

Conference Paper

Nurse Motivational Factors in Doing Restrain and Seclusion to the Client with Mental Disorder in Tampan Asylum in Pekanbaru 2015

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Abstract

Restrain and seclusion purpose is to take care of mental disorder client harshness behavior, in 2014 in PICU room of Tampan Asylum in Pekanbaru is considered high as 444 clients get 6 hours of restrain. The aim of the research is to identify the nurse motivational factors in doing restrain and seclusion to the client with mental disorder. The data collection used questionnaire which covered the physiological, security, care, pride and self-actualization fulfillment factor, also nurse motivation in doing restrain and seclusion. The population was 84 nurses with *total sampling* techniques, and the research was conducted in March - October 2015. The statistic analysis used *Chi-square* test. The result of univariate analysis shows nurse unsatisfactory of physiological fulfillment of 66,6 %, security is both satisfied and unsatisfied is same as 50%, unsatisfied care of 69%, unsatisfied pride of 72,6 %, unsatisfied actualization of 75% and high nurse motivation of 52,4% in doing restrain and seclusion. The result of bivariate analysis shows that there is a meaningful relation between the motivation in doing restrain and seclusion which is caused by factor of physiological need (p value=0,007), security (p value= 0,001), pride (p value= 0,017), while the factor of care need (p value= 0,173) and self-actualization (p value= 0,077) has no relation between the nurse motivation and doing restrain and seclusion. The research result become the information and evaluation in arranging the awareness policy of nursing standard, SOP of restrain and seclusion also sending the nurse for restrain and seclusion management training.

Keywords: motivation, nurse and restrain, seclusion.

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1. Introduction

Mental disorder is a condition where a person experience a breakdown of mind, *mood* and behavior which is signed by behavioral irregularities [2, 5, 15]. The mental disorder client is a person who has the high risk to do self-harming behavior, harming others and environment [1, 14, 16].

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According to the Director of the Tampan Asylum in Pekanbaru, Mursal Amir, in 2007, at least 5,000 people in Riau are indicated to have mental disorder which is divided into several classifications from mild to severe. Mental disorders consist of three types, they are schizophrenia, manic-depressive disorder and acute psychosis. The most common disorder is schizophrenia. Schizophrenic clients with violent behavior based on the history of violence behavior, both as victims or witnesses as much as 62.5% of the 72 respondents which is examined [12].

Violent behavior is a behavior of harming and injuring oneself, others and the environment both in verbal and non-verbal. Violent behavior fluctuates from low to high levels, which shows hostility from low level to serious and dangerous level [6].

There are three strategies in treating the client with violent behavior that is preventive, anticipation and restrain and seclusion crucial management [9, 14]. Restrain is a treatment to bind a person by using physical or tool, while seclusion is a treatment where a person is being treated in a caged room in the morning, daytime until night in a room with no chance of escaping [4, 11].

The result of the research shows that 67 out of 1000 clients in the asylum in United States are given seclusion, while 29% or 42.7 out of 1000 are given restrain every day [3]. In Australia experienced an increase in the number of restrain and seclusion from 9% in 1998 to 31% in 2005, with 33 times each day and 12,000 per year. Its shows that the number of clients in restrain is quite high every day in the asylum by the reason that the client is in an uncontrollable situation for security such as endangering self, others and the environment [7].

Surakarta asylum, in February 2014, is found that 13 clients are secluded for the average duration of caging of 6 hours. The number of clients who are given restrain and seclusion in Tampan asylum in 2014, especially in PICU room as many as 444 clients with the average duration of restrain of 6 hours. This amount is considered high, and the duration of restrain is not suitable with the proper standards, restrain and seclusion to the client must be checked every one hour [10].

According to observation result, nurse secludes client who does not show endangering behavior, nurse does the restrain not properly as the SOP, nurse is not able to maintain emotion which makes them do verbal and non verbal client violence to the client. By the interview result of 10 nurses, they say their reason on why they do restrain and seclusion, it is because they want to work peacefully, bored with the client noises, exit the room for personal matter, working alone, feeling insecure and fear. According to the nursing head committee and the chairperson of PICU room, there are treatments SOP of restrain in each room but still under the revision due to the death case of the

client. For the seclusion SOP which is not yet existed, it is due to the need of suitable room.

Beside the client, nurse also becomes a victim when the client has got wounded during the restrain and seclusion. Nurse as custodian, which has the longest time with the client, is one of the health worker who does restrain and seclusion with various reason or motivation. Based on the explanation above, the writer is to conduct a research related to the nurse motivation in doing restrain and seclusion to the mental disorder client in Tampan Asylum in Pekanbaru.

2. Methodology

This was a quantitative analytic descriptive research with *cross sectional* design. The research analyzed the factors that had the relation with the nurse motivation in doing restrain and seclusion to the client with mental disorder in Tampan Asylum in Pekanbaru. The sample of this research was the nurse who worked in 5 intermediate room and 1 PICU room which had the number of 84 nurses.

3. Research Result

TABLE 1: Frequency Distribution Based on Nurse Age in Tampan Asylum in Pekanbaru 2015.

Variable	Mean	SD	Min-Max	95%	CI
Age	34,9	7,57	22 – 53	33,34	-36,63

The analysis result in table 1 has the average age of the nurse of 34,99 years old.

The analysis result of table 2, most of the gender are female (70,2%), most of the nurse education are diploma (67,9%), most of the working experience are > 7 years (58,3%).

The analysis result of table 3 shows that the nurse motivation is high (52,4%) in doing restrain and seclusion. The factors which is related to the nurse motivation in doing the restrain and seclusion is consisted of: the factor of physiological fulfillment mostly in the state of unsatisfied (66,6%), security in the state of satisfied (50%) and unsatisfied (50%), the care needs mostly in the state of unsatisfied (69 %), pride needs mostly in the state of unsatisfied (72,6%) and the factor of self-actualization is mostly in the state of unsatisfied (75,0%).

The analysis result of table 4 can be known the low nurse motivation proportion in doing restrain and seclusion, the nurse is more satisfied with the physiological need (75,0%) than the nurse who does not satisfied physiologically (41,1%). The statistic test

TABLE 2: Nurse Frequency Distribution Based on Gender, Education and Experience in Tampan Asylum in Pekanbaru 2015.

No	Nurse Characteristics	(f)	(%)
1	Gender		
	A. Male	25	29,8
	B. Female	59	70,2
2	Education		
	A. Diploma	57	67,9
	B. Bachelor	27	32,1
3	Experience		
	A. 1 – 3 Years	13	15,5
	B. 4 – 6 Years	22	26,2
	A. > 7 Years	49	58,3
	Total	84	100

TABLE 3: Motivation Frequency Distribution and Factors of the Nurse in Doing Restrain and Seclusion in Tampan Asylum in Pekanbaru 2015.

No	Factor Variables	(f)	(%)
1	Motivation		
	1. High	44	52,4
	2. Low	40	47,6
2	Physiological Integrity		
	1. Satisfied	28	33,3
	2. Unsatisfied	56	66,6
3	The Integrity of Feeling of Safety		
	1. Satisfied	42	50
	2. Unsatisfied	42	50
4	Affection Integrity		
	1. Satisfied	26	30,9
	2. Unsatisfied	58	69
5	Pride Integrity		
	1. Satisfied	23	19,3
	2. Unsatisfied	61	72,6
6	Actualization Integrity		
	1. Satisfied	21	25
	2. Unsatisfied	63	75
	Total	84	100

result shows the *p value* = 0,007, then, it can be concluded that there is a significant relation between physiological fulfillment with the nurse motivation in doing restrain and seclusion treatment.

TABLE 4: The Relation of Physiological Fulfillment with Nurse Motivation in Doing Restrain and Seclusion in Tampan Asylum in Pekanbaru Tahun 2015.

Variable	Nurse Motivation				Total		P	OR
	High		Low					
Physiology	f	%	f	%	F	%		
Satisfied	7	25,0	21	75,0	28	100	0,007	0,232
Unsatisfied	33	58,9	23	41,1	56	100		
Total	40	47,6	44	52,4	84	100		

TABLE 5: The Relation of Security Needs with the Nurse Motivation in Doing Restrain and Seclusion in Tampan Asylum in Pekanbaru 2015.

Variable	Nurse Motivation				Total		P	OR
	High		Low					
Feeling of Safety	f	%	F	%	F	%		
Satisfied	12	28,6	30	71,4	42	100	0,001	0,200
Unsatisfied	28	66,7	14	33,3	42	100		
Total	40	47,6	44	52,4	84	100		

The analysis result of table 5 can be seen the low nurse motivation proportion in doing restrain and seclusion, there is more unsatisfied nurse toward the need of security (71,4%) than the nurse who is unsatisfied (33,3%). The statistic test result shows the *p value* = 0,001, then, it can be concluded that there is a significant relation between the security need with the nurse motivation in doing the restrain and seclusion.

TABLE 6: The Relation of Care Need with the Nurse Motivation in Doing Restrain and Seclusion in Tampan Asylum in Pekanbaru 2015.

Variable	Nurse Motivation				Total		P	OR
	High		Low					
Affection	f	%	F	%	f	%		
Satisfied	9	34,6	17	65,4	26	100	0,173	0,461
Unsatisfied	31	53,4	27	46,6	58	100		
Total	40	52,4	40	47,6	84	100		

The analysis result of table 6 can be known that the low nurse motivation proportion in doing restrain and seclusion is mostly found the satisfied nurse in the care need (65,4%) than the nurse who is unsatisfied (46,6%). The statistic test result shows the *p value* = 0,173, then, it can be concluded that there is no significant relation between the need of care to the nurse motivation in doing restrain and seclusion.

The analysis result of table 7 can be known that the low nurse motivation proportion in doing restrain and seclusion which is mostly found the satisfied nurse of the pride fulfillment (73,9%) than the nurse who is unsatisfied (44,3%). The statistic test result

TABLE 7: The Relation of Pride Fulfillment with the Nurse Motivation in Doing Restrain and Seclusion in Tampan Asylum in Pekanbaru 2015.

Variable	Nurse Motivation				Total		P	OR
	High		Low					
	F	%	F	%	F	%		
Satisfied	6	26,1	17	73,9	23	100	0,029	0,280
Unsatisfied	34	55,7	27	44,3	61	100		
Total	40	47,6	44	52,4	84	100		

shows that the *p value* = 0,029, then, it can be concluded that there is a significant relation between the pride fulfillment need with the nurse motivation in doing restrain and seclusion.

TABLE 8: The Relation of Self-Actualization Need with the Nurse Motivation in Doing Restrain and Seclusion in Tampan Asylum Pekanbaru 2015.

Variable	Nurse Motivation				Total		P	OR
	High		Low					
	f	%	f	%	f	%		
Satisfied	6	28,6	15	71,4	21	100	0,077	0,341
Unsatisfied	34	54,0	29	46,0	63	100		
Total	44	52,4	40	47,6	84	100		

The analysis result of table 8 can be known the low nurse motivation proportion in doing restrain and seclusion which is mostly found the satisfied nurse to the self-actualization need (71,4%) than the unsatisfied nurse (46,0%). The statistic test result shows the *p value* = 0,077, then, it can be concluded that there is no significant relation between the need of self-actualization with the nurse motivation in doing restrain and seclusion.

4. Discussion

Humans are motivated to fulfill their needs, these needs have levels or hierarchies, starting from the lowest to the highest level separation of needs does not mean that each works exclusively, but the needs are overlapping, so, sometimes a person is motivated by two or more needs. There are no two people whose basic needs are 100% satisfied. Maslow estimates the average person is physiologically satisfied of 85%, security of 70%, be taken care and care of 50%, pride of 40% and actualization of 10%. If someone's needs are very strong, then it will motivate him to do behavior that lead to satisfy those needs. Some need that has not been satisfied creates "tension" which later creates a

certain impulse in a person. To get rid of the tension they do certain effort, in other words, the greater the effort a person has, the higher the level of tension is [15]

In line with the statement of Poerwadarminto [13] which said that motivation is a tendency that arises in a person consciously or unconsciously in taking action with a specific goal or effort, which drives a person to do something because of the wants to achieve the desired goal.

The result of the research shows that some of the nurses have a high motivation in doing restrain and seclusion (52.4%). The high nurse motivation in this research does not mean that an action which is performed by the nurse is good but it is an action that is harming the client, it is because there is a goal to satisfy the need so the nurse does the restrain and seclusion and the action is considered as not an achievement for the nurse.

Some of the causal factors that can be analyzed from the high nurse motivation in the implementation of restrain and seclusion in this research is the age factor after seen in the average age of nurses which is in the range of middle adolescence age (34.99 years), as explained in Maslow's theory which, at that age, the need for care, appreciation and self-actualization become important along with the maturity of a person. So the tendency to fulfill the satisfaction of the need has a greater chance. Then in the working time factor, most of the nurses (58,%) have worked over 7 years. This is also the causal for the high nurse motivation in doing restrain and seclusion treatment, the rising of boredom at work makes the nurse to act outside the procedure. Beside that, it is also caused by two or more need at the same time which motivated the nurse to meet those needs.

The statistic test result shows the *p value* = 0.007, it can be concluded that there is a significant relation between physiological needs with the nurse motivation in doing restrain and seclusion treatment. According to researchers, the nurse who works in mental nursing services is indeed a profession with full pressure, emotional fatigue, depersonalization and even a decrease in personal performance due to emotional tension due to the working extensively with mentally disturbed humans, which make the nurse need time to calm some pressure by resting. Rest is included physiological needs, so, if the rest need is not satisfied, the nurse will show a various negative behaviors such as acting not based on the procedure and the result is harming and disrupt the quality of care. This matter actually contradicts the nurse's responsibility as a service provider that prioritizes the client's interests and needs rather than personal interest and need.

The statistic test result shows the *p value* = 0.001, it can be concluded that there is a significant relation between the need for security and the nurse motivation in doing restrain and seclusion treatment. The researcher concluded that security need is the

main indicator in doing a nursing action, especially in the treatment of restrain and seclusion. Nurses must understand what is expected of others / clients to be safe and psychologically secure, including family members and health care professionals themselves. Therefore, the supervisor or assistant in doing restrain and seclusion must pay close attention to the security aspects of both the client and the nurse in the process of performing this treatment. It is become a recommendation of the researcher to do evaluation from various parties in the hospital environment such as leader as policy maker to give more attention to the safety and security of client and nurse continuously.

The statistic test result shows the *p value* = 0.173, then, it can be concluded that there is no significant relation between care need and the nurse motivation in doing restrain and seclusion. The researcher concluded that in performing restrain and seclusion treatment for client with mental disorders, especially those who experience violence, nurses must be prepared in the implementation which means the nurse must avoid mental and social burdens where nurses feel the need for attention and care, and also social need is fulfilled well. When it is fulfilled, the nurse cares more about the client so, in doing restrain and secretion treatment for a mental disorder patient is avoided by an action that is outside the implementation procedure.

The statistic test result shows the *p value* = 0.029, it can be concluded that there is a significant relation between pride need and the nurse motivation in doing restrain and seclusion. The researcher conclude that pride will affect a person's behavior in the need for pride or appreciation in giving work satisfaction even though the level of satisfaction is dynamic and develops in accordance with the environment demand. Life satisfaction and happiness have a correlation with pride. Pride is achieved by the nurse who has well adaptation also avoiding anxiety, fear and doubt when working. When the nurse experiences these things in prolonged, it is necessary to look for counseling services, so the problem can be resolved properly. Nurse's job satisfaction is believed in determining the client's satisfaction that has a major impact in the quality of nursing services, especially mental nursing services.

The statistic test result shows the *p value* = 0.077, it can be concluded that there is no significant relation between actualization needs and nurse motivation in doing restrain and seclusion. The writer concludes that not all nurses can achieve self-actualization need, because this need are on the top of needs, each person will be different in prioritizing which needs must be fulfilled first. Not all people can actualize themselves because of the potency that is met can only fulfill the other need. Although the fulfillment of the need is different, the nurse must receive satisfaction from the needs that they fulfills, so

in working as a nurse is not dominated by conflicts that exist within themselves, thus the health services which is provided will become a guaranteed quality.

5. Conclusion

The research result shows that the average nurse age is 34.99, by female gender, diploma degree and working experience > 7 years. The results shows that of the 5 need factors, there are 3 need factors which are related to the nurse motivation in doing restrain and sectional treatment, they are physiological fulfillment, security and pride need while those that are not related are care needs and self-actualization. It is recommended for Tampan Asylum in Pekanbaru to arrange the policy of alertness nursing standard, SOP and competence standard in performing the procedure for doing restrain and sectional treatment. Nurses who already have a training certificate in doing restrain and seclusion should transfer the knowledge to other nurses. Preparing forum and counseling services to help nurses in discussing various problems which is faced while working in serving the client with mental disorders. It must be done the measuring and evaluating the nurse motivation continuously to assess the ability in doing restrain and seclusion treatment. For the development of nursing science, it is a consideration in the curriculum development and mental nursing courses in the nursery education. For the further research, the researcher must try to use a different design, which is qualitative, in order to validate the information that is obtained in this research.

References

- [1] Aras, H. I. (2014). Violence in Schizophrenia. *Psikiyatride Guncel Yaklasimlar Current Approaches in Psychiatry*, 6(1)
- [2] Boyd, Mary Ann. (2012). *Psychiatric Nursing Contemporary Practice*. 5th Edition. Wolter Kluwer. Lippincott Williams & Wilkins. New York. London
- [3] De Hert, M., Dirix, N., Demunter, H., & Correll, C. U. (2011). *Prevalence and correlates of seclusion and restraint use in children and adolescents: A systematic review*. *European Child & Adolescent Psychiatry*, 20(5), 221-30. doi:http://dx.doi.org/. Diperoleh pada tanggal 15 Maret 2015.
- [4] Dewit, S.C.(2009). *Fundamental Concepts and Skills for Nursing*. Canada. Saunders Elsevier.
- [5] Fontaine, K.L. (2009). *Mental Health Nursing*. New Jersey. Pearson Education. Inc.

- [6] Georgieva, I., Mulder, C. L., Wierdsma, A. (2011). *Patients' Preference and Experiences of Forced Medication and Seclusion*. Netherlands. CA Rotterdam.
- [7] Haimowits. S, Urf. J, dan Huckshorn. K.A. (2006). *Restraint and Seclusion – A Risk Management Guide*. <http://www.nasmhpd.org/>. Diperoleh pada tanggal 6 Maret 2015.
- [8] Hastono, S. P. dan Sabri Luknis.(2010). *Statistik kesehatan*. Jakarta Utara. PT Raja Grafindo Persada.
- [9] Kontio, R., Välimäki, M., Putkonen, H., Kuosmanen, L., Scott, A., & Joffe, G. (2010). *Patient restrictions: Are there ethical alternatives to seclusion and restraint? Nursing Ethics, 17(1)*, 65-76. doi:<http://dx.doi.org/>. Diperoleh pada tanggal 1 Maret 2015
- [10] Malfasari. (2014). *Analisis Legal Aspek Dan Kebijakan Restrain, Seklusi Dan Pasung Pada Pasien Dengan Gangguan Jiwa*. Jakarta. FIK UI.
- [11] NMHCCF. (2012). *Ending Seclusion and Restraint in Australian Mental Health Services. (Seclusion and Restraint in Mental Health Services)*. www.nmhccf.org.au. Diperoleh pada tanggal 1 Maret 2015.
- [12] Putri, Dwi Eka. (2010). *Pengaruh Rational Emotive Behaviour Therapy Terhadap Klien perilaku Kekerasan Di Ruang Rawat Inap RSMM Bogor*. Jakarta. FIK UI.
- [13] Poerwodarminto. (2006). *Kamus Umum Bahasa Indonesia*. Ed 3. Jakarta: Balai Pustaka
- [14] Stuart, Gail, W. (2013). *Principles And Practice Of Psychiatric Nursing*. Tenth Edition. Elsevier. Mosby.
- [15] Ubaedy, AN. (2008). *Motivasi Untuk Hidup Yang Lebih Baik*. Jakarta. Bee Media Indonesia.
- [16] Videbeck, Sheila. (2008). *Buku Ajar Keperawatan Jiwa*. Jakarta. EGC.