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RESEARCH

Factors Relating to Restraint Implementation for Patients with Violence Behavior in Madani Hospital

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ABSTRACT

Nurses have not fully provided care in accordance with the standards that exist in patients undergoing fixation. This could have happened because there is still a lack of nurses' knowledge about the fixation action. This study aimed to determine the factors relating to the implementation of restraint in patients with violence behavior in the Madani Hospital in Central Sulawesi Province. This research was an analytic study with the cross sectional design. The population in this study were all nurses in the nurses' room in Madani District Hospital, Central Sulawesi Province. Population size = 76 people, and sample size = 43 people. Data were collected using a questionnaire and analyzed using Chi-square test. There was a significant relationship between knowledge and attitude of nurses with the implementation of restrain in the mental care room of Madani Hospital with p-value of 0.003 and 0.000. There was no correlation between the experience with the implementation of restrain in the mental care room of Madani Hospital with p-value of 1.000.
Keywords: knowledge, attitude, experience, restraint, nurse

INTRODUCTION

War, conflict, prolonged economic crisis are one of the triggers of stress, depression, and various mental health disorders in humans. Mental disorders are a form of disturbance in the functioning of the mind in the form of disorganization in the contents of the mind which is characterized by disturbances of understanding (delusions), disturbances of perception in the form of hallucinations or illusions and encounters of disturbed reality values shown by bizzare. This disorder was found on average 1-2% of the total population in an area at any time and the most began to occur (onset) at the age of 15-35 years.(1)

WHO estimates that 450 million people worldwide experience disruption mentally, about 10% of adults experience a mental disorder at this time and 25% of the population is expected to experience mental disorders at a certain age during his life. This age usually occurs in young adults between the ages of 18-21 years. According to the National Institute of Mental Health (NIHA) mental illness reaches 13% of the disease as a whole and is expected to develop to 25% by 2030. The event will contribute to the increasing prevalence of mental disorders from year to year in various countries. Based on the results of the 2004 US population census, an estimated 26.2% of the population aged 18-30 years or more experienced a mental disorder.(2)

Based on the results of basic health research (Riskesdas) in 2013 that the prevalence of severe mental disorders was 1.7 per million, which means that in 1000 people there were 1.7 or 2 people who experience severe mental disorders. While those who experienced mental emotional disorders were 6.0% and the province with the highest prevalence of mental emotional disorders was Central Sulawesi (11.6%), while the lowest was in Lampung (1.2%).(3)

Mental disorders are divided into two major parts, namely mild mental disorders (neurosis) and severe mental disorders (psychosis). There are 2 types of psychosis: organic psychosis, where there are abnormalities in the brain and functional psychosis, there are no abnormalities in the brain. Psychosis as a form of mental disorder is the inability to communicate or recognize reality which creates difficulties in one's ability to play properly in everyday life. The most dangerous symptoms of psychosis experienced by people with mental disorders are rowdy and fury.(4)

Patients who experience restless rowdy are expected to remain able to master themselves and function well again. To achieve these objectives, the existing problems can be overcome by psychological, biological and sociocultural approaches. The three aspects of this approach are principally endeavored in any disturbing noise situation, but which approach takes precedence or priority depends on the circumstances and conditions of the patient. Circumstances that have been life-threatening to patients will be made fixation which is a form of biological approach.(5)

Fixation or restraint is seen by some health workers (nurses, doctors) as something that is common and even very common in mental hospital settings. Not many people care or question the legality reasons for this action. Even though restraint can be dangerous and can cause trauma to patients (both physical and psychological) as

well as those actions that are considered to violate human rights and ethics. Efforts to reduce may be considered as something that is against the nature or habits of mental hospitals. So that the legalization of restrain action seems to be free from all demands and in the end the improvement efforts are less developed.[6]

For this reason the nurse must have sufficient knowledge about this action and be positive and keep caring if doing so. Based on data from the Madani Hospital in Central Sulawesi Province, the total number of people with mental disorders in January-December 2015 totaled 827 people, and from January- February 2016 amounted to 79 people. There were about 80% of patients treated with mental disorders experienced a history of violent behavior. Of the many patients with violent behavior, around 90% were dealt with by fixation. The number of nurses in charge of handling mental patients amounted to 76 people.[7]

Patients who are just hospitalized generally refuse to be treated even though an approach has been taken using teraupetik communication but still refuses to be treated, so fixation must be done. Researchers experience during the practice at Madani Hospital, still often see nurses not yet fully providing care in accordance with the standards in patients who carried out fixation actions. This can happen because there is still a lack of knowledge of nurses about this fixation action. Given that the client who is fixated (restraint) is also a human being who must be seen as a holistic creature consisting of bio, psycho, social and spiritual, so it needs to be given nursing care comprehensive so that client needs can still be fulfilled. For that a nurse must have good knowledge in handling patients with fixation measures.

The purpose of this study is knowing the relationship between knowledge, experience and attitude of nurses with the implementation of restraint for patients with violent behavior in Madani Hospital.

METHODS

This type of research was an analytic research with a cross-sectional design. This research was conducted from November to December 2015 at Madani Hospital in Central Sulawesi Province. This population was all nurses (76) in the inpatient room of Madani Hospital in Central Sulawesi Province. The sample size was 43, determined using the Slovin formula. Data were collected using a questionnaire and analyzed using Chi-square test.

RESULTS

Table 1. Distribution of nurse's characteristics

Characteristics	Frequency	Percentage
Ages		
< 25 years	9	79.1
≥ 25 years	34	20.9
Gender		
Male	30	69.8
Female	13	30.2
Education		
Diploma of nursing	39	90.7
Bachelor of nursing	3	7.0
Ners	1	2.3
Length of working		
< 5 years	20	46.5
≥ 5 years	23	53.5

Table 1 shows that of the 43 respondents aged ≥ 25 years, 34 people (79.1%), than those aged <25 years are 9 people (20.9%). More men are 30 people (69.8%) than women, namely 13 people (30.2%). More vocational education background (Bachelor of Nursing and Diploma 3 of Nursing) amounted to 42 people (97.7%) from the background of Professional education (Ners) of 1 person (2.3%). More people had a work period of ≥ 5 years, which was 23 people (53.5%), compared to the length of work <5 years, which was 20 people (46.5%)

Table 2. Distribution of nurse's knowledge

Knowledge	Frequency	Percentage
Good	23	53.5
Less	20	46.5

Table 2 shows that of the 43, more respondents who had good knowledge about restraint, 23 people (53.5%), than those who were not good, were 20 people (46.5%).

Table 3. Distribution of nurse's experience

Experience	Frequency	Percentage
Good	3	7.0
Less	40	93.0

Table 3 shows that from 43 respondents who had less experience were 40 people (93.0%).

Table 4. Distribution of nurse's attitude

Attitude	Frequency	Percentage
Good	30	69.8
Less	13	30.2

Table 4 shows that of the 43, more respondents who have a good attitude about restraint that was 30 people (69.8%).

Table 5. Distribution of restraint implementation

Restraint implementation	Frequency	Percentage
Good	30	69.8
Less	13	30.2
Total	43	100

Based on table 5, it shows that out of 43 respondents who carried out restraint well, 30 people (69.8%).

Table 6. Correlation between nurses' knowledge and restraint implementation for patients with violence behavior

Knowledge	Restraint implementation				Total		p-value	OR (CI 95%)
	Good		Less					
	f	%	f	%	f	%		
Good	21	91.3	2	8.7	23	100	0.003	12.83
Less	9	45.0	11	55.0	17	100		
Total	30	69.8	13	30.2	43	100		

Based on the results of the Chi-Square test, p-value was 0.003, so there was significant correalation between nurse's knowledge and the implementation of restraint for patients with violent behavior. OR was 12.83, so nurses who have less knowledge have 13 times the opportunity to carry out restraint on patients with violent behavior less well than those who have good knowledge about restraint.

Table 7. Correlation between nurses' experience and restraint implementation for patients with violence behavior

Experience	Restraint implementation				Total		p- Value	OR (CI 95%)
	Good		Less					
	f	%	f	%	f	%		
Good	2	66.7	1	33.3	3	100	1.000	-
Less	28	70.0	12	30.0	40	100		
Total	30	69.8	13	30.2	43	100		

Based on the results of the Fisher's exact test, p-value was 1.000 (>0.05), so there was no significant correlation between the experience of the nurse and the implementation of restraint for the patients with violence behavior.

Table 8. Correlation between nurses' attitude and restraint implementation for patients with violence behavior

Attitude	Restraint implementation				Total		p-Value	OR (CI 95%)
	Good		Less					
	f	%	f	%	f	%		
Good	27	90.0	3	10.0	30	100	0.000	30.00
Less	3	23.1	10	76.9	13	100		
Total	30	69.8	13	30.2	43	100		

Based on the results of Fisher's exact test, p-value was 0.000, so there was significant correlation between attitudes and restraint implementation for patients with violent behavior.

DISCUSSION

Based on the results of the study it was found that there was a relationship between knowledge and the implementation of restraint for patients with violence behavior in the Madani Hospital of Central Sulawesi Province. Nurses who had good knowledge did restraint better than those who were not good and nurses who had poor knowledge did good restraint less than those who were not good. According to the assumption of the researcher, that there was a relationship between knowledge and implementation of restraint because knowledge is a predisposing factor (facilitates) the occurrence of a behavior in general, and especially the implementation of restraint. Knowledge is the basis for thinking in carrying out an action. Knowledge will direct someone to do an action correctly. On the contrary, poor knowledge about restructuring will make nurses have difficulty carrying out restraint properly to patients with violent behavior. The nurse must know when the restraint must be done, how the procedure is carried out and its supervision. All of these things require good knowledge from professional nurses. The assumption of researchers is supported by the opinion of Notoatmodjo[8], that good knowledge about a health behavior will make the behavior long lasting. Knowledge or cognitive abilities of individuals are very important domains in shaping one's actions. From the research it was proven that the behavior based on the knowledge will last longer than the behavior that is not based on knowledge. According to Aedil[9], the actions of health workers in creating a safe atmosphere for schizophrenic patients is done by approaching, transferring patients to another room, giving medicine and also restraint action. Therapeutic communication is also applied by nurses in various ways, such as approaching patients and fixing schizophrenic patients who behave violently while approaching. Nurses also continue to help patients to maintain personal hygiene and keep supervision of patients, but due to the lack of nurses and limited facilities, these treatment measures cannot be performed optimally.

Based on the results of the study found that there was no relationship between nurse's experience and the implementation of restraint for patients with violence behavior in the Madani Hospital of Central Sulawesi. Nurses who had unfavorable experience did more restraint better than those who were not good. So it can be concluded that although not having experience doing restraint will still do a good restraint. According to the assumption of the researcher, that there was no relationship between the experience of nurses with the implementation of restraint because nurses carried out restraint based only on what had been witnessed when senior nurses or other nurses did. Meanwhile, those who had attended education and training on restraint were also only three people and that was only obtained when they attended educators in college (Bachelor of Nursing and Ners) while there were many special training on restraint or management of violent behavior that had not followed due to nurses new work is less involved in trainings carried out by hospitals. Training is an important part of increasing one's knowledge, especially about restraint. Through training, nurses can remember theories that were previously obtained while undergoing nursing education. In addition, training is a means to obtain the latest knowledge regarding the implementation of restraint. The assumption of the researcher is supported by Crow's opinion in Nursalam[10], that training is a process in which experience or information is obtained as a result of the learning process. The more individuals have the opportunity to get training, it will have a direct impact on the various actions they take. According to Pusdiknakes (2001) in Priharjo[11], that the training and education of nursing staff in Indonesia generally aims to provide health workers in the appropriate number and type, which has the characteristics of virtuous, tough, intelligent, skilled, independent in accordance with asaz professionalism respectively. According to Potter & Perry[12], experience can arise from training that was once

followed by nurses. Through training, individuals will find many new things to improve their knowledge and skills. Experience is an important way to learn. Experience in nursing is a component of critical thinking. When nurses must deal with clients, information about health can be known from observing, feeling, talking to clients, and reflecting actively on experience. Clinical experience provides a laboratory facility to test nursing knowledge.

Based on the results of the study found that there was a relationship between nurse's attitude and implementation of restraint for patients with violent behavior in Madani Hospital, Central Sulawesi Province. Nurses who had a good attitude did restraint better than those who were not good and nurses who had a less favorable attitude to did a good restraint were less than those who were not good. Because attitude and knowledge are predisposing factors in the occurrence of a behavior in general, and especially the implementation of restraint. Attitude is a form of closed behavior (covert behavior) and is a readiness to act to do something. So that the attitude that is not good towards the implementation of restraint will make nurses carry out restraint less well to the patient's soul. The assumption of the researcher is supported by the opinion of Notoatmodjo[8], attitude is readiness or willingness to act, and not an implementation of certain motives. Attitude has not been an act or activity, but it predisposes to an act of behavior. That attitude is still a closed reaction, not an open reaction, an attitude is readiness to react to objects in a particular environment as an appreciation of the object. The same thing is conveyed by Notoatmodjo[13] that in determining a complete attitude, knowledge, thoughts, beliefs and emotions hold an important role. The same thing was conveyed by Gerungan (1981) in Cahyani[14] that attitudes are always related to certain objects which can be attitudes or attitude and give a tendency to someone to act or act according to his attitude towards an object. The readiness of nurses to react to how to deal with patients with fixation actions (restraint) as an appreciation of the object. This is in accordance with the opinion of Notoatmodjo[13] regarding the attitude domain, namely: 1). Receiving, namely that nurses are willing to pay attention to the stimulus given about the handling of patients with fixation actions 2). Responding is giving a good answer to the questions about the handling of patients with fixation action. 3). Appreciate, that is teaching others in this case the sufferer and family to participate in efforts to handle patients with a fixation. 4) Responsible, namely feeling that the nurse needs responsibility towards the handling of patients with a fixation.

CONCLUSION

Based on the analysis of the results of the study, it could be concluded that there was a relationship of knowledge and attitude with the implementation of restraint for patients with violence behavior in Madani Hospital in Central Sulawesi Province.

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