KNOWLEDGE AND READINESS OF NURSES IN CARRYING OUT RESTRAIN AND SECLUSION

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ABSTRACT

Mental health is a significant issue worldwide, including in Indonesia. Over 1 billion people worldwide experience mental disorders, and the prevalence of mental disorders in Indonesia aligns with global data. Mental disorders can lead to a decrease in quality of life and hinder daily activities. Severe or chronic mental disorders tend to result in aggressive behavior and can pose a threat to the safety of oneself and others. Restraint and seclusion measures are often used to reduce violence in patients with mental disorders, despite their negative impact on patients and nurses. Increasing nurses' knowledge and readiness in implementing restraint and seclusion can reduce the risk of negative outcomes and accidents. This study aims to assess nurses' knowledge and readiness in controlling patients in a psychiatric hospital. This is a quantitative study with a descriptive research design conducted at Tampan Psychiatric Hospital in Pekanbaru, Riau Province. The sample size for this study was 94 nurses, selected using total sampling technique. The knowledge instrument in this study consisted of 11 items, measured using the Gutman scale, while the readiness instrument consisted of 46 items, measured using the Likert scale. The results of this study revealed that the majority of nurses were in the age range of >35 years (60.4%). In terms of gender, the majority of nurses were female (59.6%), and most nurses had a Bachelor's degree (59.6%). In terms of position, the majority of nurses held honorary positions (52.1%). Furthermore, the majority of nurses had a high level of knowledge in implementing restraint and seclusion, with a total of 54 (57.45%) individuals. However, most nurses had poor readiness in implementing restraint and seclusion, with a total of 57 (60.44%) individuals.

Keywords: knowledge and preparedness; mental illness; restrain

INTRODUCTION

Mental health is one of the significant problems in the world, including in Indonesia. Based on data from the *World Health Organization* (WHO) in 2022 states that more than 1 billion of the world's population experience mental disorders (WHO, 2022). In another article, WHO states that among 6 adults, 1 is indicated to have some type of mental disorder. In addition, it explained that in studies conducted during the pandemic, depression and anxiety increased by more than 25% (WHO, 2023). This shows that people who are likely to experience severe mental disorders are increasing. This data is quite relevant to the data on the prevalence of mental disorders in Indonesia.

Mental disorders are psychological symptoms that can cause a decrease in a person's overall quality of life both physically and psychologically. Niman (2019) states that mental disorders are health problems that cause individuals to be less productive, which mental disorders can be triggered by several factors. The mental disorder experienced by each person varies depending on the factors that influence it. Mental disorders experienced by a person will cause a large obstacle to a person's activities. A person who has jisa disorder will experience unproductive, impaired interpersonal, role and social relationships, serta perubahan prilaku yang signifikan (Niman, 2019). Mental disorders can basically be identified by looking at the symptoms and signs that appear on a person's

behavior.

A person who has a mental disorder in the mild category is generally still able to interact well despite some obstacles and irregular emotional changes. However, at the level of severe or chronic mental disorders, it tends to cause aggressive behavior and cannot interact normally. A person with chronic mental disorder has unstable emotional changes and often acts aggressively and violently which can cause injury to themselves and others. In addition, someone who experiences chronic mental disorders has no memory of the actions they do, meaning that someone who has a chronic mental disorder commits violence unconsciously (Wicaksono, 2021).

Putra and Yuhandri (2021) mentioned that someone who has a mental disorder in the severe or chronic category is generally easily offended, difficult to concentrate, difficult to sleep, lack of socializing, speaking nonsense, believing in something that is not real, talking and moving more slowly, often feeling sad, excessive fear and worry, and the most dominant symptom is daring to hurt themselves. This behavior is often the cause of someone who has a chronic mental disorder losing his own life or even losing his own life. Other references also mention that there are several symptoms in patients who have an aggressive nature, namely, bulging eyes, sharp eyes, speaking in loud tones, attacking others, flushed and tense faces (Siauta et al., 2020).

The aggressive behavior of this patient is a problem that needs to be considered so that there are no victims of violence from the behavior caused by mental patients. In contrast to Videbeck's opinion which explains that the symptoms of mental disorders are divided into two, namely positive symptoms and negative symptoms. Positive symptoms include delusions, hallucinations, restless rowdyness, strange behavior, hostility and formal thinking disorders. Negative symptoms include difficulty initiating speech, blunt or flat affect, lack of motivation and attention, passivity, apathy and social withdrawal and discomfort (Rinawati &; Alimansur, 2016). Based on several theories there are several efforts made to prevent aggressive behavior in chronic mental patients. Efforts that are considered capable of reducing aggressive actions or behaviors of chronic mental patients are *restrain* and exclusion. *Restrain* and exclusion are methods used to deter chronic mental patients from committing acts of violence both against themselves and others. *Restrain* itself is a method of restraint carried out on mental patients using mechanical or manual tools to limit patient mobility. Such tools include the use of cuffs for wrists or feet and fastening cloth. While exclusion is a form of therapy by confining patients in a special room (Stuart, 2014).

This restrain and exclusion action is considered effective and can reduce violence committed by patients against themselves and others. Based on research by Mawaddah et al., (2022) explained that the application of *restrain measures* has an impact on reducing the number of violence committed by patients. In addition, *restrain* is considered very effective in reducing the violence index of mental patients. Iskandar et al., (2019) explained that the restrain action can make patients calm down faster and can reduce the risk of self-injury. Similar to restraint, inclusion is also considered capable of reducing the incidence of injury in mental patients. AS (2019) explains that patients who experience violent/life-threatening behavior do need to be restrainted/excluded. This is because patients who experience mental disorders have aggressive behavior that is difficult to overcome. However, although restrain and exclusion actions have a positive impact on reducing the level of patient violence, basically restrain and exclusion actions are the last choice carried out

for protection reasons. This is because restrain and exclusion have a negative impact on patients and on treatment. Anna (2019) also explained that in its application. Restrain and exclusion are a last resort in intervention and if the safety of another person or persons is threatened, this step should not be used as a treatment for a person, but as a protective interest. This reason is also reinforced by the results of research conducted by Kandar and Pambudi (2018) in Henda & Wiryansyah, (2022) which showed that of the 11 restraint procedures, 68.7% of patients suffered physical injuries, and 31.5% of patients experienced psychological injuries. In addition, Chieze et al., (2019) found that the application of *restrain* measures in mentally ill patients showed negative effects from the application of restrain and exclusion in patients. In addition to the risks that can occur to patients, the application of restrain and inclusion can also provide risks to nurses who apply the restrain and inclusion. Nurses have a high risk of becoming victims of violence from the aggressive behavior of mental patients. This is because the patient will fight and rebel when restrain and exclusion are carried out.

Based on these impacts, efforts are needed to reduce the egative impacts that can be caused by the application of restrain and inclusion. One of the efforts that can be done is to increase nurses' knowledge in carrying out restrain and inclusion. Provision of knowledge about *restrain* and inclusion measures is considered very necessary for nurses or mental hospital personnel. This is because the lack of knowledge of mental hospital nurses can increase the risk of injury to patients and increase the risk of nurses becoming victims of aggressive patient actions. Iskandar et al., (2019) mentioned that nurses' knowledge affects the performance and way nurses work for the better and can achieve maximum results both for individuals themselves and hospitals in providing nursing services in hospitals. The success of *restrain* and exclusion measures depends on the nurse's ability to act as well as possible in preventing the negative effects of restrain and exclusion measures.

Knowledge is the basis for conducting health services, especially in mental health. Knowledge is very mandatory for a nurse not only experience but also knowledge in determining policies for implementing methods with good and correct SOPs with the aim of avoiding accidents in carrying out health services (Syafridayani, 2019). Khomsah and Nurani (2022) explained that someone who has knowledge about health affects behavior in action. This is an encouragement that the knowledge possessed by a person provides information on the good and bad of an action to be done. This also applies to nurses who apply mental health therapy using restrain and inclusion so that patients and nurses avoid accidents and the methods used are able to reduce violence committed by mental patients. In addition, based on research conducted by Faradhila and Arum Pratiwi (2017) which found that there are restrain actions carried out without consulting a specialist doctor due to the patient's condition which must be given immediate action. This means that nurses must have knowledge of symptoms, conditions, and appropriate actions for handling patients with aggressive mental disorders.

Apart from the aspect of knowledge, nurses should be equipped with good readiness in caring for patients with mental disorders who generally have a tendency to commit violent acts. The aspect of a nurse's readiness is also an assessment for the patient's family in assessing how competent the nurse is in caring for psychiatric patients. Nurses who have good readiness are considered able to provide good service and can provide health services according to procedures to avoid unwanted

errors. The role of the nurse becomes more critical when facing a disaster, or can be interpreted when having to face a situation that is most vulnerable than usual. Nurses are the most trusted health workers of all other health professions (Lestari, 2017).

AlMekkawi and El Khalil (2020) found in their research that the low readiness of nurses has an impact on the low performance of nursing in hospitals. In addition, AlMekkawi and El Khalil (2020) also examined the factors that affect the low readiness of nurses and found that low experience in clinical settings, lack of nurse experience, and lack of nurse sensitivity are factors that affect nurses' readiness and ability in carrying out care. The results of this study are contrary to the research of Chua et al., (2021) which found that nurses are quite competent in carrying out care for patients, besides Chua et al., (2021) also found that there are 2 dimensions of readiness that can be significant. Therefore, the readiness of nurses in providing services includes aspects that need attention. The purpose of this study was to determine the picture of knowledge and readiness of nurses in carrying out retrain and exclusion actions on patients at the Handsome Mental Hospital Pekanbaru.

METHOD

This research is included in quantitative descriptive research where this study aims to explore and describe descriptively about the subject matter in the research (Sugiyono, 2019). This research was conducted at the Handsome Mental Hospital Pekanbaru Riau. The population in this study was all nurses in charge of handling restrain and exclusion of patients, amounting to 94 people. The sample used in this study was the entire of the total study population, which amounted to 94 nurses of the Handsome Mental Hospital Pekanbaru. The sampling technique used in this study is *total sampling* or saturated samples.

RESULTS AND DISCUSSION
Characteristics of Respondents

Tabel 1.
Characteristics of Respondents

Characteristics	f	%
Ages (Years Old)		
20-35	37	39,4
>35	57	60,4
Sex		
Man	38	40,4
Woman	56	59,6
Education in nursing		
Vocational	35	37,2
Bachelor	56	59,6
Master	3	3,2
Status		
Honorary	49	52,1
Civil servant	39	41,5
contraxct	6	6,4

Based on the results of the study showed that the majority of nurses were in the age range of >35 years, namely 57 nurses (60.4%), while the rest were in the age range of 20-35 years, namely 37 nurses (39.4%). This shows that most of the nurses on duty at the Handsome Mental Hospital

Pekanbaru are in the late adult age category, which at this age someone has experience and a relatively calmer attitude in dealing with the problems at hand. However, basically late adulthood will experience a decline in cognitive abilities that will have an impact on daily activities. Santrock (2013) means that there are two views on the definition of elderly or elderly, namely according to the views of westerners and Indonesians. The view of westerners who are classified as elderly or elderly is people who are 65 years old and over, where this age will distinguish someone who is still an adult or elderly. While the view of Indonesians, the elderly are people who are over 60 years old. More than 60 years because in general in Indonesia it is used as the maximum age of work and began to appear the characteristics of old age.

The results of this study showed that most of the nurses who were respondents were female, namely 56 nurses (59.6%), while nurses who were male amounted to 38 people (40.4%). The results of this study showed that some of the nurses who handled the incidence of restrain and exclusion at the Handsome Pekanbaru mental hospital were female nurses. The results of this study are in line with research conducted by Sari et al., (2017) which found that there are more female nurses compared to male nurses on duty at mental hospitals in Southeast Sulawesi Province. Basically, overcoming restrain and exclusion requires stronger energy than patients who are raging and aggressive, which can cause injury both to patients and to nurses who are treating these patients. This is an encouragement for the need to balance the condition of male nurses with female nurses so that they can carry out restrain and inclusion activities that are good and in accordance with standards. In addition, the study of Anggoro et al., (2019) found that showing as many as 39 (70.9%) of 55 male respondents and behaving *well caring* . Those results have a greater percentage compared to female nurses who have a percentage of 57.1%.

The majority of nurses in this study had a fairly high level of education, namely at the Strata 1 education level which amounted to 56 people (59.6%). The results of this study show that most nurses already have a fairly high education to be able to treat patients who experience aggressive bullying at the handsome mental hospital in Pekanbaru. The education possessed by a nurse has a great influence in providing good care to patients. This is because education and knowledge are directly related to the experience experienced by nurses in providing health services to patients, which means that the higher the education and knowledge of nurses, the better the services provided. Education can increase one's knowledge which can be used to change attitudes or just add insight. Knowledge is closely related to education, where education is one of the basic needs to develop oneself (Ayu &; Damayanti, 2018). Yulianti and Wijayanti (2016) explain that through education a person will learn many things, absorb a lot of information, change perceptions and form a correct understanding. This shows that increasing knowledge through improving nursing education is very necessary to improve nursing services specifically in the field of mental nursing.

In this study, most nurses had positions as honorary employees, amounting to 49 people (52.1%). These results show that most nurses have relatively low positions, which makes it difficult for nurses to take the initiative to take appropriate actions and in accordance with the conditions experienced by patients in mental hospitals. This is in line with the results of interviews with several nurses on duty who stated that in carrying out restrain and exclusion measures employees must get approval from nurses who have higher positions, which can cause delays in dealing with aggressive patients.

Table 2.

Frequency Distribution of Respondents' Answers Based on Knowledge Statements

No	Statements		Agree	Disagree
1	Restraint is a safety method designed to prevent injury.	f	94	0
		%	100,0	0,0
2	Restraint should be used when someone is unable to closely monitor the patient	f	44	52
		%	46,81	53,19
3	Patients are allowed to refuse to be placed in restraints	f	42	52
		%	44,68	55,32
4	If physical restraints (such as safety vests and garments) are to be used, the patient's family members must sign a consent form	f	86	8
		%	91,49	8,51
5	Restraints must be released every 2 hours if the patient is conscious	f	85	9
		%	90,43	957
6	The restraints must be fastened tightly to ensure there is no space between the restraints and the patient's skin	f	73	21
		%	77,66	22,34
7	When a patient is restrained, skin damage can occur or anxiety may increase	f	77	17
		%	81,91	18,09
8	When a patient is restrained on the bed, restraints should not be attached to the side rails	f	65	29
		%	69,15	30,85
9	A patient should not be restrained while lying on their back in bed due to the risk of choking	f	58	36
		%	61,70	38,30
10	There are no alternatives to restraints	f	53	41
		%	56,38	43,62
11	Deaths have been associated with the use of restraint vests	f	35	59
		%	37,2	62,77
	Mean		7,00	

Table 2.

Frequency Distribution of Knowledge Categories

No	Category	f	%
1	High	54	57,54
2	Low	40	42,55

Table 3 explains that the majority of nurses who were respondents to the study had high knowledge in restrain and exclusion of patients, amounting to 54 (57.54%) respondents, while those classified in the low category were only 40 (42.55%) respondents. This study shows that the knowledge possessed by nurses in restrain and inclusion is in the high category, namely by showing a mean value of 700. In addition, as many as 54 nurses (57.54%) have high knowledge of restrain and inclusion. Knowledge is a very important aspect for nurses and mental hospital patients in conducting good health services. This is because high knowledge can encourage nurses to be able to take swift and appropriate actions against mental hospital patients. Provision of knowledge about *restrain* and inclusion measures is considered very necessary for nurses or mental hospital personnel. This is because the lack of knowledge of mental hospital nurses can increase the risk of injury to patients and increase the risk of nurses becoming victims of aggressive patient actions. Iskandar et al., (2019) stated that nurses' knowledge affects the performance and way nurses work for the better and can achieve maximum results both for individuals themselves and hospitals in providing nursing services in mental hospitals. The success of the *implementation of restrain* and exclusion measures depends on the nurse's ability to act as well as possible in preventing the

negative effects of the implementation of *restrain* and exclusion measures.

Knowledge is the basis for conducting health services, especially in mental health. Knowledge is very mandatory for a nurse not only experience but also knowledge in determining policies for implementing methods with good and correct SOPs with the aim of avoiding accidents in carrying out health services (Syafridayani, 2019). Khomsah and Nurani (2022) explained that someone who has knowledge about health affects behavior in action. This is an encouragement that the knowledge possessed by a person provides information on the good and bad of an action to be done. This also applies to nurses who apply mental health therapy using restrain and inclusion so that patients and nurses avoid accidents and the methods used are able to reduce violence committed by mental patients. In addition, based on research conducted by Faradhila and Arum Pratiwi (2017) which found that there are restrain actions carried out without consulting a specialist doctor due to the patient's condition which must be given immediate action. This means that nurses must have knowledge of symptoms, conditions, and appropriate actions towards handling patients with aggressive mental disorders.

Knowledge of restrain and infection possessed by nurses can prevent injuries that may occur. The increasing knowledge and ability of nurses will affect the way nurses work for the better and can achieve maximum results both for individuals themselves and hospitals in providing nursing services (Iskandar et al., 2019). Nurses are people who are responsible for the patient's condition, besides that nurses are 40%-60% more health workers in hospitals, so nurses must be competent in providing nursing actions, especially for mental clients. This further explains that nurses basically must have high knowledge and be competent in providing good service to patients.

Tabel 3.
Frequency Distribution of Respondents' Answers Based on Readiness Statements

No	Statements		SS	S	TS	STS	Mean
1	I have a strong theoretical understanding of my field of work	n	32	58	0	4	3,26
		%	34,04	61,70	0,00	4,26	
2	I am confident in the knowledge I have learned and can easily answer clinical questions about my field	n	31	58	5	0	3,28
		%	32,98	61,70	5,32	0,00	
3	Analyzing and solving complex problems is a strength for me	n	29	60	3	2	3,23
		%	30,85	63,83	3,19	2,13	
4	I know how to cope with various demands	n	26	59	7	2	3,16
		%	27,66	62,77	7,45	2,13	
5	Now that I have completed my studies, I consider myself clinically competent to apply myself to the field	n	40	48	5	0	3,39
		%	42,55	51,06	5,32	0,00	
6	I feel confident that I will be able to apply the knowledge I learn on the job	n	36	50	8	0	3,30
		%	38,30	53,19	8,51	0,00	
7	People approach me for original ideas	n	7	47	35	5	2,60
		%	7,45	50,00	37,23	5,32	
8	One of my strengths is that I have attention to detail	n	18	65	6	5	3,02
		%	19,15	69,15	6,38	5,32	
9	I remained calm under pressure	n	19	61	9	4	3,04
		%	20,21	64,89	9,57	4,26	
10	I know my strengths and weaknesses	n	18	74	0	2	3,15
		%	19,15	78,72	0,00	2,13	
11	When a crisis situation that requires my attention arises, I can easily change my focus	n	15	47	30	2	2,80
		%	15,96	50,00	31,91	2,13	
12	I'm always prepared for the unexpected to happen	n	14	75	3	2	3,07

No	Statements		SS	S	TS	STS	Mean
		%	14,89	79,79	3,19	2,13	
13	Being one of the best in my field is very important to me	n	37	55	2	0	3,37
		%	39,36	58,51	2,13	0,00	
14	I consider myself to have a mature outlook on life	n	31	56	7	0	3,26
		%	32,98	59,57	7,45	0,00	
15	Developing relationships with people is one of my strengths	n	26	61	2	5	3,15
		%	27,66	64,89	2,13	5,32	
16	Others will say I have an open and friendly approach	n	35	52	5	2	3,28
		%	37,23	55,32	5,32	2,13	
17	Adapting to different social situations is one of my strengths	n	19	67	4	4	3,07
		%	20,21	71,28	4,26	4,26	
18	I can express myself easily	n	18	68	8	0	3,11
		%	19,15	72,34	8,51	0,00	
19	I communicate effectively with different patients	n	23	65	6	0	3,18
		%	24,47	69,15	6,38	0,00	
20	I found I was good at reading other people's body language	n	22	58	12	2	3,06
		%	23,40	61,70	12,77	2,13	
21	I easily adapt to new situations	n	20	69	3	2	3,14
		%	21,28	73,40	3,19	2,13	
22	I'm good at making impromptu speeches	n	11	43	38	2	2,67
		%	11,70	45,74	40,43	2,13	
23	I look forward to opportunities to learn and grow at work	n	35	56	3	0	3,34
		%	37,23	59,57	3,19	0,00	
24	I'm always trying to improve myself	n	41	50	3	0	3,40
		%	43,62	53,19	3,19	0,00	
25	I really wanted to throw myself into my work	n	12	66	14	2	2,94
		%	12,77	70,21	14,89	2,13	
26	I see all feedback as an opportunity to learn	n	14	73	5	2	3,05
		%	14,89	77,66	5,32	2,13	
27	I can't wait to get to work and jump into a project	n	11	66	17	0	2,94
		%	11,70	70,21	18,09	0,00	
28	I thrive on completing tasks and achieving results	n	18	74	2	0	3,17
		%	19,15	78,72	2,13	0,00	
29	An organization's values and beliefs are part of its culture	n	14	76	1	3	3,07
		%	14,89	80,85	1,06	3,19	
30	As an employee, it is important to have a good understanding of organizational processes and protocols	n	33	60	1	0	3,34
		%	35,11	63,83	1,06	0,00	
31	It is important to respect authority figures	n	24	67	3	0	3,22
		%	25,53	71,28	3,19	0,00	
32	At work, it's important to always be accountable for your decisions and actions	n	37	54	3	0	3,36
		%	39,36	57,45	3,19	0,00	
33	It's important to respect your colleagues	n	33	57	4	0	3,31
		%	35,11	60,64	4,26	0,00	
34	It is important to learn as much as possible about the organization	n	29	64	1	0	3,30
		%	30,85	68,09	1,06	0,00	
35	There is a lot to learn from employees who have worked in an organization for many years	n	29	63	2	0	3,29
		%	30,85	67,02	2,13	0,00	
36	You can learn a lot from your colleagues	n	23	69	0	2	3,20
		%	24,47	73,40	0,00	2,13	
37	I recognize when I need to ask for help	n	25	64	5	0	3,21
		%	26,60	68,09	5,32	0,00	
38	You can learn a lot from long-time employees, even if they don't have a college degree	n	30	64	0	0	3,32
		%	31,91	68,09	0,00	0,00	
39	I became overwhelmed by challenging circumstances	n	1	54	35	4	2,55
		%	1,06	57,45	37,23	4,26	
40	Managing too many things at once is one of my weaknesses	n	3	49	40	2	2,56
		%	3,19	52,13	42,55	2,13	
41	I feel that I can't handle things when I have competing demands	n	1	49	40	4	2,50

No	Statements		SS	S	TS	STS	Mean
		%	1,06	52,13	42,55	4,26	
42	I get stressed when there's too much going on	n	1	44	46	3	2,46
		%	1,06	46,81	48,94	3,19	
43	I sometimes have trouble starting tasks	n	1	55	34	4	2,56
		%	1,06	58,51	36,17	4,26	
44	I am sometimes embarrassed to ask questions when I am not sure about something	n	2	55	30	7	2,55
		%	2,13	58,51	31,91	7,45	
45	I don't like the idea of change	n	4	61	26	3	2,70
		%	4,26	64,89	27,66	3,19	
46	Approaching senior people at work is a weakness for me	n	4	59	23	8	2,63
		%	4,26	62,77	24,47	8,51	
	Mean			3,06			

Table 4 shows that in the overall statement the majority of respondents answered in the affirmative by showing an average number of answers of more than 50% and with a mean value of 3.06 which is classified as a good category. The readiness variable that obtained the highest mean value was found in the 24th statement "I always try to improve myself" which is with a mean value of 3.40 which is classified as high, while the lowest mean value is found in the 42nd statement, which is with a mean value of 2.46 which is classified as low category.

Table 4.

Frequency distribution based on individual indicators

No	Indicator	Median	Kategori
1	Work Competence	42	Good
2	Social Intelegence	24	Good
3	Organisational Acumen	49	Good
4	Personal Work Characteristics	22	Bad

Based on table 5, it can be seen that the indicator with the highest median value is *Organisational Acumen*, which is 49 which is classified as good, while the lowest mean value is found in the *Personal Work Characteristics* indicator, which is 22 which is classified as bad. This study shows that nurses' readiness in carrying out restrain and inclusion is classified into the good category by showing the mean value in the readiness variable of 3.06. In addition, in this study it is known that the statement with the highest mean value is found in the 24th statement with a mean value of 3.40, while the lowest mean value is found in the 42nd statement, which is 2.46. The highest level of readiness in this study is found in the *Organisational Acumen* indicator , which is 49. The results of this study are in line with research conducted by Lestari (2017) most nurses have readiness in carrying out disaster emergency actions by showing the highest mean value of 3.16. Lestari (2017) also explained that the higher the mean score, the more prepared it is in the subvariable.

Nurses should be well prepared to care for patients with mental disorders who generally have a tendency to commit violent acts. The aspect of a nurse's readiness is also an assessment for the patient's family in assessing how competent the nurse is in caring for psychiatric patients. Nurses who have good readiness are considered able to provide good service and can provide health services according to procedures to avoid unwanted errors. The role of the nurse becomes more critical when facing a disaster, or can be interpreted when having to face a situation that is most vulnerable than usual. Nurses are the most trusted health workers of all other health professions (Lestari, 2017).

In the research of Faradhila and Arum Pratiwi (2017) explained that there are several things that are prioritized in taking action, namely nurses must have readiness such as having conducted certain preventive action trainings according to the patient's condition. Meanwhile, As'ad and Sutjipto in Faradhila and Arum Pratiwi (2017) suggest that special professional skills are needed for nurses in managing violent clients. Furthermore, Malfesari Faradhila and Arum Pratiwi (2017) also mentioned that in maintaining the safety of patients and nurses and ensuring the human rights of patients, nurses must be equipped with special skills related to the implementation of restrain on patients with violent behavior.

AlMekkawi and El Khalil (2020) found in their research that the low readiness of nurses has an impact on the low performance of nursing in hospitals. In addition, AlMekkawi and El Khalil (2020) also examined the factors that affect the low readiness of nurses and found that low experience in clinical settings, lack of nurse experience, and lack of nurse sensitivity are factors that affect nurses' readiness and ability in carrying out care. The results of this study are contrary to the research of Chua et al., (2021) which found that nurses are quite competent in carrying out care for patients, besides Chua et al., (2021) also found that there are 2 dimensions of readiness that can be significant. Therefore, the readiness of nurses in providing services includes aspects that need attention.

CONCLUSION

The results of this study found that the majority of nurses had high control and exclusion knowledge with an average score of 57.45. Most nurses have good readiness in carrying out control and inclusion with an average score of 60.44.

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