

THE RELATIONSHIP BETWEEN SELF DISCLOSURE AND RESILIENCE AMONG NURSES AT ACEH MENTAL HOSPITAL, INDONESIA: A CROSS-SECTIONAL STUDY

Hubungan antara Pengungkapan Diri dengan Resiliensi pada Perawat di Rumah Sakit Jiwa Aceh, Indonesia: Studi Cross Sectional

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ARTICLE INFO

Article History:

Received: March 09th, 2025

Review:

From March 10th, 2025

Accepted: April 21st, 2025

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ABSTRACT

Background: Registered nurses employed in acute and semi-acute wards of mental hospitals frequently encounter elevated levels of stress, a significant component of which is the constant threat of violence from patients. Consequently, the capacity to adapt in challenging circumstances is referred to as resilience. Resilience, defined as the ability to cope with adversity, enables individuals to perceive challenges as catalysts for personal growth. **Purpose:** to identify the relationship between self-disclosure and the level of resilience exhibited by nurses at Aceh Mental Hospital. **Methods:** used a quantitative correlational approach, involved 45 nurses through a total sampling technique. The instruments used were the Resilience Scale for Nurse (RSN) ($\alpha = 0.830$) and the Revised Self Disclosure Scale (RSDS) consisting of five dimensions with varying reliability. **Results:** A substantial relationship was identified between resilience and the dimensions of intent to disclose ($p=0.002$; $r=0.456$), amount of disclosure ($p=0.029$; $r=0.326$), and positive factor of disclosure ($p=0.029$; $r=0.326$). Meanwhile, the dimensions of honesty-accuracy and control of general depth did not show a significant relationship. **Conclusion:** Several factors related to self-disclosure have been shown to be positively associated with resilience, suggesting that openness may play a crucial role in enhancing the mental resilience of nurses working in high-risk environments.

Keywords: nurses in mental hospitals, resilience, self-disclosure

ABSTRAK

Latar Belakang: Perawat yang bekerja di bangsal akut dan semi-akut Rumah Sakit Jiwa kerap menghadapi tekanan berat, termasuk risiko kekerasan dari pasien. Oleh karena itu, dibutuhkan kemampuan untuk beradaptasi dan tetap tangguh dalam situasi menantang, yang dikenal sebagai resiliensi. Resiliensi memungkinkan individu untuk melihat tekanan dan kesulitan sebagai peluang untuk berkembang. **Tujuan:** bertujuan untuk mengidentifikasi hubungan antara self disclosure dengan tingkat resiliensi pada perawat di Rumah Sakit Jiwa Aceh. **Metode:** Menggunakan pendekatan kuantitatif korelasional, melibatkan 45 perawat melalui teknik total sampling. Instrumen yang digunakan adalah Resilience Scale for Nurse (RSN) ($\alpha = 0.830$) dan Revised Self Disclosure Scale (RSDS) yang terdiri dari lima dimensi dengan reliabilitas bervariasi. **Hasil:** Terdapat hubungan signifikan antara resiliensi dengan dimensi intent to disclose ($p=0.002$; $r=0.456$), amount of disclosure ($p=0.029$; $r=0.326$), dan positive factor of disclosure ($p=0.029$; $r=0.326$). Sementara itu, dimensi honesty-accuracy dan control of general depth tidak menunjukkan hubungan signifikan. **Kesimpulan:** Beberapa aspek self disclosure berkorelasi positif dengan resiliensi, menunjukkan pentingnya keterbukaan dalam memperkuat daya tahan mental perawat di lingkungan kerja berisiko tinggi.

Kata kunci: perawat di rumah sakit jiwa, resiliensi, self disclosure

INTRODUCTION

It is imperative to recognize the significance of resilience and self-disclosure in preserving the mental well-being of nurses. WHO emphasizes the importance of a holistic approach in improving the psychological well-being of health workers, including strengthening adaptive abilities (resilience) and creating open and safe communication spaces. Nurses who are at the forefront of health services often face high work pressure, emotional demands, ethical dilemmas, and the risk of burnout. Self-disclosure refers to a person's ability to convey their feelings, experiences, or personal conditions to others honestly and in context. WHO has underscored the pivotal function of transparent and secure communication in fostering social support and preserving mental well-being (WHO, 2022).

Resilience is the capacity of an individual to bounce back and adjust to adversity, enabling them to continue performing at their best in trying circumstances (Missasi & Izzati, 2019).

Nurses working in mental health facilities run a significant chance of encountering patients who are violent and aggressive, particularly in psychiatric wards and emergency rooms where dealing with patients in unstable conditions is more frequent (Itzhaki *et al.*, 2018). Studies showed that in some countries, such as Australia, more than 80% of nurses in psychiatric hospitals have experienced violence in the past year (Newman *et al.*, 2023). A multitude of factors have been identified as contributing to nurse stress and burnout, including uncertainty regarding patient behavior, work pressure, and limited resources (Novitayani, 2021).

Incidents of violence against nurses have been widely studied. Around 88.6% of

nurses experienced verbal violence, while more than 56.1% experienced physical violence in Taiwan (Itzhaki *et al.*, 2018). Most incidents occurred in acute wards or locked wards, which have a prevalence of violence between 44-62% (Weltens *et al.*, 2021). Several factors that trigger violence include hospital rules that limit patient access to nicotine, a history of mental disorders, and forced admission to a psychiatric hospital (Bekelepi & Martin, 2022).

Acute wards in mental health facilities handle patients with severe mental disorders, such as agitation and aggression, which require immediate intervention, both pharmacological and non-pharmacological (Kemenkes RS Marzoeqi Mahdi, 2025). In addition, nurses in acute wards have significant responsibilities, including documentation, patient transfers, 24-hour supervision, and coordination with the medical team (Wilson *et al.*, 2017). The inherent complexity of this work has been demonstrated to engender heightened psychological stress in nurses, with the potential to adversely impact their well-being (Rose *et al.*, 2015). Organizational issues like understaffing, lengthy workdays, and administrative pressures, in addition to patient violence, can cause stress in nurses and ultimately impair their effectiveness (Gabrielsson *et al.*, 2016; Pasek & Ariani, 2021). Hence, effective strategies are needed to improve nurse well-being, both through organizational and individual approaches (Rangkuti *et al.*, 2021).

One strategy that can improve nurses' well-being and resilience is self-disclosure, which is the process of expressing feelings, experiences, and facts about oneself. Disclosure of emotions and thoughts has been shown to improve psychological health and resilience (Harvey & Boynton, 2021). Its benefits include better emotional regulation, impulse control, self-efficacy, optimism,

empathy, and the ability to cope with stress (Aziz *et al.*, 2023). Self-disclosure can reduce anxiety and encourage individuals to be more open in sharing information about themselves (Zhu *et al.*, 2023; Pan *et al.*, 2020). Self-disclosure helps reduce mental burden, improve psychological well-being, and strengthen relationships with patients (Saputra *et al.*, 2022). Meta-analysis has demonstrated the efficacy of self-disclosure-based interventions are effective in increasing resilience, especially for individuals who have faced traumatic experiences. Self-disclosure, defined as the act of divulging personal experiences or emotions, functions not only as a medium for communication but also as a therapeutic process that has the potential to fortify the relationship between patients and healthcare professionals. In this context, self-disclosure can be a bridge connecting patients' traumatic experiences with their efforts to rebuild mental strength and resilience (Luo *et al.*, 2021).

Previous studies have focused more on incidents of violence against nurses and stress-causing factors in the work environment (Foster *et al.*, 2018). However, studies on the mechanisms of nurse resilience in facing these challenges are still limited. This study aims to examine the relationship between self-disclosure and resilience in nurses working in the acute and semi-acute wards of the Aceh Mental Hospital. Although several studies have analyzed the relationship between self-disclosure and resilience, there are still few that discuss this in nurses in Mental Hospitals. Therefore, the researchers hypothesized that there would be a relationship between self-disclosure and resilience in nurses working in mental hospitals in Aceh.

METHOD

The present study employed a quantitative approach with a correlation design, with the objective of examining the relationship between self-disclosure and resilience in nurses at the Aceh Mental Hospital. The collection of data was executed in an offline modality at a singular location within the timeframe spanning from November 13 to November 21, 2024.

Population and Sample

The population in this study included all nurses working in the acute and semi-acute wards of the Aceh Mental Hospital. This study used the total sampling method, where the entire population that met the criteria was sampled (Sugiyono, 2013). This technique was generally applied to small populations, less than 100 people. The final sample that participated in this study was 45 nurses. The inclusion criteria encompassed nurses who were employed in acute and semi-acute wards, as well as those who were engaged in patient care in rooms designated as high-risk zones due to the potential for aggressive behavior from patients.

Data Collection

This study had two main variables, namely the independent variable (free): Self Disclosure, which was measured using the Revised Self Disclosure Scale (RSDS) and the dependent variable (bound): Resilience, which was measured using the Resilience Scale for Nurse (RSN). RSN consisted of five answer choices with a disagree response worth 1, sometimes disagree worth 2, neutral worth 3, somewhat agree worth 4, and agree response worth 5. The evaluation was assigned a score of 1 for agree, 2 for slightly agree, 3 for neutral, 4 for somewhat disagree, and 5 for disagree on the unfavorable topic. A higher score denotes greater resilience. The score range, which was determined by calculating the subject's overall score, was 22

to 110. The statement items were modified and adjusted with the permission of Ihara *et al.*, (2010). The reliability of this scale was 0.84 for the entire scale, while the reliability for the positivity in nursing factor was 0.87, the reliability of interpersonal skills was 0.77, having an anchor in personal life was 0.67 and response to novelty was 0.63. The validity of this measuring instrument was tested through concurrent validity by calculating the correlation coefficient between RSN and other conceptually relevant constructs and went through construct validity.

The Revised Self Disclosure Scale (RSDS) is a psychometric instrument that assesses five main dimensions of disclosure: intent to disclose, amount of disclosure, positive factor of disclosure, honesty-accuracy of disclosure, and control of general depth. This instrument consisted of 31 items with 7 alternative answers. The answer choices strongly agree were worth 7, agree were worth 6, somewhat agree were worth 5, undecided was worth 4, somewhat disagree were worth 3, disagree were worth 2, and strongly disagree were worth 1. An evaluation in the form of a reverse score will be provided for statement items that were

categorized as unfavorable. The RSDS will not produce a single overall score because respondent assessments will be graded independently for each dimension. This instrument's aim dimension has a Cronbach alpha of 0.85, amount of 0.88, positiveness of 0.91, depth of 0.84, and honesty of 0.87.

Self-Disclosure Data Description

The RSDS instrument was used to measure self-disclosure, where each participant received five separate scores based on the following dimensions: intent to disclose, amount of disclosure, positive factor of disclosure, honesty-accuracy of disclosure, and control of general depth. The range of scores obtained for each dimension was Intent to disclose: 9–16; Amount of disclosure: 9–25; Positive factor of disclosure: 13–28; Honesty-accuracy of disclosure: 5–11; Control of general depth: 17–30.

Resilience Data Description

Ihara *et al.*, (2010) did not develop a categorization norm for the Resilience Scale for Nurse. However, in this study, group norms were determined based on the concept of Azwar's theory (2013), with the following categorization:

Table 1. Formula for Categorization Norms for the Resilience Scale for Nurse

Categorization	Criteria
$X < (\mu - 1,0\sigma)$	Low
$(\mu - 1,0\sigma) \leq X < (\mu + 1,0\sigma)$	Middle
$X \geq (\mu + 1,0\sigma)$	High

Notes:

- μ = Mean Theoretic
- σ = Standard Deviation
- X = Respondent Score

This category was used to group the results of nurse resilience scores at the Aceh Mental Hospital.

Data Analysis

Data analysis was executed through the implementation of statistical methodologies, encompassing the

assessment of normality utilizing the Shapiro-Wilk test, the evaluation of linearity employing the ANOVA test for linearity, and the execution of hypothesis tests employing Pearson's correlation if the data conforms to a normal distribution or Spearman-Brown's correlation if the data does not adhere to a normal distribution. In order to minimize bias and ensure the accuracy of the results, this study implemented several control measures, including validity tests through expert reviews to ensure the suitability of the

instrument, reliability tests with Cronbach's Alpha which showed a value of 0.830 for the Resilience Scale for Nurse (RSN) scale and variations in values on the Revised Self Disclosure Scale (RSDS) scale, and elimination of outliers that have the potential to affect data distribution. The provisions for the strength of the relationship (correlation) between research variables determined by interpreting the coefficient according to Sugiyono (2015), as demonstrated below:

Table 2. Correlation Coefficient Interpretation Guide

Coefficient Interval	Relationship Level
0.00-0.199	Very Low
0.20-0.399	Low
0.40-0.599	Middle
0.60-0.799	High

The normality test was conducted using Shapiro-Wilk with JASP version 0.19.2. The results showed that the resilience data was not normally distributed ($p=0.001$). In the self-disclosure dimension, only intent to disclose was normally distributed ($p=0.075$). Meanwhile, the amount of disclosure ($p<0.001$), positive factor of disclosure ($p=0.016$), honesty-accuracy of disclosure ($p=0.005$), and control of general depth ($p=0.018$) were not normally distributed.

Linearity Test

The linearity test using ANOVA showed that resilience with intent to disclose ($p=0.005$) and positive factor of disclosure ($p=0.013$) did not have a linear relationship. However, a linear relationship was found between resilience and the amount of disclosure ($p=0.105$), honesty-accuracy of disclosure ($p=0.802$), and control of general depth ($p=0.146$). Since the assumptions were

not met, the analysis was continued with a non-parametric test.

Ethical Clearance

This study has obtained ethical approval from the Health Research Ethics Committee (KEPK) of the Faculty of Medicine, Syiah Kuala University. The submission was made on September 4, 2024, and was declared feasible without revision on September 12, 2024, with letter number 141/EA/FK/2024. Prior to the initiation of data collection, all participants were provided with a detailed explanation of the study's purpose and procedures and were assured that their involvement was entirely voluntary.

RESULT

A total of 45 nurses were analyzed in this study after eliminating 3 outlier samples from a total of 48 existing samples. The detailed demographic information can be seen in Table 3, as follows:

Table 3. Respondent Demographic Results

Description	n	Percentage (%)
Subject Age		
20-40	21	46.66%
40-60	24	53.33%
Gender		
Male	19	42.22%
Female	26	57.77%
Marriage Status		
Married	42	93.33%
Single	3	6.66%
Latest Education		
DIII	12	26.66%
DIV/S1	5	11.11%
S2	0	0%
Ners	28	62.22%
Work Experience		
1-5 years	6	13.33%
6-10 years	11	24.44%
11-15 years	13	28.88%
16-20 years	14	31.11%
21-25 years	1	2.22%
Position		
Head room	3	6.66%
Team Leader	5	11.11%
Nurses	37	82.22%
Room		
Semi Acute Male	16	35.55%
Semi Acute Female	13	28.88%
Acute	16	35.55%

Table 3 showed that the dominant age group in this study was in the age range of 40-60 years, which was 24 people (53.33%). The majority of the research sample consisted of 26 women (57.77%) while men numbered 19 (42.22%). Regarding marital status, 42 subjects were married (93.33%) and only 3 subjects were unmarried (6.66%). Based on the last education, the results showed that the majority of the samples had a last education of the Nursing profession, 28 (62.22%), and 5 samples (11.11%) had a last education of

DIV/S1. Then, in terms of work experience, 14 subjects (31.11%) had 16-20 years of work experience, and only 1 subject (2.22%) had 21-25 years of work experience. Based on position, the majority of the sample, namely 37 nurses, were implementing nurses (82.22%). Based on the room on duty, the male semi-acute room and the acute room have the same percentage, namely consisting of 16 nurses (35.55%), while the female semi-acute room consists of 13 nurses (28.88%).

Table 4. Result of Description of Self disclosure

Dimensi	Min	Maks	Team Mean	Scale Mean	Hypothetical Mean	SD
Intended to disclose	9	16	12.35	139	12.5	1.77
Amount of disclosue	9	25	16.44	105.7	17	3.14
Positive factor of disclosure	13	28	19.15	123.4	20.5	3.92
Honesty-accuracy of disclosure	5	11	7.60	114	8	1.46
<i>Control of general depth</i>	17	30	23.17	130.3	23.5	3.62

Table 4 showed that the intended to disclose dimension has a minimum score range of 9 and a maximum of 16, with an average of 12.35 and a standard deviation of 1.77. The Amount to disclose dimension has a minimum score range of 9 and a maximum of 25, with an average of 16.4 and a standard deviation of 3.14. The positive factor of disclosure dimension has a minimum score range of 13 and a maximum of 28, with an

average of 19.15 and a standard deviation of 3.92. The honesty accuracy of disclosure dimension has a minimum score range of 5 and a maximum of 11, with an average of 7.60 and a standard deviation of 1.46. The control of general depth dimension has a minimum score range of 17 and a maximum of 30, with an average of 23.17 and a standard deviation of 3.62.

Table 5. Descriptive Results of Resilience

Variable	Hypothetical Data				Empirical Data			
	Min	Max	Mean	SD	Min	Max	Mean	SD
Resilience Scale for Nurse	21	105	63	14	66	102	91.55	8.85

Table 5 showed that based on hypothetical calculations, the minimum score range was 21 and the maximum was 105, with an average of 63 and a standard deviation of 14. Meanwhile, based on empirical data, the minimum score obtained was 66 and the maximum was 102, with an

average of 91.55 and a standard deviation of 8.85.

Table 6 showed the scores and categorization of resilience levels in nurses at the Aceh Mental Hospital:

Table 6. Distribution of Scores and Categorization of Resilience Levels

Categorization	Category	Total	Percentage (%)
$X < 49$	Low	0	0
$49 \leq X < 77$	Middle	2	4.44
$X \geq 77$	High	43	95.55

As indicated by the data presented in Table 6, the majority of nurses exhibit a high

level of resilience, with 43 individuals (95.55%) demonstrating this characteristic. A

total of 2 nurses (4.44%) demonstrated medium resilience, while no nurses exhibited low resilience. The results of the hypothesis test using the Rho-Spearman correlation

because the data was not normally distributed and the relationship between variables is not linear. This can be seen in the following Table 7:

Table 7. Hypothesis test results

Hypothesis	Sig	Coefficient r	Decision
The relation between the dimensions of intent to disclose and resilience	p=0.002	r=0.456	Accepted
The relation between the amount of disclosure and resilience	p=0.029	r=0.326	Accepted
The relation between positive factors of disclosure and resilience	p=0.029	r=0.326	Accepted
The relation between the dimensions of honesty-accuracy of disclosure and resilience	p=0.603	r= (-0.085)	Rejected
Relationship between control of general depth dimension and resilience	p=0.217	r=0.188	Rejected

The results of the analysis showed that intent to disclose and resilience have a nonlinear relationship ($p = 0.002$, $r = 0.456$). Furthermore, a significant positive linear relationship was identified between the amount of disclosure and resilience ($p = 0.029$, $r = 0.326$), amount of disclosure and resilience have a significant positive linear relationship ($p = 0.029$, $r = 0.326$) and honesty-accuracy of disclosure and control of general depth do not have a significant relationship with resilience.

DISCUSSION

This study found a significant relationship between several dimensions of self-disclosure and the level of resilience in nurses at the Aceh Mental Hospital. The results showed that "intent to disclose" had a strong positive correlation with resilience ($p = 0.002$, $r = 0.456$), followed by "amount of disclosure" ($p = 0.029$, $r = 0.326$) and

"positive factor of disclosure" ($p = 0.029$, $r = 0.326$). However, no significant relationship was found between "honesty-accuracy" and "control of general depth" with resilience. The majority of nurses in this study showed moderate to high levels of resilience, indicating their ability to adapt to high work pressure. Self-disclosure plays an important role in increasing resilience by providing opportunities for nurses to express their experiences and emotions, thereby reducing psychological burden and improving their mental well-being. This finding is in line with the resilience theory proposed by Connor & Davidson (2003), which defines resilience as an individual's capacity to cope with stress and challenges. In addition, Harvey & Boynton's (2021) research revealed that self-disclosure contributes to emotional regulation and increased self-confidence, which ultimately strengthens resilience. (Kim & Chang (2022) also revealed that nurses

who are able to express their emotions tend to have higher resilience. The present findings align with the conclusions of the aforementioned study, which posits that the willingness to disclose experiences is conducive to the effective management of stress among nurses operating within a high-pressure professional environment.

The results of this study also strengthen the findings of the study by Zhu *et al.*, (2023), which showed that self-disclosure can increase resilience and reduce anxiety in breast cancer patients. However, in contrast to the aforementioned study, the present focused on nurses in psychiatric hospitals, where work challenges are more related to interactions with patients with mental disorders. In addition, a study by Adams *et al.*, (2022) emphasized that self-disclosure strengthens social support, which can be a protective factor for health workers. The results of this study also show that openness in sharing experiences helps nurses build a stronger social support system.

Possible mechanisms explaining the relationship between self-disclosure and resilience are that openness in sharing experiences and emotions allows nurses to reduce emotional stress, gain new perspectives, and receive better social support. This has been demonstrated to enhance their capacity to manage occupational stress and cultivate robust mental resilience. However, the study is not without its limitations. The sample size was constrained to a single psychiatric hospital, which may have resulted in an inability to generalize the results to other hospitals. Furthermore, the quantitative approach employed in this study did not delve sufficiently into the subjective experiences of nurses, and the reduced reliability of certain dimensions of self-disclosure may compromise the validity of the study's findings. The strength of this study lies in the

use of academically validated instruments, such as the Resilience Scale for Nurses and the Revised Self-Disclosure Scale. This study also provides new insights into the psychological factors that influence nurse resilience in psychiatric hospitals and can be a basis for psychological interventions to improve the well-being of mental health workers. However, this study has several weaknesses, such as not considering other factors that may influence resilience, such as social support and work experience. Additionally, the cross-sectional nature of the study limits the ability to definitively identify cause-and-effect relationships, and the relatively small sample (45 nurses) may reduce the statistical power to generalize the study results.

Although this study was conducted at Aceh Mental Hospital, the results can be applied to other mental hospitals with similar working conditions. However, differences in organizational culture, levels of work stress, and institutional support may affect the relationship between self-disclosure and resilience. Therefore, further studies in various mental hospitals with different characteristics are needed to confirm these findings.

Based on the results of this study, there are several policy recommendations that can be implemented, including a self-disclosure training program to help nurses express their emotions and experiences in a healthy and productive way. Hospital management can also strengthen the social support system for nurses, for example by providing counseling sessions or discussion groups. In addition, work stress prevention strategies through mindfulness-based stress management programs or cognitive therapy can help nurses cope with work pressure. Further research with a qualitative approach is also needed to understand nurses' subjective experiences in dealing with work

pressure and how self-disclosure plays a role in increasing resilience. Health worker protection policies also need to be strengthened to reduce the risk of violence in the workplace.

CONCLUSION AND SUGGESTION

The present study demonstrates that self-disclosure has a significant impact on enhancing the resilience of nurses working in mental hospitals. This enhancement is particularly evident in the context of the dimensions of "intent to disclose," "amount of disclosure," and "positive factor of disclosure." However, further research is needed to understand the deeper mechanisms and ensure that these findings can be applied in different work environments. The implementation of policies that support emotional openness and psychological well-being of mental health workers is strongly recommended to improve the quality of nursing services in mental hospitals.

ACKNOWLEDGMENT

The researcher would like to thank all nurses and management of the Aceh Mental Hospital who were willing to participate in this study.

FUNDING SOURCE

This study has no funding.

AUTHOR CONTRIBUTION

The author Nazila Zahrina helped in data collection, Marty Mawarpuri, Eka Dian Aprilia and Arum Sulistiyani were responsible for sentence structure and grammar, revision and data analysis.

CONFLICT OF INTEREST

The researcher has no conflict of interest

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