



Professional challenges among psychiatric nurses

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Abstract

Background: Psychiatric nurses play a crucial role in maintaining the quality of mental health care, yet they face multiple challenges within inpatient psychiatric departments. This exploratory study aimed to assess the types and levels of challenges experienced by psychiatric nurses, identify their coping strategies, and determine the association between these challenges and selected demographic variables.

Aim: to explore and assess the professional challenges experienced by psychiatric nurses while working in psychiatric inpatient units at a selected mental health institution in Odisha, with a view to identifying the major challenges encountered in their professional practice and providing a basis for developing appropriate strategies to improve their work environment and quality of nursing care.

Methods: A quantitative research approach with a sample of 60 psychiatric nurses from a selected mental health institution in Cuttack, Odisha was adopted. Data were collected using a structured questionnaire and analysed using descriptive and inferential statistics. The findings revealed that nurses frequently experienced heavy workload, inadequate nurse–patient ratios, exposure to aggression, lack of administrative support, insufficient training opportunities, emotional exhaustion, and safety concerns.

Results: Concerning the level of challenges, 36.7% (n = 22) of the psychiatric nurses strongly agreed that their workload was too heavy, while 33.3% (n = 20) disagreed that the nurse–patient ratio was adequate. Working long shifts affected physical and mental health in 70.0% of participants (40.0%, n = 24 agreed and 30.0%, n = 18 strongly agreed). Regarding organizational factors, 64.9% (n = 39) of the nurses (28.3% agreed, n = 17; 36.6% strongly agreed, n = 22) reported a lack of adequate administrative support. In-service training and workshops were considered insufficient by 56.7% (n = 34) of participants. A majority of the nurses expressed the need for support systems, with 75.0% (n = 45) supporting counselling services, 75.0% (n = 45) supporting recreational activities, and 76.7% (n = 46) indicating the need for improved facilities for psychiatric nurses. Significant associations were observed between the challenges faced and factors such as professional experience, designation, and psychiatric ward experience.

Conclusion: The study highlights the need for improved staffing, supportive work environments, ongoing training, and psychological support services to enhance the well-being of psychiatric nurses and ensure better patient care outcomes.

Keywords: Psychiatric nurses, challenges, inpatient psychiatric department, coping strategies, mental health nursing, safety, administrative support

Introduction

Mental health is increasingly being recognized as a critical component of overall well-being, with psychiatric disorders ranking among the top contributors to the global burden of disease. According to the World Health Organization (WHO), mental disorders affect nearly one in eight individuals worldwide, often leading to disability, social exclusion, and reduced quality of life. In India, the National Mental Health Survey (NMHS, 2015–16) estimated that 13.7% of the population suffers from diagnosable mental illnesses, with treatment gaps ranging from 70% to 92%

across various conditions. This situation poses a serious challenge for healthcare systems, especially in states like Odisha where mental health infrastructure and human resources remain limited ^[1].

Psychiatric nurses constitute the backbone of mental health services, particularly in in-patient departments (IPD). They are responsible not only for providing therapeutic care but also for managing administrative duties, patient admissions, crisis interventions, and medication administration. Despite their critical role, psychiatric nurses often face multiple challenges such as shortage of staff, increased workload,

aggression from patients, lack of safety measures, emotional exhaustion, and stigma attached to psychiatric practice. These challenges can result in burnout, decreased job satisfaction, and compromised quality of care, ultimately affecting patient outcomes [2].

Nurses play a vital role in providing quality care to mental health care users and face various challenges in psychiatric settings. This study examined the roles, difficulties, and challenges experienced by psychiatric nurses in in-patient facilities. A quantitative descriptive design was used among psychiatric nurses in KwaZulu-Natal. Major challenges included patients' denial of mental illness, unpredictable behaviour, aggression, and violence. Nurses also reported anger, frustration, burnout, and a need for additional training [3].

Interprofessional collaboration (IPC) is essential for providing coordinated and holistic mental health care. This qualitative study explored barriers and facilitators of IPC among mental health professionals in Saudi Arabia. Interviews with 20 healthcare professionals identified unclear roles, power imbalances, communication difficulties, and limited organizational support as major barriers. Shared goals, mutual respect, regular meetings, and supportive leadership promoted effective collaboration. The study recommended role clarification, improved communication, and interprofessional training to strengthen mental health care [4].

Psychiatric nurses are frequently exposed to patient assaults and aggressive behaviour, which can negatively affect their emotional well-being. Studies report that approximately 9–10% of psychiatric nurses experience post-traumatic stress disorder (PTSD). Training in aggression management, critical incident debriefing, and structured support sessions may improve nurses' resilience. The review highlights the importance of understanding aggression and PTSD to develop effective support strategies [5].

Infection preventionists (IPs) play an important role in reducing healthcare-associated infections in psychiatric settings. This qualitative study explored challenges faced by 13 psychiatric IPs in Taiwan. Major barriers included inadequate training, insufficient staffing, physical-environment limitations, patient nonadherence, and limited awareness among healthcare professionals. The study emphasized adequate training, staffing, teamwork, and strong administrative support [6].

A systematic review and meta-analysis evaluated the effectiveness of simulation-based programs in psychiatric nursing education. The review included 35 studies, with 20 studies included in the meta-analysis. Standardized Patients were the most commonly used method, followed by emerging approaches such as Virtual Reality. Simulation programs addressed depression, suicide, aggression, alcohol dependence, and mood disorders. Overall, simulation-based learning showed a significant positive effect and was recommended for strengthening psychiatric nursing education and clinical preparation [7].

A systematic review and meta-analysis examined simulation-based educational programs in psychiatric nursing. Of 2,571 identified articles, 35 studies were included in the systematic review and 20 in the meta-analysis. Simulation methods included standardized patients, virtual reality, audio-visual approaches, and blended methods. The pooled effect size was 0.56 (95% CI: 0.35–0.78; $p < 0.001$), indicating a moderate positive effect on learning outcomes. The study concluded that simulation-based education is an effective strategy for preparing nurses to provide quality mental health care [8].

A retrospective study reviewed 455 electronic health record encounters to examine substance use and psychiatric conditions among adolescents and young adults. Nearly one-fifth of patients screened positive using the CRAFFT+N tool. Positive screening was associated with depressive, obsessive-compulsive, and neurodevelopmental disorders, while nicotine use was linked to bipolar and psychotic disorders. Mood stabilizer use was also significantly associated with positive CRAFFT+N results. The study concluded that CRAFFT+N can support routine substance-use screening and SBIRT in outpatient psychiatric care [9, 10].

Low- and middle-income countries face major challenges in meeting the mental health needs of their populations. Many people with severe mental illnesses remain untreated due to limited mental health services. Key barriers include shortages of trained professionals, inadequate training, poor distribution of staff, limited medication availability, inadequate insurance coverage, and stigma. These challenges highlight the need to strengthen mental health services, particularly at the primary care level [11].

The study explored mental health service delivery at Temeke District Hospital in Dar es Salaam. A qualitative design involved interviews with mental health providers and patients, along with focus group discussions with caregivers. Major challenges included resource shortages, inadequate infrastructure, system-related problems, and mixed satisfaction with services. Funding limitations and low prioritization were key barriers to effective care. The study emphasized strengthening resources, governance, political commitment, and clear priorities to improve mental health services [12].

The study concludes that psychiatric nurses working in psychiatric inpatient departments face several challenges in providing effective mental health care. Major challenges include aggressive and unpredictable patient behaviour, communication difficulties, heavy workload, inadequate staffing and resources, emotional stress, and limited opportunities for specialized training. These challenges may affect nurses' well-being as well as the quality of patient care. Strengthening staffing, providing regular training in psychiatric nursing and aggression management, ensuring adequate resources, and establishing supportive work environments may help psychiatric nurses manage these challenges more effectively and improve the quality of mental health services.

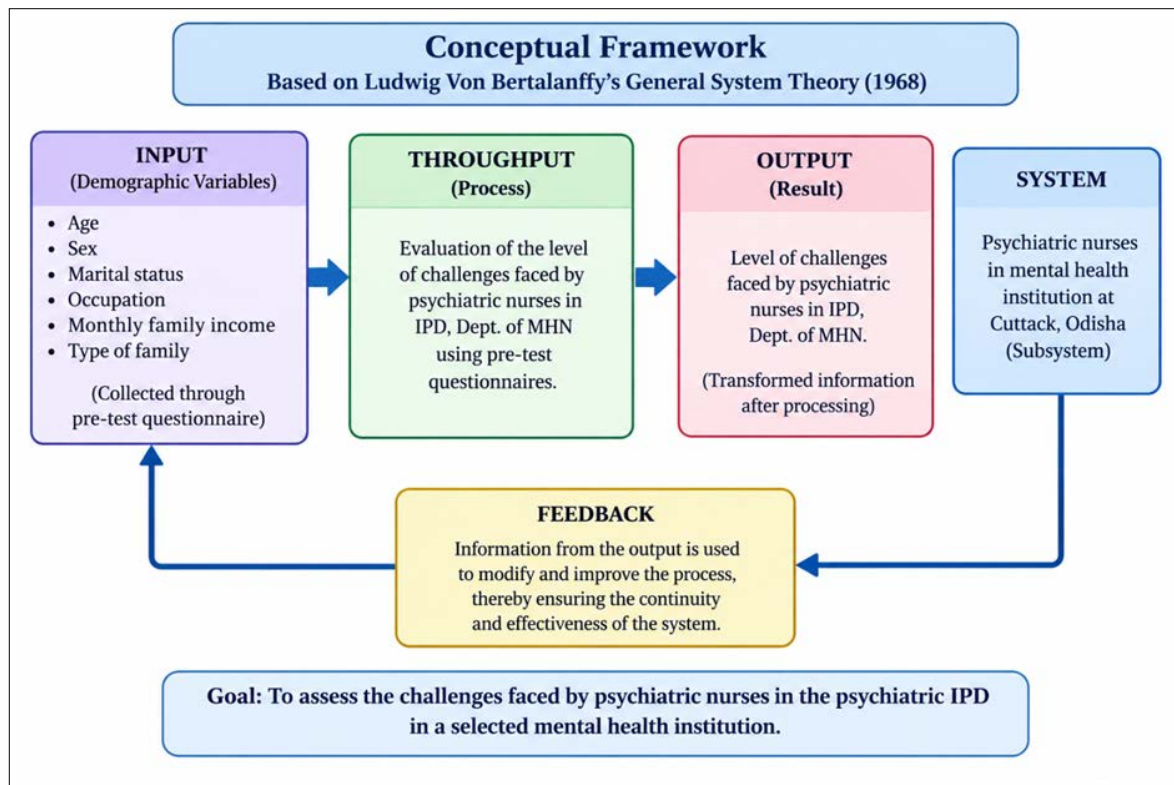


Fig 1: Ludwig von Bertalanffy's General Systems Theory

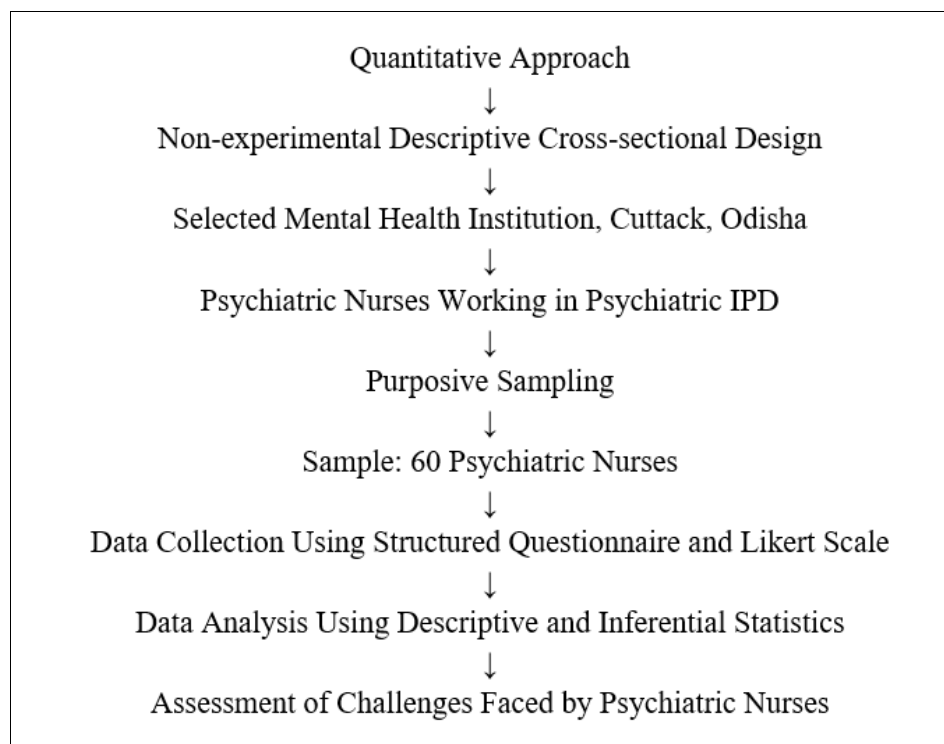
The study is based on Ludwig von Bertalanffy's General Systems Theory (1968), which explains a system through input, throughput, output, and feedback. Psychiatric nurses are considered the system, while demographic characteristics form the input. The throughput involves assessing challenges faced by psychiatric nurses using a structured questionnaire. The output represents the identified level of challenges, and feedback helps in improving nursing support, training, and mental health care.

Materials and Methods

Research Design and Setting

A quantitative, non-experimental descriptive cross-sectional research design was adopted to assess the challenges faced by psychiatric nurses working in the psychiatric inpatient department (IPD). The study was conducted among psychiatric nurses working in the psychiatric IPD of a selected mental health institution in Cuttack, Odisha.

Design Representation



Population, Sample and Sampling Technique

The target population comprised psychiatric nurses working in psychiatric inpatient departments. The accessible population consisted of psychiatric nurses working in the psychiatric IPD of the selected mental health institution in Cuttack, Odisha.

The sample consisted of 60 psychiatric nurses who fulfilled the eligibility criteria. A non-probability purposive sampling technique was used to select the participants.

Sample Size

The sample size was determined using Yamane's formula:

$$n = N / (1 + Ne^{[2]})$$

Where:

n = required sample size

N = accessible population size

e = margin of error [0, 05]

Based on the accessible population and the predetermined margin of error, a total of 60 psychiatric nurses were included in the study.

Inclusion Criteria

Psychiatric nurses were included if they:

- Were currently working in the psychiatric IPD of the selected mental health institution;
- Had six months or more of experience in the psychiatric IPD;
- Were willing to participate in the study and provide informed consent; and
- Were available during the period of data collection.

Exclusion Criteria

Psychiatric nurses were excluded if they:

- Were working in OPD, general wards, or other non-psychiatric departments;
- Were on long-term leave, maternity leave, or sabbatical during data collection;
- Had less than six months of experience in the psychiatric IPD; or
- Declined to provide informed consent or were unwilling to participate.

Variables

The major variable of the study was the challenges faced by psychiatric nurses while working in the psychiatric IPD. Selected socio-demographic variables included age, gender, educational qualification, professional experience, experience in the psychiatric ward, designation, and marital status.

Tool for Data Collection

Data were collected using a self-structured questionnaire and Likert scale. The tool consisted of two sections:

Section I: Socio-demographic Proforma

This section collected information regarding age, gender, educational qualification, professional experience, experience in the psychiatric ward, designation, marital status, and other selected socio-demographic characteristics.

Section II: Self-structured Likert Scale

This section assessed the challenges encountered by psychiatric nurses in the psychiatric IPD, including

difficulties related to the working environment, clinical and behavioural challenges, preparedness and training needs, attitudes, and emotional aspects of working with psychiatric patients.

The data were collected using the interview/questionnaire method.

Validity

The content validity of the self-structured tool was established through expert consultation. The tool was reviewed by nine experts, including four nursing experts and five experts from the field of psychology. The experts assessed the items for relevance, appropriateness, clarity, and adequacy. Based on their suggestions, necessary modifications were made to the tool. The overall content validity of the socio-demographic section was reported as 97%.

Reliability

The reliability of the tool was established using the test-retest method among 20 participants. The reliability coefficient was calculated using Karl Pearson's correlation coefficient. The obtained reliability coefficient was $r = 0.70$, indicating acceptable reliability of the tool.

Data Collection Procedure

The data collection procedure was carried out systematically in the following steps:

Step 1: Obtaining Permission

Prior permission was obtained from the concerned authorities of the selected mental health institution before commencing the data collection.

Step 2: Identification of Participants

The investigator identified psychiatric nurses who fulfilled the predetermined inclusion criteria and were eligible to participate in the study.

Step 3: Establishing Rapport

The investigator established rapport with the selected psychiatric nurses and created a comfortable environment for participation.

Step 4: Explanation of the Study

The purpose and objectives of the study were explained clearly to each participant. The participants were informed about the nature of their participation and the procedure involved in completing the questionnaire.

Step 5: Obtaining Informed Consent

Written informed consent was obtained from each participant before administering the research instrument. Participants were informed that their participation was voluntary and that they could withdraw from the study at any time.

Step 6: Administration of the Questionnaire

The questionnaire was administered to the selected psychiatric nurses individually. Clear instructions were provided regarding how to complete the questionnaire.

Step 7: Completion of the Questionnaire

Adequate time was provided to the participants to complete the questionnaire without interruption. The investigator remained available to clarify any procedural doubts without influencing the participants' responses.

Step 8: Collection of Completed Questionnaires

After completion, the questionnaires were collected from the participants through a secure procedure to maintain privacy and confidentiality.

Step 9: Checking the Completeness of Data

The investigator checked the completed questionnaires for completeness and ensured that all required items had been appropriately responded to.

Step 10: Maintenance of Confidentiality

The identity and personal information of the participants were kept confidential. The collected data were securely maintained and used only for the purpose of the study.

Step 11: Completion of Data Collection

The data collection process was completed after obtaining the required number of completed questionnaires from eligible psychiatric nurses.

Ethical Consideration

Ethical principles were maintained throughout the study. Approval was obtained from the concerned institutional authorities before data collection. Formal permission was obtained from the appropriate authority of the selected psychiatric institution. Written informed consent was obtained from all participants. Participation was voluntary, and participants were informed of their right to withdraw from the study at any time without penalty. Privacy, anonymity, and confidentiality of the participants and collected information were maintained throughout the research process.

Data Analysis

The collected data were coded, entered into a spreadsheet, and analyzed using descriptive and inferential statistics. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to summarize the socio-demographic characteristics and levels of challenges among psychiatric nurses. Appropriate inferential statistical tests were used to determine the association between the challenges faced by psychiatric nurses and selected socio-demographic variables. The level of statistical significance was considered at $p < 0.05$.

Results

Table 1: Frequency (f) and percentage (%) distribution of socio demographic variables. (N= 60)

Sociodemographic variables	Frequency (n)	Percentage (%)
Age in years		
a. 20- 24 years	18	30
b. 25- 29 years	20	33.3
c. 30- 34 years	14	23.3
d. Above 35 years	8	13.4
Gender		
a. Male	18	30
b. Female	40	66.7
c. Other	2	3.3
Educational Qualification		
a. Diploma	15	25
b. B.Sc. Nursing	25	41.7
c. Post Basic B.Sc.	12	20
d. M.Sc. Nursing&above	8	13.3
Professional experience		
a. 2 year	22	36.7
b. 5 year	20	33.3
c. More than 5 year	18	30
Experience in psychiatric ward		
a. Good	28	46.7
b. Average	32	53.3
Designation		
a. Staff nurse	38	63.3
b. Senior Nurse	12	20
c. Ward in-charge	7	11.7
d. Nursing Superintendent	3	5
Marital status		
a. Single	24	40
b. Married	32	53.3
c. Divorced	3	5
d. Widowed	1	1.7

Table 1 reveals that the demographic characteristics.

Table- 2: Frequency and percentage distribution to assess level of challenges experienced by psychiatric nurses in psychiatric IPD. (N= 60)

Sl. No	Socio demographic Variables	Frequency(f)	Percentage (%)
1.	Do you feel your workload is too heavy to manage effectively? a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	5 10 8 15 22	8.33 16.7 13.3 25 36.7
2.	Do you feel nurse–patient ratio in psychiatric ward is adequate, in your workplace a. Strongly disagree b. Disagree c. Neutral d. Agree e. strongly agree	14 20 12 10 4	23.3 33.3 20 16.7 6.7
3.	Do you feel that working long shifts affects your physical and mental health a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	3 7 8 24 18	5 11.7 13.3 40 30
4.	Managing aggressive or violent patients is difficult for me. a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	3 7 12 25 13	5 11.7 20 41.7 21.7
5.	I feel unsafe while working in the psychiatric ward. a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	5 8 12 20 15	8.3 13.3 20 33.3 25
6.	I always experienced verbal or physical abuse from patients. a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	7 12 20 14 7	11.7 20 33.3 23.3 11.7
7.	I feel emotionally drained after my duty in the psychiatric ward. a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	4 7 10 22 17	6.7 11.7 16.7 36.7 28.3
8.	Dealing with suicidal or severely depressed patients causes me stress a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	3 8 10 25 14	5 13.3 16.7 41.7 23.3
9.	I have difficulty separating my personal emotions from my professional responsibilities. a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	5 8 12 20 15	8.3 13.3 20 33.3 25
10.	There is a lack of adequate support from hospital administration. a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	4 7 10 17 22	6.7 11.7 16.7 28.3 36.6
11.	In-service training and workshops on mental health nursing are insufficient. a. Strongly disagree b. Disagree	8 5	13.3 8.3

	c. Neutral	13	21.7
	d. Agree	20	33.3
	e. Strongly agree	14	23.4
12.	The psychiatric ward lacks necessary safety measures and equipment. a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	4 8 12 22 14	6.7 13.3 20 36.7 23.3
13.	I feel that nurses are not adequately recognized in multidisciplinary psychiatric teams. a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	5 6 22 10 17	8.3 10 36.7 16.7 28.3
14.	Lack of promotional opportunities affects my motivation a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	4 8 12 23 13	6.7 13.3 20 38.3 21.7
15.	I face ethical dilemmas while administering restraints or sedatives. a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	10 5 12 20 13	16.7 8.3 20 33.3 21.7
16.	I receive adequate emotional support from my colleagues. 1year a. Strongly disagree b. Disagree c. Neutral d. Agree. e. Strongly agree	7 12 23 14 4	11.7 20 38.3 23.3 6.7
17.	I use positive coping strategies such as relaxation or meditation a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	8 14 22 3 13	13.3 23.3 36.7 5 21.7
18.	I believe counselling services should be provided for psychiatric nurses a. Strongly disagree b. Disagree c. Neutral d. Agree e. Strongly agree	2 5 8 20 25	3.3 8.3 13.3 33.3 41.7
19	I believe recreational activity should be provided for psychiatric nurses. a. Strongly Disagree b. Disagree c. Neutral d. Agree e. Strongly Agree	3 5 7 23 22	5 8.3 11.7 38.3 36.7
20	I believe more facility should be available for psychiatric nurses. a. Strongly Disagree b. Disagree c. Neutral d. Agree e. Strongly Agree	2 4 8 24 22	3.3 6.7 13.3 40 36.7

The findings revealed that psychiatric nurses experienced several challenges related to workload, staffing, patient care, emotional stress, organizational support, and professional development. About 36.7% strongly agreed that their workload was too heavy, while 33.3% disagreed that the nurse–patient ratio was adequate. Long working hours affected physical and mental health for 40% of participants. Patient-related challenges included difficulty managing

aggressive or violent patients (41.7%) and feeling unsafe in the psychiatric ward (33.3%). Emotional exhaustion and stress while caring for severely depressed or suicidal patients were reported by 36.7% and 41.7%, respectively. Organizational and professional concerns included inadequate administrative support (36.6%) and insufficient in-service training (33.3%). Lack of promotional opportunities affected motivation among 38.3% of nurses,

while 33.3% reported ethical dilemmas related to restraints or sedatives. The findings also highlighted the need for stronger support systems, with 41.7% strongly agreeing that counselling services should be provided, 38.3% supporting recreational activities, and 40% indicating the need for additional facilities for psychiatric nurses.

Table 3: Chi square analysis showing the association between levels of knowledge with selected socio demographic variables. (N= 60)

Socio demographic characteristics	Df	Chi square	p value
Age (in yrs)	3	8.42	0.038*
Gender	2	1.96	0.375
Educational qualification	3	9.18	0.027*
Professional experience	2	6.74	0.034*
Experience on psychiatric wad	1	4.26	0.039*
Designation	3	5.14	0.161
Marital status	3	2.84	0.417

$p \leq 0.05^*$ (Statistically significant)

The chi-square analysis was carried out to determine the association between selected demographic variables and the outcome variable. The chi-square analysis showed that age in years ($\chi^2 = 8.42$, $df = 3$, $p = 0.038$) had a statistically significant association with the study variable. Educational qualification ($\chi^2 = 9.18$, $df = 3$, $p = 0.027$) and professional experience ($\chi^2 = 6.74$, $df = 2$, $p = 0.034$) also demonstrated a significant association. Similarly, experience in the psychiatric ward ($\chi^2 = 4.26$, $df = 1$, $p = 0.039$) found to be significantly associated with the study variable at the 0.05 level of significance. In contrast, gender ($\chi^2 = 1.96$, $df = 2$, $p = 0.375$), designation ($\chi^2 = 5.14$, $df = 3$, $p = 0.161$), and marital status ($\chi^2 = 2.84$, $df = 3$, $p = 0.417$) did not show any statistically significant association with the study variable, indicating that these demographic factors had no significant influence in the present study.

Discussion

Discussion related to socio-demographic characteristics:

The present study showed that the majority of psychiatric nurses were aged 25–29 years (33.3%), female (66.7%), and had a B.Sc. Nursing qualification (41.7%). Most participants were staff nurses (63.3%), while 53.3% had average experience in psychiatric wards. More than half of the participants were married (53.3%). These findings indicate that the study population consisted predominantly of young and professionally qualified female nurses working in direct patient-care roles. The findings are comparable with previous studies of psychiatric nursing populations, which have generally reported a predominance of female nurses and staff nurses in clinical psychiatric settings. Differences in age, educational qualification, and professional experience across studies may be related to variations in institutional staffing patterns and the characteristics of the study settings^[13].

Discussion related to challenges experienced by psychiatric nurses:

The present study identified considerable challenges among psychiatric nurses, particularly related to workload, inadequate nurse–patient ratios, long working hours, management of aggressive or violent patients, emotional exhaustion, stress while caring for suicidal or severely depressed patients, inadequate administrative support,

insufficient professional development opportunities, and limited promotional opportunities. Similar concerns have been reported in previous psychiatric nursing research, where workload, occupational stress, exposure to aggressive behaviour, emotional demands, and inadequate organizational support were identified as important challenges affecting nurses working in mental health settings. The present findings further highlight that psychiatric nursing involves not only clinical responsibilities but also substantial emotional, interpersonal, ethical, and safety-related demands^[14].

The finding that 41.7% of nurses reported difficulty in managing aggressive or violent patients is consistent with the concerns identified in psychiatric clinical settings regarding exposure to challenging patient behaviours. Similarly, the reported emotional exhaustion and stress associated with suicidal or severely depressed patients indicate the psychological demands of psychiatric nursing. These findings emphasize the importance of adequate staffing, violence-prevention measures, continuing education, and institutional support for psychiatric nurses^[15].

The present study also found that 41.7% strongly agreed that counselling services should be provided, while 38.3% supported recreational activities and 40% expressed a need for additional facilities. These findings suggest a perceived need for comprehensive support systems within psychiatric institutions. Organizational interventions such as staff counselling, regular training, adequate safety infrastructure, peer support, and opportunities for professional development may help address the challenges experienced by psychiatric nurses^[16].

Discussion related to association with socio-demographic variables:

The present study demonstrated a statistically significant association between the level of challenges and age ($\chi^2 = 8.42$, $p = 0.038$), educational qualification ($\chi^2 = 9.18$, $p = 0.027$), professional experience ($\chi^2 = 6.74$, $p = 0.034$), and psychiatric ward experience ($\chi^2 = 4.26$, $p = 0.039$). However, no significant association was found with gender, designation, or marital status. These findings suggest that professional and experiential characteristics may influence how psychiatric nurses perceive or experience workplace challenges. Variation according to age and experience may reflect differences in clinical exposure, responsibility, coping resources, and familiarity with psychiatric care. The absence of significant associations with gender, designation, and marital status indicates that these characteristics were not significantly related to the level of challenges in the present study^[17].

Overall, the findings of the present study are consistent with the broader literature indicating that psychiatric nurses experience multidimensional challenges arising from workload, patient behaviour, emotional demands, safety concerns, and organizational factors. The findings support the need for strengthening institutional support, staffing, safety measures, counselling services, continuing education, and professional development opportunities for psychiatric nurses.

Implications of the Study

The findings may help psychiatric nurses identify professional challenges and develop appropriate coping

strategies to manage workload, occupational stress, emotional demands, and challenging patient behaviours. The findings may help nursing educators strengthen students' knowledge and skills related to communication, crisis management, de-escalation, stress management, self-care, and workplace safety in psychiatric settings.

Limitation

- The study was confined to a small group
- The time period of the study was limited.

Conclusion

The study concludes that psychiatric nurses working in inpatient settings face substantial professional, emotional, and organisational challenges. These include heavy workloads, unsafe working conditions, exposure to violence, inadequate training, and limited administrative support. Such challenges significantly impact their emotional well-being, job satisfaction, and quality of care provided to patients. Strengthening support systems, improving staffing patterns, enhancing training opportunities, and promoting a positive work culture are essential to safeguarding the mental health of psychiatric nurses. The findings emphasize the need for targeted administrative action and further research to improve working conditions and ensure high-quality psychiatric nursing practice.

Acknowledgements

The authors sincerely acknowledge the support and cooperation of the authorities and psychiatric nurses of the selected mental health institution, Odisha, who contributed to the successful completion of this study. The authors also express their gratitude to all individuals who provided valuable guidance and support throughout the research process.

Funding

No external funding was received; the study was self-supported

Conflicts of interest

The author declares that no any conflict in this study.

Declaration of Generative AI and AI Assisted Technologies in the Writing Process

The authors declare that generative artificial intelligence (AI) and AI-assisted technologies were used only to improve the language, grammar, and readability of the manuscript. The authors reviewed and edited the content carefully and take full responsibility for the accuracy, originality, and integrity of the final manuscript. No AI tools were used for data analysis, interpretation of results, or generation of scientific conclusions.

Ethics Approval

Permission obtained from concerned authorities. Informed consent taken from participants. Confidentiality maintained.

Data availability

The data are available and may be obtained upon reasonable request.

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