of nurses as improved facilitators more difficult allowing the mental health nurses to leave their job. Meanwhile, half of nurses (51.9%) say they "likely" and very likely" are planning to leave work in the coming year, implying that a high nursing turnover is an issue facing many nations, including Indonesia,[30] and this may be exacerbated by the current COVID-19 pandemic. Thus, studying the violence experienced in Indonesia by mental health nurses and its associated factors is critical to find solutions to reduce this.

## Aim

This study examined the prevalence and type of violence experienced by nurses working in a mental health hospital in Indonesia and its associated factors (gender, level of education, duration of work, type of employment, working unit, and procedure performed during physical attack).

## Methods

**Design:** A descriptive cross-sectional design was used in this study.

**Sampling:** Data were obtained from 120 of 350 registered nurses (RNs) in a provincial general mental health hospital in Bandung, West Java, Indonesia. In West Java, there are three mental health hospitals located in two cities (two in Bandung and one in Bogor). This hospital treats patients from diverse socioeconomic groups and who are diagnosed with a variety of mental illnesses, such as schizophrenia-spectrum as well as other psychotic and depressive disorders. Some patient diagnoses relate to drugs, trauma and stress, eating disorders and neurocognitive disorders. The inclusion criteria for this study were RNs with at least one year of working experience and graduated with at least a diploma (3 years education). Nurses

taking leave were excluded. Convenience sampling was used due to resource constraints.

G-Power Software version 3.1.6 was used to calculate sample size using the F test with the assumption $\alpha$= 0.05, effect size= 0.15 (small effect size), power level= 0.80, number of predictors= 6. The total minimum sample size needed was 129. In the final analysis, we only included 120 participants due to 9 participants providing incomplete data.

**Ethical considerations:** This study was approved by the ethics committee of the University of Malaya Sarawak (UNIMAS/NC-21.02/03-02Jld.2 (11)) and permission was also obtained from the hospital for data collection. Informed consent forms, the purpose of the study and the questionnaires were given to potential participants to fully explain the study. The participants were assured of confidentiality, and their right to refuse to participate or withdraw independently at any time without any penalty.

**Measures:** there were two instruments used to obtain data:

*The demographic information form* included gender, level of education, duration of work, type of employment, working unit, and procedure performed during a physical attack.

The *Survey Questionnaire on Workplace Violence in the Health Sector-Bahasa Indonesia version,* developed by the World Health Organization was used.[14] This instrument is composed of 15 items (3 items of physical attack and 12 items of verbal abuse). Examples of items for physical attack and verbal abuse are, "*In the last 12 months have you been physically attacked in your workplace?*" and "*In the last 12 months have you been verbally abused in your workplace?*" The participants were asked to report any exposure to violence in the last 12 months on a 5-point Likert scale ranging from *More than four times a day* = 5 to *Never before* = 1. The effect of violence has five options, ranging from *Not at all significant* = 1 to *Very relevant* = 5. If the answer is 2 to 5 for both for the violent exposure and its effect, it is counted as *Yes, experience of violence*, and if the answer is 1 of these it is counted as *No experience of violence.*

This questionnaire is available in English. Therefore, for use in our country this instrument was forward and backward translated into the Bahasa Indonesia version following the WHO guideline for translation.[31] Content validity of this instrument was reviewed by three experts in mental health nursing experts (two academicians and one nurse manager). The content validity index was 0.76. The reliability of the instrument was pilot tested with 30 nurses in a psychiatric hospital other than the study hospital. The participants were requested to evaluate the understandability and clarity of each item. If any item was unclear and needed to be amended after the pilot test, then revision was made until it was acceptable.

In addition, we added other questions to the WHO instrument about violence that were adapted from a previous study.[32] These focused on whether or not violence was done using a weapon, the frequency of violence (all the time, sometimes, or only once), nurse perception of whether violence could be prevented or not, actions taken to investigate the causes of the incident or not, and the time violence commonly happened.

**Data collection:** The researchers informed the study purpose, procedures, and the inclusion and exclusion criteria to the nursing manager. Researchers visited every unit in the hospitals for one month and asking the head nurse in unit to distribute the questionnaire to the eligible participants. Participants completed a self-directed questionnaire and were asked to place it a box in a sealed box in the nursing station. Data were collected from December 2019 to February 2020.

**Data analysis:** Descriptive statistics were used to analyse the demographic data and the prevalence of workplace violence. The frequency and percentage were used for categorical variables. Chi-square was used to determine the associations between independent variables (gender, level of education, duration of work, type of employment, working unit, and procedure performed during attack) with the different types of workplace violence (physical, verbal, and both). Logistic regression was used to determine factors associated with workplace violence. A confidence interval of 95% was used. The p-value of less than 0.05 was considered significant. The data were analyzed using SPSS, 23 version.

## Results

### Description of participants

The total number was 120 psychiatric nurses from one mental hospital in West Java Province, Indonesia. The majority (77.5%) were female who had predominantly graduated with a diploma III (54.2%), and only a small number held a master's degree with a psychiatric nursing speciality (1.6%). For the duration of employment, the majority (28.3%) had been working for 11-15 years. Of their entire working experience, they were generally on duty at the acute and chronic care unit. About 56.7% of them were non-governmental employees (**Table 1**).

**Table 1.** Demographic characteristics of the participants (n=120)

| Characteristics | n (%) |
|---|---|
| Gender | |
| Male | 27 (22.5) |
| Female | 93 (77.5) |
| Education Level | |
| Diploma III | 65 (54.2) |
| Bachelor | 53 (44.2) |
| Master degree with Specialist | 2 (1.6) |
| Duration of Work | |
| Less 5 years | 35 (29.2) |
| 1-10 years | 34 (28.3) |
| 10-15 years | 31 (25.8) |
| More 15 years | 20 (16.7) |
| Working unit | |
| Polyclinic | 19 (15.8) |
| Acute care unit | 35 (29.2) |
| Chronic care unit | 27 (22.5) |
| Emergency care unit | 23 (19.2) |
| Drug Addiction & Rehabilitation unit | 16 (13.3) |
| Employment type | |
| Permanent | 52 (43.3) |
| Contract and temporary | 68 (56.7) |
| Procedures performed during attack | |
| Mechanical restraint | 25 (20.8) |
| Unit rounds | 32 (26.7) |
| Routine treatment | 36 (30.0) |
| Admission of new patients | 17 (14.2) |
| Other procedures | 16 (13.3) |

### Prevalence and type of workplace violence

All participants experienced violence at work. A total of 56 (46.7%) of nurses reported being verbally abused, 29.2% having been physically attacked, and 24.2% had experienced both verbal abuse and physical attack (**Table 2**). Male nurses experienced physical attack (68.6%), verbal abuse (64.3%), and both physical and verbal abuse (65.5%) more than females. Nurses holding a diploma experienced physical attack (45.7%), verbal abuse (55.4%), and both physical and verbal abuse (62.1%) more than nurses holding a bachelor or master degree. Contract and temporary workers experienced physical attack (51.4%), verbal abuse (60.7%), and both physical and verbal abuse (55.2%) more than permanent workers. Moreover, nurses working in acute care experienced with physical attack (28.6%),

verbal abuse (26.7%), and both physical and verbal abuse (27.6%) more than others working on the units. Most of the violence experienced by nurses, that is, physical attack (28.6%), verbal abuse (32.1%), and both physical and verbal abuse (27.6%), commonly occurred during unit rounds and routine treatment. In bivariate analysis, the working unit was significantly associated with workplace violence ($p < 0.05$).

**Table 2.** Prevalence by type of workplace violence and according to demographic characteristics (n=120)

| Characteristics | Physical Attack n(%) | Verbal Abuse n(%) | Both (Physical Attack & Verbal Abuse) n(%) | p-value |
|---|---|---|---|---|
| Prevalence | 35 (29.2) | 56 (46.7) | 29 (24.2) | |
| Gender | | | | |
| Male | 24 (68.6) | 36 (64.3) | 19 (65.5) | 0.062 |
| Female | 11 (31.4) | 20 (35.7) | 10 (34.5) | |
| Education Level | | | | |
| Diploma III | 16 (45.7) | 31 (55.4) | 18 (62.1) | 0.001 |
| Bachelor | 19 (54.3) | 23 (41.1) | 11 (37.9) | |
| Master degree with mental health specialization | NA | 2 (3.5) | NA | |
| Duration of Work | | | | |
| Less 5 years | 12 (34.3) | 14 (25.0) | 9 (31.0) | 0.336 |
| 1-10 years | 9 (25.7) | 15 (26.8) | 10 (34.5) | |
| 10-15 years | 8 (22.9) | 17 (30.3) | 6 (20.7) | |
| More 15 years | 6 (17.1) | 10 (17.9) | 4 (13.8) | |
| Working unit | | | | |
| Polyclinic | 5 (14.3) | 11 (19.6) | 3 (10.3) | 0.043 |
| Acute care unit | 10 (28.6) | 15 (26.7) | 10 (27.6) | |
| Chronic care unit | 8 (22.9) | 12 (21.4) | 7 (24.1) | |
| Emergency care unit | 6 (17.1) | 13 (23.2) | 4 (13.8) | |
| Drug addiction & rehabilitation unit | 6 (17.1) | 5 (8.9) | 5 (17.2) | |
| Employment type | | | | |
| Permanent | 17 (48.6) | 22 (39.3) | 13 (44.8) | 0.512 |
| Contract and temporary | 18 (51.4) | 34 (60.7) | 16 (55.2) | |
| Procedures performed during attack | | | | |
| Mechanical restraint | 6 (17.1) | 13 (23.2) | 6 (20.7) | 0.283 |
| Unit rounds | 5 (14.3) | 18 (32.1) | 9 (31.1) | |
| Routine treatment | 9 (25.7) | 14 (25.0) | 7 (24.1) | |
| Admission of new patients | 6 (17.1) | 7 (12.5) | 4 (13.8) | |
| Other procedures | 9 (25.7) | 4 (7.1) | 3 (10.3) | |

**Characteristics of workplace violence**

**Table 3** reports the characteristics of participants by type of workplace violence (physical attack, verbal abuse, and both) in the last 12 months. About 23 (19.2%) reported that the last time they were physically attacked in their place of work, this involved "physical violence with a weapon." About 38.3% of attacks reportedly took place between 12:01-24:00. A vast majority (79.2%) of those who reported being physically attacked thought that the last attack could have been prevented, and 60% reported that no action was taken to investigate the causes of the incident.

**Factors associated with workplace violence**

**Table 4** presents the factors associated with a different type of workplace violence, including physical attack, verbal abuse, and combined in the last 12 months using univariate logistic regression. Nurses holding a diploma were more likely to have experience of

physical attack or verbal abuse, and both physical and verbal abuse. In addition, mental health nurses who worked in the acute care unit tended to experience more physical violence and verbal abuse, and both physical attack and verbal abuse than those who work on other units.

**Table 3.** Characteristics of workplace violence among mental health nurses in Indonesia (n=120)

| Characteristics | n (%) |
|---|---|
| Weapon involved | |
| Yes | 23 (19.2) |
| No | 97 (80.8) |
| How often abused in last 12 months | |
| All the time | 9 (7.5) |
| Sometimes | 95 (79.2) |
| Once | 16 (13.3) |
| Could the incident have been prevented | |
| Yes | 95 (79.2) |
| No | 25 (20.8) |
| Any action taken to investigate the causes of the incident | |
| Yes | 48 (40.0) |
| No | 72 (60.0) |
| Time of incident | |
| Before 12:00 | 46 (38.3) |
| During 12:01–24:00 | 58 (48.3) |
| After 24:00 | 16 (13.4) |

**Table 4.** Univariate logistic regression examines factors associated with working violence among mental health nurses (n=120)

| Characteristics | Physical Attack | | | Verbal Abuse | | | Both | | |
|---|---|---|---|---|---|---|---|---|---|
| | Adjusted OR (95% CI) | B | p-value | Adjusted OR (95% CI) | B | p-value | Adjusted OR (95% CI) | B | p-value |
| Gender (male vs female) | 1.07 (0.6–4.5) | 0.043 | 0.252 | 0.89 (0.2–2.5) | 0.018 | 0.417 | 1.32 (0.3–3.9) | 0.056 | 0.116 |
| Education Level (Reference: Bachelor) | | | | | | | | | |
| Diploma III | 3.18 (1.3–6.8) | 0.754 | 0.032 | 2.85 (1.4–8.6) | 0.813 | 0.002 | 2.73 (1.2–7.6) | 0.697 | 0.045 |
| Master degree with mental health specialization | 0.94 (0.6–11.1) | 0.191 | 0.076 | 0.46 (0.2–3.6) | 0.112 | 0.089 | 0.64 (0.2–2.5) | 0.098 | 0.237 |
| Duration of work (Reference: Less 5 years) | | | | | | | | | |
| 5–10 years | 1.52 (0.3–3.51) | 0.059 | 0.085 | 0.93 (0.2–1.9) | 0.053 | 0.183 | 1.05 (0.3–2.9) | 0.139 | 0.372 |
| 10–15 years | 1.15 (0.2–2.8) | 0.101 | 0.653 | 1.10 (0.3–4.6) | 0.027 | 0.057 | 1.26 (0.7–5.7) | 0.087 | 0.170 |
| More 15 years | 1.83 (0.5–5.6) | 0.078 | 0.481 | 1.21 (0.4–2.1) | 0.054 | 0.368 | 0.69 (0.2–4.9) | 0.061 | 0.139 |
| Working unit (Reference: Polyclinic) | | | | | | | | | |
| Acute care unit | 3.38 (1.1–9.4) | 1.394 | 0.001 | 2.45 (1.02–4.4) | 1.048 | 0.001 | 1.72 (0.7–3.2) | 0.985 | 0.002 |
| Chronic care unit | 0.90 (0.5–1.9) | 0.137 | 0.072 | 0.69 (0.1–3.4) | 0.135 | 0.062 | 0.86 (0.4–1.5) | 0.176 | 0.058 |
| Emergency care unit | 1.00 (0.3–1.6) | 0.278 | 0.298 | 1.56 (0.3–3.3) | 0.166 | 0.227 | 1.22 (0.6–2.3) | 0.287 | 0.109 |
| Drug addiction & rehabilitation unit | 0.56 (0.2–3.6) | 0.185 | 0.354 | 0.78 (0.2–1.6) | 0.201 | 0.112 | 0.98 (0.2–1.9) | 0.754 | 0.370 |
| Permanent vs. contract and temporary | 1.43 (0.2–3.6) | 0.073 | 0.265 | 1.05 (0.2–3.6) | 0.076 | 0.256 | 1.16 (0.2–3.6) | 0.067 | 0.158 |
| Procedures performed during attack (Reference: Other procedures) | | | | | | | | | |
| Mechanical restraint | 4.13 (0.9–13.6) | 1.098 | 0.176 | 3.39 (1.1–16.7) | 1.787 | 0.514 | 4.68 (0.7–15.9) | 1.033 | 0.667 |
| Unit rounds | 1.43 (0.2–3.6) | 1.053 | 0.582 | 1.35 (0.6–5.1) | 1.435 | 0.653 | 1.61 (0.5–3.7) | 0.901 | 0.098 |
| Routine treatment | 1.86 (0.7–6.1) | 1.451 | 0.605 | 1.75 (0.7–4.3) | 1.304 | 0.567 | 1.47 (0.6–3.6) | 0.105 | 0.576 |
| Admission of new patients | 0.73 (0.2–2.7) | 0.885 | 0.174 | 1.42 (0.5–4.4) | 1.076 | 0.344 | 1.35 (0.4–2.9) | 0.658 | 0.808 |

## Discussion

This study found that more than half of nurses working at the mental health hospital experienced verbal abuse, followed by physical attack. Findings were consistent with a previous literature review of 126 included studies,[3] which found that mental health nurses endured physical, non-physical, abuse, sexual harassment, and a combination of these.[33] In addition, violence was more experienced by male nurses than females. A previous study in Egypt also reported similar findings.[34] Violence committed by people with a mental health problem is often viewed as more acceptable due to associated with psychiatric causes, and clinical factors are closely associated with the incidence of violence.[33] Several studies have demonstrated that workplace violence affects healthcare providers, with lowered physical and mental well-being, and job satisfaction, as well as high turnover and burnout, and damage to patient health.[8,9] Thus, the presence of workplace violence indicated an alarm that violence among nurses in many countries needs special attention, particularly dealing with nurse' traumatic event.

Most of workplace violence occurred during routine treatment and actually could be prevented. Much of the violence among nurses in the mental health hospital may be due to alcohol or other substance abuse problems associated with inadequate adherence to medications, meaning that both nurses and patients have a shared responsibility to work on this,[29] as well as physicians and families. In addition, nurses in other countries are often held liable for violations of the rights of patients, such as isolation, medication control without informed consent and restriction in the aggressive behaviour of the patient.[35-37] The cause is dissatisfaction with the nurses, especially related to nurse-patient communication barriers that stimulates them to commit violence against nurses.[25,27,40] Therefore, providing a continuing education to nurses regarding communication techniques with patients during their routine treatment is important, as well as mental first aid can help to prevent violence by patients.

The majority of violence experienced by nurses occurred at around 12:00 p.m. to 24:00 a.m. Previous studies in Turkey[41] and Iraq[42] reported that the majority of violent acts occurred during the aftenoon shift, while a study in Jordan reported that the most violent acts occurred during during day shift.[32] The occurrence of violence against Indonesian nurses during afternoon shift could be explained by the fact that at the time nurses were focussed on administrative duties and less interaction with patients. These additional duties may lead to the increased workload and being exhausted resulting in uncomfortable communications[43] and aggressive behaviors against mental health nurses.

The majority of nurses reported no action was taken to investigate the causes of the violence. There is a protocol in place for reporting violence to a committee in the hospital or this can be directly reported to the police station. This indicates a lack of post-incident care, which is consistent with a previous study.[38] There has been an international policy signed by all members of international labour organization to eliminate occupational violence in mental health environments, including hospital prevention and management of violence and aggression (PMVA) training, which is mandatory for all hospital workers around the worlds. The initial intervention to counter the violence of non-physical methods through international guidelines has been through de-escalation strategies and a Green Response Team.[38] However, in this study reports that restrictive procedures continue to be used regularly in mental health settings. This shows a disparity between the policies and routine procedures recommended. On the other hand, patients with mental health issues also create a risky situation for nurses, such as those with raging, frustrated, violent or threatening conditions under the influence of addictive drugs[39] In addition, enviromental factors trigger aggressive behavior such as restricted freedom, noise, or coercive treatment.[44,45] Despite these critical concerns, there is a need for more systematic consideration of workplace abuse in mental health environments.

This study found that nurses holding a diploma III were more likely to experience more violence. This finding was supported by a Taiwanese study that found that risk factors for workplace violence in clinical RNs suggested nurses with lower levels of education were at greater risk for physical violence.[46] Another study in five European countries also indicated that an increase in educational attainment lowers the chances of a nurse becoming a victim of violence.[4] A policy to increase the nursing education level of Indonesian mental health nurses is therefore warranted to advance nurses' knowledge, skill, and competency to take care of patients with mental health problems.

The finding that violence was higher in the acute care unit is not surprising because the patients' behaviors prevented them from being discharged. Many patients with acute illness showed more serious symptoms and had schizophrenic spectrum and other psychotic conditions. Also, the fact that these units were the most crowded had the worst working atmosphere in the hospital.

## Limitations

Since we used convenience sampling with a small sample size from only one mental health hospital in Indonesia, generalization of the finding is limited. Further study is needed to include nurses in province of psychiatric hospitals in all provinces of Indonesia. In addition, this study only used one instrument that really gives a "snapshot" of the issues. Perhaps a mixed study that had qualitative and quantitative aspects to it would be better to provide indepth understanding about working violence among nurses as well their mental health issues.

## Conclusion and Implications for Nursing Practice and Research

We found that more than half of nurses working in the psychiatric hospital experienced verbal abuse, which commonly occurred during routine treatment and was preventable, but no action was taken to investigate the causes of the violence even though there is an existing protocol in place. Education level and working unit were significantly associated with workplace violence.

Even though this is a small study in one hospital, we argue that leaders and managers within the mental health system as well as government officials in Indonesia need to develop policies and provide ongoing and routine prevention and management of violence and aggression (PMVA) training for all mental health workers in the clinics. This needs to involve RNs working "on the ground floor" with patients. This will enable them to apply de-escalation methods rather than containment procedures and to improve work partnership training and rehabilitation strategies for nurses. Developing an electronic system is vital to assist nurses when asking for support from the safety team, such as when patients are rowdy, agitated, uncontrollable and destructive, aggressive, life-threatening and environmental. In addition, it is also important to provide nurses with legal immunity from litigation and to set up an ethics team that can protect the interests of nurses and patients. Future research exploring other factors that may be associated with occupational violence among nurses working in mental settings in Indonesia is also justified. This will provide evidence for understanding and actions in the key problems of occupational violence for such nurses in Indonesia.

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# พยาบาลด้านสุขภาพจิตในอินโดนีเซีย: การสำรวจภาคตัดขวางเกี่ยวกับความรุนแรงในที่ทำงานและปัจจัยที่เกี่ยวข้อง

*Iyus Yosep,* Henny Suzana Mediani, Linlin Lindayani*

**บทคัดย่อ:** ความรุนแรงในที่ทำงานเป็นปัญหาที่ได้รับการยอมรับว่าไม่มีพรมแดนและมีผลกระทบอย่างใหญ่หลวงต่อสวัสดิภาพและการปฏิบัติงานของพยาบาลทั่วโลก งานวิจัยภาคตัดขวางเชิงพรรณนานี้ ศึกษาเกี่ยวกับความรุนแรงและปัจจัยที่เกี่ยวข้องตามประสบการณ์ของพยาบาลในประเทศอินโดนีเซีย ซึ่งได้ข้อมูลจากพยาบาลวิชาชีพ 120 รายที่ทำงานในโรงพยาบาลสุขภาพจิตในชวาตะวันตก ในการประเมินความรุนแรงในที่ทำงาน ใช้แบบสำรวจฉบับปี พ.ศ. 2546 ขององค์การอนามัยโลกเกี่ยวกับความรุนแรงในสถานที่ทำงานในภาคสุขภาพ การวิเคราะห์ข้อมูลใช้ logistic regression เพื่อศึกษาปัจจัยที่เกี่ยวข้องกับความรุนแรงในสถานที่ทำงาน

ผลการศึกษาพบว่า ร้อยละ 46.7 ของพยาบาลทั้งหมดรายงานว่าถูกล่วงละเมิดทางวาจา ร้อยละ 29.2 ถูกทำร้ายร่างกาย และ ร้อยละ 24.2 ประสบปัญหาทั้งการถูกล่วงละเมิดทางวาจาและถูกทำร้ายร่างกาย ซึ่งในกลุ่มที่มีปัญหารวมนี้ ร้อยละ 27.6 เกิดขึ้นในสถานบริการสุขภาพแบบเฉียบพลัน และร้อยละ 32.1 เกิดขึ้นระหว่างการตรวจเยี่ยมผู้ป่วยและการดูแลรักษาตามปกติ พยาบาลที่สำเร็จการศึกษาระดับอนุปริญญา III มีแนวโน้มที่จะประสบกับการทำร้ายร่างกาย และการล่วงละเมิดทั้งทางร่างกายและทางวาจามากกว่าผู้ที่จบปริญญาตรี ผู้ที่ทำงานในสถานบริการสุขภาพแบบเฉียบพลันมักจะประสบกับความรุนแรงทางร่างกายและการล่วงละเมิดทางวาจามากกว่าหน่วยงานอื่นๆ ผลการวิจัยแสดงให้เห็นถึงอุบัติการณ์ที่สูงของความรุนแรงในการทำงานต่อพยาบาลด้านสุขภาพจิต รวมถึงการล่วงละเมิดทางวาจาที่รุนแรง ความก้าวร้าวทางร่างกาย และหลายด้านรวมกัน ผู้นำและผู้จัดการในระบบสุขภาพจิตของอินโดนีเซีย รวมทั้งแพทย์และพยาบาล ตลอดจนเจ้าหน้าที่ของรัฐจำเป็นต้องพัฒนาและดำเนินนโยบายเพื่อจัดการแก้ปัญหากับเรื่องนี้ โดยจำเป็นต้องมีงบประมาณที่เพียงพอเพื่อจัดให้มีการฝึกอบรมการป้องกันและจัดการความรุนแรงและความก้าวร้าวอย่างต่อเนื่อง สม่ำเสมอสำหรับบุคลากรด้านสุขภาพจิตทุกคนในคลินิก

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**คำสำคัญ :** ประเทศอินโดนีเซีย สุขภาพจิต โรงพยาบาลสุขภาพจิต พยาบาลด้านสุขภาพจิต พยาบาลจิตเวช ความรุนแรงในสถานที่ทำงาน ความก้าวร้าวทางร่างกาย การทำร้ายร่างกาย การล่วงละเมิดทางวาจา

***ติดต่อที่: Iyus Yosep,****** *Faculty of Nursing, Padjadjaran University, Indonesia. E-mail: iyusyosep2019@gmail.com*

***Henny Suzana Mediani****, Faculty of Nursing, Padjadjaran University, Indonesia. E-mail: henny.mediani@unpad.ac.id*

***Linlin Lindayani****, Sekolah Tinggi Ilmu Keperawatan PPNI Jawa Barat, Bandung, Indonesia. E-mail: linlinlindayani@gmail.com*