**STIKep PPNI Jawa Barat, Bandung - INDONESIA**
**National Cheng Kung University Hospital - TAIWAN**
Bandung, 16th – 17th July, 2018

# Conference Book
# International Conference on Health Care and Management

"Evidence to inform action on supporting and implementation of SDGs"

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# Welcome Message

Assalamualaikum Warahmatullahi Wabarakatuh

Dear honorable guests,
Sustainable Development Goals (SDGs) as an agreement of sustainable development objectives agreed by all countries at the 2015 UN sessions. Each country including Indonesia has an obligation to implement this joint development plan by applying universal, integration and inclusive principles by ensuring that no one missed or "No-one Left Behind" Indonesia has Nawa Cita or 9 priority agenda which should synergize with SDGs and can be used as health program application in Indonesia to also achieve SDGs.

On behalf of the organizing committee and the Nursing Society of Indonesia, I am glad to invite you to join ICHM 2018 (International Conference on Health Care and Management) in Bandung, Indonesia on July 16-17, 2018.

The conference is expected to reveal some solutions for evidence-based health care and scientific facts to be discussed by various viewpoints from diverse speakers from around the world with the title "Evidence to inform action on supporting and implementation of SDGs. Through the International Conference is expected to improve health services, especially in the field of nursing in Indonesia to improve the human development index.

We hope all participant could benefit from the exciting program and will surpass your expectation and that will be an inspiring event.

Warm regards,

**Dhika Dharmansyah**
Conference chair

Assalamu'alaykum Wr.Wrb
Good morning and best wishes for all of us.

Ladies and gentlemen, in such a great and happy day, let's praise and thank to Allah Swt who has given us grace and mercy to all of us to gather in this International Conference on Health Care Management event today.

First of all, we would like to gratitude and appreciate highly to national Cheng Kung University Hospital has given the opportunity and confidence to our institution STIKep PPNI Jabar for the second time in collaboration to organize International Conference on Health Care Management with theme: "Evidence to inform action on supporting and implementation of SDGs". This event is one of follow up The memorandum of Understanding between NCKUH with STIKep PPNI Jabar.

STIKep PPNI Jabar is as a nursing education institution carry out the mandate to create professional nurse, we must implement all TRIDHARMA University activities in academic atmosphere that aims to broaden and improve nursing and existence of nurse profession capacity in nation developing continually.

As we know the university academic quality is determined by its researches and graduates result quality. The research work results may be either a right against managing intellectual wealth equity as well as scientific work which is able to be publicized through scientific journals and scientific gathering forums of the same scientist background both in national and international level.

Nevertheless, the publishing of journal researches is published by its university. Nowadays, it is irregular because there are both financial and scientific manuscript availability drawbacks. Scientific regular manuscripts are very limited because manuscript contributor is only from its university as well.

The high education Research and technology ministry data in 2017, it stated that there were an increase of research work publishing done by practitioners, academicians and researchers of Indonesian. The amount of Indonesian research publishing on international journal certifiable indexed Scopus tended to increase. The high education Research and technology ministry data on December 1st 2017 noted that Indonesia scientific research publishing reached 14.100 journals. Meanwhile, on October 1st 2017 there were as many as 12.098 journals.

However, internally nurse profession scientific research journals are still less of publishing. It is alleged to the low of quantity and quality publishing about nursing. One of the drawbacks is rarely the interaction between nursing scientists and experts in scientific conferences. Some efforts are carried out by STIKep PPNI to encourage and to accelerate sharing knowledge amongst the nursing experts. Accordance to the goals, National Cheng Kung University Hospital Taiwan and STIKep PPNI have made MoU and held as this International conferences organizer. Hopefully, it is able to bridge all stakeholders, practitioners, and academicians in supporting the quality of the human resources especially, nurses and health workers as well.

The honourable ladies and gentlemen,
Nowadays, in the global era, the transformation runs rapidly and consequently it makes the knowledge based society. Information and communication technology development are very important in on its role in manifesting society development based on the knowledge. The higher education of society will be higher of health service quality demands specially nurse.

Accordance to the effort, this International conference aims to,

1. Facilitate the knowledge sharing between health experts and nurses to encourage the goal of health human resource quality.
2. Produce health scientific and nursing articles deserve to be published on international scopus indexed journal.
3. Make communication networking amongst Universities, research institution, nurse practitioners, and other stakeholders.

I truly believe that all participants through the 2 days in international conference, our goals above are able to be manifested well.

Finally, I would like to thank to all of participants diligently and with spirit of attending this international conference on health care management.

Wish the conference is able to be knowledge sharing event and delightful and successful as well, the conference will be enlightened and interchange will do great help for us after attending this conference, especially STIKep PPNI Jabar and generally for all profession nurses to provide health services to communities, aamiin ya robbal alamin.

Wassalamu'alaykum Wr.wb.
Kindest regards,

The Dean of STIKep PPNI Jabar

Excellencies, Distinguished Delegates, Ladies and Gentlemen,
Selamat Siang,

I'm ChyunYu Yang, the superintendent of National Cheng Kung University Hospital in Tainan, Taiwan.
On behalf of our hospital, it is my pleasure and privilege to welcome all of you to participate in the international conference on health care and management 2018.
To our eminent speakers and delegates who have come from UK, Netherland, Korea, Japan, Thailand, Singapore, Taiwan, and Indonesia, I bid you a very warm welcome to Bandung. We are indeed honoured to have you here with us. We have about 1.000 participants from different place in Indonesia and countries gathered here today, making our conference a truly meaningful one.

This is our second time collaborate with STIKEP PPNI Jawa Barat to hold an international conference. Last year, we have very successful conference with the theme focus on infection control and disaster management.
And this year, our conference theme is "evidence to inform action on supporting and implementation of SDGs".

The Sustainable Development Goals (SDGs) known as the global goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. Goal 3 addresses all major health priorities and calls for improving reproductive, maternal and child health; ending communicable diseases; reducing non-communicable diseases and other health hazards; and ensuring universal access to safe, effective, quality and affordable medicines and vaccines as well as health coverage.
However, the world seems still far from ending maternal mortality, with more than 303,000 deaths in pregnancy or childbirth occurring annually. NCDs are also a growing problem, causing 40 million deaths in 2015.
But, All in all, we can take comfort in the fact that SGDs indicators are moving in the right direction .Yet we still have plenty of work to do.

I wish in the next two day and a half, we have the opportunity - and indeed the responsibility - to prepare and add knowledge related the current situation and progress reflection of SDGs.
In closing, I encourage delegates to participate actively in the interesting discussions over the next two days. I wish everyone a successful and fruitful conference.

Thank you.

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# EXPOSURE OF VIOLENCE AMONG MENTAL HEALTH NURSES AND PATIENTS ASSOCIATED WITH WORKING ALLIANCE

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**ABSTRACT**

This is a study of Exposure of Violence among Mental Health Nurses and Patients, associated with Working Alliance in Indonesian Mental Hospital. This study determined the relationship between Working Alliance and its association with Physical, Verbal, Psychological and Sexual Violence among Mental Health Nurses and patient in Indonesian Mental Hospital. The traumatic experiences of mental health nurses and the violence experiences of patient were explore through focus group discussion. This study adopted a Sequential Explanatory Mixed Method. A total of 120 nurses and 40 patients were selected in the Mental Hospital West Java Indonesia using purposive sampling. About two third of the respondent were female; 80% had an education background of bachelor and diploma. About 80% of the respondent has work experienced of more than 10 years and 60 % of the nurses are currently working in acute and chronic room. Most of the nurses experiences low level of violence in all four categories (physical, verbal, Psychological and sexual) which range of 54.2% to 69.2%. Psychological violence recorded the highest percentage of violence (45.5) among all four type of violence. The percentage of Working Alliance is high about 51.1% among Mental Health Nurses. Qualitatively; Nurse's experiences included: physical assault, verbal violence, sexual harassment, and intimidation of family, threat of lawsuit, unpredictable situation and desire to leave the job. On the other hand, patient's experiences were classified into three major themes. These included patient's experiences as perpetrator, as victim and as perpetrator to neighbors. In addition, patients also described a theme of experiences as victim by family, and showed the way of coping with violence. There is a significant relationship between violence and Working Alliance, wherein the higher the exposure to violence, the lower the working alliance. This study recommended four aspect in the working alliance; safety consideration, education and training, nursing management, unit after trauma to be emphasized.

**Keyword**: Exposure Mental Health Nurses to Violence, Working Alliance

## 1. Introduction

### 1.1. Background of the research

Medical records of a psychiatric hospital in West Java, Indonesia (2014), indicated that 89.7% of patients are subject to schizophrenia and the relapse in patients with schizophrenia was 51.9 % in 2003. One important factor to a decrease of the high recurrence rate amongst schizophrenic patients in Indonesia is the role of mental health nurses because nurses assist patients longer than other health professions. Besides that, the nurses in Indonesia represent the largest health workforce, in which have an opportunity to contribute to high-quality care (Indonesian Nurses Association, 2005).

Mental health nurses are confronted with their routine activities related to traumatic events and unpredictable work conditions such as paranoid, hallucination or aggressive behavior. Several studies report a high prevalence of post-traumatic stress disorder (PTSD) in the nurses. Coping and social support seem to play an important role in the development of PTSD. Almost one out of three nurses meet sub-clinical levels of anxiety, depression and somatic complaints and, thus, a clinical level of PTSD (Adriaenssens, de Gucht & Maes 2012).

Workplace violence against nurses in the mental health unit and at the hospital in the world is increasing. The study of violence and traumatic experiences in Indonesia provide critical information, allowing for proper interventions. Data about the violence and traumatic experiences of mental health nurses are critical. 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. Furthermore, it may answer the phenomenon of "Lack of Nursing Job Motivation" in Indonesia.

On the one hand, the recurrence rate of patients in mental hospitals is high. On the other hand, the emergence of the phenomenon motivates nurses to leave their profession. The justification for research is the evidence of literature that indicates the presence of violence against nurses. It is supported by previous studies by Lee, Pai-Yen 2010; Spector, Zhou Che, 2014; Chang et al. 2015; Mcmenamin 2013; Spitz 2004. Generally, a small percentage of nurses have exposure to sexual harassment, and most of them have been subject to verbal abuse in the past month. Meanwhile, the evidence of practical experience concerning the exposure of nurses to violence at the Mental Hospital, West Java, Indonesia, has not been revealed clearly.

Furthermore, the lack of evidence in this study has led to the question of what is missing or what do we need to know more about. The gap is the lack of information about the interrelationship between nurses exposed to violence and the commitment of mental health nurses to the working alliance. If the number of violence, type of violence, frequency, and relationship between the experience of violence and the working alliance are not revealed, the managers, educators, policymakers in the mental hospital cannot 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 the nurses (51.9%) reporting that they "likely" and "very likely" intended to quit their work within the next year. It means high nursing turnover is still becoming a problem facing many countries including Indonesia. (Coomber& Barriball, 2007).

Previous Study by Zabidah (2011); Abdul-Ghani (2014) 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.

### 1.2. Study Purpose

1.2.1. The specific aims of the Quantitative Method (phase 1).

a. To determine the Category of Exposure to Physical, Verbal, Psychological and Sexual among Mental Health Nurses

b. To determine the Category of Working Alliance among Mental Health Nurses;

c. To determine the relationship between Socio-demographic & Working Alliance

d. To determine the relationship between working alliance and different type of violence;

e. To determine bivariate Analysis of Working Alliance with variable types including violence and socio-demography

1.2.2. The specific aims of Qualitative Method (Phase 2)

a. To determine how interviews with the patients and nurses through FGD support the quantitative findings on the exposure to violence and the Working Alliance.

b. To explore the traumatic experiences of mental health nurses through focus group discussions

c. To explore the violent experiences of patients through focus group discussions

## 2. Research Methodology

The use of mixed method research provides a number of advantages, namely: it can be easy to describe and to report; it can be useful when unexpected results arise from a prior study; it can help generalize, to a degree, qualitative data; it can be helpful in designing and validating an instrument; and it can position research in a transformative framework. This study adopted a Sequential Explanatory, the purpose of this method to use qualitative results to assist in explaining and interpreting the findings of a quantitative study. It characterized by collection and analysis of quantitative data followed by a collection and analysis of qualitative data.

### 2.1. Conceptual and Operational definitions

| Variable | Operational definition | Indicator | Tools | Scale | Result |
|---|---|---|---|---|---|
| Exposure to violence | The operational definition of violence accepted within the context of this study is: 'displaying aggressive behaviour, including spitting, scratching, deploying physical force, or using an object as a weapon, either to threaten or physically assault'. | The sub-variable in this research relates more to the definition adapted from WHO (2003), namely to the nurse's exposure to physical violence (assault/attack) & psychological violence (emotional abuse) such as bullying / mobbing, harassment, sexual harassment, racial harassment and threat. | Questionnaire behavioural checklist WHO (2009) | Ordinal | High Low |
| 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. | The therapeutic alliance assesses three key aspects of "Bond-Task-Goal model" including: (a) agreement on the tasks of therapy, (b) agreement on the goals of therapy and (c) development of an affective bond. | Questionnaire Horvath (2000) | Ordinal | High Low |

### 2.5.1. Quantitative Instrument

The traumatic experience, especially mental health nurse's exposure to violence, was measured using Survey Questionnaire on Workplace Violence in the Health Sector, English version, from WHO (2003)", which was translated and adapted into Indonesian. Before used, this instrument was subject to content test (content validity) by a mental health nursing expert. Working Alliance was measured using "Working Alliance Inventory-Short Revised (WAI-SR) for patients and "Working Alliance Inventory-Short Revised-Therapist (WAI-SRT) for nurses. Both instruments have been revised and retested for validity by Adam Horvath (2000).

### 2.5.2. Qualitative Instrument

Three sessions of Focus Group Discussions (FGDs) were conducted with the mental health nurses to make a qualitative assessment of exposure to violence and the commitment to the alliance with the patients. The participants in this study included forty nurses and forty patients, and all were allowed to express their feelings and opinions freely. It provided a situation where descriptions of the informants and participants could be explored using reflection, clarification, and examples.

## 2.6. Data Analysis

### 2.6.1. Quantitative Data Analysis

The data recorded and analyzed using SPSS, 20 version. Descriptive analysis and inferential statistics were performed where appropriate. The standard deviation of the mean (SD) was added for continuous data, while frequency and percentage were used for categorical variables. Univariate and multivariate analyses were done to determine the relationship between the nurses' experiences of violence and Working Alliance. The confidence interval of 95 % was used. The p-value of less than 0.05 was considered significant. The alternate choices in the instrument were made using Likert scales, namely: more than four times a day, 1-3 times a day, 2-6 times a week, once a week, never.

### 2.6.2. Qualitative Content Analysis

Qualitative Content Analysis was Adapted from Creswell et al. (2007), Philipp Mayring (2000). The analysis done in this research was based on six steps of deductive category application as follows: The first step was reviewing the research questions, namely: "What is nurses' experience of exposure to violence while working in the mental hospital?" and "What is patients' experience of the violence occurring in the mental hospital?". To elaborate on those questions, the entire transcript data were read carefully and thoroughly, again and again, to understand the contents with confidence. Based on research questions, the initial analysis of transcript data was focused on the "presence or absence" of experience by using keywords: "Nurse Experiences," "Patient Experiences" and "Violence", and by way of underscoring the text or information deemed relevant to the research questions.

The second step was "theoretical based formulation" to determine the main categories and subcategories. Based on some literature, the "main categories" in this study were determined, including: "physical violence, psychological violence, verbal violence, and sexual violence." Whereas the "subcategories" were referred to the terms which had the same or synonymous meanings and could be grouped under the same main categories; e.g., "hit, throwing or kicking "were subcategories that could be grouped under the category of "physical violence.".

The third step was "revision of category and coding agenda." In this research, there were several revision categories, such as "patient as an actor of violence" had been revised into "perpetrator." Other examples such as the phrase "patient's coping mechanism" had been revised into "coping with violence." The revision was by the explanation and advice from the expert of Mental Health Nursing, Professor Zabidah Putit (2017) from the Faculty of Medicine .of UNIMAS Malaysia and Professor

Suryani (2017) from the Department of Mental Health, the faculty of Nursing of UNPAD Indonesia. Further, verified by Assoc. Prof. Henny Mediany (2018) as an expert in the mixed method.

The fourth step was "final working through the text." In this phase, the researcher revalidated the entire text on the transcript and arranged the categories and subcategories in the form of schematics or diagrams based on the amount of data. Also, the data were split between experience in "nursing group" and experience in "patient group." The categories of experience of the nursing group were divided into two broad categories: "type and response. While the categories of experience in the patient group were divided into three broad categories: "as a perpetrator, as a victim and coping with violence." This categorization was based on the advice from a Mental Health Nursing expert in the Faculty of Nursing of Universitas Indonesia, Prof. Suryani (2007).

The final step was the interpretation of the result and evaluation of quantitative steps of analysis. The approach in this stage was "sequential explanatory study", where the researcher first conducted quantitative research on the consideration that the results obtained quantitatively could generalize the entire population, but would not be able to answer the purpose of the other research such as "to explore the traumatic experiences of mental health nurses and to explore the experiences of patients through focus group discussions". Afterward, qualitative research was conducted to answer the research question: "Do interviews with the nurses and patients support the quantitative findings on the exposure to violence and the working alliance?"

## 3. Result

### 3.1. Quantitative Findings

Table 3.1. Characteristic of Physical, Verbal, Psychological and Sexual among Mental Health Nurses (n=120)

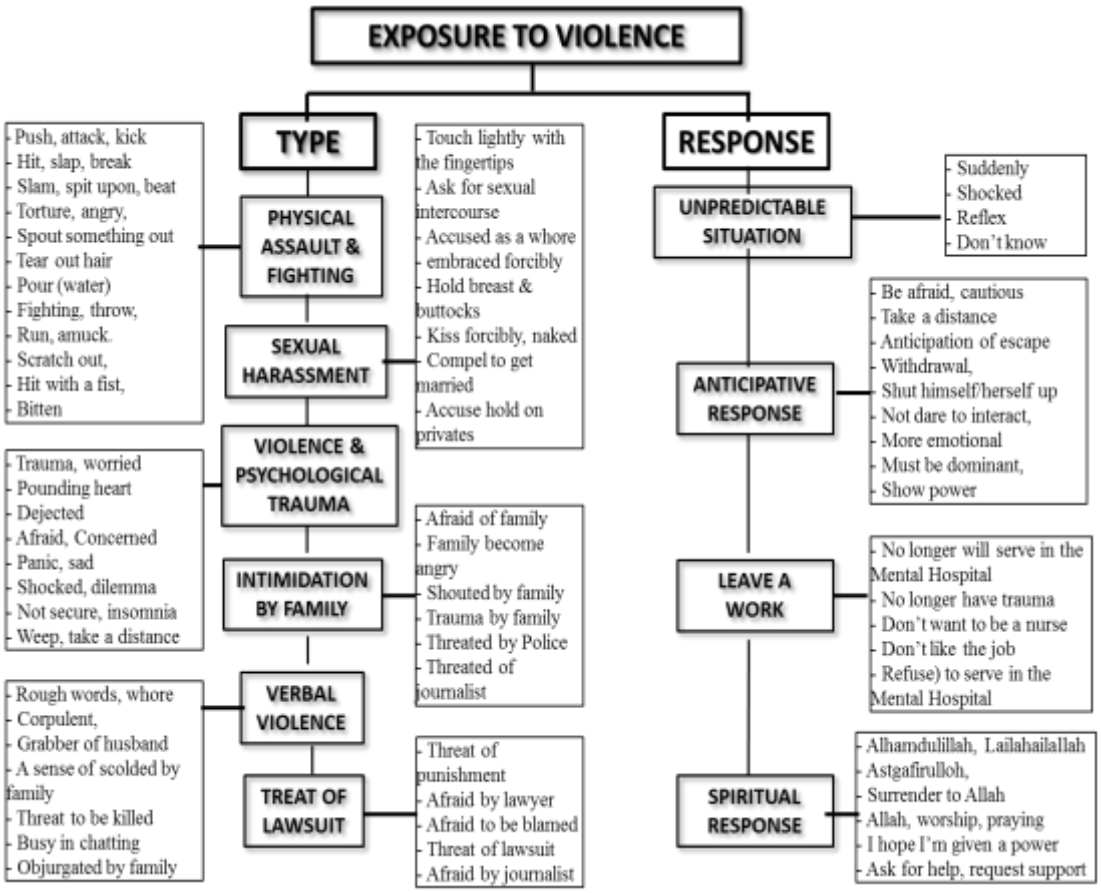
| Types of violence | Frequency (N) | Percentage (%) |
|---|---|---|
| Physical | | |
| Low | 72 | 60.0 |
| High | 48 | 40.0 |
| Verbal | | |
| Low | 70 | 58.3 |
| High | 50 | 41.7 |
| Psychological | | |
| Low | 65 | 54.2 |
| High | 55 | 45.8 |
| Sexual | | |
| Low | 83 | 69.2 |
| High | 37 | 30.8 |

Table 3.4. Relationship between Socio-demographic & Working Alliance n=120

| Socio-Demographic | Working Alliance | | | P Value | OR 95% CI |
|---|---|---|---|---|---|
| | Low | High | Total | | |
| Gender | | | | | |
| Male | 12 (44.4) | 15 (55.6) | 27 | 0.869 | 1 |
| Female | 43 (46.2) | 50 (53.8) | 93 | | 1.07 |
| Education Level | | | | | |
| D III (Associate) | 46 (78.0) | 13 (22.0) | 59 | <0.001 | 38.9 |
| S1 (Bachelor) | 8 (16.3) | 41 (83.7) | 49 | | 2.14 |
| S2 (Master + Specialist) | 1 (8.3) | 11 (91,7) | 12 | | 1 |
| Duration of Work | | | | | |
| Less than 10 years | 16 (61.5) | 10 (38.5) | 26 | 0.002 | 15.2 |
| 11-15 years | 22 (53.7) | 19 (46.3) | 41 | | 11.0 |
| 16-20 years | 15 (46.9) | 17 (53.1) | 32 | | 8.38 |
| More than 20 years | 2 (9.5) | 19 (90.5) | 21 | | 1 |
| Longest Workplace | | | | | |
| Polyclinic | 4 (66.6) | 2 (33.3) | 6 | 0.060 | 1 |
| Acute Room | 13 (37.1) | 22 (62.9) | 35 | | 3.38 |
| Chronic Room | 20 (51.3) | 19 (48.7) | 39 | | 1.9 |
| Emergency Room | 12 (66.7) | 6 (33.3) | 18 | | 1.0 |
| Drug Addiction | 4 (44.4) | 5 (55.6) | 9 | | 2.5 |
| Administration | 2 (15.4) | 11 (84.6) | 13 | | 11.0 |

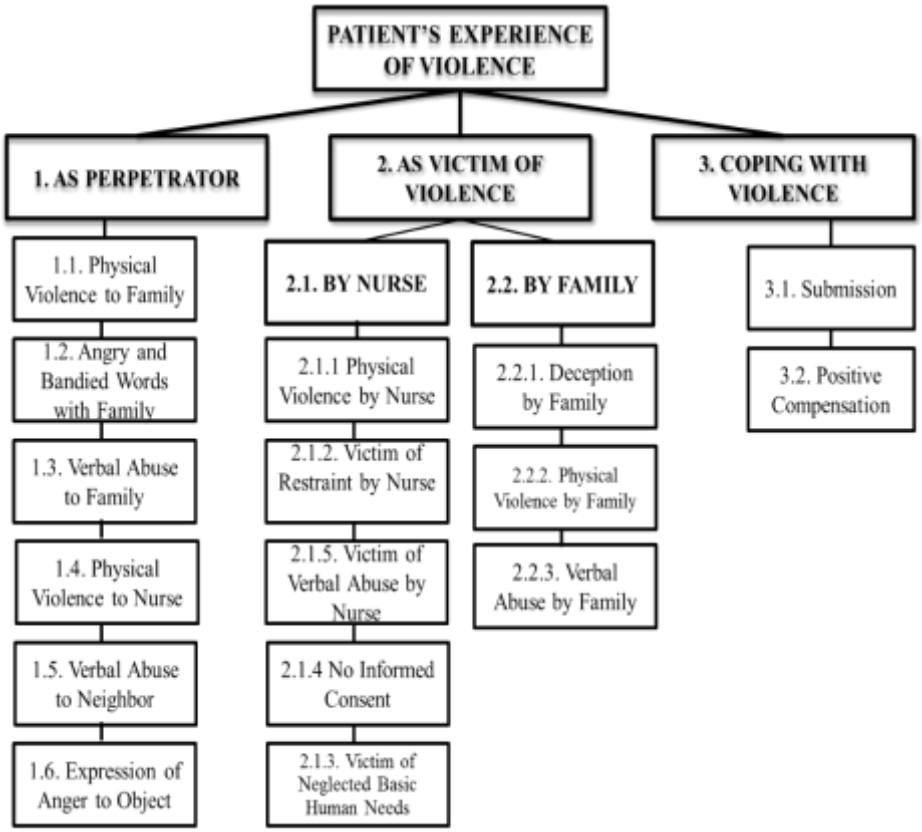
### 3.2. Qualitative Findings

#### 3.2.1. Nurse's Experiences of Violence



### 3.2.2. Patient's Experience of Violence

## 4. Discussion




In this study, the rate of violence, quantitatively, in Mental Hospital, West Java, particularly in "high exposure" category, was represented by the type of psychological violence. The psychological violence accounts for nearly half (45.8%) of total violence, while "low exposure" in sexual assault is 30.8%. Based on the qualitative study through the focus group discussion (FGD), however, divided into four groups with 40 participants at the Mental Hospital, most of the nurses explained that they had encountered violence and traumatic experience. On the other hand, the results of quantitative data collection showed that high exposure to physical violence is 40.0%, high exposure to verbal violence is 41.7%, and more than half (69%) of nurses at the Mental Hospital had encountered sexual violence, despite "low exposure" category.

Some studies found real violence in nurses at the Mental Hospital. This is consistent with earlier studies; "Violence is, actually, a fact of working life for nurses." Similarly, Roche et al. (2010b) studies on psychiatric nurses concluded that "perceptions of violence affect job satisfaction," while Lützén et al. (2010) reported that those nurses are working in a mental health environment deal with "moral burden." This is confirmed by other researches concluding that more than a half of mental health nurses in Taiwan were reported have physical violence and verbal abuse (Lee, Pai & Yen, 2010).

### 4.1. The relationship between exposure to violence and Alliance

There is a relationship between exposure to violence and Working Alliance. The higher the exposure to violence, the lower the Alliance will be. The lower the exposure to violence, the higher Working Alliance will be. It is explicable that human beings will, naturally, avoid anything that threatens or hurts them. Exposure to violence by patients lead nurses to regard patients as stressors, thereby making

the functions of nurses as correcting emotional patients and facilitating patients to adapt to stressors ineffective.

### 4.2. Working Alliance in Mental Hospital is influenced by Level of Education

Quantitatively, through the results of odd ratio analysis, it has been found that the result of the relationship test shows a correlation or there is a difference of proportion between education level and working alliance. The lower the education is, the lower the working alliance will be. With an odds ratio of 38.9 for Associate's degree and 2.14 for Bachelor's degree, this means that Associate's degree has a tendency 38.9 times higher and Bachelor's degree has a tendency 2.14 times higher towards Low Working Alliance compared with Master's degree.

### 4.3. Nurse Experiences of violence

#### 4.3.1. Violence Not Only in Patients but Families

In addition to violence in which has done by patients in the Mental Hospital, West Java, it was done by patient families. It is based on the findings of the Focus Group Discussion (FGD) on 24-25 August 2016 that conclude that the violence of families experienced by nurses is very serious. The content of intimidation by families emerging from the FGD is characterized by several keywords: "afraid of the family," "family grumpy," "shouted by family", "trauma of family" and "threats" by families as they have certain professions such as "police or journalist". Patient families with journalist professions threatened to defame through media and to blow up news that the hospital provides particularly bad services.

#### 4.3.2. Violence can be caused by barriers to communication and mistrust

The quantitative findings show that high verbal violence by patients reached 41.7%; while, qualitatively, patients consider nurses as "sluts," "usurpers of husbands," "blackmailers." It shows there are barriers in communication such as the paranoid of patients. Barriers in therapeutic communication may trigger a patient's violence. Although they were equipped with knowledge about how to identify aggressive behavior of their patients, the nurses become, frequently, the victims of patients' violence (Araujo & Sofield 2011; Roche et al. 2010b; Speroni et al., 2014; Vessey, DeMarco & DiFazio 2010), where environment and communication are factors contributing to violence and aggression (Angland, Dowling & Casey 2014).

#### 4.3.3. Violence has physical, psychological and traumatic impacts on a profession

Violence against nurses in the mental hospital has physical, psychological impacts and even affects commitment to their profession. In addition to physical injury, the violence has deep psychological impact. Physical violence by patients occurs when they upset by hitting, throwing, kicking the nurse. The impact of physical violence is physical injuries such as bruises on the face, glasses broke, or leg swelling. Qualitative method findings overlap quantitative method findings. The type of physical violence is represented by physical data as "target or limb" in such violence as "forehead, face, lips, body, eyes, hands, mouth, feet, cheeks, abdomen, shoulders, chest, hair, and head." Furthermore, the data based on the content analysis is characterized by the presence of psychological symptoms. The psychological symptoms are “fear, worry, trauma, anxiety, pounding heart (pulsate frequently), impaired feelings after being scolded by family, objurgated by a patient, upset, panic, sadness, the threat of death, shock, and dilemma.” For more details, we may observe the citations of content repeatedly appearing on each participant. Based on the content, the remarks of nurses are mainly

dominated by words: "fear, shock, anxiety, worry, dilemma, unsafe, leading to sleep disturbances, crying, to keep a distance, even a sense of desire to leave the profession appears."

#### 4.3.4. Nurses were faced with Very Unpredictable Situations

Based on the qualitative findings, the nurses encounter, frequently, situations that are difficult to anticipate. This is supported by the quantitative findings, especially about a high score on the instrument in aspects of "issues encountered, frequently, by nurses under the stressful situation" and "feel that I have to do a very heavy work." Qualitatively, the keyword “suddenly” has dominated traumatic events encountered by nurses in the mental hospital. The repetition of words "suddenly, startled, reflex, do not know" shows that the situation is beyond conjecture, for instance, suddenly, his or her hallucinations appear, attack, thrown, kicked, clawed, bitten, hit by a machete, suddenly struck from behind, slapped, mistaken for his/her enemy, "my mouth was torn", or "thrown into a room full of feces."

#### 4.3.5. Importance of Specific Skills in Communicating with Aggressive Patients

The qualitative findings deliver data on key word “stay away from,” for example, "If I do not know the patient, I stay away from him/her," "I stay away myself from the patient," or another expression such as " ... if, for example, my own do not dare to interact with the patient." The data indicate that nurses prefer not to interact and communicate with the patient. Earlier studies concluded that nurse's low motivation to perform therapeutic communication and "uniform approach" might be regarded as a barrier of communication and low trust of mental health patients (Sharkey 2012). Such low trust prevents patients from communicating their problems to the nurses.

#### 4.3.6. The emergence of nurses’ spiritual coping for violence

The spiritual response is coping of the mechanism whereby nurses handed their problems over God almighty after all of best efforts have been pursued. Nevertheless, quantitatively, these data are not yet tapped. The spiritual expression is depicted in the results of qualitative research, in which the content in the form of "spiritual responses" by nurses who have exposure to violence appears in multiple expressions. Most of the expressions are: "Alhamdulillah, lailahailallah, astagfirullohalazim" or "Surrender to Allah," "O Allah!, worship, praying, or requests such as "O Allah, I hope I am given strength, O Allah, I ask for help, O Allah, ask for Your help." The spiritual coping is included in constructive problem-solving.

#### 4.3.7. Anticipatory response

The anticipatory response is coping of mechanism in which nurses prepare before violence occurs. This anticipatory response is made by nurses, as they had violence in anticipation. In essentials, in addition to the spiritual response, the anticipatory response is used by nurses when they are exposed to violence. Keyword of anticipatory response that appears as though a nurse "to be afraid," but the nurse is more "cautious," after exposure to violence. Another response is "keeping a distance." Also, there are nurses who tried to provide anticipatory responses in a way: "It is necessary to observe roughly where they should to run away when the violence takes place," it is made as a type of vigilance. Other nurses give a response in the form "withdrawal". The expression of "better shut myself up" is a response focused on the personal safety of nurses. Another expression coming up is "I’m not dared to interact with the patient." Instead, there are respondents who said: "nurses tend to be more emotional in an acute space". A few nurses revealed that "should be dominant in advance and show who is the most powerful in the

room," it is done to protect themselves from exposure to violence by patients, in other words, "Show of Force".

### 4.4. Patients' Experiences of Violence

#### 4.4.1. Restraint is considered as violence

The result of the study showed that patient regard restraint as a form of violence. Patients felt violence as a loss of freedom to be active. Also, the patients felt that they were disturbed, in many ways racked, and unable to fight back. Kontio, et al. (2010) reports the restraint is an "ethical dilemma." Staff, on the other hand, considers restraint as the most effective way to modify patient destructive behavior. Nevertheless, earlier studies reported restraint has no relationship with assaults by the patient to staff; in other words, "patient-to-staff assaults were unaffected" (Smith et al., 2015). However, many ethical considerations must be studied by nursing staff before they execute restraint, by taking into account four principles: first, 'safety for all', second, 'restraint as a last resort', third, 'knowledge and perception of patient behaviours', and, finally, 'psychological impact' (Riahi, et al 2016). However, good restraint is complying with the standard procedures that take into account the safety and welfare of the patient. Anyhow, the restraint is treatment measure being "not an option" of the patient; frequently, the restraint is executed in a "compulsive" way by staff to prevent the patient from self and destructive environmental behaviors (Papadopoulos, 2012).

#### 4.4.2. Staff ignore informed consent

An interesting finding in this study is that patient considers staff "ignore informed consent" before taking measures. The staff action is further regarded by patients as "inhuman and immoral." This was expressed by the respondent as follows: "I hoped the staff has better moral to their patients." This finding is consistent with previous research which concludes that "Patients' perspectives received insufficiently informed consent during restraint processes" (Kontio, et al. 2012).

#### 4.4.3. Staff ignores the basic needs of patients

In this study, it is found that the patient looks at the staff doing "coercion" and neglect "basic needs" of their patient. This was expressed by some patients as follows: "I would like to go to the toilet, but I was ignored," "I cannot eat" or other patients' opinions stating the incident of "deviation of human rights." On the other hand, the main role of staff is to look after the patient's welfare in maintaining the basic needs of patients; so, the staff should be equipped to prevent coercion (Hem, et al., 2016). Patients consider the "coercion" reflects staff tends to ignore the basic needs of patients (Norvoll, & Pedersen, 2016). If the primary role of staff has been neglected, the function of staff as "provider of nursing care" does not exist.

#### 4.4.4. Deception by family

This study found that the patients had been deceived by their families. Most of the patients said that their visitor admission to a mental hospital as a result of "deception" by their families. He or she was treated not on his or her consciousness (Latha, 2010). The recognition of the patient can be illustrated by the following data: "I am angry because I am not told to go to the hospital", or "I was informed by my family, that we are going for a walk, it turns out I am cheated, I am taken to the hospital". The others said: "I am given promise by my parents for an outing, but I am taken to the hospital, I felt I want to die alone."

#### 4.4.5. Patients physical violence at the staff

According to some patients, they never resorted to physical violence in their family, staff, or neighbor. But in this study, especially from the “nurses perspective,” it was found that the patient has done violence of physically, psychologically, verbally and sexually abused on nurses, although it has occurred on a variety of scales. This finding is supported by earlier studies concluding that "Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment" (Spector et al. 2014); Speroni, et al. (2014). Several studies found that the majority of incidents were reported by nurses, security staff, and nurse assistants (Arnetz, et al. 2015). This is supporting the findings of FGD in the group followed by the patients.

#### 4.4.6. Sexual harassment is not committed by a patient

Data on sexual harassment is not arising from the groups of patients. This is in contrast to findings in the nurse group revealing the sexual harassment committed by patients. In line with the findings, the results of the quantitative research showed that the rate of sexual harassment is small. The sexual harassment by the patient FGD group being not revealed is caused by "privacy" factors. Higgins, Barker & Begley, (2009) argued that in the viewpoint of "both nurses and patients," the sexual harassment was impossible. Nevertheless, Quinn, & Happell (2015) reported that "support for sexual intimacy needs of patients was identified as a strong need for patients and not currently met." It can be concluded, despite the data on sexual harassment data were not turning up in the patient FGD, the physical, verbal, and psychological violence, generally, has been revealed and recognized by the patients.

#### 4.4.7. Patients Have Special Coping When Experiencing Violence

**a). Submission and Surrender**

The new findings of this study are the emergence of a special coping in patients with mental disorders when violence happens. In the condition of “Helplessness,” many patients tried to explore specific coping in the context of religion. The coping is "submission". This is revealed in the form of data from many patients: "When I am bound, I am weeping alone, trust only to God", Yes, I submit to my mother’s fate, I won’t strive, I am remain quiet alone and pray", "In my heart, I want to rebel, but I did not, I just obey it, Surrender", "I am tired on the bed, I want to fight, but I am not able to do so, I Surrender", "I once had thought to fight, but I have no power to do so", "I choose to be in silent, as I am afraid to be hit again when I am fighting..."

**b). Positive compensation**

This study finds that the patients were able to find constructive coping under anger conditions. The coping include: "Carry out anything, take a deep breath, ask God's forgiveness, sing a song alone, and introspect herself (introspection)." This finding is particularly important, as it is coming from patients themselves. The problem solving stemming from the patients is very important, as the patients were doing their evaluation on the effectiveness of coping in use.

## 5. Conclusion

Violence among mental health nurses and patients in mental hospitals, particularly in West Java, Indonesia, is an area of concern to be addressed. The types of exposure to violence found in the hospitals include physical, psychological, verbal, and sexual abuse. Exposure to violence occurs on a low to high scale. Each nurse has experienced different exposures to violence. The highest type of exposure to violence is psychological violence, while the lowest is sexual violence.

Quantitatively, based on the Odds Ratio it can be concluded that respondents with high levels of physical violence have a chance of working alliance 7.667 times lower than those suffering low levels of physical violence. Quantitatively, through the results of odd ratio analysis, it has been found that the result of the relationship test shows a correlation or there is a difference of proportion between education level and working alliance. The lower the education is, the lower the working alliance will be. The qualitative study has supported the previous quantitative findings, that both nurses and patients have been exposed to violence. Nurses' experiences include physical assault by and fighting against patients, psychological violence and trauma. Besides that, during their duties, the nurses were colored with verbal violence, sexual harassment, intimidation from family, the threat of a lawsuit, unpredictable situation, desire to leave the job, spiritual response, and anticipatory response.

On the other hand, patients' experiences are classified into three major themes, including as perpetrators, as victims, and the way of coping with violence. Nevertheless, each of exposure to violence has a profound, traumatic impact on the nurses. In addition to the anticipatory, professional response, an adaptive response such as spirituality appears in dealing with traumatic events and unpredictable situations.

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