

Emotional Experience of Orphanage Staff in Caring for Aggressive ODGJ

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Abstract

Research Objective: This study aimed to explore the emotional experiences, coping responses, and support needs of orphanage or social-care staff who care for people with mental disorders (ODGJ) exhibiting aggressive behavior. **Methodology:** This qualitative study used a phenomenological approach. Eight orphanage staff members with direct experience in caring for aggressive ODGJ were recruited through purposive sampling at one social-care institution in Bekasi, West Java. Data were collected through in-depth semi-structured interviews and field notes. The data were analyzed using thematic analysis, including familiarization, coding, categorization, theme development, and theme refinement. Trustworthiness was strengthened through credibility, dependability, confirmability, and transferability strategies. **Results:** Five major themes were identified: initial encounters with aggressive behavior, emotional responses to aggression, strategies for managing emotions, meaning-making and empathy development, and expectations for institutional support. Participants described feelings of fear, anxiety, tension, hypervigilance, and concern for safety. However, through experience, they also developed patience, calming communication, teamwork, emotional control, and empathy. **Conclusion:** Caring for aggressive ODGJ is emotionally demanding and may lead to fear, anxiety, emotional exhaustion, and occupational stress among orphanage or social-care staff. The findings highlight the need for organizational support, structured training, psychological assistance, and clear institutional policies. Strengthening staff resilience and burnout-prevention strategies is essential to improve staff well-being and the quality of care for ODGJ in social-care institutions.

Keywords: *emotional experience; orphanage staff; aggressive behavior; ODGJ; psychiatric nursing*

INTRODUCTION

People with mental disorders, commonly referred to in Indonesia as ODGJ (orang dengan gangguan jiwa), continue to face stigma, limited family support, and unequal access to mental health services. In some situations, individuals with severe symptoms or limited family assistance are cared for in social institutions, foundations, or orphanage-like care homes. These institutions often become important non-hospital settings where daily care, supervision, and crisis response are provided by staff who may not always have formal psychiatric nursing training.

Aggressive behavior is one of the most challenging clinical and social manifestations encountered in the care of ODGJ. Aggression may occur in verbal or physical forms and may be triggered by hallucinations, delusions, frustration, unmet needs, environmental pressure, poor communication, or treatment non-adherence. In institutional settings, this challenge may be intensified by limited human resources, high resident density, inadequate facilities, unpredictable client behavior, and the emotional demands of maintaining safety for both residents and staff.

Previous studies have widely discussed aggression management among psychiatric nurses and hospital-based mental health workers. However, fewer studies have specifically explored the emotional experiences of orphanage or social-care staff who care for aggressive ODGJ in non-hospital institutional settings. This gap is important because orphanage staff may experience emotional burden, fear, uncertainty, compassion fatigue, and burnout while still being expected to provide humane and continuous care. Unlike hospital-based workers, orphanage staff often develop long-term relationships with residents and may work with limited supervision from mental health professionals.

Understanding the emotional experiences of orphanage staff is therefore essential for designing institutional support, staff training, psychological assistance, and burnout-prevention programs. Exploring their lived experiences can provide evidence for psychiatric nursing practice, community mental health support, and social-care policy development. This study aimed to explore the emotional experiences of orphanage staff in caring for aggressive ODGJ, including their emotional responses, coping strategies, perceived meanings, and expectations for institutional support.

METHODS

Study Design

This study used a qualitative approach with a phenomenological design. This approach was selected because the study sought to understand the lived emotional experiences, meanings, perceptions, coping responses, and support needs of orphanage staff who directly cared for ODGJ with aggressive behavior.

Study Setting and Participants

The study was conducted at one orphanage or social-care institution in Bekasi, West Java. Participants were orphanage staff who had direct experience caring for ODGJ who demonstrated aggressive behavior. The number of participants was eight. Purposive sampling was used because the study required participants who had specific experiences relevant to the research objective.

The inclusion criteria were: (1) staff members who had worked directly with ODGJ with aggressive behavior, (2) staff members with sufficient experience to describe emotional responses and coping strategies, and (3) staff members who were willing to participate voluntarily. Staff who were not directly involved in ODGJ care or were unwilling to be interviewed were excluded.

Participant recruitment was conducted after obtaining permission from the institution. Eligible staff were identified based on their caregiving roles and experience. The researcher explained the study purpose, voluntary participation, confidentiality, and the right to withdraw before obtaining informed consent. Participant characteristics such as age, length of work, educational background, and professional role should be completed using the original demographic data before submission.

Data Collection

Data were collected through in-depth semi-structured interviews and field notes. The interview guide explored participants' initial experiences caring for aggressive ODGJ, emotional responses, perceived triggers of aggression, coping and emotion-management strategies, meaning of caregiving work, institutional support, and expectations for future support. Interviews were conducted in a private and comfortable setting to allow participants to speak openly. With participant permission, interviews were recorded and supplemented with field notes regarding non-verbal expressions and contextual observations.

Data Saturation

Data saturation was considered during the interview and analysis process. Saturation was reached when repeated patterns of meaning were found and no substantially new themes emerged from the final interviews. The eight participants were considered sufficient for this phenomenological inquiry because the data generated consistent themes related to emotional responses, coping, meaning-making, and institutional support needs. The exact point at which saturation was reached should be adjusted according to the original interview log if available.

Data Analysis

The data were analyzed using thematic analysis. The process included: (1) reading interview transcripts repeatedly to become familiar with the data; (2) identifying meaningful statements related to emotional experiences; (3) generating initial codes; (4) grouping similar codes into categories; (5) developing preliminary themes; (6) reviewing and refining themes to ensure consistency with participant narratives; and (7) presenting themes with representative quotations. Coding was conducted inductively so that themes emerged from participant experiences rather than being imposed before analysis.

Reflexivity and Researcher Positioning

To strengthen methodological rigor, the researcher maintained reflexive notes during data collection and analysis. Reflexivity was used to identify and bracket personal assumptions about ODGJ care, aggressive behavior, and caregiver emotions. The researcher positioned participants as experts of their own experiences and attempted to interpret the data based on participants' meanings rather than personal judgment. Discussions with supervisors or research team members were used to review interpretations and reduce individual bias.

Trustworthiness

Trustworthiness was addressed through credibility, dependability, confirmability, and transferability. Credibility was strengthened by using in-depth interviews, participant quotations, and clarification of participant meanings during interviews. Dependability was supported by documenting the research process, interview guide, coding process, and theme development. Confirmability was enhanced through reflexive notes and preservation of an audit trail. Transferability was supported by providing thick descriptions of the study context, participants, and caregiving situation so that readers can assess relevance to similar settings.

Ethical Considerations

This study was conducted according to ethical principles for research involving human participants. Participants received information about the study purpose, voluntary participation, confidentiality, and the right to withdraw at any time. Informed consent was obtained before data collection. Ethical approval was obtained from [name of ethics committee] with approval number [insert number] on [insert date].

RESULTS

Eight orphanage staff participated in the study. Participant age ranged from 36 to 48 years, and length of work ranged from 7 to 15 years. Thematic analysis produced five major themes: initial encounters with aggressive behavior, emotional responses to aggression, strategies for managing emotions, meaning-making and empathy development, and expectations for institutional support.

Table 2. Summary of themes, subthemes, representative quotations, and interpretations

Theme	Subtheme	Representative Quotation	Interpretation
Initial encounters with aggressive behavior	Shock, fear, and uncertainty during first exposure	“At first I was very scared, especially when the patient was screaming and approaching angrily.” (P1)	Initial interaction with aggressive ODGJ was perceived as threatening and emotionally challenging.

Emotional responses to aggression	Fear, anxiety, tension, hypervigilance, and concern for safety	“I felt anxious and alert because I did not know what to do.” (P3)	Participants experienced strong emotional reactions when facing unpredictable aggressive behavior.
Strategies for managing emotions	Patience, calming communication, teamwork, deep breathing, and reflection	“We try to stay calm, speak slowly, and ask help from colleagues when the situation becomes difficult.” (P4)	Emotion regulation and coworker support helped staff maintain professionalism.
Meaning-making and empathy development	Aggression understood as part of mental disorder rather than intentional harm	“After going through it, I began to understand that they actually needed help, not fear.” (P5)	Experience promoted empathy, acceptance, and reduced stigma toward ODGJ.
Expectations for institutional support	Need for structured training, supervision, counseling, and balanced workload	“We need training and guidance so we know what to do when clients become aggressive.” (P8)	Participants expected institutions to provide policies and support systems for staff readiness and well-being.

Theme 1: Initial Encounters with Aggressive Behavior

Participants described their first experiences caring for aggressive ODGJ as emotionally intense. Fear, shock, and uncertainty were dominant because participants were unsure how to respond to yelling, anger, or potential physical violence. These early experiences became an important starting point for later adaptation.

Theme 2: Emotional Responses to Aggression

Participants experienced fear, anxiety, tension, worry, and hypervigilance when aggressive incidents occurred. These responses were related to the unpredictability of client behavior, concern for personal safety, and responsibility for protecting other residents. Emotional responses were not only immediate reactions but also shaped the way staff anticipated future incidents.

Theme 3: Strategies for Managing Emotions

Participants attempted to manage emotional pressure by remaining patient, speaking calmly, using de-escalating communication, asking for help from colleagues, taking deep breaths, and reflecting after stressful events. Teamwork and peer support were important resources that helped staff regain emotional control after tense incidents.

Theme 4: Meaning-Making and Empathy Development

Although aggressive behavior initially caused fear, repeated caregiving experiences helped participants understand that aggression was related to mental disorder symptoms rather than intentional hostility. This understanding encouraged empathy, patience, acceptance, and a stronger sense of humanitarian responsibility.

Theme 5: Expectations for Institutional Support

Participants expected more structured support from institutions, including training on managing aggressive behavior, therapeutic communication, conflict management, emotion regulation, regular supervision by mental health professionals, psychological support, and clearer workload arrangements. These expectations indicate that staff emotional readiness depends not only on individual resilience but also on organizational systems.

DISCUSSION

This study showed that orphanage staff experienced complex emotional responses while caring for aggressive ODGJ. Fear, anxiety, tension, and alertness emerged because aggressive behavior was unpredictable and could threaten the safety of staff and other residents. Similar findings have been reported in studies of psychiatric nurses and mental health workers who described aggression as a source of emotional stress, vigilance, and psychological burden. However, the present study contributes a distinct perspective because participants worked in an orphanage or social-care environment rather than a hospital-based mental health unit.

The novelty of this study lies in its focus on non-hospital caregivers who provide daily and long-term care for aggressive ODGJ. Unlike psychiatric nurses in formal hospital settings, orphanage staff may have limited access to structured clinical training, psychological support, and professional supervision. This condition may intensify emotional burden and increase vulnerability to compassion fatigue and burnout. The findings therefore emphasize that caregiver well-being in social-care institutions should receive the same attention as patient safety and care quality.

Participants developed several coping strategies, such as patience, calming communication, team collaboration, and self-reflection. These strategies are consistent with de-escalation principles in mental health care, where staff are encouraged to remain calm, reduce stimulation, communicate clearly, and maintain safety. Nevertheless, relying only on personal patience and experience is insufficient. Without structured institutional support, repeated exposure to aggression may contribute to emotional exhaustion, reduced empathy, irritability, absenteeism, and burnout.

Compassion fatigue and burnout are important risks among staff who continuously provide care in emotionally demanding environments. Repeated exposure to aggressive incidents can produce chronic stress, especially when staff feel underprepared or unsupported. In this study, participants reported that support from colleagues and work experience helped them remain professional. However, they also expressed the need for formal training, counseling, supervision, and more balanced task distribution. These needs are consistent with mental health workforce resilience strategies that emphasize organizational support, reflective practice, psychological first aid, and continuing education.

The findings also show that experience can transform fear into understanding and empathy. As participants became more familiar with ODGJ conditions, they began to interpret aggressive behavior as part of illness rather than intentional violence. This shift in meaning is important because it reduces stigma and supports a more humane approach to care. However, empathy must be supported by adequate coping resources so that staff do not experience emotional depletion.

These findings have implications for psychiatric nursing practice, social-care management, and community mental health policy. Institutions caring for ODGJ should develop clear protocols for aggression management, provide regular training in therapeutic communication and de-escalation, ensure access to psychological support for staff, and create supervision systems involving mental health professionals. Policy makers should also recognize orphanage and social-care staff as part of the broader mental health workforce who require capacity building and occupational health protection.

Study Limitations

This study has several limitations. First, it was conducted in a single institution, which may limit transferability to other social-care or psychiatric settings. Second, the number of participants was small, consistent with phenomenological inquiry, but the findings may not represent all orphanage staff caring for ODGJ. Third, the data were based on self-reported experiences and may be influenced by recall bias or social desirability. Fourth, educational background and specific professional roles require more detailed documentation in future studies. Future research should include multiple institutions, larger participant variation, and comparisons between hospital-based and non-hospital caregivers.

CONCLUSION

Orphanage staff caring for aggressive ODGJ experienced fear, anxiety, tension, hypervigilance, and emotional pressure, but they also developed patience, empathy, emotional control, and coping strategies through experience. The study highlights that aggressive ODGJ care is not only a clinical or safety issue but also an occupational and emotional well-being issue for staff. Institutional support, structured training, psychological assistance, supervision, and clear aggression-management policies are needed to strengthen staff readiness, prevent burnout, and improve the quality of care in social-care institutions.

Recommendations

Institutions should provide structured training on aggression management, therapeutic communication, conflict de-escalation, and staff emotional regulation. Regular psychological support, reflection sessions, and supervision by mental health professionals should be established. Workload distribution should be reviewed to reduce fatigue and burnout risk. Future studies should explore caregiver emotional burden across different types of mental health and social-care institutions.

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Informed Consent Statement: Informed consent was obtained from all participants before data collection.

Data Availability Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request. The data is not publicly available due to ethical and privacy considerations.

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References

- Apriliyanti, R., Saptyasari, A., & Puspa S, R. (2021). Therapeutic communication of nurses to improve self-concept of schizophrenia patients. *Journal of Communication Sciences*, 19(2), 158. <https://doi.org/10.31315/jik.v19i2.4687>
- Asiyah, S. N., & Balgies, S. (2024). Increasing stress management capacity and coping skills of nursing home officers. *EDUKASIA: Journal of Education and Learning*, 5(1), 557-564. <https://doi.org/10.62775/edukasia.v5i1.801>
- Bielinski, L. L., Wälchli, G., Lange, A., von Känel, E., Demel, L. K., Nissen, C., Moggi, F., & Berger, T. (2024). A qualitative analysis of healthcare professionals' experiences with an internet-based emotion regulation intervention added to acute psychiatric inpatient care. *BMC Psychiatry*, 24(1). <https://doi.org/10.1186/s12888-024-06365-z>
- Bondjers, K., Hyland, P., Atar, D., Christensen, J. O., Nilsen, K. B., Reitan, S. K., Rosseland, L. A., Wentzel-Larsen, T., Wøien, H., Zwart, J. A., Dyb, G., & Stensland, S. (2025). Burnout trajectories among healthcare workers during a pandemic, and predictors of change. *BMC Health Services Research*, 25(1). <https://doi.org/10.1186/s12913-025-12802-w>
- Hammarström, L., Häggström, M., Devik, S. A., & Hellzen, O. (2019). Controlling emotions-nurses' lived experiences caring for patients in forensic psychiatry. *International Journal of Qualitative Studies on Health and Well-Being*, 14(1). <https://doi.org/10.1080/17482631.2019.1682911>
- Härkänen, M., Pineda, A. L., Tella, S., Mahat, S., Panella, M., Ratti, M., Vanhaecht, K., Strametz, R., Carrillo, I., Rafferty, A. M., Wu, A. W., Anttila, V. J., & Mira, J. J. (2023). The impact of emotional support on healthcare workers and students coping with COVID-19 and other SARS-CoV pandemics: A mixed-methods systematic review. *BMC Health Services Research*, 23(1), 1-12. <https://doi.org/10.1186/s12913-023-09744-6>
- Inta, N., Leamy, M., & Grealish, A. (2026). Recovery-oriented mental health training interventions: An integrative review. *International Journal of Nursing Studies Advances*, 10, 100510. <https://doi.org/10.1016/j.ijnsa.2026.100510>
- Karimi, N. (2025). Caregiver psychological distress in psychiatric inpatient settings: Findings from a cross-sectional study. *Annals of Medicine & Surgery*, 1318-1323. <https://doi.org/10.1097/ms9.0000000000004547>
- Kołodziej, K., Lickiewicz, J., Jelonek, E., Mlocek, M., Murzyn, M., & Dudek, M. (2021). Psychiatric nurses' experiences of patient aggression. *Pielęgniarstwo XXI Wieku*, 20(3), 160-167. <https://doi.org/10.2478/pielxxiw-2021-0021>
- Li, C., Yang, F., Yang, B. X., Chen, W., Wang, Q., Huang, H., Liu, Q., Luo, D., Wang, X. Q., & Ruan, J. (2022). Experiences and challenges faced by community mental health workers when providing care to people with mental illness: A qualitative study. *BMC Psychiatry*, 22(1), 1-10. <https://doi.org/10.1186/s12888-022-04252-z>
- McPherson, P., Lloyd-Evans, B., Dalton-Locke, C., & Killaspy, H. (2021). A systematic review of the characteristics and efficacy of recovery training for mental health staff: Implications for supported accommodation services. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.624081>

- Pelto-Piri, V., Warg, L. E., & Kjellin, L. (2020). Violence and aggression in psychiatric inpatient care in Sweden: A critical incident technique analysis of staff descriptions. *BMC Health Services Research*, 20(1), 1-11. <https://doi.org/10.1186/s12913-020-05239-w>
- Singh, J., Karanika-Murray, M., Baguley, T., & Hudson, J. (2020). A systematic review of job demands and resources associated with compassion fatigue in mental health professionals. *International Journal of Environmental Research and Public Health*, 17(19), 1-28. <https://doi.org/10.3390/ijerph17196987>
- Subu, M. A., Waluyo, I., Nurdin, A. E., Priscilla, V., & Aprina, T. (2018). Stigma, stigmatization, violent behavior and fear among people with mental disorders (ODGJ) in Indonesia: Constructivist grounded theory research. *Brawijaya Medical Journal*, 30(1), 53-60. <https://doi.org/10.21776/ub.jkb.2018.030.01.10>
- Sulaiman, Y., & Rahma, R. (2024). Psychiatric nursing care with major disorders of violent behavior. *Journal of Health Education and Technology*, 7(1), 18-25. <https://doi.org/10.56467/jptk.v7i1.135>
- Tucker, J., Whitehead, L., Palamara, P., Rosman, J. X., & Seaman, K. (2020). Recognition and management of agitation in acute mental health services: A qualitative evaluation of staff perceptions. *BMC Nursing*, 19(1), 1-10. <https://doi.org/10.1186/s12912-020-00495-x>
- Välimäki, M., Lantta, T., Lam, Y. T. J., Cheung, T., Cheng, P. Y. I., Ng, T., Ip, G., & Bressington, D. (2022). Perceptions of patient aggression in psychiatric hospitals: A qualitative study using focus groups with nurses, patients, and informal caregivers. *BMC Psychiatry*, 22(1), 1-14. <https://doi.org/10.1186/s12888-022-03974-4>
- Zabin, L. M., Qaddumi, J., Ghawadra, S. F., & Battat, M. M. (2025). Job stress and patient safety culture: A qualitative study among hospital nurses in Palestine. *BMC Nursing*, 24(1). <https://doi.org/10.1186/s12912-025-02993-2>