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Patient-Related Factors that Influence the Experiences of Nurses Working in Acute Psychiatric Wards at Mathari National Teaching and Referral Hospital, Nairobi City County

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Abstract

Nursing in acute psychiatry is distinguished by the unique nature and complexity of acute care, and by the factors that influence the experiences of nurses working in acute psychiatric wards. This study investigated patient-related factors that influence the experiences of nurses working in acute psychiatric wards at Mathari National Teaching & Referral Hospital, Kenya's largest psychiatric hospital. The study used a qualitative phenomenological design and conducted ten in-depth interviews to explore individual, occupational, and organizational insights into these experiences. The thematic analysis revealed that several problems significantly affected nurses' experiences. The results of the paper revealed that nurses working in acute psychiatric units have their experiences shaped largely by patient-related factors such as the severity and unpredictability of the illnesses, agitation, aggression, judgment impairment, impulse control issues, and exposure to both physical and verbal violence. These factors also contributed to nurses' fear, hypervigilance, psychological stress, and emotional fatigue, while patient recovery also gave nurses a sense of professional satisfaction. This research concludes that the complexity and behavioral instability of patients make acute psychiatric nursing challenging. Recommendations include better recognition of behavioral risks; individualized management of behavior and care plans; continuous assessment of the patient's mental state; de-escalation and therapeutic communication; recognition of specific patient triggers; family participation where possible; and consistent communication of the patient's behavioral history among clinical team members.

Keywords: *Acute Psychiatric Ward, Mental health, Experiences, Mental Illness, Nurses*

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1. Introduction

Patient-perpetrated violence, physical, verbal, and sexual, produces fear, anger, frustration, and compassion fatigue among nurses, with some becoming desensitized to patient needs over time (Saribudak & Çalişkan, 2025). Nurses tend to view patient violence as normal at work; this

leads to poor reporting of incidents, leaving nurses without any organizational support (Ayhan et al., 2025). Exposure to aggression is known to be linked to poor mental well-being, higher rates of sickness absence, and turnover intentions, especially in acute wards where there are high levels of aggression compared to non-acute wards (Newman et al., 2023). Despite these challenges, positive interaction with patients remains one of the main rewards for nurses working in psychiatry, though the topic has been less researched than patient violence (Mukaihata et al., 2024).

Global studies have examined nurse-specific issues that affect nurses' experiences in acute psychiatric wards. According to Lantta et al. (2021) in Finland, one issue nurses in psychiatry face is admitting patients to the hospital. According to research by Subih & Nofal (2022) in Saudi Arabia, one issue these nurses face is qualification. In addition, Christodoulou-Fella et al. (2017) reported that poor patient safety affects these nurses. One of the most common factors affecting psychiatric nurses is burnout. This problem can be characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. According to a systematic review by Li et al. (2024), other significant causes of burnout in nurses include workplace stress. This includes constant workplace stress, which also significantly affects nurses' job satisfaction and psychological well-being. Emotional exhaustion is particularly prevalent among nurses working in the acute psychiatric wards owing to the level of care needed and exposure to aggression. Psychiatric nurses, in particular, are more prone to burnout as they need to have emotional contact with their patients because of the mental crisis that such people experience. Emotional exhaustion reduces nurses' ability to be empathetic and communicate therapeutically, which in turn affects the quality of psychiatric care (Moyo et al., 2023).

Nursing research from Africa also offers wide-ranging perspectives on the challenges nurses face in psychiatric wards. For instance, a survey focusing on psychiatric nursing professionals in Cairo, Egypt, by AbdElhamid et al. (2017) established that demographic attributes of the nurses, such as age, can pose a challenge to nurses working in psychiatric wards. Conversely, studies in Gambia found that organizational barriers, such as a lack of medication, are among the challenges nurses encounter in psychiatry (Sisawo et al., 2017). Additionally, Alhassan, Amp, and Poku (2018), based on nurses in Ghana working as mental health care providers, found that organizational barriers such as limited resources make it difficult for nurses to deliver mental health care services. The findings of such research have also been echoed in another study conducted among nurses in psychiatry in Nigeria, Anyebe (2020), where the participants indicated that organizational factors such as limited resources, especially the lack of trucks, are a longstanding problem faced by nurses providing psychiatric services. These findings align with Mulaudzi et al. (2020), whose cross-sectional survey of psychiatric nurses in Limpopo Province, South Africa, cited resource shortages as an organizational barrier hindering the delivery of psychiatric care.

This study used the Roy Adaptation Model (RAM) by Sister Callista Roy, a popular nursing theory that describes how people react to internal and external stressors. Conceptualizing a person as a biopsychosocial organism, Roy also views a person as someone who constantly interacts with a dynamic environment and uses both inherent and learned coping strategies to adapt (Chen, 2025; Amberina et al., 2025). This model can thus be used to investigate ways in

which nurses in acute psychiatric wards perceive, interpret and manage the stressors that are present in the workplace. The lived experiences of ex-nurses in acute psychiatric wards can be viewed through the lens of the Roy Adaptation Model to better understand their experiences. It allows analysis of how environmental stressors affect coping patterns, nurses' adaptability at the physiological, psychological, social, and professional levels, and how adaptations affect their health and work efficiency. This model thus provides a holistic structure for investigating the two issues, as well as coping mechanisms in nurses in the acute psychiatric wards of Mathari National Teaching and Referral Hospital**.**

In Kenya, a cross-sectional study of 60 Nurses in public urban hospitals, private urban hospitals and public rural hospitals was undertaken by Mendenhall et al. (2018) and revealed that one of the organizational challenges faced by nurses when providing mental health care includes the limitation of task-sharing and the integration of mental health services into the already existing primary health care services in Kenya. Furthermore, Ndetei et al. (2022) found that demographic factors, among others, could pose risks in the working environment for psychiatric nurses.

1.1 Problem Statement

Nurses working in acute psychiatric wards experience various problems stemming from patients' characteristics and behavior. Nurses in Mathari National Teaching and Referral Hospital work with acute psychiatric patients, which means that these nurses deal with patients who exhibit aggressive behaviors, unpredictable behavior, resistance, inability to communicate, emotional instability, as well as stigmatization or hostility from their part. These factors create challenging interactions that may shape nurses' experiences working with patients. Patient aggression especially poses nurses with physical and psychological stress, while unpredictable and complex patient requirements make the job even more challenging for nurses. However, while understanding patient-related problems in acute psychiatric wards is important, relevant context-based literature on how these problems affect nurses' experiences in acute psychiatric wards in Kenya, specifically at Mathari National Teaching and Referral Hospital, remains limited. As long as this evidence gap exists, it is difficult to develop patient-centered nursing interventions and strategies for handling challenging patient interactions. This study therefore aimed to explore patient-related problems that affect nurses' experiences in acute psychiatric wards at Mathari National Teaching and Referral Hospital.

1.2 Purpose of the Study

The main purpose of the study was to investigate the patient-related factors that influence the experiences of nurses working in acute psychiatric wards at Mathari National Teaching and Referral Hospital, Nairobi City County.

2. Methodology

This section addresses the research approach, design, population, sample size and sampling techniques, and data collection and analysis methods.

2.1 Research Design

According to Kumar (2011), a good research design helps the researcher conceptualize and operationalize the plan to undertake the procedures and tasks required to complete a study. The

researcher chose a descriptive phenomenological design to gain a comprehensive picture of nurses' lived experiences in acute psychiatric wards. The design allowed the researcher to move beyond superficial descriptions to a rich exploration of the meanings nurses ascribe to the challenges they face in clinical practice. The phenomenological method was chosen because it provides a framework for elucidating participants' experiences without imposing predetermined views.

2.2 Target Population, Sampling Techniques and Sample Size

The study's target population included nurses in psychiatric units at MNTRH under the Ministry of Health. Specifically, it targeted qualified nurses based in the male and female acute wards. This group was suitable for understanding the problems nurses encounter while providing care in the acute psychiatric environment. Participants were selected using purposive sampling from six acute admission wards (four male and two female wards). The researcher initially contacted 25 nurses who met the inclusion criteria to build an adequate pool, but the analysis was based on the 14 participants who completed interviews, yielding few additional insights. Purposive sampling enabled the researcher to approach people with rich experience and knowledge pertinent to the study. Only nurses who had worked in acute psychiatric wards for at least three months were considered eligible. Qualitative research can use the concept of data saturation to inform sample size because the researcher will not find any new information with the existing sample. Data saturation is generally reached with 5-25 participants (Moser & Korstjens, 2018). The suggested saturation range was 14 participants, which this study reached. The process of recruitment was halted when repeating patterns were discovered and no new ones were found.

2.3 Instrumentation for Data Collection

The pre-test for the data collection instruments was carried out one month before the actual research process. Three subjects participated in the pre-test. The pre-test was carried out at Gilgil Mental Hospital, where patients are admitted acutely from society. The pilot test was very important to make sure that the interview guide was fine-tuned to ask the right questions about experiences of seclusion and restraint among the participants. Permission was obtained from the mental health nurse, and patients who had undergone seclusion and restraint and were willing to participate in the study participated in the pre-test. For instrumentation, a semi-structured interview guide ensured consistency while allowing participants to share their experiences freely. Three important questions were addressed. Data collection took the form of in-depth, one-on-one, semi-structured interviews. This approach aligned with phenomenology because it enabled the investigation of perceptions, beliefs, and lived experiences.

To supplement open-ended questions, probing was used to explain or elaborate on the following themes: challenges faced by nurses during care provision in acute psychiatric wards, lived experience of nurses working in acute psychiatric wards, and proposed solutions to overcome the challenges. Interviews were held in a private office in the hospital, lasted 30 to 40 minutes, and followed ethical and phenomenological interview principles. The researcher deepened understanding through empathy, active listening, and probing. The researcher tape-recorded and transcribed the interviews verbatim.

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2.4 Data Analysis

Descriptive statistics summarized demographic information. Thematic analysis of the narratives was conducted through qualitative analysis of the interviews. Data analysis followed a systematic qualitative approach. First, the research team listened to the interview audio recordings repeatedly to become familiar with the data. Next, the team transcribed all interviews word-for-word to maintain the integrity of participants' responses. The team then entered the transcripts into MAXQDA 24, qualitative data analysis software that enabled systematic organization and coding. The coding system involved assigning meaningful labels to text segments, then grouping them into larger themes based on similar patterns and concepts. Subsequently, I created thematic narratives to present the findings logically and meaningfully. I incorporated field notes recorded during data collection with the transcript data to provide richer background and context. Finally, I reviewed and refined the themes to ensure internal consistency and assess their interrelationships, strengthening the validity and credibility of the results. Narrative analysis enabled the researcher to unpack the form and meaning of participants' narratives and experiences.

3. Results

3.1 Patient-related Factors on Experiences of Nurses in Acute Psychiatric Wards

The paper investigated patient-related factors that influence the experiences of nurses working in acute psychiatric wards. This theme explored broader patient-related factors that shape nurses' experiences. The findings reveal a dual reality where acute psychiatric nursing is viewed as both intensely demanding and deeply meaningful. While dominated by sub-themes of exposure to trauma, aggression, and dual stigma (affecting both patients and professionals), it also includes elements of motivation. Nurses described powerful fulfillment derived from patient recovery. alone because of the shortage of nurses.

Theme 1: Patient Aggression and Violence

The findings suggest that a critical patient-related factor identified was the constant exposure to violence. Findings under this theme indicate that nurses operate in structurally constrained, unsafe environments. Physical and verbal aggression is a central occupational hazard, exacerbated by inadequate security infrastructure (lack of panic buttons) and staff shortages, leading to profound psychological impacts like hypervigilance and compassion fatigue.

As the following participants illustrated:

> *The following accounts capture the intensity of these experiences:"... there is one time when the patient was physically aggressive, I was serving tea, I served the tea but she passed it, she later took her bread and tea and then she wanted an addition and other patient had not taken their tea, so when I told her to wait for the others to take theirs, she refused and picked a cup and poured the tea on me." (respondent 002)*
>
> *"I had an incident where I was serving food to patients, then a patient became very aggressive; he slapped me and told me that I should not be talking to him. I was alone because of the shortage of nurses; I got help from other patients." (respondent 008).*

"There was a time I was almost hit, but I think I was vigilant; he was really aggressive, he wanted to hit me, but I managed to escape before he could rain blows on me." (respondent 005).

Theme 2: Intensity of Psychiatric Symptoms

The clinical presentation of patients in an acute psychiatric ward significantly affects nurses' experiences. Patients admitted to an acute unit are usually characterized by intense psychosis, suicidal thoughts, substance abuse, and acute mood swings. This often includes unpredictable behavior, lack of insight, and non-adherence to treatment, increasing nurses' workload and mental stress (Moyo et al., 2023).

Studies show that aggressive behavior is more common among psychiatric nurses because patients undergoing acute psychotic episodes or substance intoxication are more likely to exhibit aggressive behavior. Psychiatric symptoms are unpredictable, which entails monitoring and early clinical response, which can be a source of mental exhaustion and emotional pressure (Zeller et al., 2021).

Theme 3: Therapeutic Relationships and Emotional Labour

Building psychiatric patient therapeutic relationships is both fulfilling and challenging. Nurses need to be able to empathize with patients, have patience and remain emotionally stable when handling patients in crisis.

Psychiatric nursing has a much higher level of emotional labour, or the ability to control emotions to comply with career standards, than in other clinical specialties (Happell et al., 2021).

Although a positive patient outcome and the recovery experience can be a satisfying element in professional life, recurrent contact with emotionally traumatized patients can cause compassion fatigue and emotional burnout.

4. Discussion

According to the findings, the personal characteristics of patients such as aggressiveness, violent behavior, unpredictability, and the psychiatric nature of the issue were critical in forming perceptions among nurses working in acute psychiatric units. Patients demonstrated aggression through both verbal and physical means. This was a concern for nurses because it required close observation and caused feelings of fear, frustration, psychological stress, and emotional exhaustion. Saribudak and Çalişkan (2025) reported similar findings. They state that physical, verbal, and sexual violence by psychiatric patients can cause fear, anger, frustration, and compassion fatigue among nurses, which might result in desensitization of nurses in terms of patients' problems.

Similarly, the results align with Ayhan et al. (2025), who claim that nurses may become desensitized to patients' aggression, which is considered a normal part of their job responsibilities. At the same time, the results support those of Newman et al. (2023), who prove that exposure to aggression leads to poor mental health, sickness absences, and intention to quit the profession. The participants' accounts of being slapped, threatened, or physically attacked therefore demonstrate how unpredictable patient behaviour can become a major occupational stressor. This is further evidenced by Christodoulou-Fella et al. (2017), who highlighted poor

security resulting from the condition of psychiatric patients as a problem for psychiatric nurses, and Ndetei et al. (2022), who considered patient-related factors as risks within the working environment of psychiatric nurses in Kenya. Using the Roy Adaptation Model, one may interpret the above findings as external environmental stimuli to which nurses must adapt psychologically, physically, socially, and professionally on an ongoing basis.

Although these negative experiences were identified, the findings also suggest a double reality: patient care was a source of meaning and professional fulfillment, especially through witnessing recovery and positive interactions. This finding is consistent with the findings of Mukaihata et al. (2024), who found that having positive encounters with patients is very important for psychiatric nurses, even though violence has been well researched for many years. These findings also apply to burnout by linking prolonged occupational stress to psychological well-being and job satisfaction, as shown by Li et al. (2024). In another study, Moyo et al. (2023) further proposed that nurses' emotional exhaustion may be related to decreased empathy and therapeutic communication.

Although studies by Lantta et al. (2021) and Subih and Nofal (2022) identified admission processes, qualifications, demographic factors, medication shortages, limited resources, and other organizational issues as challenges, the present study specifically demonstrates that the clinical and behavioral characteristics of patients themselves remain central to nurses' lived experiences. Consequently, early identification of behavioral risks, individualized care and behavioral-management plans, continuous assessment, therapeutic communication, and effective de-escalation are important strategies for helping nurses manage challenging patient presentations while maintaining therapeutic relationships and promoting patient recovery.

One of the major conclusions in this research was that patient violence is pervasive, including the story of how Respondent 002 was scalded with tea. This confirms that psychiatric nurses are in hypervigilant states, as Lim et al. (2022) reported. Nonetheless, there was a considerable break with the literature on the normalization of violence. Although in the research by Özturk et al. (2023) the nurses tended to underreport violence as they believed it was a part of the job, in this study, the participants did not refer to violence as something normal in the working context, but as an unavoidable result of system failure.

For example, Respondent 008 was slapped in solitude because of staff shortages, as they depended on other patients to save their lives. This is one of the "Structural Risk" factors that surpass symptom severity, as addressed by Zeller et al. (2021). Emotional Labour, which was identified in the study, was vividly reflected in the findings, with the participants citing emotional residue and the inability to switch off (Respondent 008). This shows that the lived experience is not only the practical act of nursing, but also the psychological control required to remain empathetic in a hostile setting, which Moyo et al. (2023) directly associate with compassion fatigue.

5. Conclusion

In conclusion, this paper investigated patient-related factors that influence nurses' experiences in acute psychiatric wards. The experiences of nurses working in acute psychiatric wards at MNTRH are greatly shaped by the complexity and unpredictability of the patients they treat. Patients admitted to acute psychiatric wards usually suffer from very severe symptoms of

mental illnesses such as agitation, aggressiveness, unpredictability of behavior, lack of judgment, and poor impulse control, which make their treatment extremely difficult for nurses. Frequent encounters with patients who may attack them verbally and physically keep them on guard during treatment.

The findings further suggest that the severity and acuity of patients' psychiatric conditions increase the intensity of nursing responsibilities. Managing patients who require close observation, rapid intervention, de-escalation, and continuous therapeutic engagement can be physically and emotionally demanding. The unpredictable behavior of patients can also be a source of fear, psychological stress, and emotional fatigue for nurses, especially if there are cases of aggression and behavioral disturbance that happen without warning.

Overall, patient-related factors significantly influence nurses' experiences in acute psychiatric wards. The complexity of psychiatric presentations, behavioral unpredictability, aggression, and the high level of observation and intervention required make acute psychiatric nursing particularly demanding. These patient characteristics underscore the need for nurses working in such settings to be adequately prepared to manage challenging psychiatric behaviour while maintaining therapeutic relationships and promoting patient safety and recovery.

6. Recommendations

From the results and discussion, the following recommendations were made with respect to the patient-specific factors that affect the experiences of nurses serving in acute psychiatric wards in MNTRH:

i. Improve the management of aggressive and erratic patient behavior: clinical management of patients with aggressive, agitated, impulsive and erratic behaviors should be improved at MNTRH. Behavioral management plans specific to individual patients who are at a higher risk of violence should be put in place and reviewed as per their mental state changes. This will ensure behavioral problems are managed before they escalate into aggression.
ii. Enhance early identification and de-escalation of behavioral disturbances: routine assessment of patients' mental states and behavioral risks should be prioritized on admission and throughout hospitalization. The nursing staff must be encouraged to look out for signs of agitation, hostility, confusion, and increasing levels of psychosis and adopt the de-escalation techniques accordingly. This will help reduce disruptive situations and ease the mental and emotional strain of dealing with difficult patients.
iii. Adopt a personalized care approach for patients with severe psychiatric disorders: the patients admitted in acute psychiatric units are those who have complex psychiatric disorders. The personalized care plan of such patients must include their symptoms, behavior, trigger factors, history of violence, and ways to calm down the patients. This will allow nurses to predict patients' behavior and provide appropriate therapeutic care.
iv. Adopt better therapeutic communication with the patients: there must be greater focus on therapeutic communication and patient engagement, especially for those patients who are experiencing agitation, psychosis, poor judgment, and emotional disturbance. The nurses need to engage the patients with patient centered communication strategies. Effective therapeutic engagement may reduce resistance to care and improve patients' willingness to participate in treatment and ward activities.

v. Strengthen continuous assessment of patients' risk and changing mental states: because patients in acute psychiatric settings can experience rapid changes in behaviour and mental status, continuous assessment should form an essential component of care. Patients should be regularly monitored for changes in aggression, agitation, confusion, suicidal or self-harming behaviour, and other forms of behavioral instability. Timely recognition of deterioration would allow appropriate clinical intervention before behaviour become more difficult to manage.

vi. Use patient-specific approaches to control known triggers: if certain conditions, stimuli, encounters, or medical interventions are known to act as triggers of agitation and aggressive behavior in the patient, they should be included in the patient's care plan. Nurses should use this information to modify their interactions with the patient to avoid the need for behavioral de-escalation. A patient-specific approach enables nurses to address behavioral problems individually rather than with general approaches.

vii. Involve the patients or families of the patient to understand behavioral history: in situations where this is clinically appropriate, family members or caregivers of the patient may be engaged to give relevant information regarding the patient's behavior history, triggers, coping skills, and response to treatments. This information can help nurses understand the patient beyond their immediate psychiatric presentation.

viii. Strengthen continuity of behavioral information during patient care: important information concerning patients' behavioral changes, triggers, responses to interventions, and episodes of aggression should be consistently communicated among nurses and other members of the clinical team. Maintaining accurate behavioral information would improve continuity of care and enable nurses to anticipate and respond appropriately to recurring patient behaviour.

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