Schizophrenia Recovery in Health Center: Perspectives From Mental Health Nurses In Maluku

By Fandro Armando Tasijawa

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Abstract

Recovery is significant for improving the mental health services quality, but there has been no research on schizophrenia recovery in eastern Indonesia. The study explores the nurse's perspective on the Schizophrenia recovery mental health program at the health center. This study was qualitative research with a phenomenological approach toward eight nurses in charge of the mental health program at the Health Center in Buru Regency, Maluku. Data were collected using in-depth interviews. Interview transcripts were analyzed by the Colaizzi method. There were six themes found in this study, namely" considering patients as a brother" Then, the foreign term "recovery" has various meanings for the nurse. Medicine is the main recovery action but becomes the main obstacle—the patient's recovery by sent to a mental hospital. The mental health program at the health center did not work well, and nurses experienced violence from patients. The correct perspective on schizophrenia recovery is needed by the nurse in charge of the mental health program at the Health center in Maluku to improve mental health services.

Keywords: qualitative, nurses, perspective, recovery, schizophrenia.

Introduction

The concept of Recovery has become a national mental health policy in most developed countries such as England, Wales, and the European Union. It also significantly impacts the mental health system (HMG, 2011; Jacob et al., 2015). Anthony proposed the concept of recovery in 1993 as a new vision in mental health services. This vision demands health workers to support their patients to live optimally and productively even though they are limited due to their mental illness. However, the application is relatively new and is still limited to health workers, especially nurses in developing countries like Indonesia.

Nurses as health workers and at the forefront of health service providers. They have important duties and responsibilities. Nurses' perspective on recovery is an important concept

in improving mental health practice and increasing patients' life quality diagnosed with schizophrenia. The nurses play an important role in the recovery process, especially encouraging them to recognize their illness, build personal identity, and regain the meaning of life and support to participate in society (Drapalski et al., 2012). Thus, nurses are not burdened for fulfilling their daily needs. Then, they become a supporter and encourager of the patient to manage his condition by providing trust, fostering a sense of responsibility, and motivating them to believe that they can recover (Suryani, 2014).

The contribution of nurses on mental health services can change the mindset orientation based on evidence that recovery is not a treatment but a way of life to increase the meaning of patient' lives by working and interacting with the community (Morrison et al., 2014; G. Shepherd et al., 2014; Suryani, 2014). The nurse's proper perspective on recovery must be owned in charge of the mental health program at public health centers in Indonesia. Therefore, it is essential to encourage the involvement and responsibility of mental health programs in health centers related to applying the recovery concept to patients with mental illness. However, research conducted to build the understanding of nurses in charge of schizophrenia recovery mental health programs in Indonesia is still limited.

Research on recovery has been studied in Indonesia by several researchers, such as Suryani et al. (2019), which examines aspects of schizophrenic healing from patients' perspectives in Cimahi City. Then, Agustina et al. (2019) research examines nurses' experience as holders of psychiatric programs at the health center to recover in Cimahi City. Research by Nurjannah et al. (2019) also examines the views of health workers on schizophrenia recovery in Yogyakarta. It is also researched by Purbaningsih (2019) examines the views of patients, families, professionals, and policymakers regarding recovery in schizophrenic patients in the city of Cirebon. Then, Tania (2019) examined the experience of health cadres in supporting the recovery process of people with mental disorders (ODGJ) in the c Cimahi City. The five studies were conducted in western Indonesia, while no research related to recovery in schizophrenic patients in eastern Indonesia. Therefore, it is necessary to explore the perspective of mental health nurses at the Health center regarding schizophrenia recovery in eastern Indonesia.

Methods

The qualitative approach used in this research was phenomenology. In this study, the concepts of bracketing, intuition, essence, intentionality, and saturation became a guide for researchers to find nurses' perspectives about schizophrenia recovery. This research was conducted in April-May 2020 in Buru Regency, Maluku, on eight nurses in charge of the mental health program at the health center. The criteria for selecting the sample were nurses with at least six months of experience dealing with schizophrenic patients, having a minimum education of diploma 3, and nurses who could communicate well and work together.

The data collection technique used in this study was using in-depth interview techniques. It was in line with several other phenomenological studies by Christensen, Welch, & Barr (2018) and Suryani et al. (2013), who conducted in-depth interviews for 45-60 minutes. When interviewing, the researchers paid attention to the ethical principles of research by explaining and asking to sign the informed consent. In addition, the researchers noticed to collect data in a comfortable and quiet place, and it is by the interviewee's wishes. The researcher used a voice recorder, and the main question posed to all participants was, "What is your point of view/opinion on the process of ODGJ recover."

In addition, the researcher also prepared probing questions to anticipate blocking during interviews or the absence of holistic information. Then the data collected was analyzed using the Colaizzi method (1978). This research has also received an ethical approval letter number: **291/UN6.KEP/EC/2020** from the health research ethics commission from the Medicine faculty, Padjadjaran University.

Results

The total number of participants in this study is eight nurses in charge of mental health at the health center. Work experience in charge of mental health programs between 8 months - 14 years participants ages ranged from 24-46 years old with four women and four men. 2 participants with bachelor's degree in nursing and 6 participants with a nursing diploma. There were six themes found in this study, namely (1" regarding the patients as broth," (2) the term recovery is still foreign to nurses. It has varied meanings, (3) medicine is the main action of recovery but become the main obstacle, (4) patient recovery by referred to a mental hospital,

(5) mental health programs at the health center did not work well, (6) nurses experienced violence from patients.

Theme 1 "Regarding the patients as a brother."

This theme expresses nurse work regarding their profession as nurses insincerity, serving, and sacrificing like a brother. As stated by one participant that" I treat the patient is like my broth" (P4). Another participant expressed a similar phrase "Concerning in this program demand to work with heart…if we use our heart, we will treat them with love and treat them like our own family" (P1). According to the participant, "This program and my soul has merged. I consider them to be human beings who must be cared for and treated like another normal human being" (P1).

Other participants also explained further about their awareness as nurses to sincerely care for their patients. She said "As a nurse, it is duty and empathy to care. So whatever the task is to serve people with mental illness, I have to do it sincerely" (P8). According to the participants, besides sincerity, sacrifices are also needed in serving patients. The following is their expression, "have to instill to me that I have sacrificed for the patient… several times outside our office hours, there are families who come and call me and need our help" (P8)

Theme 2: The term recovery is still foreign to nurses and has various meanings

Most of the participants in this study had never heard of the term of recovery. All participants could interpret schizophrenia recovery based on their experience when taking care of the patients. Thus, the meaning of recovery that participants express varies greatly. On this theme, from eight participants, five participants, namely P2, P3, P5, P6, and P8, revealed that they had never heard of the term schizophrenia recovery. The following is the statement, "if the term of recovery (*pemulihan*), I had never heard" (P2).

Other participants also expressed the same thing. At the same time, the last " participant revealed that he had heard the term recovery in general health. However, for the specific term for mental health, I have not. It is in line with the statement "If the term recovery, I ever heard.

In general health terms, we surely know recovery. However, when it is in mental health terms, I have not heard" (P8).

Furthermore, the participants interpretedRecoveryy by saying, "Recovering means mind… body… is back to normal as a person without a mental illness (P8). Meanwhile, other participants who had never heard of recovery defined recovery by saying, "Recovered means people who are healthy, who have recovered from their mental, physical, mental illness (P2). Finally, another nurse said that recovery is for patients...who initially could not interact with nurses...finally were able to interact (P7).

However, the other nurse said something different. The nurse revealed that a complete recovery like ordinary people would not happen. Following his statement, "Recovery means all things related to schizophrenia are no longer happened or done. The meaning of completion means…you will not recover like a normal pers" (P1). Surprisingly the statement of other participants did not explain the meaning of recovery but revealed that the recovery of schizophrenia patients was difficult. Furthermore, the participant said that mental illnesses such as schizophrenia seem challenging to cure (P5).

Theme 3: Medicine as the primary recovery action but become the main obstacle

All nurses said that medication is very important for schizophrenia recovery and becomes the main action of mental health services. However, the available medicines are very limited or not available at the health center. One of the participants said, "I think the main action is consuming medicine" (P5). Another participant also said that people with mental illness must be on medication… mentoring approaches, and I have tried it difficult. It cannot work. It just gets wor" (P1).

Nurses expressed the importance of medication for patients because by taking medication, the patient gets better and does not relapse. It was expressed by one nurse who said, if they have taken medicine, they can work, communication also goes" (P3). It is supported by another participant's statement that "After taking medicine, how come he take a bath without being commanded" (P6).

The importance of medicine for patients is not supported by the supply of medicines at the health center. Some participants said, “Our obstacle from the health center is the lack of medicines for people with ODGJ are" (P7). Other participants also complained and despaired about the minimal medicine. So the participant said, “Hopefully, the Almighty will help them so they can recover. However, because we want to do something else, there is very little medicine, so trying to make patients recover is also difficult because there is no medicine." (P4).

Chlorpromazine (CPZ) is a medicine that is still available at the health center. Several participants expressed it in P3, P5, and P8. The nurse revealed, “Medicines are limited. So the medicine is from Ambon that available are only CPZ here" (P3). Another participant continued by revealing, “The medicine provided at the health center is only CPZ. However, if you need more than that, you have to refer to a specialist at RSKD (Hospital) Amb” (P8). Due to the limited availability of medicine at the health center, some nurses sought a solution by making a referral letter for taking medication at a mental hospital in Ambon. One participant said, “You have to go get the medicine in Amb” (P4).

Even though the family is given a referral for free medication in Ambon, several obstacles prevent the family from taking medication. First, financial constraints from the family to take medicine far away. For example, the farthest health center has to travel ±5-6 hours by land, then sea for ±8-9 hours later to a mental hospital. Even if there are families in Ambon who can pick them up, they have to pay for the care. Following is the statement of one participant “To recover, it depends on economic factors. Because to take medicine in Ambon, it costs money because it is far. Moreover, his family faces economy difficulty” (P5).

Theme 4: Patient recovery by being referred to a mental hospital

Almost all participants said that patients could recover if they were referred to a mental hospital. One of the participants said that if they were referred, they could recover (P3). The same thing was expressed by another participant “It can be cured but must be referred. One of them had to be treated at Nania (a mental hospital in Ambon). The point is that they must be referred…Because there are doctors, nurses, they have everything” (P2).

Other participants also support that referral will make the patient recover because of the supportive treatment and facilities compared to the health center. The following is the statement of one participant "If you prefer, you can get better treatment at the hospital. However, if he (the patient) stays here, it will be difficult for him to recover… If they are treated there (RSKD Ambon) for one month, they will be able to recover in two months" (P4).

Theme 5: The mental health program at the health center is not working well.

Some participants lack attention from the health center and the health office to mental health programs. For example, the participant who has been in charge of mental health programs for 14 years revealed, "There is not enough attention to mental health programs…the lead until the staff thinks that mental problems are not important" (P1). Criticism was also expressed by other participants "I see that the budget for medicine is limited…the department also often rolls out so this mental program cannot devel" (P8).

One of the participants revealed that the activities carried out every year are mentoring, tracking new cases, and socialization. However, due to budget constraints, one activity is always left out for the following year to replace other activities. The participant said I am doing limited activities with funds… so I am only doing mentoring and tracking this year. So every year I give only o" (P4). In addition, the minimal circumstances make the person in charge of the mental program rarely visit the patient because of the long distance. One participant said the distance between the patient and us is very far, and we go down for a long time…we only go once a year or two. There are also four months when we go to patient ho" (P2).

Theme 6: Nurses experience violence from patients

Most of the participants in this study had experienced violent behavior from the patient, so they agreed to shackle them. One female participant shared her unpleasant experience. He told me: One patient went to the garden and brought a machete…so I once talked to him and immediately shouted at me and threw stones at me (P8). Another participant admitted that he was almost beaten. He said, "Once I ever chased to be hugged and also thrown with stones. That is why I only provide education to his/her family" (P5).

The fear of the person in charge of the mental program against patients' violent behavior makes them agree to put the patient in shackles. It relates to this statement, “the actions taken were violent… that is why we have to put them in shackles. I am also afraid to face such patients. There are several people here who are still in shackles… doesn’t he make violence, trouble again…if he does, put him in shackles” (P2). The experience of being chased by the patient with machetes, verbally abused by patients, and once applying to resign from the mental health program was also experienced by several participants. Following is their experience” He (the patient) thought we come to pick him up and he had a pet… so when I came in, he greeted me, and he followed me with a machete. So I want to resign from this program because the patient comes with us with a machete. It is dangerous” (P4).

In addition, physical violence and verbal violence in the form of swearing have also been experienced by the participants. Here is the story: There is a person who, when we came he would abuse us. He cursed (curse) our parents. He gave impolite words to us (P4).

Discussion

Considering the patient as a brother

For most participants, nurses must be a brother to the patient by showing sincerity in caring for schizophrenic patients, having the will for the patient to recover, and making sacrifices to serve the patient with heart. The findings in this theme are interrelated with other themes that discuss nurses experiencing violence from patients. The word “consider as a brother” means whatever the patient does, including acts of violence. The nurse will try not to see it as a burden and a problem for the nurse. These acts of violence, if the nurse does not “consider her as a brother,” the nurse will step back and not serve the patient again.

“Considering patients as brothers” is a bond for nurses to sincerely serve patients suffering from mental disorders. One of the participants in this study said, “As a nurse, it is empathy to care. So whatever the task is to serve people with mental disorders, I still have to do it sincerely” This finding is consistent with research by Majomi et al. (2003) on 20 community mental health nurses that nurses sacrifice to be professional despite many personal

problems experienced at home. However, nurses must do their best for patient recovery (Majomi et al., 2003).

This finding is also consistent with the qualitative descriptive research by Buckland et al. (2013) on 13 mental nurses who revealed that nurses must bring happiness to schizophrenic patients to improve their life quality. More findings by Kaewprom et al. (2011) on 24 mental nurses in Thailand also revealed that nurses are key people in facilitating recovery for patients in the community. Another finding by Coffey & Hewitt (2008) revealed that when the patient was struggling to recover, the nurse supported the patient by being a good listener when the patient needed it. This finding is also in line with Suryani (2013) that nurses become facilitators for all actions, needs, feelings, abilities and weaknesses of patients.

Although in several previous studies, nurses were recognized as key people (Kaewprom et al., 2011). They can bring happiness ((Buckland et al., 2013), good listeners (Coffey & Hewitt, 2008), self-sacrificing people (Majomi et al., 2003), and facilitators (Suryani, 2013). However, in previous studies, no one has revealed that nurses are brothers to patients, and this theme is quite important as a new insight in this study.

In addition, the support from the nurse proved their contribution to the mental program. The findings show support and concern from the family or community for the recovery of the patient. The findings of this study are consistent with several previous qualitative studies by Karanci et al. (2017), Riley-McHugh et al. (2016), Shepherd et al. (2012), dan Windell & Norman (2013) that support from family and community is very important for recovering patients with mental illness. For example, one of the participants in the study of Shepherd et al. (2012) said, the people here, we talk, we laugh, we joke, and they are always there for me. If I feel bad, they are always there to help me go through it together. So then, I think I feel better about myself now than I did when I was a kid."

Likewise, Riley-McHugh et al. (2016) research states that support from the family can be a coping mechanism for patient recovery. The same thing was also expressed by Karanci et al. (2017) in Turkey that three families support patients, and it is facilitating patient recovery. The three supports are instrumental support (basic needs, material support, information support, and daily tasks), emotional support, and socialization support.

Besides qualitative research, most quantitative research has also explored family and community support for mental recovery patients. For example, an RCT study by Norman et al. (2012) on 132 psychotic patients showed that social support was positively correlated with treatment and reduced stigma. The same thing was reported in a quasi-experimental study by McCorkle et al. (2008) in New York on 158 patients with mental illness. In addition, McCorkle et al. (2008)compared community psychiatric care with companion services. This finding shows that assistance makes family support to patients increase from 13% to 23%. In addition, it also revealed improvement in symptoms and patient prosperity (McCorkle et al., 2008).

The support from nurses, families, and communities to other people, including patients, for the Maluku people, is called *hidop orang basudara*. The culture of the *hidop orang basudara* is powerful, an inseparable part and, it has been embedded in the Maluku people. Then, it has become a bond of social life. It is in line with the findings in this study that nurses consider patients as brothers. This finding is in line with the ethnographic study by Acim et al. (2019) that *hidop basudara* as a way of life by emphasizing protecting each other (*baku kalesang*), making peace with each other (*baku bae*), and caring for or loving each other (*baku sayang*).

Based on the description above, nurses, families, and the community become a supportive environment in the patient's recovery process. This supporting system has understood by adults to not mocking the patient, although children often laugh at the patient's unique behavior and make the patient angry.

The term *recovery* is a foreign term to nurses, and it has various meanings

Most of the participants in this study had never heard of the people "recover" from mental illness. However, participants in this study were more familiar with the word "heal." Although the participants were still unfamiliar with recovery, recovery was defined as regaining health as before the disorder or returning to normal, independent on medicine, having no symptoms, and interacting with other people. This finding aligns with the qualitative descriptive study by Kaewprom et al. (2011) in Thailand toward 24 nurses found two states of recovery in schizophrenic patients, namely a steady-state and a return state. The steady-state is related to stabilizing the symptoms experienced, while the return means that the patient's function returns to normal before experiencing the illness.

According to Suryani (2013), the findings in this study that participants' understanding ofRecovery is suitable for physical disease conditions such as fractures, diarrhea, or other diseases. The same thing was expressed by Onken et al. (2007) that recovery is not the same as treatment which requires the disappearance of symptoms from the disease. So the recovery of schizophrenia is not only the patient can control the symptoms, but also more than that, the patient can control his whole life. This statement is in line with Shea's (2010) grounded theory research in America. Shea (2010) revealed that recovery means that the patient can control his life even though there are still facing symptoms. They can develop themselves positively and know about the disease he is experiencing and his life goals.

In addition, the findings of this study also reveal that recovery is difficult to happen in schizophrenic patients. It means that participants respondRecovery as an unrealistic expectation. This finding aligns with Suryani (2013) that nurses can damage the patient's recovery process because their understanding and attitudes are not in line with recovery. It is supported by Shean (2009) that the pessimistic attitude of health workers should have been replaced with a recovery perspective. Perspectives to build patient expectations lead them to have a productive and meaningful life (Shean, 2009). It was revealed by one of the participants in the qualitative research of Barut et al. (2016) in America about the importance of a sense of belonging, hoping and responsibility. Barut said that: My nurses, they let me know what to do, and if I do not do it, I see it.

Another phenomenological study by van Langen et al. (2016) is conducted on 14 psychiatric nurses in the Netherlands. It also revealed that nurses must recognize and prevent patient relapse, empower patients and their families, and be good friends to share experiences related to their illness openly. Thus, the findings in this study provide important information about the erroneous perspective on recovery of the nurse in charge of the mental program in Buru District, Maluku.

The perspective of nurses in the Buru district can be a picture of mental health services in Maluku, which are still lagging in recovery orientation. The focus on mental health services at the health center is still related to medicine and referring patients to mental hospitals. These findings can be input and evaluated for mental health policymakers in districts and provinces to optimize recovery-oriented mental health services at the health centers. Globally, evidence-based recovery has become part of mental health services and developed in western Indonesia (Agustina et al., 2019; Suryani, 2014, 2018, 2013; Suryani et al., 2019).

In determining the effect of applying recovery, it is conducted a qualitative study by O'Keeffe et al. (2018) in Ireland. Ten participants who have recovered and ten who have not recovered were conducted. O'Keeffe et al. (2018) revealed that all participants felt a positive impact on the implementation of recovery with the quality of service that "humanized" them. For participants, recovery made them feel better, take responsibility for their own lives, and recognize their strengths and abilities (O'Keeffe et al., 2018). In line with the cross-sectional study by Tan et al. (2020) in Singapore of 66 schizophrenic patients, mental health workers need to empower patients as part of recovery by performing daily tasks such as managing finances and taking care of themselves, and concentrate on their job.

Medicine is the main action of recovery but becomes the main obstacle

All participants in this study described medicine as the main action in recovering patients with mental disorders. It is because the medicine can restore the patient. This finding also found that the common stock of medicine in health centers was Chlorpromazine (CPZ). This finding is consistent with the review of Gaebel et al. (2019). Moreover, it explains against six evidence-based clinical guidelines. The recommended doses for chlorpromazine were 300-600 mg or below 600 mg. It is used for effective long-term antipsychotic treatment.

Another review by Adams et al. (2014) of 55 studies also found that chlorpromazine reduced relapse and improved the mental health function of patients. However, this review also revealed that chlorpromazine has side effects such as drowsiness, tremors, weight gain, decreased blood pressure, along with dizziness. Similarly, Samara et al. (2014) compared chlorpromazine with other antipsychotics for schizophrenic patients. 128 RCT studies in the meta-analysis of Samara et al. (2014) found that of 43 antipsychotics. Thus, Then, the chlorpromazine only had an advantage over four antipsychotics in treating schizophrenic patients.

Different things were expressed regarding the effectiveness of the medicine chlorpromazine by Meng et al. (2018) in China to 25 patients who have given chlorpromazine 100 mg in the first week and 500-600 mg for eight weeks. Research Meng et al. (2018) revealed that chlorpromazine effectively improves sleep quality in schizophrenic patients, reducing positive, negative, and general symptoms of schizophrenia, and reducing anxiety.

Besides, it will become the main action, and medicine is also a major obstacle for nurses handling patients. It was revealed that the main obstacles of the participants such as limited medication at the health center. So the family had to take medication at the mental hospital. It has also become an obstacle for the family, such as the cost of traveling, long distances by traveling 10-12 hours, and the high sea wave season sometimes becomes a problem.

The medicine problem from the participants was due to the participant's perspective that the medicine was the main recovery action for the patient. Focusing on medicine, participants in this study ignored other aspects of recovery, such as empowering patients and families, developing patient expectations for recovery. Then, it is mental and physical services, assessing the patient's strengths.

Patient recovery by being referred to a mental hospital

For most of the participants in this study, referring the patient to the hospital would help the patient recover. This finding proved that referring patients to hospitals will make patients get good treatment. They will get adequate facilities, professional health workers, availability of medicines, and patient living costs such as food and beverage are borne by the government compared to limited facilities of health centers. This finding is in line with research by Shen & Snowden (2014) using panel data for 193 countries which revealed that developing countries are quite challenging to develop de-institutionalization due to a shortage of mental health personnel. In optimal physical and mental health services and limited medicines for mental disorders in primary care.

The de-institutionalization policy is a global policy that has also been implemented in Indonesia (Idaiani, 2009). This policy is stated in Law Number 18 of 2014 article 34 that mental health services are carried out in an integrated manner in public health services, one of which is at the health center (Kemenkumham, 2014). In line with the World Health Organization (2003), people with a mental health condition in the community are considered more cost-effective and treated humanely compared to hospitals.

Another study by the European Commission (2013), through public health research in 29 European Union countries, also revealed that people with a mental health condition in the community are more effective than in hospitals. It is because community-based services reduce the number of patient relapses. In addition, in his writings, Slade (2010) also reveals that

schizophrenic patients can live in the community if health workers carry out close monitoring with obedient treatment from patients.

In this study, the nurse in charge of the mental program in Buru Regency, Maluku, is described by Suryani (2013) in the 1960s when mental health services' orientation was centered in a mental hospital. There is a policy for mental health services in Indonesia that is oriented towards the community/health center. Therefore, these findings can be input and evaluated for mental health services in the Maluku area to improve their performance and services.

The mental health program at the health center is not working well

For most participants in this study, mental health programs did not work well compared to other health programs. It is reflected in the limited budget for activities, non-realization of medicine requests for people with a mental health condition, and frequent changes in the person in charge of mental programs at the health office. The findings of this study are in line with the 2015-2019 action plan of the Directorate Prevention and Control of Mental Health Problems and Medicine and the Minister of Health Regulation (PMK) Number 87 of 2019 concerning Guidelines for the Use of Deconcentrating Funds of the Ministry of Health for the Fiscal Year 2020 (Ministry of Health, 2018, 2019).

Report of RAK and PMK No. 87 of 2019 the Health Ministry shows that mental health programs have not become a priority program with weak supervision of mental health services in the regions. Health centers have not provided mental health services according to standard guidelines. In addition, limited psychotropic medicine in the health centers, unequal mental health resources, and the budget for mental health are included in 6 disease prevention and control programs with a total 2020 budget of 206 billion.

Another report by Ito et al. (2012), who reviewed the development of community mental health care in 15 countries in Asia, revealed that low-income countries, including Indonesia, only budgeted 1% for the mental health of the total health budget. In addition, it is supported by Idaiani (2009) that an adequate funding system does not support existing mental health policies in Indonesia.

The findings of this study were that participants tried to find solutions related to medicine by handing over to take medication at a mental hospital. However, this activity only lasted a

few months and has stopped. It is related to the limited financial condition of the patient's family. Another option by the family to entrust the referral required medicine via passenger cars and the cost of the ferry. In addition, there must be someone in Ambon who is willing to pick up medicine at a mental hospital and sent it back.

This finding depicted that mental health services have not become a priority program for the government in Indonesia. The health center is the key success of mental health services because it is spread evenly in all sub-districts in Indonesia. However, the reality in the field is that the health center is only an agent to refer patients to mental hospitals. This finding is important for the central and local governments to pay more attention to mental health programs to recover in health centers.

Nurse experiences violence from a patient

For the most part, the participants in this study had the experience of getting violence from patients. The participants shared stories of violence experienced in the form of physical, verbal, and psychological. The findings of this study are also consistent with several other qualitative studies by Carlsson et al. (2004), Fry et al. (2002), Rao et al. (2007), where nurses experience violence in the community. These three studies can be described as follows.

Research Fry et al. (2002) in Australia showed that out of 96% of health workers who experienced aggressive actions, nurses experienced the most violence. The patient's aggression towards the nurse feels threatened (31%) and insecure (58%). It is supported by the statement of one participant who experienced physical violence. They said that "I was beaten with a chair by the patient… The patient was physically abusive… verbally abused, shouted spat and punched me in the chest" (Fry et al., 2002).

In line with Fry et al. (2002), Rao et al. (2007) also revealed that the longer the contact between patients and health workers, the greater the occurrence of violence. Rao et al. (2007), who examined 96 multidisciplinary health workers, including nurses in the UK, reported that the average level of violence against health workers was relatively high, which was more than 20 times.

Another study by Carlsson et al. (2004) in Sweden who aims to explain violence from the nurse's perspective, found violence experienced positively and negatively. Positively, the nurse shows a caring attitude towards what the patient is experiencing by accepting it openly and overcoming fear. However, nurses have excessive anxiety before contact with patients, so nurses are afraid to face patients.

Although the three qualitative studies abroad discuss violence experienced by community nurses, no research in Indonesia explores violence against nurses in the community (health center). So this theme is quite important to become a new insight because it relates to the violence experienced by community mental nurses.

In Indonesia, protection for nurses who experience violence in health care facilities has been stated in the Regulation of the Minister of Health. For hospitals, the regulations are contained in the Regulation of the Minister of Health Number 66 of 2016 concerning Hospital Occupational Safety and Health (K3RS). Meanwhile, health centers are incorporated in Minister of Health Regulation Number 52 of 2018 concerning Occupational Safety and Health in health service facilities.

Minister of Health Regulation No. 52 of 2018 describes the introduction and management of hazardous or toxic materials, emergency or disaster conditions, medical equipment management, standard precautions such as hand washing, use of PPE, management of syringes, and sharp tools. However, it has not explicitly described the affirmation related to violence against health workers. It has implications for health workers, especially nurses when experiencing violent treatment from patients.

In this study, participants did not understand what to do and how to deal with the violence they experienced. It causes the violence committed by patients to not receive serious attention from the health center and health services, and nurses also accept it as a form of duty and responsibility.

This study revealed that the mental program person had previously resigned due to a traumatic experience with the patient. Resignation shows that nurses experience fear when dealing with patients at risk of harming and traumatizing themselves. In line with Modise (2012), nurses feel afraid, frustrated, and incompetent in dealing with patients with violent behavior and need support.

Another finding was that participants supported shackles to patients. Participant's words in this study: "the actions taken were violent… that is why we had to put them in shackles. I am also afraid to face such patients who are doing violent. It makes nurses support to shackle patients. This situation is a setback for mental health services in Indonesia because it is contrary to Indonesia's program of campaigning to be free from shackles.

Conclusion

Indeed, from a nurse's perspective, patients are considered "brothers" and become a supportive environment in the recovery process. However, the concept of recovery is still foreign and not yet well understood, so the main action is medication and referring patients to mental hospitals. In addition, mental health programs have not worked well, and nurses experience violence from patients. Therefore, nurses need support from family, community, and government.

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