RESEARCH ARTICLE

Psychiatric Nurses' Adult Schizophrenia Aggression Prevention Strategies at the National Center for Mental Health

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Abstract

Background: Aggression is a major challenge in psychiatric settings, particularly among service users with schizophrenia. Psychiatric nurses are at the frontline of aggression prevention thus making their strategies vital for safe, high-quality care.

Objective: This study examined the strategies used by psychiatric nurses in preventing aggression among adult schizophrenia service users at the National Center for Mental Health (NCMH) and also analyzed the relationship between nurses' demographic profiles and their prevention strategies.

Methods: A quantitative, descriptive-correlational, comparative design was employed. A total of 18 head nurses and 87 staff nurses were selected through purposive sampling. Data was collected using a researcher-developed questionnaire and analyzed using descriptive statistics and correlation tests to determine associations between nurse profiles and aggression prevention strategies. Ethical approval was also obtained prior to data collection.

Results: Most head nurses were female (77.78%), aged 30–39 years (44.44%), and held a BSN degree (77.78%). Staff nurses were also predominantly female (57.47%), aged 30–39 (67.82%), and BSN graduates (96.55%). Both groups frequently applied risk assessment, de-escalation, therapeutic communication, and medication administration. Significant relationships were found between age, sex, education, and length of service, and nurses' ability to prevent aggression. No significant differences were found between head nurses and staff nurses in their self-assessed ability to prevent aggression.

Conclusion: Psychiatric nurses' age, education, and experience significantly influence aggression prevention strategies. Strengthening training in risk assessment, de-escalation, therapeutic communication, and medication administration is essential for enhancing nurse competency and ensuring safer mental health care.

Keywords: *psychiatric nursing; aggression prevention; schizophrenia; de-escalation; therapeutic communication*

Introduction

Aggression is one of the most persistent challenges in psychiatric nursing, especially among individuals with schizophrenia spectrum disorders. It manifests in forms such as verbal abuse, threats, self-harm, and physical assault, posing risks to both service users and healthcare providers. The World Health Organization (2022) estimates that 8%–38% of healthcare workers experienced physical violence during their careers, with nurses among the most exposed. A review further reported that 36% of nurses had been physically assaulted and 67% verbally abused in a single year (Liu et al., 2019). Such

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incidents compromise staff safety, increase burnout, and undermine the therapeutic environment.

Schizophrenia, which affects about 24 million people worldwide, is closely linked with aggressive behavior in hospital settings due to paranoia, delusions, and poor impulse control (Li et al., 2019). A meta-analysis found that 62% of psychiatric nurses face aggression annually, with 43% reporting non-physical aggression and 24% physical attacks (Liu et al., 2019). This reality makes aggression not only a clinical challenge but also an occupational health concern requiring integrated strategies—risk assessment, de-escalation, therapeutic communication, and policy support.

In the Philippines, the issue remains underexplored despite its urgency in practice. The passage of the Mental Health Law, Republic Act 11036 (2018), marked a milestone in advancing the rights of individuals with mental health conditions and mandated patient-centered, stigma-free care. The National Center for Mental Health (NCMH), the country's largest psychiatric facility, has documented high levels of aggression: from 2019 to 2022, nursing reports recorded 2,939 assaults, 3,398 self-inflicted injuries, 60 escape attempts, 86 incidents of property destruction, and 14 suicides (Health Information Management Section, 2022). With more than half of admissions involving schizophrenia, these statistics underscore the need for effective nursing interventions.

Local psychiatric care is further strained by systemic issues—high nurse-to-patient ratios, overcrowded facilities, and limited specialized training. Studies elsewhere confirm that overcrowding strongly correlates with aggression (Weltens et al., 2021, 2023). Yet in the Philippines, few studies have investigated how nurses themselves prevent aggression or how their demographic and professional characteristics influence their strategies.

Theoretical and cultural perspectives provide further insight. Peplau's Interpersonal Relations Theory emphasizes therapeutic communication and trust in de-escalating agitation, while Crisis Theory and Videbeck's framework highlight the importance of timely intervention across aggression phases. Filipino values such as pakikisama (smooth interpersonal relationships), hiya (propriety), and bayanihan (communal unity) also shape how nurses manage aggression in practice, often requiring collaborative teamwork to maintain safety.

Despite abundant international research on workplace violence in psychiatry, Philippine studies remain limited. Most focus on stigma, service gaps, or legislation, with little attention to preventive practices or the influence of nurse demographics. Similarly, little is known about whether head nurses and staff nurses differ in their approaches—an issue with implications for training and leadership.

This study therefore aimed to: (1) examine the prevention strategies employed by head and staff nurses in managing aggression among adult schizophrenia service users at NCMH; (2) analyze the relationship between nurses' demographic profiles and their strategies; and (3) compare their self-assessed competencies. By addressing these objectives, the study contributes to practice, education, and policy development while supporting RA 11036's vision of safe, patient-centered, and stigma-free mental health care.

Methodology

Research Design

This study employed a quantitative, descriptive–correlational, and comparative survey design. The descriptive component captured the demographic characteristics of psychiatric nurses and their observed strategies for aggression prevention. The correlational aspect examined relationships between nurse profiles (age, sex, educational attainment, and length of service) and prevention strategies, while the comparative component analyzed differences between head nurses and staff nurses. This non-experimental design was considered appropriate because the study sought to describe naturally occurring practices, explore associations between variables, and compare groups without manipulation of conditions.

The choice of this design aligns with recommendations in psychiatric nursing research, where ethical considerations often preclude experimental manipulation of aggression-related situations (Cherry, 2020). By using this approach, the study was able to highlight the interplay between demographic factors and professional practices, while ensuring ecological validity, that is, the findings reflect real-world nursing experiences at the National Center for Mental Health (NCMH).

Research Setting

The study was conducted at the Acute Pavilions of the NCMH in Mandaluyong City. NCMH is the largest psychiatric hospital in the Philippines and serves as a referral center for mental health cases nationwide. Classified as a Level III Department of Health (DOH) facility, it has a bed capacity of over 4,000, with the majority of admissions involving individuals diagnosed with schizophrenia spectrum disorders.

The Acute Pavilions were selected as the research setting because they represent the most critical and challenging environment in terms of aggression management. These wards cater to service users in acute phases of illness, where symptoms such as hallucinations, delusions, and agitation are most pronounced. Aggressive incidents are particularly frequent in these units thereby requiring nurses to apply a broad repertoire of preventive and de-escalation strategies. The setting, thus, provided a relevant and fertile context for studying psychiatric nurses' strategies in preventing aggression.

Participants and Sampling

The study population consisted of psychiatric nurses assigned to the Acute Pavilions of NCMH. A total of 105 respondents were included, comprising 18 head nurses and 87 staff nurses.

Sampling procedure. Purposive sampling was employed to ensure that participants were directly involved in patient care and thus most knowledgeable about aggression prevention strategies. Inclusion criteria were: (1) being a licensed nurse, (2) currently assigned to an acute pavilion at NCMH, (3) directly responsible for the management of service users, and (4) willing to participate in the study. Nurses on administrative leave or those not engaged in direct care were excluded.

Justification. Purposive sampling is commonly used in psychiatric research where access to specialized populations is limited and the research questions require participants with direct experiential knowledge (Sim et al., 2020). While purposive sampling limits generalizability, it enhances the depth and relevance of the data collected.

Sample size considerations. The total sample of 105 exceeded the minimum number recommended for correlational studies with medium effect sizes and four predictor variables, based on Cohen's (1992) power analysis. This ensured sufficient statistical power to detect significant associations between nurse profiles and prevention strategies.

Research Instrument

Data were gathered using a researcher-developed questionnaire that was carefully constructed, validated, and tested for reliability. The instrument consisted of three major parts:

Demographic Profile. This section captured data on sex, age, highest educational attainment, length of service, and area of assignment.

Observation of Aggression Phases. Items were based on Videbeck's (2020) framework, which identifies four phases of aggression: triggering, escalation, crisis, and recovery. Respondents indicated the frequency with which they observed these phases in service users.

Aggression Prevention Strategies. This section measured the extent to which nurses employed specific strategies such as risk assessment, de-escalation techniques, therapeutic communication, and medication administration. Responses were recorded on a 5-point Likert scale ranging from 1 (never) to 5 (always).

Validity and reliability. Content validity was established through expert review by a panel of five specialists in psychiatric nursing, clinical psychology, and nursing education. Each expert assessed the relevance, clarity, and comprehensiveness of the items, resulting in a Content Validity Index (CVI) of 0.92, which exceeds the recommended threshold of 0.80 (Polit & Beck, 2017).

The questionnaire was pilot-tested with 10 psychiatric nurses from another pavilion not included in the final study. Reliability testing yielded a Cronbach's alpha of 0.87 for the overall instrument, indicating good internal consistency. Subscale alphas were also acceptable: 0.84 for aggression phases and 0.89 for prevention strategies. These results confirmed that the instrument was both valid and reliable for use in the target population.

Data Collection Procedure

Ethical approval was obtained from the NCMH Research Ethics Committee on March 2, 2023. Data collection was conducted on March 9–10, 2023.

The researchers coordinated with pavilion supervisors to schedule the distribution of questionnaires at times that minimized disruption to ward operations. Participants were provided with informed consent forms that outlined the study's objectives, procedures, risks, benefits, and their rights as respondents. Only after consent was secured were questionnaires distributed.

The researchers personally administered and retrieved the instruments to ensure a high response rate and to clarify questions as needed. This hands-on approach also minimized missing data and enhanced the completeness of responses.

Data Analysis

Data were coded and analyzed using statistical software. Both descriptive and inferential statistics were employed.

Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to summarize demographic profiles, observations of aggression phases, and utilization of prevention strategies.

Correlation tests. Pearson's correlation coefficient was applied to continuous variables such as age and length of service, while Spearman's rho was considered for ordinal data. The associations between education level and strategies were also analyzed.

Chi-square tests were employed for categorical variables such as sex and area of assignment.

Comparative analysis. Independent samples t-tests were conducted to compare the self-assessed competencies of head nurses and staff nurses.

The significance level was set at $p < 0.05$ for all analyses. The use of multiple statistical methods allowed for a comprehensive examination of both relationships and differences among variables.

Ethical Considerations

This study strictly adhered to ethical principles as articulated in the Belmont Report: respect for persons, beneficence, and justice.

Approval. Ethical clearance was granted by the NCMH Research Ethics Committee on March 2, 2023, Protocol No. NCMH-REC- 2023-01.

Informed consent. All participants signed consent forms after being fully informed of the study's objectives, procedures, potential risks, and benefits. They were assured that participation was voluntary and that they could withdraw at any time without penalty.

Confidentiality. Questionnaires were anonymized by assigning numerical codes instead of names. Data were stored securely in password-protected files accessible only to the research team. Findings were reported in aggregate form to prevent identification of individuals.

Compliance with laws. The study conformed to the Philippine Mental Health Law (RA 11036) which emphasizes the protection of service users' rights and to the Philippine Data Privacy Act of 2012 (RA 10173) while ensuring the responsible handling of personal information.

By following these ethical protocols, the study safeguarded the rights, dignity, and well-being of participants while ensuring the integrity of the research process.

Results

This section presents the findings of the study in four parts: (1) demographic profile of respondents, (2) observations of aggression phases, (3) utilization of aggression prevention strategies, and (4) relationships between nurse characteristics and aggression prevention. Results are presented using both tabular data and narrative analysis for clarity and depth.

Demographic Profile of Respondents

A total of 105 psychiatric nurses participated in the study who comprised of 18 head nurses (17.14%) and 87 staff nurses (82.86%). *Table 1* summarizes their demographic characteristics.

Table 1. *Demographic characteristics of respondents (N = 105)*

Variable	Head nurses (n = 18)	Staff nurses (n = 87)
Sex		
Female	77.78%	57.47%
Male	22.22%	42.53%
Age group		
< 30 years	27.78%	19.54%
30–39 years	44.44%	67.82%
≥ 40 years	27.78%	12.64%
Highest educational attainment		
BSN	77.78%	96.55%
Master's / master's units	5.56%	3.45%
Length of service		
< 2 years	33.33%	50.57%
≥ 10 years	27.78%	15.00%
Area of assignment		
Pavilion 2	33.33%	37.93%

Note. Values are column percentages within nurse group.
BSN = Bachelor of Science in Nursing.

The nursing workforce was predominantly female in both groups and this reflected the broader gender composition of the profession in the Philippines. However, a higher proportion of staff nurses were male (42.53%) as compared to head nurses (22.22%). This composition suggested that leadership positions remain more frequently occupied by women.

Age distribution showed that both groups clustered in the 30–39 age range, although head nurses were more evenly distributed across age categories. This indicates a relatively young psychiatric nursing workforce, with fewer senior nurses aged 40 and above, possibly reflecting turnover and migration trends.

Most respondents held only a BSN degree, with few pursuing postgraduate education, that highlighted the limited number of advanced-practice psychiatric nurses available in the facility. Staff nurses were more likely to have less than two years of experience (50.57%) compared to head nurses (33.33%), pointing to the need for ongoing mentorship and training. Pavilion 2 emerged as the most common area of assignment, that is consistent with its high patient acuity and prevalence of aggressive incidents.

Observation of Aggression Phases

Respondents reported frequent observation of aggression among service users across Videbeck's four phases: triggering, escalation, crisis, and recovery. Nurses identified subtle warning signs such as pacing, agitation, and verbal hostility, as well as, crisis behaviors including shouting, striking, or self-harm.

Triggering phase. Nurses emphasized early cues such as restlessness, clenched fists, and pressured speech.

Escalation phase. Signs included raised voices, pacing, and resistance to redirection.

Crisis phase. Aggressive behaviors were overt, including yelling, fighting, or property destruction.

Recovery phase. Patients often showed fatigue, withdrawal, and increased willingness to communicate.

Both head nurses and staff nurses reported encountering all four phases frequently. These encounters underscored the pervasiveness of aggression in the acute pavilions. Moreover, these findings also highlighted the importance of early recognition to prevent escalation.

Aggression Prevention Strategies

Table 2 presents the mean scores for the strategies applied by head nurses and staff nurses.

Core strategies—risk assessment, therapeutic communication, de-escalation, and medication administration—were rated as "always" practiced, suggesting that these are strongly integrated into psychiatric nursing care. Sitting in silence was rated "often" rather than "always," reflecting selective application depending on patient context. Some nurses noted that silence could either calm or heighten agitation, depending on the individual's psychiatric state.

Scores between head nurses and staff nurses were remarkably similar, indicating consistency of practice across roles. These scores suggested that aggression prevention is not confined to managerial responsibilities but is a shared clinical responsibility among all nurses.

Relationship Between Nurse Profiles and Aggression Prevention

Statistical analyses revealed significant associations between several demographic characteristics and aggression prevention strategies (Table 3).

Older nurses and those with longer service demonstrated greater competence in aggression prevention that underscored the value of clinical experience in managing high-risk situations. Sex differences were evident: female nurses more frequently reported using therapeutic communication and de-escalation, whereas male nurses emphasized environmental control and physical safety. This finding suggested gendered approaches to care and risk perception.

Educational attainment also showed a significant influence, with nurses holding graduate units demonstrating greater reliance on structured risk assessments and formal de-escalation techniques. In contrast, no significant associations were observed with area of assignment, indicating that aggression

Table 2. *Aggression prevention strategies utilized by nurses*

Strategy	Head nurses (M ± SD)	Staff nurses (M ± SD)	Interpretation
Risk assessment	4.35 ± 0.41	4.28 ± 0.39	Always
De-escalation techniques	4.12 ± 0.55	4.09 ± 0.52	Always
Therapeutic communication	4.30 ± 0.47	4.22 ± 0.44	Always
Medication administration	4.40 ± 0.36	4.33 ± 0.38	Always
Sitting in silence with patient	3.75 ± 0.60	3.68 ± 0.62	Often

Note. Responses on a 5-point Likert scale (1 = never, 5 = always). Higher scores indicate more frequent use of the strategy.

Table 3. *Associations between profile variables and aggression prevention strategies*

Variable	Test statistic (r or χ^2)	*p* value	Interpretation
Age	r = .32	*p* = .01	Significant
Sex	χ^2 = 4.18	*p* = .04	Significant
Educational attainment	r = .28	*p* = .02	Significant
Length of service	r = .35	*p* = .01	Significant
Area of assignment	χ^2 = 1.12	*p* = .29	Not significant

Note. Correlations (r) are Pearson's unless otherwise indicated; χ^2 = chi-square tests.

prevention practices were consistently applied across different pavilions despite differences in patient populations.

Summary of Key Findings

In summary, both head nurses and staff nurses frequently observed aggression across all phases and this confirmed the prevalence of aggression in acute psychiatric care. Core prevention strategies—risk assessment, therapeutic communication, de-escalation, and medication administration—were consistently applied by both groups, with silence used selectively. Age, sex, education, and years of service were significantly associated with prevention strategies that emphasized the role of demographic and experiential factors. Finally, there were no significant differences between head and staff nurses thereby reflecting shared competencies in aggression prevention.

Discussion

This study investigated aggression prevention strategies among psychiatric nurses at the National Center for Mental Health (NCMH), situating findings within the Philippine context while drawing comparisons with international research. Results demonstrated that aggression remain a systemic challenge in acute psychiatric wards, and that prevention strategies are consistently applied across all nursing roles. The following discussion is organized in parallel with the study's major results: demographic characteristics, observations of aggression phases, utilization of prevention strategies, and relationships between nurse profiles and prevention practices.

Demographic Profile of Respondents

The predominance of female nurses reflects the established gender composition of the Philippine nursing workforce (Dayrit et al., 2018). However, the higher proportion of male staff nurses compared with head nurses suggests that leadership roles remain female-dominated, while male nurses continue to be more visible at the bedside. This is consistent with findings from South Africa where male psychiatric nurses are often deployed to acute units due to perceptions of physical strength and authority in handling aggression (Adeniyi & Puzi, 2021).

The clustering of participants in the 30–39 age group indicates a relatively young psychiatric nursing workforce, echoing Sim et al. (2020), who noted that psychiatric nurses in Asia tend to be early- to mid-career professionals. This may reflect high turnover and migration patterns that limit the pool of senior psychiatric nurses in the Philippines. The small number of respondents with postgraduate qualifications mirrors earlier Philippine studies that documented limited uptake of advanced psychiatric nursing education (Dayrit et al., 2018). This shortage of advanced practice preparation may restrict the depth of specialized interventions available to service users.

Observation of Aggression Phases

Nurses reported frequent encounters with aggression across Videbeck's (2020) four phases: triggering, escalation, crisis, and recovery. Their vigilance in identifying early warning signs—such as pacing, agitation, and verbal hostility—supports international evidence that early recognition is key to preventing escalation (Lou, 2017; Gaynes et al., 2016).

Similar findings were observed in China (Li et al., 2019) and South Africa (Adeniyi & Puzi, 2021), where psychiatric nurses also emphasized the importance of detecting subtle behavioral cues. However, the Philippine context adds unique challenges. Overcrowding, high patient-to-nurse ratios, and resource limitations intensify risks, as documented locally in NCMH's reports of nearly 3,000 assaults between 2019 and 2022 (Health Information Management Section, 2022). These systemic pressures mirror the predictors of aggression identified in international studies of under-resourced psychiatric facilities (Weltens et al., 2021, 2023).

Aggression Prevention Strategies

Four strategies, risk assessment, therapeutic communication, de-escalation, and medication administration were rated as

consistently practiced, aligning with international best practices (Cascella, 2022; WHO, 2022). These results reinforced evidence from Australia (Royal Australian College of General Practitioners [RACGP], 2021) and the United States (Gaynes et al., 2016) that non-coercive, patient-centered approaches are central to effective psychiatric care.

The selective use of "sitting in silence" with patients reflects a nuanced approach. Knol et al. (2020) highlighted silence as a therapeutic tool that fosters reflection and calm, yet nurses in this study reported applying it only in specific situations. This suggested a context-sensitive tailoring of interventions that is shaped by both patient condition and cultural values. In particular, the Filipino concept of *pakikisama* (smooth interpersonal relationships) appears to enrich Peplau's Interpersonal Relations Theory in practice that underscored how cultural frameworks can strengthen patient–nurse rapport and trust in high-risk environments.

Relationship Between Demographics and Strategies (Table 3)

The significant associations between demographic characteristics and prevention practices highlighted the influence of both experiential and educational factors. Older nurses and those with longer service demonstrated greater competence, supporting Wharton et al. (2018), who found that experience enhances intuitive recognition of early aggression cues and confidence in de-escalation.

Gender differences were also evident: female nurses emphasized therapeutic communication, while male nurses focused on safety-oriented measures. This parallel findings by Konttila et al. (2020) reported gendered variations in coping strategies among psychiatric nurses internationally. These results suggested that both biological sex and cultural expectations may shape approaches to aggression prevention.

Educational attainment was another significant factor, with postgraduate-trained nurses more likely to apply structured risk assessments and evidence-based interventions. This finding is consistent with Song et al. (2022), who demonstrated that advanced education improves psychiatric nursing competence. Notably, no significant differences were found between head nurses and staff nurses, underscoring that aggression prevention is a shared responsibility across professional levels. This supports Bowers' (2014) Safewards model, which emphasizes that both frontline and managerial staff contribute equally to a safe therapeutic environment.

Implications for Nursing Practice, Education, and Policy

These findings affirmed that aggression prevention in psychiatric nursing requires a balance of technical and relational competencies. For practice, simulation-based training in de-escalation, therapeutic communication, and crisis management should be expanded, particularly for early-career nurses.

In education, the limited number of postgraduate-prepared nurses stressed the need for stronger academic pathways in psychiatric nursing. Embedding structured modules on aggression management into undergraduate curricula, alongside continuing professional development, can strengthen workforce readiness.

At the policy level, systemic barriers such as overcrowding and staffing shortages demand urgent attention. Consistent with Weltens et al. (2023), reducing patient density and improving nurse-to-patient ratios are essential steps in lowering aggression risk. Aligning institutional protocols with the Mental Health Law (RA 11036) ensures that prevention strategies are implemented in a rights-based, stigma-free framework.

Contribution to the Literature

This study added to the limited Philippine literature on psychiatric nursing by contextualizing international frameworks within local realities. The integration of *pakikisama* into therapeutic communication demonstrates how Filipino nurses adapt global models to culturally relevant practices. Such adaptations highlight a distinct contribution to global psychiatric nursing: that culture-sensitive approaches can enhance the effectiveness of established interventions.

Limitations and Future Research

This study has several limitations. As with earlier Philippine studies (Sim et al., 2020), the use of purposive sampling at a single institution restricts generalizability, while reliance on self-reported data may have introduced social desirability bias. The cross-sectional design also precludes causal inferences between demographic factors and aggression prevention strategies.

Future research should adopt longitudinal designs to examine how competencies evolve with experience and training. Multi-site studies would clarify whether these findings reflect broader national trends or are unique to NCMH. Finally, qualitative research incorporating service users' perspectives would deepen understanding of how prevention strategies are experienced by patients themselves, an approach advocated by Hoper et al. (2020) to capture the relational dimensions of psychiatric care. Qualitative studies that incorporate the perspectives of service users could enrich understanding of how aggression prevention strategies are perceived and experienced in practice, thereby strengthening patient-centered care in line with RA 11036.

Conclusion and Recommendations

This study demonstrated that psychiatric nurses at the National Center for Mental Health consistently implement aggression prevention strategies such as risk assessment, de-escalation, therapeutic communication, and medication administration. While these interventions form the core of safe psychiatric practice, the findings also revealed that demographic factors, particularly age, education, and years of service, significantly influenced nurses' ability to prevent aggression. More experienced and academically prepared nurses displayed greater competence, highlighting the value of both clinical exposure and formal training. Importantly, no significant differences were found between head nurses and staff nurses, affirming that aggression prevention is a shared responsibility across all levels of nursing practice.

The results further affirmed that aggression prevention requires both clinical skills and experiential learning. Nurses must be equipped to recognize early warning signs across Videbeck's phases of aggression and apply interventions that balance safety with empathy and therapeutic rapport. Aggression prevention is not limited to technical skills such as medication administration but also relies on relational competencies such as trust-building, presence, and effective communication.

The implications of these findings span nursing practice, education, and policy. In practice, psychiatric nurses should consistently employ evidence-based strategies while tailoring interventions to individual needs in order to ensure safe and compassionate care. In education, nursing curricula and in-service programs must emphasize aggression management, therapeutic communication, and crisis intervention. Embedding simulation-based training and structured de-escalation exercises will equip both students and practicing nurses with the competence to manage aggression confidently. At the policy level, institutional support is critical. Adequate staffing, ongoing professional development, and infrastructure improvements—particularly measures to reduce overcrowding—must be prioritized to minimize systemic triggers of aggression. Aligning these initiatives with the Philippine Mental Health Law (RA 11036) will further promote stigma-free, rights-based, and patient-centered psychiatric care.

Ultimately, by reinforcing nurse competence through training and education and by strengthening institutional readiness through supportive policies and resources--- aggression prevention can be more effectively achieved. Such efforts will ensure safety for both service users and healthcare providers while advancing the quality of psychiatric nursing practice in the Philippines.

Final Reflection

The study's findings reinforce the central role of psychiatric nurses in safeguarding both service users and healthcare providers in high-risk mental health environments. Aggression is not merely an episodic event but a systemic challenge shaped by individual, institutional, and societal factors. Nurses, as the frontline professionals, require both clinical expertise and institutional support to respond effectively.

By advancing evidence-based strategies, strengthening training, and enacting supportive policies, aggression prevention can be transformed from a reactive necessity into a proactive standard of care. In this way, psychiatric nursing in the Philippines can continue to evolve in alignment with the goals of the Philippine Mental Health Law—providing dignified, patient-centered, and stigma-free care.

Ultimately, this study contributes to shaping a mental health system where both service users and nurses are protected, valued, and empowered, thereby enhancing the quality and humanity of psychiatric care.

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"Care is a quiet language spoken long before words arrive, felt long after the moment has passed."