

SERVANT HEARTS : VILLAGE CADRES' PUBLIC SERVICE MOTIVATION IN INDONESIA'S MENTAL HEALTH CARE

Hati Pelayan :

Kader Desa dalam Motivasi Pelayanan Publik Kesehatan Mental di Indonesia

*Erna Setijaningrum¹, Marni Binti Ghazali², Luqman Purwanto¹

¹Faculty of Social and Political Sciences, Universitas Airlangga, Surabaya, Indonesia

²Faculty of Administrative Science and Policy Studies, Universiti Teknologi MARA, Seremban, Malaysia

Correspondence*:

Address: Jalan Airlangga No. 4-6, Surabaya, Indonesia | e-mail: erna.setijaningrum@fisip.unair.ac.id

Abstract

Background: Despite the growing interest in public service motivation (PSM) research, there is a lack of studies that specifically examine the PSM of individuals in nontraditional roles, such as village cadres, in the context of mental health care in low-resource settings.

Aims: This study aimed to fill this knowledge gap by exploring how PSM influences the actions and choices of village cadres in providing care for people with mental illness in Indonesia.

Methods: An instrumental case study approach was employed to gather data through in-depth interviews with 14 village actors across five regencies in East Java Province, Indonesia.

Results: The study's findings reveal the crucial role of PSM in inspiring village cadres to provide mental health care by showcasing their sense of duty toward the community, program dedication, and compassion for patients, highlighting the correlation between PSM and callings that focuses on serving others.

Conclusion: This study provides empirical insights into the intricate ways PSM influences the behavior of village cadres toward people with mental illness in Indonesia, offering valuable knowledge about the motivations of this particular group of public service providers and informing policy decisions and future research in the field of public administration.

Keywords: callings, Indonesia, mental health care, public service motivation, village cadres

Abstrak

Latar Belakang: Meskipun minat terhadap penelitian motivasi pelayanan publik (PSM) semakin meningkat, namun masih kurang penelitian yang secara khusus meneliti PSM individu yang berada pada posisi non-tradisional, seperti kader desa, dalam konteks perawatan kesehatan mental di daerah dengan sumber daya yang terbatas.

Tujuan: Penelitian ini bertujuan untuk mengisi kesenjangan pengetahuan tersebut dengan mengeksplorasi cara PSM memengaruhi tindakan dan pilihan kader desa dalam memberikan perawatan untuk orang dengan gangguan mental di Indonesia.

Metode: Pendekatan studi kasus instrumental digunakan untuk mengumpulkan data melalui wawancara mendalam dengan 14 aktor desa di 5 kabupaten di Provinsi Jawa Timur, Indonesia.

Hasil: Temuan dari penelitian ini menunjukkan bahwa PSM memainkan peran penting dalam motivasi kader desa untuk melayani masyarakat dan membantu orang dengan gangguan mental. Peserta menunjukkan rasa tanggung jawab terhadap masyarakat, dedikasi terhadap program, dan belas kasihan terhadap pasien. Ditemukan korelasi yang kuat antara PSM dan panggilan, terutama dalam hal fokus pada orang lain dan layanan yang diberikan dalam merawat pasien.

Kesimpulan: Penelitian ini menawarkan wawasan empiris tentang cara PSM yang rumit mempengaruhi perilaku kader desa terhadap orang dengan gangguan jiwa di Indonesia. Ini memberikan pengetahuan berharga tentang motivasi dari kelompok penyedia layanan publik khusus ini, terutama dalam perawatan kesehatan mental, yang dapat menginformasikan keputusan kebijakan dan penelitian masa depan di bidang administrasi publik.

Kata kunci: Indonesia, kader desa, motivasi layanan publik, panggilan, perawatan kesehatan mental



Indonesian Journal of Health Administration (Jurnal Administrasi Kesehatan Indonesia)

p-ISSN 2303-3592, e-ISSN 2540-9301, Volume 11 No.1 2023, DOI: [10.20473/jaki.v11i1.2023.xx-xx](https://doi.org/10.20473/jaki.v11i1.2023.xx-xx)

Received: 2023-03-05, Revised: 2023-03-23, Accepted: 2023-03-26, Published: 2023-06-02.

Published by Universitas Airlangga in collaboration with *Perhimpunan Sarjana dan Profesional Kesehatan Masyarakat Indonesia (Persakmi)*.

Copyright (c) 2023 Erna Setijaningrum, Marni Binti Ghazali, Luqman Purwanto

This is an Open Access (OA) article under the CC BY-SA 4.0 International License (<https://creativecommons.org/licenses/by-sa/4.0/>).

How to cite :

Setijaningrum, E., Ghazali, M. B. and Purwanto, L. (2023) "Servant Hearts: Village Cadres' Public Service Motivation in Indonesia's Mental Health Care",

Indonesian Journal of Health Administration, 11(1). Available at: <https://e-journal.unair.ac.id/JAKI/article/view/43912>

Introduction

The prevalence of mental illness has become a global public health concern. An estimated 970 million individuals are affected worldwide, representing a quarter of the global population (GBD 2019 Mental Disorders Collaborators, 2022). Indonesia is grappling with a sharp rise in mental health conditions, with approximately 400,000 individuals diagnosed with mental illness, significantly escalating the 1,700 documented cases in 2013 (National Riskesdas Team, 2019).

East Java Province has been particularly hard hit, with the highest rate of mental health problems in Indonesia, including severe mental disease such as schizophrenia (East Java Province Riskesdas Team, 2019). The stigma associated with mental illness (Widodo *et al.*, 2019; Windarwati *et al.*, 2021; Baklien *et al.*, 2022), compounded by the harsh conditions of institutionalization and shackling, leads to many individuals with mental illness being subjected to these circumstances. Such practices are often attributed to familial shame or fear of their mentally ill family members' violent outbursts.

The Indonesian government is obligated to uphold the rights of people with mental illness through Law No. 19 of 2011. In fulfilling this responsibility, grassroots healthcare units, including mental health posts, must address the social welfare problems faced by these individuals. While mental health posts provide care for those with mental illness, their effectiveness is limited by jurisdictional constraints. Public health centers can only provide medication and medical personnel, whereas village governments are responsible for other resources, including staffing.

Integrating the mental health care provided by public health centers and local government by training community members as village cadres offers a practical solution to address the limited funding for mental health care. These specialized individuals can increase public awareness, facilitate early detection of mental illness, and create a community-

wide support network for patients, providing critical assistance during recovery and home visits for patients capable of self-care. In addition to aiding the delivery of health services to those with mental health problems, village cadres are responsible for advocating for family members seeking mental health counseling and assisting throughout the recovery process. This community-based approach is effective in supporting the care of patients with mental health issues at public health centers (Mpembeni *et al.*, 2015; Pálsdóttir *et al.*, 2016).

The theory of public service motivation (PSM) (Perry and Wise, 1990) has played a critical role in shaping the delivery of public services and the behavior of public servants. According to PSM, individuals are influenced by incentives that characterize public institutions and organizations in terms of psychological needs, such as the desire to help others or contribute to society. In addition, serving the public is viewed as a spiritual calling (Potipiroon and Ford, 2017; Jensen and Bro, 2018), with intrinsic motivation identified as a crucial factor in the administration of public services (see also Vandenabeele, Brewer and Ritz, 2014; Ritz, Brewer and Neumann, 2016).

This study addresses the dearth of research on the influence of PSM on the behavior of public service workers, particularly village cadres who provide vital mental health care services at the local level in Indonesia. By analyzing the impact of PSM on the decision-making and actions of village cadres when caring for individuals with mental illness, this study aims to advance knowledge on mental health care in Indonesia and improve the delivery of mental health care by promoting greater grassroots equity and effectiveness.

Methods

This study utilizes a qualitative approach and a case study methodology to fully understand the complex interactions within a social unit. These methods align with the constructivist paradigm: "reality is not absolute but is defined through

community consensus” (Mertens, 2007, p. 231). By employing an instrumental case study approach (Stake, 2008), this study investigates how PSM influences village cadres in providing care for individuals with mental illness.

Village cadres hold a distinctive position within the public sector, serving as intermediaries between the community and local government. Despite being trained and employed by the government to serve the public, they are also members of the community and are near those they serve. Yet, despite the importance of their work and the high standards expected of them, village cadres are often undervalued and inadequately compensated. Examining the motivators that inspire these individuals to provide care for community members with mental illness under arduous conditions is critical to grasping the full spectrum of factors that compel individuals to serve the public.

Measuring mental health services provided by village cadres requires a qualitative approach that captures this type of service's nuanced and subjective aspects. This study conducted in-depth interviews of participants who had experience working in mental health posts to understand their perceptions, attitudes, and behaviors related to providing service with the heart of a servant. The interview questions were designed to elicit rich and detailed responses, and the interviews were conducted in a narrative, interpretive mode to allow participants to share their experiences in their own words. The researchers utilized advanced methodologies, such as audio recording, to guarantee comprehensive and efficacious data collection. Despite being cognizant of the significance of piloting the interview guides, they chose not to do so, demonstrating confidence in the guide's construction and avoiding potential adverse effects on data integrity.

To ensure rigor and reliability, the study employed a rigorous sampling method that provided a diverse sample of participants and utilized a peer debriefing process to verify the accuracy and reliability of the data collected. In addition, the data

were analyzed using thematic analysis to identify patterns and themes in the participants' responses. The resulting themes provided a comprehensive understanding of the factors that contribute to village cadres' providing service with the heart of a servant and how they can be measured.

Through purposeful sampling and the snowball technique, 14 participants were recruited from across five regencies in East Java Province. All provided care to individuals with mental illness in their communities (Table 1). While eight village cadres were the primary focus of the study, interviews were also conducted with four healthcare professionals and two community cadres to obtain comprehensive insights into the workings of these groups.

Implementing the purposive sampling technique in qualitative research entails an extensive assessment of multiple inclusion criteria for selecting participants for the study. The selection criteria include diversity in gender across a range of age groups, a cross section of village cadres with diverse positions, including healthcare professionals and community leaders, and participants from distinct geographic regions, including Jombang, Nganjuk, Kediri, Bangkalan, and Lamongan. In addition, the study places importance on selecting individuals with varying service durations to ensure a thorough understanding of the research topic. The study also prioritizes the selection of “information-rich” participants, defined as those who possess a wealth of knowledge and information relevant to the study, to enhance the validity and reliability of the research.

To identify potential participants, the researchers contacted the East Java Provincial Government to determine which provincial regencies had established community mental health posts. The administrative officials in the hamlets then provided contact information, and the researchers obtained permission to reach out to potential participants. While only 14 individuals agreed to participate in the study, the researchers were able to collect

sufficient data from the nine informants they interviewed and used the remaining five interviews to validate their initial findings.

The researchers employed evidentiary triangulation to ensure a comprehensive understanding of village cadres' motivations and experiences in providing mental health care in East Java Province. This involved analyzing interviews, field notes, and institutional papers using in-depth analyses and content analysis techniques to extract recurrent themes, concepts, and terms. Axial coding was used to categorize emerging ideas, which were then interpreted in the context of the study's objectives and research questions, as well as the theoretical and conceptual framework. This methodology permitted reaching a nuanced understanding of village cadres' commitment to public service and their perspectives on caring for individuals with mental illness.

In this study, selecting the interviewers was a critical aspect in ensuring that rigorous and high-quality data collection was carried out. ES, the main interviewer, was chosen due to his/her extensive experience developed during a decade of conducting qualitative research with both key and supporting informants. ES's expertise in exploring public policies and services in marginalized communities made him/her the ideal candidate to lead the interviews. To further guarantee the validity and reliability of the data collected, ES received intensive training in qualitative research methods and had an in-depth understanding of the study's research questions and objectives. This extensive preparation allowed ES to approach the interviews with a nuanced and detailed perspective, ensuring the data collected was rich and informative. Furthermore, MBG, an expert in public service management, provided valuable assistance to ES during the interviews by supporting the informants. MBG's expertise in public service management was instrumental in exploring its impact on

marginalized communities, an important topic of inquiry for this study. MBG had also received training in qualitative research methods, further contributing to the quality and rigor of the interviews. Additionally, LP played a critical role in providing administrative support during data collection, comprising accurate recording, organization, and storage of the data collected. LP's attention to detail and meticulousness was essential to guarantee the smooth functioning of the data collection process. Notably, all interviewers approached the study with a neutral and objective perspective, with no personal assumptions, reasons, or interests in the research topic. Their combined expertise and experience in qualitative research, together with their objectivity and neutrality, ensured that the data collected were both reliable and valid, meeting the study's objectives with the utmost rigor and excellence.

In line with the principles of qualitative research, face-to-face interviews were conducted between the interviewer and each participant. This permitted a deeper level of engagement between the interviewer and research participant, facilitating the emergence of rich and insightful data. Moreover, it ensured that the participants felt at ease and relaxed during the interview, which is essential for creating an atmosphere conducive to sharing personal experiences. The researchers recognized that a positive and welcoming interview environment was fundamental to eliciting comprehensive and detailed responses from the participants. Furthermore, the decision to conduct the interviews with only the interviewer and participant present was intended to protect the participants' privacy and the confidentiality of the information, critical aspects of research involving sensitive and personal topics. By maintaining a one-on-one setting, the participants were assured of the confidentiality of their responses and could share their experiences freely without fear of being judged or misunderstood.

Table 1. Sociodemographic details of the key informants

Participant	Sex	Age (year)	Position	Place of Service (Regency)	Duration of Service (year)
1	Female	25	Village cadre	Jombang	3
2	Female	42	Village cadre	Nganjuk	11
3	Male	53	Village cadre	Kediri	6
4	Male	40	Village cadre	Jombang	Less than 1
5	Male	41	Village cadre	Nganjuk	Less than 1
6	Female	42	Village cadre	Jombang	2
7	Female	39	Village cadre	Nganjuk	1
8	Female	34	Village cadre	Jombang	3
9	Male	47	Healthcare professional	Jombang	10
10	Male	55	Healthcare professional	Bangkalan	7
11	Male	52	Healthcare professional	Lamongan	9
12	Female	45	Healthcare professional	Nganjuk	9
13	Male	17	Community cadre	Bangkalan	4
14	Male	33	Community Cadre	Bangkalan	2

In an effort to ensure that the study participants felt valued and respected, the researchers dedicated substantial effort to establishing meaningful relationships before the start of the study. The researchers implemented a multifaceted approach that involved developing rapport, cultivating trust, and fostering a positive reputation with the participants. The researchers invested significant time and resources into building a connection with the participants, understanding their concerns, and earning their trust. Their longstanding reputation and credibility in the community proved to be decisive in forging these bonds. The researchers were widely recognized within the community for their unwavering commitment to advocating for and promoting the welfare and interests of marginalized peoples. This recognition helped shape the participants' perception of the study, creating an optimal environment for establishing solid and meaningful relationships.

The interviews comprised several pivotal stages in the analysis process, which was fundamental to the study. The first stage involved data familiarization, whereby the researchers reviewed the audio recordings and transcripts of the interviews to gain a deeper understanding

of the data. This stage was vital to developing an in-depth comprehension of the interview data, which in turn paved the way for the subsequent stages of analysis. The second stage entailed the painstaking process of transcribing the interviews. This required the conversion of the audio recordings into a written text format, enabling the researchers to conduct a detailed and nuanced examination of the data. Through the transcription process, the researchers captured specific words, phrases, and subtleties that may have been overlooked during the initial interview, facilitating a more thorough analysis. The transcripts then underwent a meticulous verification process, ensuring the accuracy and authenticity of the data analyzed. This involved cross-referencing the transcripts with the original audio recordings to guarantee that the data analyzed accurately represented the interviewees' responses. This process was key to enhancing the reliability and validity of the study's findings. The final and most critical stage was the thematic analysis, using analytical approaches such as content analysis, discourse analysis, or grounded theory. The researchers applied a rigorous and systematic approach to identify and analyze patterns and themes within the

data. The researchers could extract meaning and draw conclusions from the interview data through this process.

The data analysis for this study was conducted solely by the authors ES, MBG, and LP, all of whom possess expertise in qualitative research methods and analysis. This decision was made to guarantee the consistency of the data analysis and interpretation and to avoid any potential biases that might have arisen from involving multiple analysts. It is worth noting that while the researchers did not use any specialized software such as NVivo for data management and analysis, their thorough and meticulous approach ensured the reliability and validity of their findings. Their methodology involved several key steps: data familiarization, transcription, verification, and thematic analysis. Despite not using software to assist in the analysis, the researchers' attention to detail and thoroughness allowed them to extract meaning and draw conclusions from the interview data, contributing to the quality and validity of the study. It is important to note that the research design did not include a provision for participants to provide feedback on the transcripts or findings. Nevertheless, the study adhered to ethical standards by providing participants with a debriefing statement on the research goals, data collection and analysis procedures, and their right to withdraw from the study at any time. To protect the confidentiality of participants, all identities were maintained anonymous, and pseudonyms were used throughout the study.

Results and Discussion

Serve with compassion: experiences of PSM

Participants, particularly the village cadres, have encountered demanding situations while striving to provide care and assistance to those in mental health posts. These challenges include dealing with aggressive and violent patients who are prone to causing harm and provoking physical attacks. In contrast to more conventional methods, such as restraining

patients with cloth or chains, most cadres prefer to adopt less aggressive approaches, such as reassuring patients and engaging in conversation before administering sedative injections. While on-site medical staff may have suggested the use of shackling in extreme cases, all cadres reported abstaining from this practice out of concern for patients' dignity. One participant who has served as a cadre for 11 years shared her perspective on the matter:

It is necessary to have local police present whenever a patient exhibits violent behavior; even if they are violent and angry, we cannot return that anger with violence. Instead, we try to communicate with them by making jokes, and once we see that they have calmed down a bit, or in my case, I say I caught them off guard [proceeds to chuckle], I ask if I can give them a present in the form of an injection. For some reason, the formula never fails me.

It is evident that there is a marked disparity in the approaches adopted by the village cadres and medical professionals in dealing with violent patients. However, one participant who has served as a nurse for 10 years provided a thoughtful response to the matter:

Personally, the thought of using such shackling techniques makes me feel horrible and sad, but after many years in this line of work, I have learned to prioritize my duties accordingly. Most people who come here [to the mental health post] are rather stable and can converse well enough to avoid being referred to hospitals. If the patients do not comply and are unable to communicate with us, such as by hitting us or otherwise disobeying us, we will resort to more extreme measures such as using violence ourselves to instill fear and ultimately chain them. That is just how things have to be done, and there is not much we can do about it.

After another healthcare worker related a similar incident involving an escaped mental health inpatient who caused chaos in the community, she reflected on the consequences of her experience, supporting the disparity between how village cadres and medical professionals deal with violent patients.

A schizophrenic who was experiencing hallucinations once escaped from our mental health post. Our entire village was in a state of dread and fear because of him. We had a lot of trouble retrieving him, and by the time we did, a lot of damage had been done. To be clear, I am not in favor of shackling, but I recognize that there are circumstances in which it may be necessary.

During the discussion, two community cadres who had minimal patient contact shared their impressions of the use of shackling. While most participants acknowledged that shackling might be useful in certain situations, they also agreed that it added stress to village cadres, healthcare professionals, and patients. At least one community cadre expressed gratitude for not having to make the difficult decision of whether to shackle a mentally ill person, comparing it to deciding whether to save the life of an individual or the entire village. However, another community cadre provided the following insightful commentary on the topic:

As a typical citizen, I am limited in what I can say, but I want to express my admiration for one of my seniors [village cadres]. One time I went with her since they were short of personnel, and a violent patient almost attacked her when she was talking to that patient, but she just laughed it off and did not ask the local police to shackle the patient. In spite of my concern, she reassured me that everything would be fine. She goes above and beyond for her people, and I like that so much.

Compassionate service has emerged as a prevailing paradigm in the management of patients with mental disorders, superseding the conventional use of force or restraints. Empirical investigations have consistently demonstrated that compassionate care, characterized by interpersonal relationships, empathetic understanding, and emotional support, holds significant potential for improving patient outcomes and mitigating the likelihood of violent behavior (Cook *et al.*, 2012; Staniszewska *et al.*, 2019). A study by Fogarty *et al.* (1999) confirmed that healthcare providers who adopt compassionate care report reduced levels of job-related stress and burnout, suggesting that the approach may bolster the mental well-being not only of patients but also of caregivers.

In managing violent patients, research has found that nonviolent measures, such as verbal reassurance and empathetic communication, can effectively de-escalate conflict and obviate the need for restraint or coercion (Richmond *et al.*, 2012; Rampling *et al.*, 2016). By contrast, shackling or the deployment of physical restraint is associated with detrimental psychological sequelae for patients, engendering heightened levels of anxiety, aggression, and feelings of helplessness (Bigwood and Crowe, 2008; Huckshorn, 2014). Furthermore, such measures raise legitimate ethical concerns regarding patient dignity and human rights.

The conversation among the participants in this study illuminates the difficult moral and practical quandaries that healthcare professionals face in managing violent patients with mental disorders. Despite the divergent perspectives of village cadres and medical practitioners on the issue, the consensus favored nonviolent techniques and compassionate care, underscoring their commitment to safeguarding patients' well-being while navigating complex emotional terrain. Moreover, the unwavering dedication of the participants to compassionate care in the face of formidable challenges serves as a

poignant testament to their professional integrity and sense of duty.

Blessings in disguise: PSM as hope

The consensus among participants was that witnessing a patient's condition improve as a result of care received in the mental health post, particularly when patients found new hobbies through activities at the post, was an "*indescribably happy moment*." Although participants had varying responses to the "sad truth" that mental illness cannot be cured and can only be managed, all agreed on the importance of enabling patients to care for themselves, achieve financial independence from their families, and ultimately find fulfilling employment. One village cadre who joined with less than a year of experience due to his daughter's bipolar disorder, shared poignant reflections on his time in the field:

I participated because I wanted to learn more about this so I can better communicate with my daughter. I do not have a lot of experience, but I assisted this one patient for several months, and I felt like I was simply... well, just doing it, like it was a typical thing, so normal. The patient was then discharged, and I resumed my normal daily activities. And one day, the patient unexpectedly thanked me, and I will never forget what the patient said: "If you had not helped me, I do not think I would still be alive." And to be honest, that struck me hard.

Many participants worried about the widespread prejudice against those who suffer from mental illness and believed that proper treatment and instruction were more important than what was required to help those who acted violently or irrationally as a result of their condition (see, for example, Power *et al.*, 2006; Corrigan *et al.*, 2012; Castle and Buckley, 2015). An interesting point was made by a village cadre, contradicting a healthcare professional: "*They [mental patients] are not insane, they are just like normal people, but we cannot be violent with them because if we are, they are going to be aggressive with us.*" An

especially compelling story was the journey of a village cadre to win over his community and create a mental health post in the village, despite widespread opposition from locals who mistakenly assumed that such a facility was just for "mad people."

Even this post about mental health was met with skepticism at first; many even asked why we would host events for "mad people" when we could instead host events that would be more beneficial to the community as a whole. Although our primary goal in holding the mental health post was to better serve the community, we also wanted to provide those who live with mental illness a voice. But now, thank God, our community has accepted it, and some people even help us, both financially and otherwise, so the present stigma is positive toward those who suffer from mental illness and the mental health post as well.

The account of the village cadre's journey illustrates the importance of providing careful instructions and education regarding mental illness. Despite encountering uphill battles against widespread opposition, the cadre was astute in discerning the necessity for a mental health post in the village and undertook the responsibility of cultivating awareness about mental illness among community members. This approach reduced the stigmatization of mental illness and enhanced the standard of care given to patients. Disseminating accurate information and precise instructions concerning mental illness management is crucial to lessen the stigma and augment the quality of care for individuals afflicted with mental illnesses. This can be accomplished through community awareness programs, educational campaigns, and training initiatives for healthcare professionals geared toward providing incisive instructions regarding mental illness management.

The discussion on mental health care yielded a wealth of insights into caring for those with mental illness. Participants

emphasized the importance of empowering patients to achieve self-care, financial independence, and fulfilling employment. Personal stories of challenges and journeys highlighted the need to destigmatize mental illness and provide support. The discussion also stressed the need for nonviolent and humane care and an increased understanding of and education about mental illness.

Being called: PSM as a calling

Within the collective of participants, a pervasive moral imperative prevails in their work, offering aid and assistance to individuals grappling with mental illness, be it borne out of a religious or humanitarian ethos. A salient and recurring theme among the cohort was the sincerity and authenticity of their intentions to extend their support, often underscored by an unambiguous expression of a deep-seated conviction, which they identified as “a call from the heart.” One participant advanced a compelling proposition, positing that any propensity to harbor prejudice against individuals coping with mental illness was entirely untenable and incongruent with the inherent nobility of humanity. Another participant poignantly articulated the magnificence of this phenomenon through the following vivid and touching narration:

It is a simple yearning from the depths of my heart to lend a hand because I know that doing so will bring me closer to God and earn me God's favor. If I see a homeless person or someone who might be labeled as people with mental illness by the side of the road, I will approach them without fear of reprisal, and they will gratefully accept any food I offer. I always stop when I see individuals like that on the road, even if I do not have any food with me, and I give them whatever money I have, whether it is Rp.5,000 or Rp.10,000. I do this not just in this area, but everywhere I go because I truly believe that God will bless me if I do so.

As elucidated by the participants in this study, the provision of mental illness services is deeply rooted in a fundamental respect for human dignity, be it inspired by humanitarian or religious beliefs. However, it is critical to distinguish between mental health services and violence services, which professionals administer per established protocols. Scholarship has shown that the proper execution of violence services, such as those utilized in forensic settings, can forestall the escalation of violent conduct and foster safety for all stakeholders involved (Bartol and Bartol, 2018). Conversely, mental health services necessitate a more nuanced and customized approach, as each patient's needs may vary considerably (Anderson et al., 2017). Therefore, while the heartfelt call to serve is laudable and indispensable, it must be supplemented by evidence-based and clinically sound methodologies that ensure optimal patient outcomes. Notwithstanding good intentions, it is essential to prevent emotions and presumptions from overshadowing the importance of professional practices in mental illness services. As such, practitioners must remain abreast of the relevant latest research and best practices to offer the highest quality of care for those in need.

Fighting for the basic rights of those struggling with mental illness is more successful in achieving positive outcomes. Research has demonstrated that when individuals with mental illness are treated as equals and with dignity, they are more likely to engage in treatment and achieve better outcomes. Furthermore, providing individuals with access to legal aid, housing, and employment has improved their mental health and well-being (Davidson et al., 2018).

The approach of most of the participants of championing the fundamental rights of those wrestling with mental illness was met with widespread acceptance among its constituents, including a female member of the village cadre who was initially reluctant to be involved due to her own bias against individuals with mental illness. However,

when a close familial member was afflicted with mental illness, she wholeheartedly dedicated herself to the task at hand. A notable proportion of participants even went so far as to champion the fundamental rights of those with mental illness, asserting that they possess an inherent right to a cure. This approach is promising for improving the treatment and care of individuals with mental illness, promoting their well-being and overall quality of life.

One of them stayed with us for two days, and I was overjoyed to hear that she was feeling better at the end of her stay. Initially, she was so violent that the local police had to shackle her, but after some counseling and reassurance, she reported feeling much better. Moreover, I can see that she has grown tremendously since she initially arrived when her rage was so extreme that she was taken to us. It made me really happy, and that is why I have decided to remain a village cadre.

While the program's success can be attributed to various factors, the tenacity and longstanding commitment of one village cadre in particular deserve special recognition. Despite his advanced age and limited compensation of only Rp.25,000 per month, which was often further depleted due to the village's financial constraints, this participant dedicated six years of his retirement to providing care for those community members with mental illness. His unwavering devotion and impassioned anecdotes serve as a poignant reminder of the profound impact achieved through steadfast dedication to one's duty. Underscoring the value of such commitment, numerous studies have found that a supportive and compassionate approach to mental health care can lead to more favorable treatment outcomes and greater overall patient satisfaction (see, for example, Spandler and Stickley, 2011; Inwood and Ferrari, 2018). Thus, the program's investment in individuals such as this village cadre is a wise and effective strategy for fostering the physical and

emotional well-being of those with mental illness.

I am far past the half-century mark, and my children are all grown up and starting their own families. Although I am in good health and capable of working, I would rather spend my time doing what brings me joy: assisting others in need. They [mental patients] need me, I know I am needed, and I am happy that I am needed. I am happy, and my heart is happy.

The inspiring accounts of the program's participants illustrate the deep-seated conviction that drives them to offer support and care for those struggling with mental illness, even in the face of financial constraints and personal biases. Their steadfast commitment and selfless service underscore the fundamental truth that acts of kindness, empathy, and compassion can transform lives and infuse hope into seemingly hopeless situations. As society wrestles with the mental health crisis, the lessons from these accounts serve as a reminder of the potential of human goodness and the power of collective action to address the challenges of mental illness.

A call to service, a path to progress

This study makes a crucial contribution to filling the epistemic void in the literature through novel insights into the nature and extent of PSM's impact on the choices and actions of village cadres in caring for individuals with mental illness.

Despite its modest nature, this study makes manifold contributions. First, it sheds empirical light on how PSM shapes the behavior of village cadres in mental health care, operating in a complex and nuanced setting. The findings indicate that the participants, particularly the village cadres, serve those with mental health issues out of a sense of duty to the community, program dedication, and patient compassion. These findings align with Perry and Wise's (1990) seminal work, categorizing PSM into rational, norm-based, and affective motivations. Moreover, the study represents one of the

earliest explorations of PSM and its motivational aspects among a gray area actor group, namely, village cadres in Indonesia.

Notably, the study validates the idea that PSM is closely linked to the concept of callings, regardless of whether these callings are religious, humanitarian, or otherwise. The findings support Vogel's (2022) argument that PSM and calling are complementary notions in interpreting the work experiences of public officials. They also provide new insights into the various dimensions of callings that shape PSM and its underlying motivations. The calling literature, as noted by Thompson and Christensen (2018), provides an excellent framework for understanding the opposing views on what motivates individuals to enter public service and their PSM.

The study is consistent with the PSM research, echoing the efforts of Denhardt and Denhardt (2015) to "serve" to further the public good. Despite being underpaid, working in a difficult environment, and possibly experiencing burnout, village cadres continue to serve mental patients with genuine concern for their well-being and welfare. The study adds to the existing knowledge by focusing on how PSM influences and affects village cadres, causing them to go above and beyond their service to the public in helping people with mental illness.

Conclusion

Finally, the study's empirical evidence reveals that PSM among village cadres provides renewed optimism,

Abbreviations

PSM: Public service motivation

Declarations

Ethics Approval and Consent Participant

The study was conducted in compliance with established ethical standards and with

bolstering their capacity to aid and care for people with mental illness through their institutions. Concrete examples of PSM activities include organizing community outreach programs to increase awareness of mental health issues, facilitating support groups for individuals with mental illness and their families, and advocating for improved mental health policies at the local and national levels. The study also shows that PSM can be categorized into rational, norm-based, and affective motivations. Rational motivation refers to PSM activities driven by a desire to achieve tangible outcomes and measurable results, such as improving mental health outcomes or reducing the stigma associated with mental illness. Norm-based motivation refers to PSM activities driven by social norms and cultural values, such as the belief that caring for people with mental illness is a moral obligation. Affective motivation refers to PSM activities driven by an emotional attachment to the cause, such as personal experiences with mental illness or a strong sense of empathy for those who are affected by it. This finding has significant implications, especially in countries such as Indonesia, where mental health care is underfunded and understaffed, and shackling is still practiced. The study underscores the effectiveness of PSM in mobilizing human resources and improving the quality of care for mental health patients in underserved areas. Based on the study's findings, policymakers and governments should consider PSM in designing and implementing public policies and programs to improve mental health care delivery in low-resource settings.

the approval of the Faculty of Social and Political Sciences at Universitas Airlangga. (Approval Number 9634/UN.3.1.7/PJ/2022), with participants providing verbal consent.

Conflicts of Interest

The authors declare that there are no conflicts of interest that could affect the integrity of the study's findings.

Availability of Data and Materials

All data and materials used in this research were available upon request.

Authors' Contribution

ES conceptualized and designed the study, conducted a literature review, and collected and analyzed the data. MBG conducted the formal analysis, interpreted data, and critically revised the manuscript. LP implemented interview collection and supported manuscript drafting. All authors approved the final manuscript and ensured their integrity and accuracy.

Funding Source

Universitas Airlangga.

Acknowledgment

The authors extend their gratitude to the Faculty of Public Health at Universitas Airlangga for their technical support and assistance throughout the research process.

References

- American Psychiatric Association, D. (2013) Diagnostic and statistical manual of mental disorders: DSM-5. American psychiatric association Washington, DC (5).
- Anderson, E. et al. (2017) 'American Association for Emergency Psychiatry Task Force on Medical Clearance of Adults Part I: Introduction, Review and Evidence-Based Guidelines', *Western Journal of Emergency Medicine*, 18(2), pp. 235–242. Available at: <https://doi.org/10.5811/westjem.2016.10.32258>.
- Baklien, B. et al. (2022) 'Pasung: A qualitative study of shackling family members with mental illness in Indonesia', *Transcultural Psychiatry*, p. 13634615221135254.
- Bartol, C.R. and Bartol, A.M. (2022) *Introduction to forensic psychology: research and application*. Sixth edition. Los Angeles: SAGE Publications, Inc.
- Bigwood, S. and Crowe, M. (2008) 'It's part of the job, but it spoils the job': A phenomenological study of physical restraint', *International journal of mental health nursing*, 17(3), pp. 215–222.
- Castle, D.J. and Buckley, P.F. (2015) *Schizophrenia*. Second edition. Oxford: Oxford University Press (Oxford psychiatry library).
- Cook, J.A. et al. (2012) 'Randomized controlled trial of peer-led recovery education using Building Recovery of Individual Dreams and Goals through Education and Support (BRIDGES)', *Schizophrenia Research*, 136(1–3), pp. 36–42.
- Corrigan, P.W. et al. (2012) 'Challenging the public stigma of mental illness: a meta-analysis of outcome studies', *Psychiatric services*, 63(10), pp. 963–973.
- Davidson, S. et al. (2018) 'Psychological distress and unmet mental health needs among urban taxi drivers: A cross-sectional survey', *Australian & New Zealand Journal of Psychiatry*, 52(5), pp. 473–482. Available at: <https://doi.org/10.1177/0004867417741556>.
- Denhardt, J.V. and Denhardt, R.B. (2015) 'The New Public Service Revisited', *Public Administration Review*, 75(5), pp. 664–672. Available at: <https://doi.org/10.1111/puar.12347>.
- East Java Province Risdas Team (ed.) (2019) *Laporan Provinsi Jawa Timur Risdas 2018*. Jakarta: Kementerian Kesehatan, Republik Indonesia, Badan Penelitian dan Pengembangan Kesehatan.
- Fogarty, L.A. et al. (1999) 'Can 40 seconds of compassion reduce patient anxiety?', *Journal of clinical oncology*, 17(1), pp. 371–379.
- GBD 2019 Mental Disorders Collaborators (2022) 'Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019', *The Lancet Psychiatry*, 9(2), pp. 137–150. Available at: [https://doi.org/10.1016/S2215-0366\(21\)00395-3](https://doi.org/10.1016/S2215-0366(21)00395-3).
- Huckshorn, K.A. (2014) 'Reducing seclusion and restraint use in

- inpatient settings: a phenomenological study of state psychiatric hospital leader and staff experiences', *Journal of Psychosocial Nursing and Mental Health Services*, 52(11), pp. 40–47.
- Inwood, E. and Ferrari, M. (2018) 'Mechanisms of change in the relationship between self-compassion, emotion regulation, and mental health: A systematic review', *Applied Psychology: Health and Well-Being*, 10(2), pp. 215–235.
- Jensen, U.T. and Bro, L.L. (2018) 'How transformational leadership supports intrinsic motivation and public service motivation: The mediating role of basic need satisfaction', *The American Review of Public Administration*, 48(6), pp. 535–549.
- Mertens, D.M. (2007) 'Transformative paradigm: Mixed methods and social justice', *Journal of mixed methods research*, 1(3), pp. 212–225.
- Mpembeni, R.N.M. et al. (2015) 'Motivation and satisfaction among community health workers in Morogoro Region, Tanzania: nuanced needs and varied ambitions', *Human Resources for Health*, 13(1), p. 44. Available at: <https://doi.org/10.1186/s12960-015-0035-1>.
- National Riskesdas Team (ed.) (2019) *Laporan Nasional Riskesdas 2018*. Jakarta: Kementerian Kesehatan, Republik Indonesia, Badan Penelitian dan Pengembangan Kesehatan.
- Pálsdóttir, B. et al. (2016) 'Training for impact: the socio-economic impact of a fit for purpose health workforce on communities', *Human Resources for Health*, 14, pp. 1–9.
- Perry, J.L. and Wise, L.R. (1990) 'The motivational bases of public service', *Public administration review*, pp. 367–373.
- Potipiroon, W. and Ford, M.T. (2017) 'Does public service motivation always lead to organizational commitment? Examining the moderating roles of intrinsic motivation and ethical leadership', *Public Personnel Management*, 46(3), pp. 211–238.
- Power, P. et al. (2006) 'Early intervention in first-episode psychosis and its relevance to rehabilitation psychiatry', *Enabling recovery. The principles and practice of rehabilitation psychiatry*. London: Gaskell, pp. 127–145.
- Ramplung, J. et al. (2016) 'Non-pharmacological interventions for reducing aggression and violence in serious mental illness: A systematic review and narrative synthesis', *European Psychiatry*, 34, pp. 17–28.
- Richmond, J.S. et al. (2012) 'Verbal de-escalation of the agitated patient: consensus statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup', *Western Journal of Emergency Medicine*, 13(1), p. 17.
- Ritz, A., Brewer, G.A. and Neumann, O. (2016) 'Public service motivation: A systematic literature review and outlook', *Public Administration Review*, 76(3), pp. 414–426.
- Spandler, H. and Stickley, T. (2011) 'No hope without compassion: the importance of compassion in recovery-focused mental health services', *Journal of Mental Health*, 20(6), pp. 555–566.
- Stake, R.E. (2008) 'Qualitative case studies.', in *Strategies of qualitative inquiry*, 3rd ed. Thousand Oaks, CA, US: Sage Publications, Inc, pp. 119–149.
- Staniszewska, S. et al. (2019) 'Experiences of in-patient mental health services: systematic review', *The British Journal of Psychiatry*, 214(06), pp. 329–338. Available at: <https://doi.org/10.1192/bjp.2019.22>.
- Thompson, J.A. and Christensen, R.K. (2018) 'Bridging the public service motivation and calling literatures', *Public Administration Review*, 78(3), pp. 444–456.
- Vandenabeele, W., Brewer, G.A. and Ritz, A. (2014) 'Past, Present, and Future of Public Service Motivation Research', *Public Administration*,

- 92(4), pp. 779–789. Available at: <https://doi.org/10.1111/padm.12136>.
- Vogel, M.D. (2022) 'When service calls: Public service motivation and calling as complementary concepts for public service', *International Public Management Journal*, 25(4), pp. 620–638. Available at: <https://doi.org/10.1080/10967494.2020.1838014>.
- Widodo, A. et al. (2019) 'Increasing the quality of life of post-shackling patients through multilevel Health promotion of shackling prevention', *Bali Medical Journal*, 8(2), pp. 678–688.
- Windarwati, H.D. et al. (2021) 'A Journey of Hidden Outburst of Anger Shackling a Person with Schizophrenia: The Indonesian Context.', *Qualitative Report*, 26(8).