Journal of Rare Cardiovascular Diseases
ISSN: 2299-3711 (Print) | e-ISSN: 2300-5505 (Online)
www.jrcd.eu
RESEARCH ARTICLE

Lived Experience of Psychiatric Nurses with Reference to Self-Management of Emotions While Handling the Patient with Aggression

Rutuja Shivaji Shinge[1], Bahubali Jinnappa Geddugol[2], Narayan Krishnaji Ghorpade[3], Milka Rajiv Devraj[4], Shefali Samson Daruwala[5]

[1]M. Sc. (Nursing), Department of Psychiatric Nursing, Bharati Vidyapeeth (Deemed to be University), Pune. Bharati Vidyapeeth (Deemed to be University) College of Nursing, Sangli Maharashtra, India 416414.
[2]Associate Professor & Head of the Department of Psychiatric Nursing, Bharati Vidyapeeth (Deemed to be University), Pune. Bharati Vidyapeeth (Deemed to be University) College of Nursing, Sangli Maharashtra, India 416414.
3Assistant Professor, Department of Psychiatric Nursing, Bharati Vidyapeeth (Deemed to be University), Pune. Bharati Vidyapeeth (Deemed to be University) College of Nursing, Sangli Maharashtra, India 416414.
[4]Clinical Instructor, Department of Psychiatric Nursing, Bharati Vidyapeeth (Deemed to be University), Pune. Bharati Vidyapeeth (Deemed to be University) College of Nursing, Sangli Maharashtra, India 416414.
[5]Clinical Instructor, Department of Psychiatric Nursing, Bharati Vidyapeeth (Deemed to be University), Pune. Bharati Vidyapeeth (Deemed to be University) College of Nursing, Sangli Maharashtra, India 416414.

*Corresponding Author
Bahubali Jinnappa Geddugol

Article History
Received: 07.07.2025
Revised: 06.08.2025
Accepted: 03.09.2025
Published: 20.09.2025

Abstract: This qualitative research study was conducted to explore the lived experiences of nurses working in psychiatric units in managing aggressive patients at selected hospitals. The purpose of the study is to self-management of emotions in psychiatry staff nurses while dealing with aggressive behavior in psychiatric patients. The method of the study was a purposive sampling technique, and data saturation was achieved with 12 participants. Data were collected through in-depth, one-to-one semi-structured interviews, using demographic profiles and open-ended interview guidelines. Thematic analysis using Colaizzi's method. The study revealed 7 main themes, 14 sub-themes, and 84 codes. These included Managing Challenging Behaviors, Building Psychological Strength, Team-Based Encouragement, Security Measures Implementation, Practice-Based Learning, Patient-Centred Communication, and Managing Workplace Challenges. The findings highlighted the emotional strain faced by nurses, along with their coping strategies, support systems, and practical learning experiences. The study emphasizes the importance of peer support, security protocols, and structured emotional management in improving nurse well-being and patient care. The conclusion was that the research effectively examined the experiences of psychiatric nurses, highlighting key factors that affect their emotional reactions when dealing with aggression. Based on the findings, a nursing protocol strongly emphasized to device as a guideline for the nurse's wellbeing.

Keywords: Lived Experience, Psychiatric Unit, Patient with Aggression, Nursing Protocol, and Self-Management of Emotions.

INTRODUCTION

Anger is a normal emotional reaction to pain, frustration, dissatisfaction, or fear. Uncontrolled anger, on the other hand, has the potential to develop into aggression, a behavioural response characterised by hostility or aggressive behaviour towards others. Anger is not always negative; it becomes a problem only when expressed in a harmful manner to oneself or others. Anger can lead to stress, anxiety, or unfulfilled demands. For example, individuals with mental illnesses such as psychosis, mania, or withdrawal symptoms may perceive situations as threatening, which can trigger anger and aggressive actions. In mental health hospitals, aggression can manifest as self-harming behaviors, physical abuse, or verbal abuse. To effectively manage patients' aggression, nurses in these settings must recognize the triggers, including frustration, poor communication, or environmental factors.

In a recent research study, 63% of hospitalized patients were involved in the 229 violent episodes that were documented. Intravenous injections were administered to 27% of all hospitalized patients. In 35% of cases, relatives were the cause of the event, and in 56% of cases, they were the target. In 35% of the cases, family members of the patients assisted with controlling the aggression. In 14% of the cases, additional patients' relatives were implicated.(1)In addition to professional knowledge, nurses must be able to properly regulate their feelings while trying to handle aggression in mental health hospitals.(2) Maintaining therapeutic interactions, ensuring staff psychological well-being, and maintaining client protection depend on the capacity to control their feelings under stressful circumstances. The emotional impact of continually encountering aggression, however, can result in exhaustion, a decline in work pleasure, and unsatisfactory client treatment findings.(3) Nurses may encounter hostile conduct from patients, their families, coworkers, and guests. Psychiatric nurses deal with a wide spectrum of patients, and about 9-25% of psychiatric patients display violence and aggression.(4) When a psychiatric nurse faces aggression from patients and can't handle it well, they need help and guidance to stop feeling like a victim and start taking control of the situation. A psychiatric nurse practitioner can provide the

needed support and guidance. This makes it easier for psychiatry nurses to make positive changes in their work environment. Psychiatry nurses need to trust the helper and believe in the process by taking responsibility for how they handle aggression at work. By tapping into their inner strength and learning to control their emotions, psychiatric nurses can personally and professionally, allowing them to take control of their lives, their work environment, and their decisions, and improve how they interact with colleagues.(A Model for the Facilitation of Effective Management of aggression Experienced by Psychiatric Nurses from patients in a Psychiatric Institution, 2016)

In the Sangli, Miraj, and Kupwad Corporation areas, there are not many guidelines to help nurses manage their emotions when dealing with aggression. This study will look at the personal experiences of these nurses to find out what common problems they face, how they cope, and where they need more help. The information gathered will be used to create a nursing guide to give nurses the skills and confidence to handle their emotions and aggressive situations better. The goal is to make the work environment safer for nurses and to improve patient care.

METHODS & MATERIAL

The research used qualitative phenomenological design. It was conducted in a mental hospital that offers both inpatient and outpatient services in the Sangli-Miraj area. Data were collected from 12 psychiatric staff nurses who were managing aggressive patients. The participants were selected using a purposive sampling technique. The study included nurses who had been working from 6 months to 2 years and who were willing to participate by giving written consent. Nurses who were on psychopharmacological treatment were excluded. The data collection tool was divided into two sections: Section I: Demographic variables of the psychiatric staff nurses and Section II: Semi-structured interview guidelines exploring the experiences of staff nurses working in psychiatric units who manage patients with aggressive behavior.

Data was collected through in-depth interviews lasting about 30 to 45 minutes. Demographic information of the nurses was also gathered. The interview questions were developed after a literature review and discussion with experts, which focused mainly on how nurses handled aggressive patients, how they cope with such situations, and how they managed their own emotions during those threatening situations, along with the difficulties they faced.

The interviews were carried out until data saturation was achieved, when the repeated answers came from the nurses. Conversations from the interviews were written down and later transcribed for analysis. The data were analyzed using Colaizzi's method, the data being in the form of narratives and verbatim of the dialogue between the interviewer and the interviewee, where each transcript was read thoroughly, key statements were highlighted, and their underlying meanings were interpreted. These meanings were then organized into codes, which were further grouped into related subthemes and themes.

Ethical considerations

Approval to conduct the study was obtained from the Ethics Committee of Bharati Vidyapeeth (Deemed to Be University), College of Nursing, Sangli (Ref. No. BVDU/CON/SAN/594/2024-2025). Formal authorization was also secured from the medical superintendent of the selected mental hospital. Participants were chosen according to the inclusion criteria. The purpose and details of the study were explained to them in their local language, and written informed consent was obtained from those who agreed to participate. Consent for audio recording of interviews was also taken, with an assurance that their identity would remain confidential. The semi structured interview guidelines were subjected to content validity by the experts from the different fields relevant to the topic.

RESULTS

- Based on the objectives of the study, the Analysis and explanation of the results are arranged under the following headings
- Section I – Frequency and percentage of Demographic variables.
- Section II - Analysis and interpretation of the themes and sub-themes.
- Section I: Findings Regarding Demographic Variables Related to Psychiatry Staff Nurses

Table No. 1: Frequency and Percentage distribution of demographic variables N=12

SN.	Demographic Variables	Category	Frequency	Percentage
1	Age (In Years)	20-30	04	33.33
		30-40	05	41.6
		40-50	03	25
2	Gender	Male	02	16.67
		Female	10	83.33

3	Education	Auxiliary Nurse Midwifery [ANM]	03	25
		General Nursing and Midwifery [GNM]	09	75
4	Experience	7 Months	04	33.33
		2 Years	08	66.67

Table no. 1 shows the demographic profile of the psychiatric staff nurses who participated in this study providing valuable context for understanding their emotional management while handling aggressive patients. The demographic profile showed that most participants (41.7%) were aged 30–40 years, followed by 33.3% in the 20–30 age group and 25% in the 40–50 age group, reflecting a workforce largely in the early to mid-career stage. The majority were female (83.3%), and most (75%) held a GNM qualification, while 25% were ANM. In terms of experience, 66.7% had two years of psychiatric nursing experience, and 33.3% had seven months, indicating the need for focused support and training for less-experienced nurses managing patient aggression.

Section II - Analysis and interpretation of the themes and sub-themes

Table no. 2: Description of the Themes and Subtheme generated from the codes. N =12

SN	THEME	SUBTHEMES
1.	Managing Challenging Behaviors	Violence Handling Emotional Impact Strategies for Managing Verbal Aggression
2.	Building Psychological Strength	Emotional Challenge Coping Strategies
3.	Team-Based Encouragement	Workplace Support
4.	Security Measures Implementation	Protective Strategies
5.	Practice-Based Learning	Experiential Learning
6.	Patient-Centered Communication	Compassionate Interaction Behavioral Assessment Impact of Patient Behavior on Nurses' Well-being Understanding Patients' Nonverbal Cues
7.	Managing Workplace Challenges	Workplace Adaptation Emotional Strength

Fig No.1: Sub-themes Used to Managing Challenging Behaviours.

Table No. 2 and figure No.1 explains 7 themes and 14 sub-themes. Each theme is organized into sub-themes to enhance comprehension. The analysis of psychiatry nurses' experiences highlights the complex challenges of managing aggression, requiring effective violence handling, emotional resilience, and verbal de-escalation strategies. Nurses develop psychological strength through coping mechanisms while relying on team-based support for stress management. Security measures ensure workplace safety, but experiential learning remains crucial due to limited formal training. Patient-centred communication, behavioral assessment, and understanding nonverbal cues help de-escalate aggression and foster therapeutic relationships. Additionally, workplace adaptation and emotional strength are essential for managing stress, preventing burnout, and maintaining professional well-being in psychiatric nursing.

MANAGING CHALLENGING BEHAVIOUR

The sub-theme Managing Challenging Behavior and code, which reflect the different ways in which participants responded to aggressive incidents. During the interview with psychiatry staff nurses, it seemed that staff nurses are facing many problems related to managing aggressive patients' behavior, which was more challenging for the nurses. In the psychiatry ward, sometimes, many patients unexpectedly become aggressive, and, in that situation, nurses' emotions get disturbed, which may affect their mental health and sometimes affect patient care.

Violence Handling

Newly appointed psychiatric nurses often experience emotional distress and tend to avoid full responsibility when managing aggressive patients; however, with experience, they gradually build resilience and confidence. Handling aggression requires emotional regulation, situational awareness, and effective intervention, as nurses frequently face fear, abuse, and threats that create psychological strain and professional challenges. To cope, they adopt adjustment techniques, de-escalation strategies, timely interventions, and clear communication to reduce conflict and maintain safety. Key de-escalation measures include calm communication, keeping a safe distance, and using non-threatening body language, while team-based interventions and security support become vital when verbal strategies are insufficient. Overall, effective communication plays a central role in preventing escalation and minimizing harm in high-risk psychiatric settings.

- Participant (1) expressed …. As ek pt hota khup aggressive hoat mhanje tyacha javal gel na te angavar yaych marayla. Tyala handel karaych mhantal tar khup problem yet hota ani tyacha javal jayla bhiti vataychi khup.
- Participant (3) stated…. Pt shivya ghalaych amhala, marayla angavar yaych ani kadhi kadhi maraych pan amhala mag tyaveli amhala bhiti vatat hoti tya pt chi.
- Participatnt (10) expressed..…Patient khup hyper mhanje aggressive zal hoat ani te sitting stool asty ne te gheun marayla yet hoat, tyaveli mala khup bhiti vatat hoati.
- Participant (4) said …. Survatila jenva me ethe alo tenva he pt ashe aggressive mag mala bhiti vatayla lagali tyaveli starting la pan nanatr kashi savay houngeli mag bhiti pan kami zali.
- Participant (2)said..Pt jast violent hoat tyaveli to uncontrol hotoy mag sedation deun pt la shant kel.
- Participant (5) stated…. Ekda ek patient mala hathane dhaklun denya sathi uthayla lagla. Tyaveli mi dusrya staff-la bolavun ti situation handel keli.
- Participant (6) expressed …. Ek pt bolta bolta achank raga madhe javal ala….Tyancha mood samjun mi shant bolun tyana samjavaycha prayatna kela.

Emotional Impact

Exposure to aggression significantly affects nurses' mental and emotional well-being, leading to discomfort, anxiety, and feelings of insult. Persistent emotional distress can contribute to burnout, reduced job satisfaction, and impaired decision-making. Understanding these impacts highlights the need for psychological support systems and stress management interventions for psychiatric nurses. To cope with emotional distress, staff nurses develop self-regulation strategies, such as detachment, emotional resilience, and post-shift reflection. However, ongoing psychological support and mental health resources are crucial in ensuring long-term emotional well-being.

- Participant (7) reported …. Ek pt ragn mala khup oradt hota, and tyachya stress mule mala khup aswasth vatla. Majhya manat vichar hota ki kahi mi chukicha tar nahi karat.
- Participant (8) expressed …. Ekda ek patient khup zorat ordayla lagla, tyacha behavior khup ghabarvnar hota. Tyaveli mi calm rahanyacha prayatna kela.
- Participant (9) expressed …. Ek patient ragan mala shivigal kart hota. Tyachya bolnyane mala khup apman vatla, pan me shant rahun ti situation handel keli.

Strategies for Managing Verbal Aggression

While interacting with psychiatry staff nurses, it was observed that they adopt tolerance and composure to manage aggressive verbal interactions, ensuring they remain calm and professional under pressure. Developing emotional detachment, controlled responses, and active listening helps de-escalate conflicts and build a therapeutic rapport with patients. Nurses adopt tolerance and composure to manage aggressive verbal interactions, ensuring they remain calm and professional under pressure. Developing emotional detachment, controlled responses, and active listening helps de-escalate conflicts and build a therapeutic rapport with patients. While communicating with staff nurses, it was discovered that nurses adopt verbal de- escalation strategies, such as empathetic listening, setting clear boundaries, and using a calm tone to defuse tension and maintain control.

- Participant (11) expressed …. Ekda ek pt hoat te bolaych, mala…me shant rahun ignore karaycho te ani pt shi goad bolun shant karaycho.
- Participant (12) stated …. Aggressive pt hoat ek…mala senior staff ne sangital ki tyancha bolnya kad laksh nahi daych ani react karaych shant rahun situation handel karaychi.

BUILDING PSYCHOLOGICAL STRENGTH

Fig No. 2: Sub-themes Used to Building Psychological Strenght

The second sub-theme Building Psychological Strength and its related codes present the wide range of distressing feelings nurses reported. Psychiatry nurses frequently face emotionally demanding situations, particularly when managing aggressive patients. Building psychological strength is essential for maintaining professional competence, emotional stability, and overall well-being in high-stress environments. Building psychological strength is a gradual process that involves developing resilience, adopting coping strategies, and receiving workplace support. This theme explores how nurses develop resilience through coping strategies, emotional regulation, and adaptive mechanisms that enable them to navigate workplace challenges effectively.

Emotional Challenge

In interacting with staff nurses, it was revealed that psychiatry nurses often experience fear, helplessness, frustration, and emotional exhaustion due to the unpredictable nature of aggression. Psychiatry nurses frequently encounter high-stress environments where patient aggression poses serious physical and emotional risks. The feeling of physical insecurity is common, as nurses often find themselves in unpredictable situations. These experiences contribute to a sense of helplessness and frustration, particularly in cases where de-escalation strategies fail or support from security and colleagues is delayed. The feeling of being overwhelmed and powerless affects not only professional confidence but also long-term emotional resilience.

- Participant (1) expressed …. Ek pt…, sanshay ghaych ki sagle mazya baddal ch boltet…angavar alya sarkh karaych tyaveli mala khup asurakshit vatal hoat.
- Participant (2) stated …. Pt la…, khup restless ani violent hota khup ch mag tyaveli tyala handel karan khup problematic astay….
- Participant (8) reported …. Ekda ek patient ne achanak ek vastu uchalun fekla, tyaveli mala khup asurakshit vatle.
- Participant (5) said ….Kadhi kadhi patients ch vagnuk sangu shakat nahi, ani te manage karayla kadhin hote
- Participant (11) stated …. Te aggressive aslyamule jevan karat nahit, golya ghet nahit vyavastiti, aikat nahit ani palun jatet mag khup problem hotat tyana handel kas karayvh kalat nahi.
- Participant (6) said …. Aggressive patient's chi shamta bghato, tyancha rag kiva frustration samjun ghenya sathi khup time lagto.
- Participant (6) said …. Ek pt ragn sharp object gheun staff la dhamki dila hota, and te sidhiti khup bhayank hoti.
- Participant (7) stated …. Ekda ek patient khup chidla hota ani to chalat yet hota. Tyaveli majhya manat vichar hota ki 'tumhi surkshit ahe ka?' pan mala madatichi garaj hoti.
- Participant (7) expressed …. Kadhi kadhi tyanchya raga mule mala helpless ani udaas vatata. Tya paristhithi kase samore jave he samjat nahi.
- Participant (12) expressed …. Kadhi kadhi tyanch anapekshit vagnuk mazya mana var khup parinam karte….
- Participant (8) expressed …. Kahi vela, mala vatat ki mi patients la sanbhalu shakto ka? Tyancha vagnukila samjun ghen khup avghad hota.
- Participant (5) stated …. Ek patient khup aggressive hota ani tyane achanak bed la uchlayla suru kel. Mala asurakshit vatla tyaveli, pan mag mi lagech male staff chi helps ghetali.
- Participant (9) stated …. Patient ordat ordat mazya javal ala ani mala tyaveli vatal ki to mala ani baki chana martoy kay.
- Participant (10) expressed …. Ek patient achank chair uchlun fekayla lagla. Tyaveli saglyancha safety sathi gate laval karan Dr navte.
- 2.2.2 Coping Strategies
- Even though psychiatric nurses face a heavy emotional load, they find ways to cope with stress and avoid burnout. Techniques like deep breathing, meditation, and enjoying hobbies allow them to step back from the emotional weight of their work. Being self-aware and managing their emotions is essential for staying calm during tough interactions with aggressive

patients. Many nurses have shared that talking about their experiences with colleagues and seeking advice from more experienced staff helps them process their feelings and build confidence in their skills.

- Participant (3) said …. Duty nantar mi kadhitari shant baste, jene karun me punha mansik ani sharirik drushtya taje hou shakto.
- Participant (4) said …. Mi deep breathing ani meditation vaprun stress kami karnyacha prayatan karte.

TEAM-BASED ENCOURAGEMENT

The sub-theme Team-Based Encouragement and its code, which highlight the vital role of the work environment in helping psychiatric nurses manage patient aggression. Psychiatric nurses often face aggressive behaviors, verbal abuse, and a lot of stress on the job, which is why having a supportive team is so important for handling tough situations. The research shows that having backup from colleagues, experienced nurses, and security staff really boosts their confidence, helps lower stress levels, and ultimately leads to better patient care. From the interviews, it became clear that senior nurses play a vital role in mentoring newer staff, helping them build emotional strength and grow in their professional skills.

Workplace Support

Workplace support plays a vital role in boosting the emotional strength, skill set, and safety of psychiatric nurses who deal with aggressive patients. How well nurses handle high-pressure situations often hinges on the support they receive from their colleagues, senior staff, and security personnel. This support can come in the form of emotional encouragement, practical help, and guidance. Many psychiatric nurses have pointed out that having this kind of backing is key to coping with patient aggression. The encouragement from coworkers and other healthcare professionals directly impacts their confidence and emotional well-being.

- Participant (1) reported…. Me new hote tyaveli …senior ne yeun mala bole ki ‘tu thik ahe na? he as saglyan sobatch hoat ast. Mag he aikun mala thod better feel zal.
- Participant (5) stated…. Seniors ne patient cha report bghugn mala helpful tips dile ki kase situation handle karavi.
- Participant (6)expressed..Colleagues ne mala kama madhe madat keli ani mental support suddha dila.
- Participant (7) expressed…. Majhya senior ne mala samjavla ki patient cha rag tyach dukha ahe, tyamule te aikun me shant zale.
- Participant (8) said…. Ekda majhya sathidara ne mala sangitla ki ‘He fakta ek shan ahe,’ and tyachya shabdani mala khup madat keli.
- Participant (2) reported…. Pt jast ch aggressive aslyamule…Saglyani sobat kam kelyamule jast bhiti nahi vatali pt chi.
- Participant (3) communicated…mama ani security sobat yayche amcha ani tyani bharpur help karayche.
- Participant (4) told…. Sagle madatila yetat...
- Participant (9) reported…. Mama ani security ni pt la dharayla ani bandhayla help keli ani team ne support dila,.
- Participant (10) stated…. Senior ani junior staff doghani madat keli….
- Participant (11) told…. Mavshi, mama astet te restain vagere karayla.
- Participant (12) said…. Sagle help la yet hote….pt la care detana madat hote.

SECURITY MEASURES IMPLEMENTATION

The sub-theme Security Measures Implementation and its associated codes, which explain the strategies psychiatric nurses follow to stay safe and maintain patient safety during aggressive situations. During interviews, psychiatric nurses highlighted the critical need for a proactive security system to minimize the risk of harm to both staff and patients when managing unpredictable aggression. They emphasized that safety in psychiatric settings relies not only on protective strategies, teamwork, emotional regulation, and clear policies, but also on effective collaboration, strong leadership, and emotional awareness. Many reported experiencing physical abuse from aggressive patients, often due to inadequate safety measures and poor coordination within the healthcare team. Therefore, integrated efforts between nurses, security personnel, and other healthcare professionals are essential to ensure safety and manage aggression effectively.

Protective Strategies

Ensuring safety in psychiatric settings is vital, as nurses frequently face aggressive behaviours, unpredictable situations, and physical threats from patients. To manage such risks, they employ a combination of security measures, professional skills, and emotional regulation techniques that enable them to address aggression while maintaining therapeutic relationships. Participants emphasized the importance of having security personnel and support staff readily available to handle high-risk situations, noting that security presence provides both safety and reassurance. Effective management of aggression also depends on strong teamwork, interprofessional collaboration, and competent leadership, which guide less experienced staff, ensure adherence to safety protocols, and facilitate risk assessment to balance staff protection with quality patient care.

- Participant (1) stated…. Tas plan mhanje security na call karun bolavto,...
- Participant (2) stated…. Hech ki restrain karaych, tyasathi security la call karaych...
- Participant (12) reported…...mama ani security yetata tyamule kama cha load thoda kami hoto.

- Participant (2) stated….Nurse ne tyana samjun ghayla pahije, communication nit karayla pahije hya quality nurse madhe asayla pahije.
- Participant (3) told…. Leadership qualitie chi khup madat hote. Team coordination barobar karnyasathi he mahattavach aste.
- Participant (3) reported…. Mi kayam prayatan karte ki team sobat rahave, karan ekta aslyavar asurakshit vatata.
- Participant (4) expressed….Teamwork aslya mule saglya goshti barach secure hotat...
- Participant (5) reported…. Mi positive bolun tyanchi bhavna samjun ghenyacha prayatna karte.
- Participant (5) expressed…Mi mazya bhavnan var niyantran karte ani dusryacha response barobar manage karte.
- Participant (6) reported…. Mi pt cha javal jan avoid karte ani patient la thodasa distance dyancha prayatna karte.
- Participant (7) reported…. Mi thodya velasathi tyanchya behavior kade thod durlaksh karte, ani tyanchyashi shantpane bolnyacha prayatna karte.
- Participant (7) expressed…. Sahanshilta ani shant sanvad khup mahatvacha ahe, pan kadhi kadhi te kami padat.
- Participant (8) said…. Khup emotional intelligence lagta, pan stress mule te maintain karne kathin jate.
- Participant (11) told…. Mi patients la thoda space dyaiche try karte, and nantar shant pane tyancha shi bolte.
- Participant (8) told…. Swatachi Surksha ani patient care madhe balance karne kadhin aste. Kadhi kadhi tumchya swatacha surkashesathi tumhala patient shi kathor vagav lagat.
- Participant (9) expressed….Kadhi kadhi me shant rahun tyanch aikat aste, pan kadhi kadhi te possible nast karan tyaveli te jast ch hyper zalele astet. Mag khup exhaustion hoat.
- Participant (12) reported….Patient ani nurse madhal relation sanbhalat aal pahije. Staff ne pan swatacha vichar karayla pahije.
- Participant (6) stated…. Mala kalat ki patient safe asla tar staff sathi ti paristhiti khup manageable aste.
- Participant (10) told…. security na gheun gelya shivay me pt javal jast nahi…
- Participant (10) communicated….Kadhi kadhi vatat apan pt la care deto pan apan safe ahot ka? Mag thod jara stress yeto ki apan he handel karu shakto na?

PRACTICE-BASED LEARNING

The sub-theme Experiential Learning and its related codes, which reflect the ways psychiatric nurses build understanding and flexibility in handling aggressive situations. Nurses in psychiatric settings reported that their skills in managing aggression are primarily developed through hands-on experience rather than classroom learning, with direct patient interactions, crisis management, and guidance from experienced colleagues playing a vital role. Practical exposure in high-risk environments enhances critical thinking, situational awareness, and problem-solving abilities, enabling nurses to recognize and respond to aggressive behaviours more effectively than theoretical instruction alone.

Experiential Learning

Experiential learning plays a crucial role in equipping psychiatric nurses with the skills, confidence, and adaptability needed to manage patient aggression effectively. Participants emphasized that direct exposure to real patient behaviours, crises, and team responses enhanced their competence in de-escalation, emotional regulation, and collaborative care. Such experiences allowed them to tailor interventions based on the patient's aggression level, history, and situational factors, while each encounter contributed to refining their emotional control and strategies for future incidents. They also noted that without structured experiential training, nurses risk slower skill development, increased emotional strain, and a higher likelihood of errors in managing aggression.

- Participant (2) expressed…. Nahi training tar nahi ghetal pan jas experience yeil tas pt manage karayla jamat nit.
- Participant (12) reported….ti situation kashi manage karaychi he amhala ethe join zalyavar shikaval jat.
- Participant (3) stated…. Training nahi pan aplya kade educator ahet te lecture ghetat...
- Participant (8) told….Tumhi kitihi train asala tari violent behaviour pasun complete safety maintain karna tough hote.
- Participant (4) said…. Protocol mhanje hech ki pt la restrain karan he ch ki dusar kay nahi. Ani bed che side rails lavun thevaych.
- Participant (5) expressed…. Protocol as kay nahi ahe pan pt cha history var close observation kel..
- Participant (6) stated…. Protocol mhanje hech ki restrain karan, security la bolavn...
- Participant (7) expressed…. Protocols changle ahet, pan team chya mental health…kalji ghetli jatat nahi..
- Participant (8) reported….Procedure sopi ahet safety sathi, pan pratyaksh sthiti madhe thoda jast kathin vatat.
- Participant (9) expressed…. Supportive environment nahi milal tar kadhi kadhi mala thodi bhiti vatate.
- Participant (10) said ….Strategies mhanje as kay nahi pan amhi…as kay fix as nahi ahe.

PATIENT-CENTERED COMMUNICATION

The sub-theme Patient-Centered Communication and codes explain how psychiatric nurses deal with aggressive patients and how these situations affect their

well-being. Patient-centered communication is a vital skill for psychiatric nurses, enabling them to manage aggression, build trust, and maintain a safe environment for both patients and staff. By understanding patients' emotions, needs, and perspectives, nurses can respond in ways that de-escalate tension and promote cooperation. In psychiatric settings, where emotional distress, confusion, and frustration often trigger aggressive outbursts, maintaining a calm tone, listening empathetically, and providing reassurance can significantly reduce anxiety, strengthen therapeutic relationships, and improve patient outcomes.

Compassionate Interaction

Compassionate interaction is a fundamental aspect of psychiatric nursing, essential for building trust, calming aggression, and fostering a supportive therapeutic environment. Given that many psychiatric patients experience emotional instability, distress, or communication difficulties, nurses must approach them with sensitivity, empathy, and a calm demeanour. By promoting positive interactions, assisting with emotional regulation, and maintaining clear professional boundaries, psychiatric nurses can effectively manage aggression while safeguarding their own emotional well-being. Demonstrating empathy helps patients feel safe, understood, and genuinely supported, thereby enhancing therapeutic engagement and cooperation.

- Participant (1) reported…. As aggressive pt asel tar tyaveli me mazya bolnya chi khup kalji ghete…
- Participant (3) told…. Mi mhantle ki, 'Tumhala samasya aahet tar aapan discuss karu….
- Participant (4) reported…. Tula kay trass hotoy? Mala sang me kay tri karun te solve karaych try krate' he bolun patient cha rag kami kela.
- Participant (6) stated….Patient samor saglyat shant pana madhe bolaycha prayatan karto.
- Participant (3) reported…. Tyancha rag olkhan mala khup kathin jat, ani kadhi kadhi me tyana thoda space deun nighun jato.
- Participant (7) expressed….Mi patient la sangitla, 'Tumcha dukha samjtoy, ani madat karaycha prayatna karto,' ani tyachya raga var farak padla ani kami zala.
- Participant (9) stated….Pt ch aggression vadal ki kahi kahi vela me bolaych thanbte ani tyanch aikun ghete shant pane….

Behavioural Assessment

Patience is key when working with psychiatric patients who are feeling emotional distress, confusion, or aggression. Many of these patients find it hard to express what they're feeling, so nurses need to stay calm and supportive, allowing them to share their thoughts at their own pace.

Being able to assess behaviour is a vital skill in psychiatric nursing. It helps nurses spot early signs of agitation, distress, or aggression in their patients. By being observant, patient, and calm, psychiatric nurses can manage unpredictable behaviors effectively, prevent situations from escalating, and keep everyone safe.

- Participant (5) told….Patients cha response olakhun shantata thevto karan ka te pt la care detana help hote.
- Participant (8) reported..Tumch mala aikayla avdel' as sangitalyavar patient shant zala.
- Participant (2) stated…. Behavior samjun gheun mi communication chi padhat change karte, ani tyacha kharach farak padto.
- Participant (6) said….Ragan bolat nahi tar indirectly tyana observe karun tyancha garja olakhaycha prayatna karte.
- Participant (7) expressed…. Patient jasat chidlela ahe he lakshat ala ki mi shant rahanyacha ani kami bolanyacha prayatna karte.

Impact of Patient Behaviour on Nurses' Well-being

Psychiatric nurses often deal with tough and unpredictable behaviors from patients, like verbal outbursts, physical threats, and emotional turmoil. Many nurses have shared that building emotional resilience over time really helps them manage these stressful situations more effectively. The data shows that being constantly exposed to high-pressure and emotionally intense scenarios can lead to mental fatigue, which can impact nurses' focus, decision-making, and emotional connection with their patients.

For psychiatric nurses, endurance is crucial. They need to handle repeated incidents of aggression and emotional reactions while keeping their professionalism and composure intact.

- Participant (9) reported….Patients che mood swings handle karayla patience lagtet,...
- Participant (8) expressed…. pan tyancha mazyavarhi motha mansik tanav yeto.
- Participant (10) expressed….mala mentally khup tired vatat kadhi kadhi.

Understanding Patients' Nonverbal Cues

Nurses have noticed that certain physical signs can signal when a patient is becoming agitated, distressed, or aggressive. In psychiatric nursing, picking up on nonverbal cues is key to understanding how patients are feeling and what state of mind they might be in. Nurses need to pay attention to changes in routine behaviours, unexpected reactions, or repetitive actions to get a sense of any underlying discomfort or distress.

Many patients in psychiatric settings might find it hard to express themselves verbally due to their condition or emotional struggles, which makes it even more important for nurses to look for body language, behaviour patterns, and tone of voice to figure out what the patients need and to help prevent any escalation. By recognizing these nonverbal signs, nurses can respond in a way that keeps

patients safe and ensures they receive the best care possible.

- Participant (11) stated…. kadhi kadhi tyancha body language ani bolnya varun tyana
- Participant (12) reported…. Mood and body language samjun gheun mi mazya bolnyachi padhat baddalte. Pan mental stress khup hoto.
- Participant (12) communicated…. Mi tyanchya verbal expressions bghun barobar bolnyachi tone maintain karte tyancha sobat boltana.

MANAGING WORKPLACE CHALLENGES

The sub-theme Managing Workplace Challenges and codes which reflect the ways psychiatric nurses adjust to and cope with aggressive situations. Psychiatric nursing requires a high degree of adaptability due to the unpredictable nature of patient behaviours, frequent crises, and emotionally charged environments. Nurses in these settings often face aggressive behaviours, emotional distress, and safety concerns, which demand flexibility, critical thinking, and the ability to remain calm under pressure. The capacity to adapt to workplace demands, regulate emotions, and maintain professional boundaries is essential to safeguard staff well-being and ensure the delivery of high-quality patient care.

However, the profession is also marked by high workloads, staff shortages, and demanding shifts, which can lead to significant mental fatigue and burnout. Balancing work responsibilities with personal well-being remains a persistent challenge for psychiatric nurses. Without adequate coping strategies and institutional support, these stressors can contribute to job dissatisfaction, impacting both the nurse's health and the quality of patient care.

Workplace Adaptation

Many psychiatric nurses reported developing habituation, a process of becoming mentally and emotionally accustomed to the stressors of psychiatric care. This adaptation enables them to manage aggression and unpredictable behaviours more effectively over time. To sustain resilience, nurses often engage in relaxation strategies such as deep breathing, meditation, and self-care activities, which help reduce workplace stress and prevent burnout.

Workplace adaptation is a gradual process that fosters greater confidence, efficiency, and emotional stability in managing the challenges of psychiatric settings. Continuous adaptation to high-stress situations, patient aggression, and evolving clinical demands is essential for maintaining both professional effectiveness and personal well-being.

- Participant (2) reported…. Gharchan sobat bolun je kahi work stress asto to kami hoto ani part kam karayla ek energy bhetate.
- Participant (2) stated…. Mi chhotya-chhotya goshti karun swata la aaram denyacha prayatan karte.
- Participant (6) said….Personal hobbies like gardening ani music madhe time spent karte. Tyamule je job var hoat te tithech vissrun jate.
- Participant (4) stated…. Roj karun karun ata savay zali tyamule ata evad kay effect nahi haot.
- Participant (5) told Aggressiveness pana mule khup vel jato, pan pt la quality care deto ani savay houn geli ata.

Emotional Strength

Emotional strength is essential for psychiatric nurses, who are frequently exposed to high emotional demands, patient aggression, and stressful situations. Many nurses rely on intrinsic motivation, a deep sense of purpose, and commitment to their profession to sustain job satisfaction and resilience. Practising mindfulness and maintaining a positive outlook enables them to remain patient, manage stress effectively, and reduce the risk of emotional exhaustion. Mindfulness further helps nurses separate their emotions from the aggressive behaviours they encounter, thereby protecting their emotional well-being. Establishing clear emotional boundaries and occasionally disengaging from stressful encounters are vital strategies for preserving mental health in psychiatric nursing. Knowing when to detach from emotionally overwhelming situations allows nurses to safeguard their psychological well-being while remaining committed to providing compassionate and effective patient care.

- Participant (6) stated…. Patient chi condition changlya honyasathi work karto, tyamule motivation milat rahatat.
- Participant (7) expressed…. Mi swatala shant thevnyacha prayatna karte, pan pratek divsacha stress mazya manavar parinam karto.
- Participant (9) reported…. Me roj meditation karte tyamule mental health nit rahate.
- Participant (10) said…. Team and seniors kadun mala motivation milta, tyane kam changlyaprakare karta yetat.
- Participant (11) stated…. Apan mentally healthy asal pahije positive vichar apan pan kela pahije...
- Participant (12) communicated…. Hotay tas affect thod pan apan ch tharval pahije ki aplyala kiti affect karun ghetal pahije ani he ethech visrun jaych, relax rahaych.
- Participant (12) told…. Ethun ghari gel kama madhe asl ki sagal visrun jato.
- Participant (1) said…. Ek kamach dedication mana madhe aslyamule me swata la kama madhe busy thevate.
- Participant (3) expressed….Patient chi recovery bghun ek takat bhetate kam karayla ani tya situation madhun baher yenyasathi.
- Participant (5) reported…. Mi mentally disturbed hote pan mag dusrya kama var focus karaycha prayatna karte.

During the interview, many staff nurses revealed that there should be a protocol for correctly managing their emotions while handling aggressive clients, along with patient care. The protocol reflects the problems the psychiatry staff nurses face during encounters with aggressive clients. Based on the study findings and ROL-related studies, the nursing protocol has been developed. It includes all the themes and sub-themes for better development of a nursing protocol for appropriately handling psychiatry staff nurses' experience to provide proper care. It was developed based on the study findings and ROL to make it authentic.

DISCUSSION

This qualitative study explored the experiences of psychiatric nurses in managing patient aggression, revealing themes such as managing challenging behaviours, building psychological strength, teamwork, security measures, practice-based learning, patient-centred communication, and workplace challenges. Nurses reported facing verbal abuse, physical threats, and high stress, requiring de-escalation skills, emotional resilience, and peer support. Institutional backing, safety protocols, and hands-on training were found to improve confidence and effectiveness, while effective communication and emotional regulation were essential for ensuring both staff well-being and patient safety.

Managing Challenging Behaviours

Psychiatric nurses frequently encounter verbal abuse, physical threats, and unpredictable aggression, requiring them to use de-escalation techniques, teamwork, and structured interventions. Studies suggest that crisis intervention training and verbal de-escalation strategies improve nurse confidence and patient outcomes.(6)

Building Psychological Strength

Psychological resilience is essential for psychiatric nurses to manage stress, burnout, and emotional exhaustion. Studies emphasize the value of self-care methods, colleague support, and mindfulness techniques in strengthening emotional well-being and reducing burnout among psychiatric healthcare workers.(7)

Team-Based Encouragement

The current study revealed that psychiatric nurses experienced greater emotional stability, a stronger sense of safety, and enhanced professional confidence when supported by colleagues and the broader healthcare team. Assistance from peers, supervisors, and institutional leaders was seen as essential in effectively dealing with aggressive patient behaviours. A collaborative and communicative team environment not only improved nurses' confidence but also strengthened the overall approach to managing aggression. The emotional reassurance provided by the team, particularly after incidents involving verbal or physical aggression, played a significant role. These findings are in agreement with Rahmani et al., who highlighted that a supportive work atmosphere and peer encouragement contribute to better emotional resilience and help reduce burnout in psychiatric nurses.(8)

Security Measures Implementation

Safety concerns remain a significant issue for psychiatric nurses. The use of on-call security personnel, teamwork, and risk assessment protocols is essential in ensuring workplace safety. Studies explore various safety measures, including the use of security guards and alarm systems, highlighting the diversity in practices across psychiatric wards. It emphasises the importance of tailored safety protocols to meet specific ward needs.(9)
Practice-Based Learning

Learning from experience is a crucial aspect of managing aggression. Nurses reported that hands-on practice, mentorship, and dealing with real-life crises helped them develop confidence. Research emphasizes the significance of simulation-based training in bridging theoretical knowledge with practical skills in aggression management.(10)

Patient-Centered Communication

Effective communication strategies, including empathetic listening, non-verbal cue recognition, and therapeutic dialogue, are essential in managing aggression. The research article discusses the balance between maintaining safety and providing therapeutic environments. It underscores the role of patient-centered communication in achieving this balance, advocating for environments that promote healing while ensuring safety.(11)

Managing Workplace Challenges

Stress at work and emotional exhaustion are common problems. Nurses mentioned issues like too many patients, not enough mental health support, and feeling burned out. The article addresses safety measures for psychiatric nurses, including the use of seclusion and restraint during behavioural crises. It highlights the importance of judicious use of these measures to protect both patients and staff, thereby managing workplace challenges effectively.(12,13)

CONCLUSION

The study found that psychiatric nurses face emotional, physical, and work-related challenges when managing aggression, with stress and mental fatigue remaining common despite support from colleagues, practical learning, and security measures. Developing a nursing protocol for emotional self-management, along with regular training, strong mental health support, better security, and structured learning, can build resilience, reduce burnout, and improve patient care. Future research should focus on long-term support systems, evidence-based protocols, and the role of policies, teamwork, and leadership in helping nurses manage aggression effectively while maintaining compassionate, high-quality psychiatric care.

ACKNOWLEDGEMENT
The researcher acknowledges the institutional authorities of BVCON and the study participants for the co-operation and all the stakeholders involve in completion of the research study.

CONFLICT OF INTEREST: No conflict of interest is involved.
FUNDING SOURCE: The study was self-funded by authors.

REFERENCES

1. Danivas, V., Lepping, P., Punitharani, S., Gowrishree, H., Ashwini, K., Raveesh, B. N., et al. "Observational Study of Aggressive Behaviour and Coercion on an Indian Acute Ward." *Asian Journal of Psychiatry*, vol. 22, Aug. 2016, pp. 150–156.
2. Thomas, Sanjay, Bahubali J. G., and Sudhen Sumesh K. M. N. "Impact of Mental Illness Related to Employment." *POJ Nursing Practice and Research*, vol. 1, no. 1, 3 Aug. 2017, pp. 1–3. https://proskolar.org/wp-content/uploads/2017/08/Impact-of-Mental-Illness.pdf.
3. Roba, A. A., Dasa, T. T., Weldegebreal, F., Asfaw, A., Mitiku, H., Teklemariam, Z., et al. "Tuberculosis Patients Are Physically Challenged and Socially Isolated: A Mixed Methods Case-Control Study of Health Related Quality of Life in Eastern Ethiopia." *PLOS ONE*, vol. 13, no. 10, 15 Oct. 2018, e0204697. https://doi.org/10.1371/journal.pone.0204697.
4. Jaradat, Y., Nielsen, M. B., Kristensen, P., Nijem, K., Bjertness, E., Stigum, H., et al. "Workplace Aggression, Psychological Distress, and Job Satisfaction among Palestinian Nurses: A Cross-Sectional Study." *Applied Nursing Research*, vol. 32, Nov. 2016, pp. 190–198.
5. "A Model for the Facilitation of Effective Management of Aggression Experienced by Psychiatric Nurses from Patients in a Psychiatric Institution." *Curationis*, vol. 39, no. 1, 30 Nov. 2016.
6. Cho, Y., Lim, K., and Kim, H. "Patient Violence towards Mental Health Nurses: A Concept Analysis." *Perspectives in Psychiatric Care*, 2023.
7. Hassanie, S., Karadas, G., Olugbade, O. A., and Saidy, J. "The Effect of Patient Aggression on Healthcare Workers' Mental Health and Anxiety Mediated by Psychological Well-Being during the COVID-19 Outbreak." *SAGE Open*, vol. 14, no. 1, 29 Jan. 2024. https://journals.sagepub.com/doi/10.1177/21582440231225553.
8. Joseph, B., Jacob, S., Lam, L., and Rahman, M. A. "Factors Influencing the Transition and Retention of Mental Health Nurses during the Initial Years of Practice: Scoping Review." *Journal of Nursing Management*, vol. 30, no. 8, 23 Nov. 2022, pp. 4274–4284.
9. Svensson, J. "Patient Safety Strategies in Psychiatry and How They Construct the Notion of Preventable Harm: A Scoping Review." *Journal of Patient Safety*, vol. 18, no. 3, Apr. 2022, pp. 245–252. https://journals.lww.com/10.1097/PTS.0000000000000885.
10. Gjere, N. *Psychiatric Nurses' Lived Experiences of Preventing Aggression.* 2017.
11. "How Inpatient Psychiatric Units Can Be Both Safe and Therapeutic." *AMA Journal of Ethics*, vol. 26, no. 3, 1 Mar. 2024, pp. E248–E256.
12. Chen, S. Y., Yan, S. R., Zhao, W. W., Gao, Y., Zong, W., Bian, C., et al. "The Mediating and Moderating Role of Psychological Resilience between Occupational Stress and Mental Health of Psychiatric Nurses: A Multicenter Cross-Sectional Study." *BMC Psychiatry*, vol. 22, no. 1, 23 Dec. 2022, p. 823.
13. Akkamahadevi, Bergeri, and Bahubali Jinnappa Geddugol. "Lived Experiences of Caregivers' of Chronically Schizophrenic Patients: A Qualitative Phenomenological Study." *Turkish Online Journal of Qualitative Inquiry (TOJQI)*, vol. 12, 2021.