Nurses' Experience in Psychiatric Emergencies

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Abstract
Psychiatric emergency cases are increasing every year, including suicide attempts, violent behavior, agitation, extreme anxiety, severe depression, and drug addiction problems. Nurses in handling mental health emergencies have experience because the patient's condition is experiencing mental problems. The purpose of this study is to explore the experiences of nurses in managing psychiatric emergencies. This study uses an exploratory phenomenological study with in-depth interviews with five nurses with more than five years of work experience at Prof. Dr. M. Ildrem Mental Hospital, Medan. Data analysis uses the Collaizi method. There are five themes that describe the meaning of nurses' experiences in managing psychiatric emergencies, namely experiencing physical and verbal violence, nurses' feelings in caring for patients in the crisis phase, nurses' actions in psychiatric emergencies, motivation in mental health nursing services, and hopes for service improvement. Nurses often become the outlet for violence from patients in the psychiatric emergency phase, so they have a higher workload and psychological impact. Career advancement opportunities, further study, awards, and promotions are motivators for nurses to improve their competency in psychiatric units. However, the safety of nurses and patients remains a top priority. Further research is needed to determine the relationship between nurse motivation and performance in psychiatric emergency units.

Introduction

Psychiatric emergencies, such as manic episodes, acute psychotic disorders, bipolar disorder, substance abuse, and major depression, account for 6% of all emergency department cases. Aggressive behavior is the most common cause of psychiatric emergency department visits, with aggressive behavior occurring in 3-10% of psychiatric patients (Jelita & Hutasoit, 2021). Psychiatric emergency cases are projected to increase by 2025 compared to previous years, including suicide attempts, violent behavior, agitation, extreme anxiety, severe depression, and drug addiction. In Indonesia, approximately 1.6 million people suffer from mental disorders, with 1-5% experiencing a psychiatric emergency each year. This occurs due to non-compliance with treatment, stress, and triggering conditions, resulting in an annual incidence of 16,000-80,000 patients. Meanwhile, in countries with better healthcare systems and better record-keeping, psychiatric emergency department (ED) visits account for approximately 5-10% of total visits, depending on the population and access to healthcare services.

A psychiatric emergency is an acute disturbance of thoughts, feelings, or behavior that is life-threatening, causing loss of life, or posing a risk to the patient and their environment, requiring immediate treatment. Crisis management in the acute phase is carried out in stages, starting with persuasive measures such as talking to the patient and providing reassurance, and progressing to active management measures such as administering psychopharmaceuticals and restraint or isolation (Kurniawati, 2022). Psychiatric emergencies are unpredictable and potentially catastrophic situations, with 12% of emergency departments presenting with psychiatric complaints (Jelita & Hutasoit, 2021). Nurses play a crucial role in providing nursing care to individuals with mental health disorders. This role extends beyond clinical care to other aspects such as promotive, preventive, curative, and rehabilitative care.

According to the American Psychiatric Nurses Association (APNA), psychiatric nurses play a crucial role in providing safe, effective, and patient-centered care for individuals experiencing mental disorders. Mental health nurses also provide empathetic care, establish therapeutic relationships with patients addressing mental health issues, and encourage patients

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to participate in their own care (Ahmad et al., 2024). The role of nurses in psychiatric emergencies is crucial because they are the first responders to patients in crisis. Efforts to improve the quality of emergency care and ensure effective healthcare require healthcare professionals with competent knowledge and skills.

Nurses have a unique experience in managing mental health emergencies due to the patient's mental health problems and various behavioral and environmental barriers from both the patient and their family. When carrying out their duties as nurses, they encounter difficulties in handling clients, both internal and external (Retraningsih et al., 2023). Nurses' experience in carrying out their roles and functions varies from nurse to nurse. This experience influences the way nurses provide care to patients. The varying levels of competency among nurses are derived solely from their individual experiences (Nursalam, 2022). The purpose of this study was to explore nurses' experiences in managing psychiatric emergencies at Prof. M. Ildrem Mental Hospital, Medan, in 2025.

Methods

This study employed a qualitative approach, focusing on understanding, meaning, and phenomena. The research design employed exploratory phenomenology, a research design focused on exploring lived experiences from the perspective of those experiencing them. In this study, exploratory phenomenology was used to explore nurses' experiences in psychiatric emergencies. The study was conducted at Prof. Dr. M. Ildrem Mental Hospital, Medan, the only mental hospital in North Sumatra, treating over 400 people with mental disorders (ODGJ) each month, including both inpatient and outpatient care.

Five nurses participated in this study through purposive sampling. The inclusion criteria for the sample in this study were nurses who had worked in the emergency department for more than five years, were aged 30–40 years, had attended psychiatric emergency nursing training, and had a nursing professional education background (Ners). The research procedure began with ethical approval obtained from the Health Research Ethics Committee (KEPK) of the Santa Elisabeth Health College, Medan, under the number 003/KEPK-SE/PE-DT/I/2026. Data collection was conducted in March 2026, using an in-depth interview. The levels of data validity used in the research are credibility, dependability, transferability, and confirmability. This research data analysis uses the Colaizi method.

Results and Discussion

The results of this study are themes that describe the meaning of nurses' experiences in managing psychiatric emergencies in Prof. Dr. M. Ildrem Mental Hospital, Medan. The themes are 1) experiencing physical and verbal violence, 2) nurses' feelings in caring for patients in the crisis phase, 3) nurses' actions in psychiatric emergencies, 4) motivation in psychiatric nursing services, and 5) hopes for improving services.

Experiencing physical and verbal abuse

Nurses practicing psychiatric emergency nursing experience violence as a result of aggressive behavior from patients with mental health problems. The subtheme identified was physical violence, including being hit with objects, being hit, scratched, and spat on, and being kicked, as in the following statement:

“...yes, I've had a pen thrown at me that happened to be on the table. I've also been kicked, sis...” (P1)

“...as far as I can remember, I've been thrown, hit, kicked, and even scratched until my face bled...” (P3)

“...once, when I first arrived, someone suddenly spat on me, hit me, and tried to throw things at me by grabbing things from the table...” (P4)

The second subtheme identified was verbal bullying. In addition to physical violence, nurses in the Mental Hospital's Emergency Room also experience verbal bullying, which involves verbal abuse, cursing, shouting, and insults, as in the following statement:

"...patients often curse at us, use rude language, call us stupid, and... inappropriate things..." (P2)

"...the other nurses and I are used to it here, sis. When patients come in, they insult us, curse us. Sometimes we ask questions, and they yell at us, giving us rude answers..." (P5)

"...when they're angry or agitated, they yell at us too..." (P4)

The third subtheme found in this study is the psychological impact of violence on nurses. This is characterized by disappointment, emotional distress, shame, and a psychological burden borne by nurses, which can even lead to sleeplessness, mood swings, and a lack of enthusiasm, as in the following statement:

“...if we're yelled at like that, our enthusiasm disappears. It's embarrassing to be yelled at by patients, sometimes they're yelled at, called names, and it's embarrassing. But what can we do, you know, you're a person with mental illness...” (P1)

“...I'm embarrassed, sis, because we have no self-respect being treated like that. But it comes back because of his illness...” (P2)

“...I've had trouble sleeping, I've been so disappointed. Why would a patient treat me like that? Even when we get home, we get angry with our families...” (P3)

Aggressive behavior has a negative impact on the health and safety of patients and mental hospital staff. The negative impacts of aggressive behavior on mental hospital staff include physical and emotional effects as well as negative effects on work motivation. Syamsudin (2020) in his research stated that nurses need to be given training on aggressive behavior management to increase self-confidence and competence in preventing and dealing with patient aggression. In this study, all participants were in the 37-38 year age category, with a minimum education of Nurses and had more than five years of work experience, in accordance with research by Aulia & Widodo (2024) that age, male gender, nurse education, and more than five years of work experience are factors that influence nurses' readiness to handle patient aggression. In addition, safety by using personal protective equipment and proper psychiatric emergency management will prevent nurses from forms of violence due to patient aggression in the Mental Hospital Emergency Room. Arianti et al., (2020) added that acts of violent behavior experienced by nurses in the psychiatric emergency unit can include physical threats, insults, and verbal abuse. There are even nurses who experience physical violence resulting in injury but consider that violence in the psychiatric area is a common occurrence and therefore should not be considered part of the job.

Nurses' Feelings in Caring for Patients in Crisis

Nurses experienced varying feelings while providing psychiatric nursing care to people with mental health issues in the emergency room, such as empathy, as stated by the following participant:

“...I feel sorry for you, bro, sometimes you're like that, oh my gosh, how can you be mentally ill? We have to feel empathy, right?” (P3)

“...when we talk about feelings, they're mixed, bro. Sometimes we feel sorry for you, you know, you're so narrow-minded that you're stressed, right?” (P2)

“...personally, I feel sorry for you, you know, you're just human, right?” (P4)

When caring for patients with psychiatric emergencies, nurses are more vigilant because many of the patient's actions could be physically and verbally harmful, as stated by the following participant:

“...if I were more cautious, because we'd be hit if we got too close, so I'd keep my distance too...” (P1)

“...I feel more guarded, maybe because it's an emergency, and there's no cure yet, so the patient might lose control... so I stay alert.” (P4)

“...sometimes I feel more on guard, bro. "Yeah, but we still communicate, right..." (P5)

Nurses also experience fear when handling psychiatric emergencies, as stated in the following statement:

"...I was scared too, right? There were only a few of us on duty at the time..." (P2)

"...I was scared too, because when he came in, he was furious..." (P3)

"...it's normal to feel nervous at first, scared, worried. Those are common feelings, but you have to face it..." (P4)

The second theme caused by feelings of tension when seeing patients or being newly assigned as mental health nurses, feelings of sadness or pity upon seeing the patient's condition, and hearing the cause of the patient's mental disorder. Nurses also experience fear and anxiety because the patient could suddenly attack, requiring vigilance in carrying out their duties (Syarifah, 2021). This contrasts with the results of research by Santi et al. (2024), which found that nurses when dealing with psychiatric patients did not experience feelings of irritation but rather showed understanding of the patient's condition. Nurses were more caring and attentive to patients, especially during the observation phase, due to the humanity, compassion, and affection they felt, making them consider them family. Caring is the core of the nursing profession. The quality of nursing services depends heavily on nurses' ability to care for patients and their families. Caring will increase family and patient satisfaction, and enhance the image of healthcare services (Kartika, et al., 2024).

Nurses' Actions in Psychiatric Emergencies

Nurses in psychiatric emergency care have duties and responsibilities in accordance with standard operating procedures. For example, the primary treatment for a patient experiencing a tantrum involves restraints as an alternative to immobilization and preventing further complications, as stated by the following participant:

“...yeah, restraints are applied, sis. Just to be safe, we have to restrain them first...” (P1)

“...if he's in a tantrum, we have to be careful, so we'll apply restraints to prevent injury to the patient, so we don't get hurt either...” (P2)

“...restraints are applied to be safe first.. restraints are applied so he doesn't run away...” (P5)

Psychiatric emergency treatment in the ER can also be carried out through isolation, which serves to observe the patient and confirm a medical diagnosis, as stated by the following participant:

“...we also isolate him for a few days, to make sure he really has a mental disorder...” (P1)

“...isolation is done so that his condition is clear, whether he really is a person with mental disorders...” (P5)

“...after he's safe and not going berserk, he's isolated in this observation room..." (P3)

The next sub-theme was collaboration in providing pharmacotherapy, namely antipsychotics, as stated by the following participant:

"...when someone is angry, they have to calm them down first, usually with a sedative injection..." (P3)

"...first, they're given an antipsychotic injection...to calm them down first, right?" (P1)

"...if the symptoms are acute, they're given an antipsychotic, a sedative..." (P5)

Management of psychiatric emergencies includes anamnesis, pharmacological administration, and post-pharmacological restraint (Limonu et al., 2025). Pharmacological treatment is divided into three phases: the acute phase, the stabilization phase, and the maintenance phase. Acute phase therapy is administered during an acute episode involving intense psychotic symptoms. This therapy is carried out for the first 7 days. Stabilization phase therapy is carried out after acute psychotic symptoms have been controlled. This therapy is carried out for 6-8 weeks. Next, maintenance therapy, namely long-term recovery therapy aimed at maintaining recovery and controlling symptoms, as well as reducing the risk of relapse (Putri & Maharani, 2022).

Treatment for patients with aggressive conditions is in accordance with the schizophrenia treatment algorithm, which provides first-generation antipsychotics, either singly or in combination, according to the severity of the patient's symptoms. The combination of an antipsychotic and an antidepressant is most commonly used. In acute agitation, trifluoperazine therapy is considered most appropriate, while clozapine is preferred for its sedative effect. Risperidone is a second-generation antipsychotic, also known as an atypical antipsychotic, which binds with high affinity to serotonin receptors and with low affinity to dopamine receptors. Risperidone has been shown to be effective in treating patients with acute and chronic psychosis and mania (Rahajeng & Akhbar, 2023).

The American Psychiatric Nurses Association states that restraint is an effort to prevent harm to the patient, others, and the physical environment. Restraining a patient requires assistance from other staff or security guards, as patients are agitated and at risk of violent behavior, requiring increased physical effort (Arianti, et al., 2020). To ensure patient safety, it is necessary to choose safe and non-injurious restraints, such as straps made of cloth and cuffed to ensure they are soft and strong while preventing abrasions to the skin where the restraints are applied (Narindrianisa, 2019). Handling a violent patient with extremity restraints must follow established procedures, requiring nurses to undergo training to become competent in managing patients with extremity restraints. Restraint therapy is highly effective in patients experiencing psychiatric emergencies (Sanjaya & Syafrizal, 2023).

Motivation in Mental Health Nursing Services

The fourth theme of this research is nurse motivation in mental health nursing services, encompassing professionalism, caring, humanism, and strong team collaboration. Professionalism requires nurses to provide professional services to patients in both healthy and ill states. This professionalism is based on authority and licensure, professional ethics, and knowledge gained from higher education. The professionalism of nurses in treating emergency patients is reflected in the following statements:

“...we have experience, and we've also had training, so we have to be professional...even though there are risks, we just have to be professional as competent nurses...” (P3)

“...whether we like it or not, sis...it's sometimes a shame, but we have to be professional...” (P5)

“...as nurses, we have to be professional, we're placed here and we have to be responsible...” (P2)

Nurses also have a motivation in nursing care, namely caring, as a form of caring, respecting patients, and empathy, as stated by the following participant:

“...I personally respect patients, and their families too, so I have to be motivated...” (P1)

“...as for motivation, well, they're patients, so we care, we're present in communication, so that we can care...” (P2)

“...we pay attention, observe, and listen to what they say. That's our empathy...” (P3)

Nurses also provide nursing care based on humanistic factors, as fellow creatures of God who have reason, instinct, and dignity. Even in the emergency room, patients' basic needs are met, and the rights of both patients and their families are respected, as stated by the following participant:

"...patients are human beings too, I still pay attention to their basic needs, such as nutrition and toileting..." (P2)

"...here we still respect the rights of patients and their accompanying families..." (P4)

"...if they don't want to be treated, we respect their rights, because their families will sign for them to be treated at home..." (P5)

The collaboration of the emergency team in the emergency room at the Mental Hospital is a supporting factor in motivating nurses to provide care, along with psychiatrists and security staff, such as in psychopharmacology, aggressive patient conditions, and psychiatric assessments, as stated by the following participant:

"...we collaborate with the doctor, so they'll prescribe medication first to calm them down..." (P1)

"...if they're aggressive, there's a security guard to help them..." (P3)

"...our collaboration is good here, the team is solid, even during the assessment they are on standby because of that special patient..." (P4)

Professionalism in the form of responsibility and a sense of humanity is a guideline for nurses in their work (Ratna, 2014). Work motivation is included in intrinsic factors that originate from the work itself, for example, achievement, recognition, the work itself, a sense of responsibility, and opportunities for development. Mental hospitals are stressful work environments because they treat patients with mental disorders, so the presence of motivating factors is very important to maintain psychological balance and work enthusiasm (Saputry & Adnyani, 2025).

Hasanah (2024) in her research also added that in curative efforts, collaboration with medical personnel is key to ensuring appropriate care, while rehabilitative efforts focus on ongoing support, such as counseling on psychosocial rehabilitation and family empowerment. Work motivation is also based on concern and humanism, because psychiatric patients are considered fellow creatures of God, so serving them is not a burdensome job. A job that is done and intended by oneself will give you more freedom to carry it out and more self-confidence (Sari, 2025).

Hopes for improved services in the Emergency Department

The fifth theme derived from this study is the hope for improved services in the Emergency Department, particularly the role of nurses in psychiatric emergencies, with the subthemes of safety, rewards, and career paths. Nurse safety in the Emergency Department (RSJ) includes physical and psychological protection from the risk of violence or aggressive behavior from patients. They also hope to maintain strict patient safety standards, as stated by the following participant:

“...we hope that our nurses' safety will continue to be taken into account, protected from physical violence, especially because the majority of patients here are aggressive...” (P2)

“...so that we remain safe. Nurses are often subject to violence from angry patients, so safety measures need to be improved...” (P4)

“...work safety is paramount. The risk of falls is minimized, and the risk of infection is also important, because we don't know if a patient has comorbidities...” (P5)

Psychiatric Emergency Room nurses face a high risk level, so they hope to receive rewards in the form of higher performance allowances or higher remuneration to accommodate their workload and risks, as stated by the following participant:

“...if possible, the performance allowance would be increased, hahaha...because the risk is high, right? If possible, yes...” (P5)

“...we hope for an increase in remuneration, well, that's what we call a hope, right...” (P4)

“...workload It's appropriate, but the hope is that the performance allowance (tukin) can be increased..." (P3)

In addition to financial rewards, nurses also hope for career advancement in nursing, especially for nurses working in the Mental Hospital's Emergency Department, such as opportunities for further study, promotion to Clinical Nurse, and competency development, as stated by the following participant:

"...career advancement, like moving from a bachelor's degree to a specialist, further study..." (P2)

"...clinical nurses can also advance from PK 1 to PK V, nurse manager, etc...." (P5)

"...provided with training, workshops, or seminars to improve competency on a regular basis..." (P4)

Safety is a fundamental principle in healthcare and a key component of quality management. Patient safety must be comprehensively improved by involving various measures in performance improvement, environmental safety and risk management, infection control, safe use of medications, safe medical devices, safe clinical practices for patients, and a conducive care environment (Wisudawan et al., 2024). Patient safety competencies are crucial for nurses to prevent adverse events and minimize errors. Research by Setoodeh et al. (2025) showed a weak but significant correlation between empathy competency and patient safety competency in nurses working in psychiatric wards. In addition to patient safety, nurse safety must also be considered in psychiatric services. This is supported by research by Ayhan et al. (2025), who found that nurses need special training in dealing with psychiatric patients, especially in emergency units, to minimize the occurrence of physical and psychological violence. Patient violence can be minimized if psychiatric nurses receive psychological support to address the emotions caused by violence, and focus on psychiatric care and therapeutic interventions.

The implementation of career ladder programs has been shown to significantly contribute to improving professional development, job satisfaction, and encouraging the creation of quality nursing practice among nurses. This is supported by research by Murni et al. (2024), which showed a significant correlation between work motivation and the implementation of a nurse career ladder system. Furthermore, rewards influence work motivation. Opportunities to develop competencies, including training, further study, or workshops, will increase nurses' motivation and work enthusiasm. Rewards foster a sense of acceptance (recognition) in the workplace, which encompasses both compensation and employee relationships. Rewards are not only financial but also include job promotions, so nurses with increasing career levels face greater responsibilities and competencies, challenging them to prevent burnout (Imelda et al., 2026).

Conclusion and Recommendations

The results of this study conclude that nurses are healthcare workers who are often the target of violence from patients in psychiatric emergencies, resulting in a higher workload and psychological impact. Career advancement opportunities, further study, awards, and promotions serve as motivation for nurses to improve their competency in psychiatric units. However, the safety of nurses and patients remains a top priority.

To prevent violence in emergency units that impact nurses, psychiatric hospitals should consider gender-appropriate nurses on duty, or have them accompanied by security staff. Furthermore, career advancement opportunities, including further study, training, and other awards, should be prioritized for nurses in emergency units. Further research is needed to determine the relationship between nurse motivation and performance in psychiatric emergency units

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