Correlation between Nurse Altruism Attitudes and Levels of Workplace Violence in Nurses at the Agroindustrial Regional Hospital in Jember Regency

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ABSTRACT

Nurses with an altruistic attitude should prioritize the patients' interests over their own and strive to care for the welfare of others. This significantly affects the level of workplace violence among nurses, where violence in the workplace is a prevalent issue in the nurses' work environment. This research aims to analyze the relationship between nurses' altruism and the level of workplace violence among nurses in hospitals in the agro-industrial area of Jember district. This study employs a quantitative correlational design with a cross-sectional approach. Sampling was conducted using purposive sampling, resulting in a sample of 178 nurses. Data collection involved an altruism scale questionnaire and a workplace violence questionnaire. The research utilizes the Kendall Tau-C test. The research results revealed that 84.8% of respondents exhibited a high level of altruism, and 64.6% of respondents displayed a low level of workplace violence. Both variables show a p-value of 0.008 (p-value < 0.05), indicating a relationship between nurses' altruism and the level of workplace violence. This study shows a negative correlation value of r = -0.159, indicating a weak correlation. The lower the nurses' altruism attitude, the higher the level of workplace violence among them. The nurses' altruism attitude significantly influences patient assessment; the better the patient assessment provided by nurses, the lower the occurrence of conflicts.

Keywords: altruism in nursing; nurses; workplace violence

INTRODUCTION

Workplace violence is one of the most problematic phenomena in the nursing work environment. A high prevalence of workplace violence in health care has been reported worldwide, especially among nurses as healthcare providers (Mento et al., 2020). Nurses experience violence more often than other health workers because nurses are frontline service providers in receiving and caring for individuals who experience types of suffering, trauma, and events that have changed their lives (Kadir et al., 2019). The prevalence of violence in the workplace also reached quite high numbers, where 31.8% of nurses experienced physical violence and 62.8% of nurses experienced non-physical violence, 31.8% of nurses experienced bullying, 17.9% experienced sexual harassment. This incidence rate was reported by research from several countries such as Asia, Europe, the Middle East, and the Anglo region (Kadir et al., 2019).

Nurses' poor ability to communicate therapeutically with patients and their families will also have an impact on the patient care process. This condition will be the cause of verbal violence carried out by patients and the patient's family against nurses (Noorana Zahra & Feng, 2018). The impact of workplace violence is certainly a legal violation of nursing ethics. Nursing legal ethics are the rules or regulations for nurses in providing nursing care in accordance with the scope of responsibility and authority at the stage of providing health services, apart from that the rights and obligations have been regulated in law (Riasari, 2021).

When nurses provide care that according to the patient or the patient's relatives is unsatisfactory, there is no guarantee in these regulations that physical or non-physical violence can be given directly by the patient concerned. Incidents of violence committed by patients or patient relatives against nurses constitute a violation of the nursing professional code of ethics. It states that there are patient rights and obligations, such as obeying applicable hospital regulations and being able to submit complaints regarding the quality of service received in accordance with statutory regulations. applicable (Istri Mahaputri et al., 2019). This does not indicate that, if there is inappropriate service, the patient and the patient's relatives have the right to judge directly against the nurse or health worker.

When nurses are less able to communicate therapeutically and behave caringly towards patients and families, it means that there is something lacking in the nurse herself, because according to the carative factors of Jean Watson's theory of human care, caring behavior is a reflection of altruism (Firmansyah et al., 2019). One of profession that is based on ethics and professional values is nursing. There are nursing values that are used as principles for nurses as professionals, namely aesthetic values, altruism, autonomy, integrity, human dignity, justice and truth. (Poorchangizi et al., 2017). Using these values in nursing practice can improve the quality of patient care, nurse job satisfaction, and retention in nursing. Nurses must always help and prioritize the interests of patients above their interests. This behavior is usually called altruism because the professional values of nurses include altruism, which means providing care outside of the nurse's duties or without the need for recognition (Rizky et al., 2021).

Nurses who do not have the altruistic attitude expected by society, usually most nurses will receive hostility from patients and patient relatives. So increasing nurses' altruism can be beneficial in the health and social world (Chen et al., 2022). Sometimes acts of altruism create positive feedback for patients and their families (Slettmyr et al., 2019). When nurses can understand the patient's condition or reflect an attitude of altruism, this will of course also influence the attitude given by the patient. However, if the reflection of altruism is still lacking, it does not rule out the possibility that the patient and the patient's family will show violent behavior in the form of verbal violence and physical violence.

The phenomenon of workplace violence experienced by nurses It's interesting to research because it doesn't rule out the possibility that this could still happen can happen, besides this can be a source of improvement policies that protect nurses from incidents of workplace violence, encouragement to report incidents of violence, and access training for nurses to better manage and reduce incidents of violence. Attitude nurses are required to care and prioritize patient health ff course, this is the reason why altruism is inherent in the profession nursing. Without realizing it, this attitude sometimes gets judged different from the patient and family. This study aims to analyze the relationship between nurses' altruism and the level of workplace violence among nurses in hospitals in the agro-industrial area of Jember Regency.

METHOD

The research was carried out at Kaliwates General Hospital and Citra Husada Hospital with a sample of 178 nurses. The sampling technique with non-probability sampling is purposive sampling. Quantitative data was obtained through the workplace violence questionnaire (Archana Kumari, 2021) and the altruism scale (Maria Ulfa, 2018) which has been tested for validity and reliability. This research has been tested for ethical feasibility by the Health Research Ethics Committee (KEPK) of the Faculty of Nursing, Jember University with letter number (No.287/UN25.1.14/KEPK/2023). The research design uses a correlational approach with a cross-sectional approach. Data analysis was carried out using the Kendall Tau-C test. The Kendall tau-c test is used because both data are in ordinal form and do not have the same category. Questionnaire data is in the form of ordinal data which is categorized into low, medium, and high based on cut-off points.

There are 4 data processing processes in this study, namely: 1) Editing: when recording respondents' answers, the questionnaire has been filled in completely, starting from informed consent, respondent characteristics, as well as answers to the two research variable questionnaires, namely the workplace violence questionnaire and the altruism scale questionnaire, 2) Coding: the researcher conducts coding with the answer choices in the questionnaire and each respondent's answer is adjusted to the coding determined by the researcher, 3) Entry: The researcher enters the data and then codes it according to gender, education level, marital status, work unit, answers from the level of workplace violence, and answers to the nurses' altruism attitude questionnaire by entering it into Excel and then inputting it into SPSS for analysis. 4) Cleaning: Researchers evaluate the data that has been entered into the computer, this aims to see the completeness of the data before data analysis is carried out and minimize errors in existing data.

This research employs the following inclusion criteria: nurses working at Kaliwates General Hospital, nurses working at Citra Husada Hospital, and nurses who have direct interaction with patients during their work. The exclusion criteria include nurses on leave, undergoing training, or currently ill, as well as those unwilling to participate as research respondents.

RESULT

Table 1. Characteristics of Respondents among Nurses in Agroindustrial Regional Hospitals, Jember Regency

Characteristic of Respondents	f	(%)
Age (M±SD)	32.4±6.3	
Gender		
Male	78	43.8
Female	100	56.2
Total	178	100
Education		
Nursing associate degree	82	46.1
Nurse profession	96	53.9
Total	178	100
Marital Status		
Single	24	13.5
Married	152	85.4
Divorced	2	1.1
Total	178	100
Work Unit		
Inpatient Care	77	43.3
Outpatient Care	19	10.7
ICU	12	6.7
IGD	22	12.4
OK	18	10.1
Hemodialysis	9	5.1
Perinatology	11	6.2
Isolation	10	5.6
Total	178	100
Work Experience		
<1 year	20	11.2
>1 year	158	88.8
Total	178	100
Hospital		
Kaliwates	102	57.3
Citra Husada	76	42.7
Total	178	100

Table 1. Shows that the average age of nurses is 32.4 years. Gender has more than 50% female (56.2%). The level of education is higher with 96 nurses (53.9%) graduating from the nursing profession. Furthermore, the proportion of respondents with marital status was more than married respondents at 85.4%. The table also shows that the work units with the highest number of respondents were hospitalized at 43.3%. Of the 178 respondents, 158 people had work experience >1 year (88.8%). Then, the hospital with the most respondents was RSU Kaliwates with 102 respondents (57.3%) and the remaining 76 respondents (42.7%) were at Citra Husada Hospital.

Table 2. Homogeneity Test of Respondents among Nurses at Kaliwates Hospital and Citra Husada Hospital

Variable	Levene Statistic	Sig.	Description
Level of Workplace Violence	1.011	0.316	Homogenous
Altruism Attitude of Nurse	0.072	0.789	Homogenous

Table 2. For the variable level of workplace violence, a significance value of 0.316 > 0.05 is obtained, this shows that the data is homogeneous. Similarly, with the altruism attitude variable, a significance value of 0.789 > 0.05 was obtained, which indicates that the data is homogeneous. So, the sample of respondents who work at Kaliwates Hospital and Citra Husada Hospital have the same variance or homogeneity.

Table 3. Frequency Distribution Based on Altruism Attitude of Nurses and Level of Workplace Violence Variables among Nurses in Agroindustrial Regional Hospitals, Jember Regency

Variable		f	%
Altruism Attitude of Nurse	High	151	84.8
	Medium	27	15.2
	Low	0	0
Total		178	100.0
Level of Workplace Violence	High	5	2.8
	Medium	58	32.6
	Low	115	64.6
Total		178	100.0

Table 3. Indicates that 151 respondents have a high altruism attitude with a percentage of (84.8%), and 27 individuals have a moderate altruism attitude with a percentage of (15.2%). Additionally, the table shows the level of workplace violence among nurses, with 115 respondents classified as low (64.6%), 58 individuals in the moderate category (32.6%), and the remaining 5 individuals categorized as high (2.8%).

Table 4. Frequency Distribution Based on Indicators of Altruism Attitude of Nurses and Level of Workplace Violence among Nurses in Agroindustrial Regional Hospitals, Jember Regency

Variable	Indicator	Category						Total	
		Low		Medium		High			
		f	%	f	%	f	%	f	%
Altruism Attitude of Nurse	Sharing	0	0	65	36.5	113	63.5	178	100
	Cooperative	18	10.1	122	68.6	38	21.3	178	100
	Donating	19	10.7	131	73.6	28	15.7	178	100
	Helping	5	2.8	88	49.4	85	47.8	178	100
	Genorosity	6	3.4	120	67.4	52	29.2	178	100
	Considering the Rights and Well-being of Others	18	10.1	103	57.9	57	32	178	100
Level of Workplace Violence	Forms of Violence	158	88.8	17	9.6	3	1.7	178	100
	Impacts of Violence Incidents	99	55.6	35	19.7	44	24.7	178	100
	Incident Reporting	108	60.7	53	29.8	17	9.6	178	100
	Mitigation Strategies	133	74.7	35	19.7	10	5.6	178	100
	Risk Factors	161	90.4	11	6.2	6	3.4	178	100

Table 4 produces sharing indicators (63.5%) in the high category, then cooperative indicators (68.5%) and donating (73.6%) in the medium category. The helping indicator (49.4%) and the generosity indicator (67.4%), as well as the indicator of considering the rights and welfare of other people (57.9%), are included in the medium category. Apart from that, table 4 shows that indicators of forms of violence (88.8%) and indicators of the impact of violent incidents (55.6%) are in the low category. The incident reporting indicators (60.7%), mitigation strategies (74.7%), and risk factor indicators (90.4%) are found to be in the low category.

Table 5. Cross-tabulation between Altruism Attitude of Nurses and Level of Workplace Violence among Nurses in Agroindustrial Regional Hospitals, Jember Regency

Variable		Level of Workplace Violence						Total	
		high		Medium		Low			
		n	%	n	%	n	%	n	%
Altruism Attitude of Nurse	High	2	1.1%	45	25.3%	104	58.4%	151	84.8%
	Medium	3	1.7%	13	7.3%	11	6.2%	27	15.2%
Total		5	2.8%	58	32.6%	115	64.6%	178	100%

Table 5 shows a cross-tabulation between nurses' altruism attitudes and levels of workplace violence, resulting in data of (1.1%) having a high altruism attitude with a high level of workplace violence. Meanwhile, nurses have a moderate

attitude towards altruism with a high level of workplace violence (1.7%). Then (25.3%) had a high altruism attitude with a moderate level of workplace violence, whereas nurses had a moderate altruism attitude with a moderate level of workplace violence (7.3%). It was found that the largest percentage (58.4%) had a high altruism attitude with a low level of workplace violence, and (6.2%) had a moderate altruism attitude with a low level of workplace violence.

Table 6. Correlation between Nurse Altruism Attitudes and Levels of Workplace Violence in Nurses at the Agroindustrial Regional Hospital in Jember Regency

Variable	p-value	Strength Value	Direction of Correlation
Altruism Attitude of Nurse Level of Workplace Violence	0.008	-0.159	Negative

Table 6 shows the P value = 0.008 (p-value <0.05), that there is a relationship between the two variables. Apart from that, based on the coefficient value of the Kendall Tau-C correlation, it is known that the direction of the correlation shows a negative result, meaning that the strength of the relationship between the two variables is weak (r = -0.159). Thus, the direction of the negative correlation indicates that the lower the nurse's altruism attitude, the higher the level of workplace violence among nurses.

DISCUSSION

Respondent Characteristics
1. Age
      This research resulted in nurses working at Kaliwates and Citra Husada Hospitals having an average age of 32.43 years. In line with (Bekalu & Wudu, 2023) nurses over the age of 41 are 3 times more likely to face workplace violence than nurses under 30 years of age. Nurses' vulnerability to violence may grow with age, as older people may not have the energy and strength to cope as younger people do.
      With increasing age, nurses' values tend to decrease to emphasize altruism and older nurses (longer practice) have learned how to deal with patients positively with interventions that are reinforced with a calming effect on patients (Kubsch et al., 2021). Researchers also assume that age can influence nurses' altruism, because age can cause increased social sensitivity towards other people, and older nurses have learned how to deal with difficult patients and can have a calming effect on patients.
2. Gender
      The research results showed that there were 100 female respondents (56.2%) more than 78 male respondents (43.8%). In line with (Widaningsih, 2016) the percentage of women is greater than men in hospitals because this is due to conditions that are by conditions in Indonesia where nursing workers are dominated by the female gender which is synonymous with nursing referring to feminism.
      The study by Renwick et al (2019) in (Bekelepi & Martin, 2023) found that there was no statistical significance associated with gender with experiencing physical violence or verbal abuse, meaning that male and female nurses had the same risk of exposure. violence perpetrated by patients and relatives. Researchers assume that there are more female respondents in this study compared to male respondents because nursing duties still refer to feminist work, but duties and responsibilities have the same position.
3. Education
      The research results showed that the highest number of respondents had a professional degree in nursing, with 96 people (53.9%). In line with research someone becomes a nurse due to altruism, the desire to work and help others or consider nursing as a meaningful profession (Chen et al., 2022).
      A person who has a high level of education will be able to create good relationships with his social environment, so that he will have a sense of responsibility, high awareness and care about everything that happens around him, thus encouraging the emergence of prosocial behavior (Slettmyr et al., 2023). So researchers assume that the altruism attitude of nurses is closely related to their level of education because the level of education can increase social feelings toward other people. Social sensitivity encourages an attitude of altruism so that a person can work under pressure without having to be asked to act altruistically.
4. Marital status
      The research results showed that in terms of marital status, the majority of respondents were married, 152 people (85.4%). No statistically significant relationship was found between marital status and where a person works (Agbornu et

al., 2022a). On the other hand, research (Bekalu & Wudu, 2023) shows that nurses who are single or unmarried are more likely to be exposed to verbal harassment compared to married nurses.

Research (Kahana, 2013) shows that there is a relationship between marital status and altruism, explaining that in terms of emotional support, married nurses may have a stronger source of emotional support in their personal lives. This support can help them feel better emotionally, which in turn can improve their ability to better serve patients. Researchers assume that married nurses will have a high level of altruism, because of the moral support provided by the family, so that nurses' sense of instinct can increase over time.

5. Work unit

The results showed that the majority of respondents' work units were hospitalized (43.3%) with 77 nurses. Research (Agbornu et al., 2022a) shows that the relationship between the unit where a nurse works and the possibility of being a victim of violence is only 2.7% of nurses working in intensive care units, this result occurs because patients are in critical condition and relatives are usually not allowed to enter.

Research (Agbornu et al., 2022a) shows that there is a relationship between working in medical, surgical, and emergency units and violence, implying that nurses working in these units have a higher likelihood of being physically attacked compared to other units. Researchers assume that work units influence a person's performance in carrying out altruism. So, it is easy to analyze that the work unit influences psychology and the level of sensitivity which has an impact on altruism.

6. Work experience

The results of the research that has been carried out show that the length of work experience of nurses is more than one year, there are 158 nurses (88.8%). In line with research the length of work will influence the level or capacity of nurses in performance, because basically the longer the work period of a nurse, the more proficient the nurse's abilities will be (Widaningsih, 2016).

Novice nurses are more susceptible to workplace violence than experienced ones, because experienced nurses are more adept at "reading" emotional interactions and identifying warning signs of danger, have good negotiation skills, and have more knowledge about how to deal with potential patients. committing violence (Zhang et al., 2017). Researchers assume that the length of work experience of nurses has a significant effect on their performance. The longer a nurse works, the more advanced their ability to provide nursing care and the more confident they are in taking action on patients.

Altruism Attitude of Nurse

Higher levels of altruism can be associated with better nursing quality and nurses can demonstrate professionalism towards patients to make patients feel more cared for. Care by providing an attitude of altruism plays an important role in maintaining the relationship between nurses and patients because it can build a relationship of mutual trust to reduce many conflicts (Parker et al., 2022).

In the research results shown in Table 3, it was found that the majority of respondents had a high altruism attitude of 84.8% or 151 nurses. Based on the characteristics of the respondents, more than 50% of the respondents' educational levels were graduates of the nursing profession. From these results, it can be assumed that the level of education can influence nursing professionalism, this is because the quality of nurses will increase along with the level of education and experience that has been taken previously. So when nurses have a high level of education, there is great hope of creating nurses who are ideal in the eyes of society, skilled, kind, communicative, and able to carry out their roles and functions as adjusted to the nursing code of ethics and the level of education is very important in developing a person's abilities. Regardless of the level of education, as a nurse, you must remain professional in your work to provide satisfaction and healing to your patients.

Based on research (Slettmyr et al., 2019), shows that altruism is influenced by social conditions. This social condition encourages someone to be influenced by factors that can make them survive amid workplace violence. In research (Hidayati & Dewi, 2015), if the patient's lack of altruism is assessed, such as not caring enough, patient complaints not being handled immediately, being aggressive, then the patient's needs will not be met and the image of nurses working in the hospital will affect its quality. However, nurses who have an altruistic attitude will provide good value for patients and can encourage patients to recover quickly.

In research conducted by (Marbun, 2020) it is stated that education is very important for changing a person's behavior and changing their mindset so that nurse education will influence the quality of nurses' work. In line with research (Parker et al., 2022) professionalism and communication contribute to a nurse's self-confidence by providing interpersonal skills to provide positive information from professionalism.

Level of Workplace Violence

Workplace violence experienced by nurses is a serious problem that impacts their physical and mental well-being. In the context of health care, this violence includes various actions that harm nurses, such as verbal abuse, physical actions, threats, or other aggressive behavior (Mustafa, 2020).

The research results shown in Table 3 show that the level of workplace violence is low at 64.6%. Based on the characteristics of the respondents, most of the respondents' work experience has worked for more than one year. From these results, it can be assumed that nurses who have worked for more than one year certainly know what the work environment is like, understand every characteristic of the patient and the family of the patient who is seeking treatment, and of course, can understand the response that must be given when there is a patient or patient's family who might do something. forms of violence against nurses, as well as length of work experience, are also more capable of controlling emotions. Apart from that, the low level of violence against nurses is also supported by the policies implemented by the hospital.

Research (Kibunja et al., 2021) states that high levels of workplace violence are associated with low work experience, poor nurse communication, nurse attitudes, and anxiety about procedures or nurses not being able to meet patient expectations. Hospital policies regarding workplace violence prevention programs, technical training for nurses to reduce conflict, and new staff are involved in all aspects of the program at the hospital. Hospital management makes violence prevention a priority and a strategy implemented by the hospital (Meri, 2022). Research (Mahmoud, 2021) shows that adequate staff and training programs can reduce incidents of violence, encourage teamwork, and implement policies to minimize violence in the workplace.

Correlation between Nurse Altruism Attitudes and Levels of Workplace

Kendall Tau C test produces a p-value of 0.008 (p<0.05). This research concludes that there is a relationship between nurses' altruism and the level of workplace violence among nurses in hospitals in the agro-industrial area of Jember district. The relationship between the two variables is known to be the opposite (r= - 0.159; r is negative) where the lower the nurse's altruism attitude, the higher the level of workplace violence among nurses, and vice versa.

The researcher assumes that there is a significant relationship between the two variables because the research results show that the altruism attitude of nurses is in the high category. After all, the nurses who work have implemented altruism well in providing nursing care to patients, resulting in low levels of violence that occurs against nurses and vice versa. A nurse needs to understand professional values, one of which is altruism in nursing, such as increasing knowledge and developing skills. Nurses who have instilled professional values will provide a good view of nurses in the eyes of society. Apart from that, if it is not implemented then the patient feels neglected, and this can trigger conflict. So nurses' altruism needs to continue to be understood until it is implemented so that they can understand each other and reduce the level of workplace violence in nurses.

Health workers who are victims show low altruism towards patients. This finding is similar to previous research which showed that workplace violence occurred due to a lack of patient understanding, in addition to providing inappropriate care services with nurses' weak empathetic attitudes towards patients (Nam et al., 2021). In research (Baby et al., 2019), it is stated that communication skills in nurses have the potential to be effective in improving health services regarding patient aggression, psychological well-being, and communication competence. So communication skills training is very good to implement to minimize and prevent violence against nurses.

In line with research (Foster et al., 2018), to support the resilience process for nurses, comprehensive health service policies and organizations are needed to cover nurses, work units, and workplace organizations. Research by (Agbornu et al., 2022) states that nurses who have received higher education and worked for five years are less likely to be exposed to physical violence than colleagues who are younger and who have less experience or have less work experience. Research by (Hardianty et al., 2015) states that one way to increase the professionalism value of nurses is altruism by increasing education, length of service for nurses, and providing training and work motivation for nurses.

Additionally, the researchers encountered challenges at the research location. Initially, they intended to use Bina Sehat Hospital, but the hospital declined to participate in the research. As a result, the researchers had to make adjustments and chose to conduct the study at Kaliwates Hospital. It is hoped that these limitations will be addressed and improved upon in future research.

CONCLUSION

Based on the presentation, it can be concluded that there is a relationship between nurses' altruism and the level of workplace violence among nurses in hospitals in the agro-industrial area of Jember district with P Value = 0,008. The

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variable relationship is known to be the opposite (r= -0.159; r is negative) where the lower the nurse's altruism attitude, the higher the level of workplace violence in nurses, and vice versa. Every nurse must be properly educated regarding hospital policies. Nurses must have adaptive coping when acts of violence occur by always thinking positively in solving problems, emphasizing altruism by increasing nurses' emotional intelligence, good therapeutic communication, and building good medical relationships to prevent conflict. It is hoped that the results of this research can be used as literature for nurses to always improve their altruistic attitude to improve the quality of nursing, because altruistic care can show the professionalism of nurses and reduce aggression, so that incidents of violence against nurses can be avoided. For the community, this research is expected to be a source of information for the community to maintain their attitude so that they do not easily vent their anger or violence towards health workers, especially nurses, for unclear information. The existence of patient information will of course be conveyed well by health workers and families or the community must be able to receive information that is appropriate to the patient's condition during treatment. Suggestions for future researchers are to conduct other research scales that can influence altruism variables such as gender, environmental conditions, and personal characteristics, and use qualitative methods.

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