

The Lived Experience by Nurses Who Got Violence from Patient in Mental Hospital of West Kalimantan Province

Agustina Ratna Timor¹, Suryani², Titin Sutini³

¹(Psychiatry Nursing Department, Padjadjaran University, Indonesia)

²(Psychiatry Nursing Department, Padjadjaran University, Indonesia)

³(Psychiatry Nursing Department, Padjadjaran University, Indonesia)

Corresponding Author: Agustina Ratna Timor

Abstract: Mental nurses are health workers who are most often experiencing violence from patients because they face patients with various emotional symptoms. One in five patients in the acute psychiatric units in several countries can commit violence. Violence toward nurses has various effects that can affect their quality of work life. This study aims to explore the lived experience of nurses who get violence from patients. The method of this study is qualitative with a phenomenological approach. A total of nine participants were involved in this study with criteria having experienced violence from patients ≤ 1 year while working in a psychiatric intensive care unit and emergency unit. The process of data retrieval by in-depth interviews and analyzed with Colaizzi method. The result of this study found 4 themes namely, feeling incompetent to face violent of patients, feeling disappointed and disadvantaged by mental hospital management, tend to avoid when facing violent of patients, and realize the risk of working in the acute psychiatric unit. Themes one and two are new insights in this study. Management of mental hospital has an important role in violence incident against nurses. It is better to develop a structured risk management system, placement of acute psychiatric nurses according to competence and career level, and enhanced nurses' abilities in the acute psychiatric units. **Keywords:** lived experience, mental hospital, nurses who got violence from patient.

Date of Submission: 15-07-2019

Date of acceptance: 30-07-2019

I. Introduction

The contextual research is based on the experienced of nurses in acute psychiatric units of mental hospital West Kalimantan Province. The results of interviews conducted in the intensive psychiatry units of the Mental Hospital of West Kalimantan Province obtained data that each nurse had experienced violence from patients in the form of verbal violence and physical violence. Nurses on duty at the emergency department also revealed that majority of patients who enter through the ED has a history of committing violence against themselves, other people and the surrounding environment. Researchers as one of the nurses who served in psychiatric intensive units had experienced physical violence in the form of kicking from patients so that there was a feeling of fear when facing patients of other violent behavior and reluctant to get involved or avoid if the patient showed symptoms of violent. A similar experience was also experienced by other nurses who received bites from patients which caused physical injuries. In addition, other nurses also experienced violence in the form of being pushed and beaten by the patient so that the nurse felt shocked and did not work for several days. The nurse also feels afraid and decides to avoid facing patients with violent and decides to resign and transfer to another place of work.

Violence in the workplace can be defined as a physical attack or aggressive action that occurs when someone is doing a task related to his work¹. Research in Washington DC shows that the average number of violence is 24,000 / year and 75% occurs in the health care sector². Nurses reported more frequent of violence from patients than other health workers³. Research in the United States Massachusetts Department of Mental Health (DMH) using Analysis of the Assaulted Staff Action Program (ASAP), which found 2,891 assault cases and 67 % of the victims were health workers with the highest percentage experienced by nurses (26%).⁴

Physical violence and threats are the most experienced violence by nurses⁵. Nurses who work in psychiatric units often experience various forms of physical violence, namely being kicked, beaten, slapped and pushed along with minor attacks such as grabbing the nurse's clothes, being touched roughly and spit on.⁶ Nurses who work in psychiatric units are nurses who often experience violence compared to nurses in other units⁷, because patients who are treated are patients with mental disorders who show a variety of emotional symptoms, one of which is acts of violence that are the result of anger very much.⁸ Some things can trigger the nurse to experience acts of violence from the patient, one of which is the diagnosis and history of the patient's disease.⁹ In addition, the environmental conditions and facilities of the Mental Hospital¹⁰ (Da'seh& Obaid,

2018) and patient and family dissatisfaction with the services provided by the Mental Hospital are also triggers for violence against nurses.¹¹

Violence in the psychiatric room, especially in the acute psychiatric room not only threatens the safety of nurses but also the safety of other patients that can affect the effectiveness of care and treatment¹². In addition, the potential for violence experienced by nurses can affect the quality of life of nurses¹³ and reduce the interest of nurses to work in Mental Hospitals¹¹. Based on this background it is necessary to explore deeply the experience of nurses who experience violence from patients in mental hospitals.

II. Method

This research is a qualitative research with phenomenological approach. Phenomenology is the study of how individuals understand their life experiences, so they are able to reflect psychologically¹⁴. This approach aims to explain the structure or essence of the life experience of someone who experiences a phenomenon, by identifying meaning and accurately describing his life experience.¹⁵

Description of Participants

A total of 9 participants aged between 26-43 years were involved in this study. 4 female participants and 5 male participants. The participant inclusion criteria were nurses who had experienced violence from patients ≤ 1 year before while working in intensive care psychiatry and emergency rooms. Exclusion criteria are nurses who are unable to attend the interview process.

Data analysis

Data analysis using the Colaizzi (1978) method. In the first step the researcher transcribed each interview recording. Transcription is then returned to participants to be validated if there is information that the participant wants to add or remove if it does not reflect his experience. All participants agreed with each transcription. Furthermore, the transcription is read repeatedly by the researcher to find the essence of the participant's expressions and determine some important statements, according to the objectives to be achieved in this study. The important statement is then formulated into more general meanings and then formulated into a theme group.

Ethical Considerations

This study went through several ethical considerations processes including: ethical approval from the ethics committee of the Faculty of Medicine, Padjadjaran University with ethical clearance number 693 / UN6.L6 / LT / 2019, informed consent, anonymity, confidentiality, beneficence, and justice.

III. Result

Based on the results of data analysis using the Colaizzi (1978) method, researchers obtained 4 themes in this study, among others:

Feel incompetent to face patients violent

Competence in dealing with acute patients who show violent behavior is important for nurses. Almost all participants in this study revealed that they had not received any training, one of them was training on the management of violent. Specifically, some participants expressed their need for psychiatric emergency training, so that nurses mastered the technique of dealing with acute psychiatric patients, it could reduce the risk of injury when faced with patient violence. This was revealed by one of the participants as follows:

"It is important to get training (psychiatric emergencies) means that we know the patient's indication of violent behavior and how to deal with it, so even though we still have the possibility of violence, at least the risk of injury can be lowered" (P8.9).

Almost part of the participants also revealed that another training was needed, namely martial arts training. Self-defense ability is considered to protect nurses and can minimize the risk of nurses getting injured, such as the statement of one of the following participants:

"If possible, nurses can be given simple martial art training, at least to be able to protect themselves if attacked by patients" (P6.12)

Feel disappointed and disadvantaged by mental hospital management.

More than half of the participants in this study revealed matters relating to protection and guarantees for nurses who experienced violence. Some participants felt there was no reporting flow and follow-up for nurses who experienced violence. the following statement:

"how to report it from, I'll try to report but there is no follow-up ... need a mechanism to report the incident ..." (P4.6)

A disappointed expression was conveyed by one of the participants because there was no protection for nurses who experienced violence, with the statement below:

"What I disappointed was in the system ... there was a report with the head of the room and then the head of the room to the nursing office, but yes ... there was no follow-up ... regulations regarding the protection of officers and staff did not yet exist" (P1.2)

Some nurses also expressed statements that hoped for guarantees in the form of compensation for medical expenses for injuries, because during this time nurses did the injuries to treat themselves at a personal cost, so that they felt materially disadvantaged. Below is a statement from one of the participants:

"As my experienced, please be given a follow-up, for example, I was injured here, my incentives cut off ...I felt disadvantaged, because of medical treatment etc, I was sick because I was a victim of patient violence and my incentives were cut because i absent for treatment post get violent "(P2.7)

Tends to avoid when facing violence patient

The violence experienced by nurses results in the emergence of various feelings such as fear and lack of confidence in dealing with patients who show symptoms of violence. This condition causes nurses to be reluctant to deal directly with patients. The following is a statement from one participant who was afraid if the patient began to show symptoms of violence:

"felt trauma when I heard the patient's voice was high, so there was a feeling of being afraid of something like before again, so I didn't want to face the patient directly"(P7.13)

One participant also revealed that he was still traumatized so he was afraid and lacked confidence when facing nervous patients. Here's the statement:

"... I'm traumatized, afraid of incidents happening again, dodging ... laziness to face the patients, suspecting that the patient will hit first ... Self-esteem falls, felt unprofessional ...lackingof confidence when faced with agitated patients ... nervous ... become more afraid"(P2.5)

The same feeling was felt by one participant who experienced verbal threats using objects. Participants were reluctant to interact directly with patients because they feared that the threat was actually carried out by the patient. Below is the participant's statement:

"Having experienced a threat of being killed, a patient holding a knife ... there is still fear, still avoiding it, it's still an issue. Afraid that the patient remembers me, keeps on doing the threat "(P8.11)

Be aware of the risk of working in the acute room of a mental hospital.

Almost all participants in this study revealed that nurses are at risk of experiencing violence while caring for patients at the mental hospital, because they face a variety of emotional conditions in patients, especially acute patients in intensive psychiatric and emergency room settings. One nurse explained the risk conditions experienced while treating a patient, as follows:

"When I want to move the patient to another room, I am exactly behind the patient, suddenly the patient turns around to hit me" (P2.1)

These risky conditions are very well recognized by nurses, such as the following participant statement:

"... I have actually realized from the beginning,this is the first time patients are admitted and tend to be aggressive" (P9.5)

IV. Discussion

The findings in this study are explained in four themes that describe experiences of violence in nurses. The four themes presented, discussed and linked to the existing literature to see their importance for increasing the knowledge of clinical practitioners and subsequent researchers related to the phenomenon of violence in nurses at the mental hospital.

Violence experienced by nurses is related to the ability of nurses to deal with patients violent behavior found on the theme feels not competent. Previous research found that the challenges faced by nurses in psychiatric units were lack of training, support, physical protection and lack of adequate human resources¹⁶. The strategy training to deal with workplace violence and self-defense is one of the training that can be given to nurses in psychiatric units as a strategy in the form of martial arts believed to reduce fear in facing psychotic patients.¹⁷

Violence faced by nurses at the mental hospital is part of the occupational health and safety of the hospital which can harm nurses as health care workers. If there is no protection and guarantee for nurses, it can have an impact on the safety and health of nurses. Protection and guarantees for nurses on violence can also be done by implementing risk management that is currently not carried out in the scope of mental health services in Indonesia. Some countries have implemented risk management in mental health services, one of which is English, which develops stages in risk management to protect staff from the risk of violence, including establishing risk contexts identifying risks, assessing risk management and monitoring and reviewing risks¹⁸.

Some security measures as part of risk management also carried out by nurses in the acute psychiatric space in Taiwan include using alarms and portable telephones to obtain protection or safeguards to avoid violence¹⁹. A good psychiatric practice is a practice that has a balance between respect for the autonomy of patients and having an assessment and management of the risk of violence that is known to be associated with a patient's mental illness.²⁰

In addition, hospital support in the form of guaranteed medical expenses is also needed for nurses who experience violence. Very few nurses who experience violence receive care and treatment support from hospital management²¹ and if nurses submit compensation it takes a long time to obtain compensation²². Hospital management that cares about the needs of nurses to maintain safety in the face of violent patients influences job satisfaction in nurses which directly affects nurse performance.¹⁶

Another impact felt by nurses who experience violence is trauma facing patients with violent behavior. Experienced violence becomes a stressor for nurses so that nurses feel threatened by their safety and trigger feelings of fear and frustration, loss of self-esteem and confidence in patients.^{23,24,25} The condition causes reluctance on nurses to deal directly with patients who show symptoms of violence so that they tend to induce. Violence is one of the factors that influence the performance of nurses which has an impact on the quality of services provided to patients.^{26,27,28}

Hospitals are a risky place of work for the human resources they have²⁹. The psychiatric conditions of patients treated at the mental hospital sometimes show high emotionality so that the risk factors for nurses experience violence³⁰. The frequency of violence is more common in psychiatric units than other units³¹. Nurses realize that violence is one of the risks faced while working²⁶. Various nurses' views regarding violence experienced are also revealed by previous studies such as nurses who view violence as apart from work to be faced, nurses feel violence is a problem found in the workplace and violence is a normal thing that can happen at work.^{32,33}

V. Conclusions and Recommendations

Based on the explanation above, this phenomenological study was conducted on nine participants who had experienced violence from patients in the West Kalimantan Province Mental Hospital. The experience was analyzed by the Colaizzi approach (1978) to obtain an overview of the experiences of nurses who experienced violence in the mental hospital, which were described in four themes: feeling incompetent to face patients of violent behavior, feeling disappointed and disadvantaged by mental hospital management, tend to avoid when facing patient behavior violence, and realize the risk of working in the acute space of a mental hospital. The results of this study found new perspectives and strengthened several previous studies.

Reference

- [1]. Geneva Public library. Workplace Violence and Prevention Policy. 2017;1–6.
- [2]. Occupational safety and health administration. (2016). guidelines for preventing workplace violence for healthcare and social service worker. *Department of Labor, United States of America*.
- [3]. Edward K, Ousey K, Warelow P, Lui S. Nursing and aggression in the workplace: a systematic review. *Br J Nurs*. 2014;
- [4]. Flannery RB, Levitre V, Rego S, Walker AP. Characteristics of Staff Victims of Psychiatric Patient Assaults : 20-Year Analysis of the Assaulted Staff Action Program. *Psychiatr quarterly*. 2011;11–21.
- [5]. Magnavita N, Heponiemi T. Workplace Violence Against Nursing Students and Nurses: An Italian Experience. *J Nurs Scholarsh*. 2011;43(2):203–10.
- [6]. Kelly EL, Subica AM, Fulginiti A, Brekke JS, Novaco RW. A cross-sectional survey of factors related to inpatient assault of staff in a forensic psychiatric hospital. *J Adv Nurs*. 2015;71(5):1110–22.
- [7]. Pekurinen V, Willman L, Virtanen M, Kivimäki M, Vahtera J, Välimäki M. Patient aggression and the wellbeing of nurses: A cross-sectional survey study in psychiatric and non-psychiatric settings. *Int J Environ Res Public Health*. 2017;
- [8]. Stuart gail w. *Principles and Practice of Psychiatric Nursing*. elsvier mosby; 2013.
- [9]. D'Ettorre G, Pellicani V. Workplace Violence Toward Mental Healthcare Workers Employed in Psychiatric Wards. *Saf Health Work*. 2017;8(4):337–42.
- [10]. Da'seh A, Obaid O. Workplace Violence : Patient ' s Against Staff Nurse in Mental Health Care. *J Nat Sci Res*. 2018;7 (24).
- [11]. Yosep I, Putit Z, Hazmi H, Mediani HS, Sciences H, Padjadjaran U. Exposure of Mental Health Nurses to Violence in Mental Hospital : a Systematic Review Terpaparnya Perawat Jiwa terhadap Kekerasan di Rumah Sakit Jiwa : Sistematis Review. 2016;4:293–304.
- [12]. Iozzino L, Ferrari C, Large M, Nielssen O, De Girolamo G. Prevalence and risk factors of violence by psychiatric acute inpatients: A systematic review and meta-analysis. *PLoS ONE*. 2015.
- [13]. Shiao JS, Tseng Y, Hou YHJ, Cheng Y, Guo YL. Assaults against nurses of general and psychiatric hospitals in Taiwan. 2010;823–32.
- [14]. Van Manen M. But Is It Phenomenology? *Qual Health Res*. 2017;27(6):775–9.
- [15]. Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. Lippincott Williams & Wilkins.
- [16]. Chimedza I, Maritz JE. Nurses' experiences of hostile behaviour from mentally ill patients in the psychiatric ward of a general hospital. 2014;
- [17]. Gladstone J. Are Martial Arts an Effective Self-Care Practice for Mental Health Professionals. 2018;5(April).
- [18]. Health SE. Case Management in Mental Health Services. 2009;
- [19]. Niu S-F, Kuo S-F, Tsai H, Kao C, Traynor V, Chou K. Prevalence of workplace violent episodes experienced by nurses in acute

- psychiatric settings. 2019;1–13.
- [20]. Toal F, Mullen P, Ogloff J. Risk assessment and management of violence in general adult psychiatry. 2019;1–5.
- [21]. Akanni OO, Osundina AF, Olotu SO, Agbonile IO, Otakpor AN, Fela-thomas AL. Prevalence, Factors, and Outcome of Physical Violence against Mental Health Professionals at a Nigerian Psychiatric Hospital. 2019;15–20.
- [22]. Bimenyimana E, Poggenpoel M, Myburgh C, Van Niekerk V. The lived experience by psychiatric nurses of aggression and violence from patients in a Gauteng psychiatric institution. *Curationis*. 2009;32(3):4–13.
- [23]. Lin, W.-Q., Wu, J., Yuan, L.-X., Zhang, S.-C., Jing, M.-J., Zhang, H.-S., ... Wang, P.-X. (2015). Workplace Violence and Job Performance among Community Healthcare Workers in China: The Mediator Role of Quality of Life. *International Journal of Environmental Research and Public Health*, 12(12), 14872–14886. <https://doi.org/10.3390/ijerph121114872>
- [24]. Modise ST. Experiences of psychiatric nurses working with aggressive patients. 2012;
- [25]. Baby M, Rm RN, Glue P, Chb MB, Bristol O, Carlyle D. ' Violence is Not Part of Our Job ': A Thematic Analysis of Psychiatric Mental Health Nurses' Experiences of Patient Assaults from a New Zealand Perspective. 2014;647–55.
- [26]. Al Marashi T, Al Zghool M. Factors Influencing Job Performance among Nurses Who are Working in Saudi Mental Health Hospitals. 2018;6(2):67–81.
- [27]. Fahy G, Moran L. Who supports the psychiatric nurse? A qualitative study of the social supports that affect how psychiatric nurses cope with workplace risks and stressors. *Irish J Sociol*. 2018;079160351879236.
- [28]. Tesfaye T, Abera A, Balcha F, Nemera G, Belina S. Assesment of factor affecting performance of nurse working at Jimma University Specialized Hospital in Jimma Town, Oromia Region, South West Euthopia. 2015;4(6):4–10.
- [29]. Peraturan Menteri Kesehatan Republik Indonesia Nomor 66 Tahun 2016.
- [30]. Queensland Government. Mental Illness Nursing Documents. 2010; Available from: <http://www.health.qdl.gov.au/mentalhealth/mindessentialsfinal.pdf>
- [31]. Lepiešová M, Tomagová M, Bóriková I, Farský I, Žiaková K, Kurucová R. EXPERIENCE OF NURSES WITH IN-PATIENT AGGRESSION IN THE SLOVAK REPUBLIC. *Cent Eur J Nurs Midw* [Internet]. 2015;6(3):306–12. Available from: <http://creativecommons.org/licenses/by/4.0/>
- [32]. Stevenson KN, Jack SM, O'mara L, Legris J. Registered nurses' experiences of patient violence on acute care psychiatric inpatient units: an interpretive descriptive study. *BMC Nurs*. 2015;11:1.
- [33]. Anderson A, West SG. Violence Against Mental Health Professionals: When the Treater Becomes the Victim. *Innov Clin Neurosci*. 2011;8(3):34–9.

Agustina Ratna Timor "The Lived Experience by Nurses Who Got Violence from Patient in Mental Hospital of West Kalimantan Province" .IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.04 , 2019, pp. 79-83.