

# A Study on Impact of Patient's Behavior on Nurses Attitude in Royal Dental College, Kerala

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**Abstract:** Nurses play important role in effective treatment and curing the diseases of the patients. Patients may behave aggressively while availing the service due to the pain caused through disease and other reason.

This study titled "A Study on Nurse Attitude towards Aggressive Behavior of the Patients at Royal Dental College at Palakkad, Kerala" is conducted to measure the attitude of the nurse.

After having brief knowledge about the Royal Dental College, researcher has identified the need for nurse attitude towards with the patients. The objectives of the study are to measure the attitude of the nurses towards aggressive behaviour of the patient, to measure the cause of aggressive behaviour of the patients and management strategy to control the aggressive behaviour of the patients. The population for the study is all the nurses working in Royal Dental College, Palakkad, Kerala. Research technique applied for the study is descriptive in nature. 150 nurses working in Royal Dental college, Kerala are selected as the sample for analyzing attitude of the nurse towards aggressive behaviour of the patients. The sampling technique applied for the study is convenient sampling technique. With these objectives in mind a survey was conducted at Royal Dental College, Kerala. The structured questionnaire was used as a tool for data collection to obtain the required information. After the survey was completed, the data was first sorted and then tabulated and analyzed by using various statistical tools like percentage analysis, weighted average. This analyzed data was later converted into the form of table, chart etc. Attitude of the nurse towards the causes of aggressive behavior of the patients and management strategy to control aggressive behaviour of the patients are analysed and interpreted.

**Keywords:** Enter key words or phrases in alphabetical order, separated by commas.

## 1. Introduction of the study

An attitude is a positive; negative or mixed evaluation of an object that is expressed at some level of intensity. It is an expression of a favorable or unfavorable evaluation of a person, place, thing or event. These are fundamental determinants of our perceptions of, and actions toward all aspects of our social environment. Attitudes involve a complex organization of evaluative beliefs, feelings, and tendencies toward certain actions.

### A. Definition of attitude

According to Gordon Allport, "An attitude is a mental and

neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related."

According to Si P. Robbins – "Attitude is manner, disposition, feeling and position with regard to a person or thing, tendency or orientation especially in the mind." Frank Freeman said, "An attitude is a dispositional readiness to respond to certain institutions, persons or objects in a consistent manner which has been learned and has become one's typical mode of response." Thurstone said, "An attitude denotes the sum total of man's inclinations and feelings, prejudice or bias, pre-conceived notions, ideas, fears, threats and other any specific topic."

Attitude can be described as a tendency to react positively or negatively to a person or circumstances. Thus the two main elements of attitude are this tendency or predisposition and the direction of this predisposition. It has been defined as a mental state of readiness; organize to through experience which exerts a directive or dynamic influence on the responses. These can also be explicit and implicit. Explicit attitudes are those that we are consciously aware of and that clearly influence our behaviors and beliefs. Implicit attitudes are unconscious, but still, have an effect on our beliefs and behaviors.

As said by psychologists Thomas which imposes limits as a level attitude trend is positive and negative, associated with the object of psychology. Object psychology here include symbols, words, slogans, people, institutions, ideas and so on.

### B. Components of attitude

Attitudes are simply expressions of much we like or dislike various things. Attitudes represent our evaluations, preferences or rejections based on the information we receive. components of attitude are;

1. Cognitive Component.
2. Affective Component.
3. Behavioral Component.

### C. Types of attitudes

Attitude is something that lies between emotions and thought processing. It may be positive or negative.

In organizational behavior; three types of attitudes are;

1. Job Satisfaction,
2. Job Involvement, and

### 3. Organizational Commitment.

#### 1) *Barriers to change attitudes*

Employees' attitudes can be changed and sometimes it is in the best interests of management to try to do so. Barriers to Change Attitudes are;

- Prior Commitment.
- Insufficient Information.
- Balance and Consistency.
- Lack of Resources.
- Improper Reward System.
- Resistance to Change.

#### 2) *Prior commitment*

When people feel a commitment towards a particular course of action that has already been agreed upon and thus it becomes difficult for them to change or accept the new ways of functioning.

#### 3) *Insufficient information*

It also acts as a major barrier to change attitudes. Sometimes people do not see a reason why they should change their attitude due to unavailability of adequate information. Sometimes people do not see a reason why they should change their attitude due to unavailability of adequate information.

#### 4) *Balance and consistency*

Another obstacle to a change of attitude is the attitude theory of balance and consistency. That is human beings prefer their attitudes about people and things to be in line with their behaviors towards each other and objects.

#### 5) *Lack of resources*

If plans become excessively ambitious, they can sometimes be obstructed by the lack of resources on the part of a company or organization. So, in this case, if the organization wants to change the attitude of the employees towards the new plan, sometimes it becomes impossible for the lack of resources to achieve this.

#### 6) *Improper reward system*

Sometimes, an improper reward system acts as a barrier to change attitude. If an organization places too much emphasis on short-term performance and results, managers may ignore longer-term issues as they set goals and formulate plans to achieve higher profits in short term. If this reward system is introduced in the organization, then the employees are not motivated to change their attitude.

#### 7) *Resistance to change*

Another barrier is resistance to change. Basically, change is a continuous process within and outside the organization to achieve the set goal. When the authority changes a plan of the organization the employees have to change themselves. But some of them do not like this. If their attitude regarding the change of plan cannot be changed, the organization will not be successful.

## 2. Review of literature

1. In Pakistan according to Mohammad Hussain Khan (2007) studied on patients' satisfaction with the

nursing care. According to Mohammad Hussain Khan "Patient satisfaction is the major component of the nursing care, and it is very necessary to mapping outpatients, and nurses perception of increase the patient's satisfaction and provide better nursing care to the ill patients and also the prevention of the diseases (Khan, Hassan et al. 2007).

2. Persky, Nilson&Sorlie (2008) worked on the nurses' perception regarding nurse caring behaviors and patient's satisfaction in the different hospitals. According to them, nurses of medical, surgical and orthopedic who provide care to the elder's patients' have knowledge about the elderly patients' illness, and also they understand the situation of the elder patients. 49% nurses said that they could not provide good nursing care in the medical, orthopedic and surgical wards as compared to other indoor departments due to the shortage of time and increasing workload. 51% nurses of all these departments failed to delivered good nursing care and speaking with empathy due to the little time (Persky, Nelson et al. 2008).
3. Valente.S.M (2010) also conducted research on the human caring behavior and the interpersonal relationship of patient and nurses. According to them there was a great connection between the health care provider (nurses) and the patients and they possess many of the same attributes which were founded in the interpersonal relationship such as patient satisfaction with the nurse caring behavior and positive expectations of the patients from the nurses (Valente 2010).
4. Hauck & Winsset (2011) studied nurse caring relationship with the patient, in which they postulated that, Caring relationship exists between the nurse and the patient and gives positive outcomes of the patient's satisfaction with the good interaction and collaboration of both nurse and patient. According to Hauck & Winsset (2011), Caring is the central focus of any health care provider, and that is possible by showing empathy with patients, safeguarding the patient, giving respect and dignity (Winsett and Hauck 2011).
5. According to Duffy (2013)"Nurse caring behavior is the individualized connection between health care provider and the health care receiver. Reciprocal dialogues were more necessary to build the trust relationship between the nurse and the patient. Both the participants must be engaged activity providing care and giving positive feedback. In which includes the verbal and non-verbal communication of the patient and the nurse (Duffy, 2013).
6. In Pakistan according to the Ayyub Rehan (2015)"Provision of quality care and good nurses' behaviors with the patients is necessary to fulfill the

patients' needs and expectations at a satisfactory level." According to him patient's satisfaction ratio with nurse caring behaviors was only 54%, and 46% patients were not satisfied with the nursing care and also their behaviors (Rehan and Kanji 2015).

### 3. Research methodology

Research methodology is a way of systematically solving the research problem. Research methodology deals with the research design used and methods used to present the study.

#### A. Research design

A research design is a detailed blue print used to guide a research study toward its objective. The process of designing a research study involves many interrelated decisions. The most significant decision is the choice of research approach, because it determines how the information will be obtained. The choice of the research approach depends on the nature of the research that one wants to do.

#### B. Descriptive research

The research design adopted for this study is "Descriptive Research". Descriptive method was adopted because it deals with description of the state of affairs as it exists at present. It also known as statistical research, describes data and characteristics about the population or phenomenon being studied.

#### C. Sources and collection of data

The task of data collection begins after research problems have been defined and research design checked out. The research can obtain data from:

- Primary data
- Secondary data
- *Primary data:* Primary data are those, which are collected fresh and first time and thus happen to be original in character for the study primary data involves questioners. Structures questionnaire has been prepared with the objectives of the study in mind. The data collected from the nurses working in Royal Dental College, Palakkad, Kerala.
- *Secondary data:* The data related to the study are collected from some of the secondary sources of data. Secondary data was collected from internet, various book, journals, magazines and company records.

#### D. Title of the research

A Study on Impact of Patient's Behavior on Nurses Attitude in Royal Dental College, Kerala.

#### E. Area of the research

The study on the project conducted in Chalissery, Palakkad, Kerala.

#### F. Period of the research

The stud on the project Mar 2019 – May 2019

#### G. Sampling technique

Convenience sampling is a non-probability sampling designing in which formal or data for the research are gathered from members to the population conceivability accessible to the research. That is respondents for the study are selected based on the availability and accessibility of the employee to participate in the research.

#### H. Sampling size

Nurses, who are working in Royal Dental College, Palakkad, Kerala have been selected as the respondent for the research. So sampling size of the study is 150.

#### I. Data processing

Collected data are entered in the Microsoft Excel and SPSS for processing of data. Then statistical tools are used to arrive some conclusions.

#### J. Statistic tool used for analysis

- Percentage Analysis
- Weighted Average
- Chi-Square

#### K. Scope of the study

- The result of the study is helpful for Royal Dental College to identify the behavior of the patients and act according to their behavior.
- The study may be helpful researcher, who wants to conduct the research on the same topic.
- The research will be helpful for the Royal Dental College to know about strategy followed by nurses to handle the aggressive behaviour of the patients.
- This thesis will be helpful for the hospital to identify the weaker area for managing the patients and try to find the opportunities for improvement in that specific area.

#### L. Limitations of the study

- The result of the study depends upon the information furnished by the nurse.
- The sample taken for the surveys were based on convenient sampling hence may contain an element of bias.
- Due to the time constraints, there is a possibility of error as a result of the hasty curry of data by the respondents.
- The sample size of the respondents for the surveys undertaken is very small hence the accuracy of the results obtained may be less.
- The findings of the study are confined only to the question asked in the questionnaire and through personal interviews.

### 4. Weighted average

Table 1  
Weighted Average for Nurses Attitude Causes of Aggressive Behavior of Patients

S. No.	Nurse attitude on Causes of Aggressive Behavior of the Patients	Weight					Weighted Average	Rank
		1	2	3	4	5		
1	Patient who is aggressive towards nurses due to the pain caused by disease	74	50	20	4	2	1.73	1
2	Aggressive patient will calm down automatically if left alone	65	45	28	8	4	1.94	2
3	Patient is aggressive because of the environment he/she is in	52	58	25	10	5	2.05	3
4	Patient is aggressive because he/she is ill	57	45	25	18	5	2.13	4
5	Cultural misunderstandings between patient and nurses can lead to aggression.	35	45	45	15	10	2.47	5
6	Poor communication between nurses and patient leads to patient aggression	30	45	48	20	7	2.53	6
7	There are types of patients who frequently become aggressive towards nurses	40	30	45	25	10	2.57	7
8	Patient from particular cultural groups are more prone to aggression.	34	38	43	23	12	2.61	8
9	It is largely situations that contribute towards the aggression behavior of patient.	35	40	38	20	17	2.63	9
10	Gender mix of nurses on the wards is important in the management of aggression.	29	34	45	27	15	2.77	10
11	Improved one to one relationships between nurses and patient can reduce the incidence of patient aggression and violence	25	36	40	25	24	2.91	11
12	It is difficult to prevent patient from becoming violent or aggressive behavior	18	31	52	34	15	2.98	12
13	Restrictive care environments can contribute towards patient aggression and violence	23	32	40	31	24	3.01	13
14	Other people make patient aggressive or violent.	15	23	43	35	34	3.33	14
15	Patient commonly becomes aggressive because nurses do not listen to him/her	15	20	45	34	36	3.37	15
16	If the physical environment were different, patient would be less aggressive	10	20	35	45	40	3.57	16

Table 2  
Nurse attitude on Managing Aggressive Behavior of the Patients

S. No.	Nurse attitude on Managing Aggressive Behavior of the Patients	Weight					Weighted Average	Rank
		1	2	3	4	5		
1	When a patient is violent, seclusion is one of the most effective approaches to use.	45	53	31	12	9	2.25	1
2	Medication is a valuable approach for treating aggressive and violent behavior.	43	48	32	15	12	2.37	2
3	Patient who is violent is often restrained for his/her own safety.	34	45	48	18	5	2.43	3
4	Expressions of aggression do not always require staff intervention.	34	45	48	16	7	2.45	4
5	Physical restraint is sometimes used more than necessary.	35	45	45	15	10	2.47	5
6	Seclusion is sometimes used more than necessary.	34	45	35	21	15	2.59	6
7	Negotiation could be used more effectively when managing aggression and violence.	36	24	45	25	20	2.79	7
8	Different approaches are used on this ward to manage patient aggression and violence.	23	34	56	20	17	2.83	8
9	Prescribed medication should be used more frequently to help patients who are aggressive and violent.	23	34	54	23	16	2.83	9
10	The use of de-escalation is successful in preventing violence	23	34	45	34	14	2.88	10
11	Prescribed medication can in some instances lead to patient aggression and violence.	24	35	43	28	20	2.90	11
12	Alternatives to the use of containment and sedation to manage patient violence could be used more frequently.	23	34	45	25	23	2.94	12
13	Patient aggression could be handled more effectively on this ward.	23	34	43	28	22	2.95	13
14	The practice of secluding violent patient should be discontinued.	9	18	25	50	48	3.73	14

**A. Interpretation**

Among the 16 factor that causes the aggressive behavior of Patients consider for the study, the pain caused by disease is ranked first with weighted average 1.73, followed by the patient will calm down automatically if left alone with the weighted average 1.94. Environmental factor and illness factor ranked 3 and 4 with the weighted average 2.05 and 2.13 respectively.

- Cultural misunderstanding, poor communication between the nurses and patients, and type of customer ranked 5, 6 and 7 with respective weighted average of 2.47, 2.53, and 2.57 respectively.
- Cultural group of the patient, situational factor, gender mix in the ward and poor relationship between the nurse and patients ranked 8, 9, 10, and 11 with respective weighted average of 2.61, 63, 2.77 and 2.91.
- Restrictive care environment, other people behavior, poor listening of nurses towards patient’s intention, and physical environment ranked 13, 14, 15, and 16 respectively with scores 3.01, 3.33, 3.37, and 3.57.

**B. Interpretation**

- Among the 14 techniques to manage aggressive behavior of Patients consider for the study, seclusion is one of the most effective approaches is ranked first with weighted average 2.21, followed by Medication with the weighted average 2.37 to manage the aggressive behavior of patients. Restrain for the safety and less intervention of the staff ranked 3 and 4 with the weighted average 2.43 and 2.45 respectively.
- More use physical restrain, more use of seclusion, and negotiation with patients ranked 5, 6 and 7 with respective weighted average of 2.47, 2.59, and 2.79 respectively.
- Different approach, prescribed medication, use of de-escalation and medication ranked 8, 9, 10, and 11 with respective weighted average of 2.83, 2.83, 2.88 and 2.90.
- Containment and sedation, effective management of ward, discontinue secluding ranked 12, 13, and 14

respectively with scores 2.94, 2.95, and 3.73.

C. Chi-square test

1) Chi-square test between row variable (working shift) and column variable (age, monthly income, marital status and job position)

- Hypothesis:
- Ho: There is no significant association between the Row Variable (Working Shift) and Column Variable (Age, Monthly Income, Marital Status and Job Position)
- H1: There is a significant association between the Row Variable (Working Shift) and Column Variable (Age, Monthly Income, Marital Status and Job Position)

Table 3  
Chi Square Test between Row Variable (Working Shift) and Column Variable (Age, Monthly Income, Marital Status and Job Position)

Column Variable	Pearson Chi-Square	DF	Asymp. Sig. (2-sided)
Age	12.760 <sup>a</sup>	8	.005
Monthly Income	1.790 <sup>a</sup>	8	.409
Marital Status	23.262 <sup>a</sup>	2	.000
Job Position	91.400 <sup>c</sup>	6	.000

D. Interpretation

1) Work shift and age

- From the above table 4.3.1, the significant value for the Chi-Square Test between the Working shift and Age category is 0.005, which is less than 0.05. Hence null hypothesis is rejected and there is a significant association between Working shift and Age category. Also, the Chi-Square Value is 12.767a.
- This indicates that the working shift for the nurse is allotted with respect to the age category of the nurses.

2) Work shift and monthly income

- The significant value between the work shift and monthly income is 0.409, which is greater than 0.05. Hence null hypothesis accepted and there is significant association between Working shift and Monthly income of the nurse. Also the Chi-Square value is 1.790a.
- The above result indicates that the working shift of the nurses is does not depends on the monthly earning of the nurses.

3) Work shift and marital status

- The significant value between the work shift and Marital Status is 0.000, which is less than 0.05. Hence null hypothesis rejected and there issignificant association between Working shift and marital status of the nurse. Also the Chi-Square value is 23.262a.
- This result indicates that the working shift for the nurses are allotted based on marital status of the respondent.

4) Work shift and job position

- The significant value between the work shift and job position is 0.000, which is less than 0.05. Hence null hypothesis rejected and there is significant association

between working shift and job position of the nurse. Also the Chi-Square value is 91.400a.

- From the above results it has been inferred that the job position also determine the working shift of the nurses.

E. Chi-square test between experience in rdc as a nurse and patient management technique

- Ho: There is no significant Association between the Row Variable (Years of Experience as a Nurse in RDC) and Column Variable (Working Shift, Effective handling of aggression of Patients, Use of medication to treat aggression of patients and seclusion is most effective to treat violent behavior).
- H1: There is no significant Association between the Row Variable (Years of Experience as a Nurse in RDC) and Column Variable (Working Shift, Effective handling of aggression of Patients, Use of medication to treat aggression of patients and seclusion is most effective to treat violent behavior).

Table 4  
Chi-Square Test between Experience in RDC as a Nurse and Patient Management Technique

Column Variable	Pearson Chi-Square	DF	Asymp. Sig. (2-sided)
Working Shift	137.120 <sup>b</sup>	8	.000
Effective handling of aggression of Patients	87.400 <sup>c</sup>	16	.000
Use of medication to treat aggression of patients	11.000 <sup>c</sup>	16	.004
seclusion is most effective to treat violent behavior	57.600 <sup>c</sup>	16	.000

F. Experience in RDC and working shift

- From the above table 4.3.3, the significant value for the Chi-Square Test between the Working shift and Experience in RDC is 0.000, which is less than 0.05. Hence null hypothesis is rejected and there is a significant association between Experience in RDC and Working shift. Also, the Chi-Square Value is 137.120a.
- This indicates that the working shift for the nurse is depends on the years of Experience in RDC as a nurse.

G. Experience in rdc and effective handling of aggression of patients

- The significant value between Experience in RDC and opinion on effective handling of aggression of the patient is 0.002, which is less than 0.05. Hence null hypothesis rejected and there is a significant association between Experience in RDC as a nurse and opinion on effective handling of aggression of the patient. Also the Chi-Square value is 87.400a.
- The above result indicates that Experience in RDC of the nurse and opinion on effective handling of aggression of the patient have the relationship.

#### H. Experience in RDC and use of medication to treat aggression of patients

- The significant value between Experience in RDC and use of medication to treat aggression of patients is 0.004, which is less than 0.05. Hence null hypothesis rejected and there is significant association between Experience in RDC and use of medication to treat aggression of patients. Also the Chi-Square value is 11.000a.
- This result indicates that the opinion on use of medication to treat aggression of patients has the relation with Experience in RDC of the nurse.

#### I. Experience in RDC and seclusion is most effective to treat violent behavior

- The significant value between the Experience in RDC and seclusion is most effective to treat violent behavior is 0.000, which is less than 0.05. Hence null hypothesis rejected and there is significant association between Experience in RDC and seclusion is most effective to treat violent behavior. Also the Chi-Square value is 57.600a.
- This result indicates that the opinion on seclusion is most effective to treat violent behavior with Experience in RDC of the nurse.

### 5. Findings

From the study, the following findings have been arrived

- 39% of the nurses working in Royal dental college are under 25 years of age, 30 % are 25-30 years, 16% are 31-35 years, 8% are 36-40 years and remaining 7% are having above 40 years of age.
- 57% of the nurses working in Royal dental college are unmarried and remaining 43% of nurses are married.
- 36% of the nurses working in Royal dental college are having less than 2 years of working experience as the hospital nurse, 32% are having 2 to 5 years of experience, 15% are having 5 to 10 years of experience, 12% are having 10 to 15 years of work experience and remaining 5% are having more than 15 years of experience.
- 52% of the nurses working in Royal dental college are having less than 2 years of working experience in royal dental college itself as the hospital nurse, 24% are having 2 to 5 years of experience in royal hospital, 13% are having 5 to 10 years of experience in royal hospital, 9% are having 10 to 15 years of work experience I Royal Hospital and remaining 2% are having more than 15 years of experience in Royal Dental college alone.
- It has been found that 32% of the respondent neutral towards facing difficulty to prevent patient from becoming violent or aggressive behavior, 23% of the respondent disagree, 21% of the respondents are agree,

12% of the respondents are Strongly agree and remaining 10% of the respondents are Strongly disagree on "It is difficult to prevent patient from becoming violent or aggressive behavior"

- 68% of the respondents either agree or strongly agree towards Patient is aggressive because he\she is ill.
- 47% of the respondent either strongly agree or agree that there are types of patients who frequently become aggressive towards nurses and 30% of the respondents are neutral towards the factor.
- 72% of the respondent strongly agree or towards Patient who is aggressive towards nurses due to the pain caused by the disease.
- 73% of the respondent strongly agree or agree towards Aggressive patient will calm down automatically if left alone.
- 74% of the respondent agree or strongly agree towards Patient is aggressive because of the environment he\she is in.
- Respondents have the evenly distributed response towards Restrictive care environments can contribute towards patient aggression and violence.
- 57% of the respondents either disagree or strongly disagree towards if the physical environment were different, patient would be less aggressive.
- 46% of the respondents either disagree or strongly disagree towards other people make patient aggressive or violent.
- 47% of the respondents either disagree or strongly disagree towards Patient commonly becomes aggressive because nurses do not listen to him\her.
- 50% of the respondents either agree or strongly agree towards Poor communication between nurses and patient leads to patient aggression.
- Evenly distributed response towards facing improved one to one relationships between nurses and patient can reduce the incidence of patient aggression and violence.
- 50% of the respondents either agree or strongly agree towards It is largely situations that contribute towards the aggression behavior of patient.
- 47% of the respondents either agree or strongly agree towards Patient from particular cultural groups are more prone to aggression.
- 53% of the respondents either agree or strongly agree towards Cultural misunderstandings between patient and nurses can lead to aggression.
- 37% of the respondent neutral towards Different approaches are used on this ward to manage patient aggression and violence.
- 61% of the respondents either agree or strongly agree towards Medication is a valuable approach for treating aggressive and violent behavior.

- 36% of the respondent neutral towards prescribed medication should be used more frequently to help patients who are aggressive and violent.
- 65% of the respondents either agree or strongly agree towards when a patient is violent, seclusion is one of the most effective approaches to use.
- 36% of the respondent neutral towards prescribed medication should be used more frequently to help patients who are aggressive and violent.
- 67% of the respondent either disagree or strongly disagree towards the practice of secluding violent patient should be discontinued.
- 53% of the respondents either agree or strongly agree towards Seclusion is sometimes used more than necessary.
- 53% of the respondents either agree or strongly agree towards Patient who is violent is often restrained for his\her own safety.

#### A. Cause for aggressive behavior of the patients

- Among the 16 factor that causes the aggressive behavior of Patients consider for the study, the pain caused by disease is ranked first with weighted average 1.73, followed by the patient will calm down automatically if left alone with the weighted average 1.94. Environmental factor and illness factor ranked 3 and 4 with the weighted average 2.05 and 2.13 respectively.
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#### B. Management of aggressive behavior

- Among the 14 techniques to manage aggressive behavior of Patients consider for the study, seclusion is one of the most effective approaches is ranked first with weighted average 2.21, followed by Medication with the weighted average 2.37 to manage the aggressive behavior of patients. Restrain for the safety and less intervention of the staff ranked 3 and 4 with the weighted average 2.43 and 2.45 respectively.
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respectively.

- Different approach, prescribed medication, use of de-escalation and medication ranked 8, 9, 10, and 11 with respective weighted average of 2.83, 2.83, 2.88 and 2.90.
- Containment and sedation, effective management of ward, discontinue secluding ranked 12, 13, and 14 respectively with scores 2.94, 2.95, and 3.73.

#### C. Suggestion and recommendation

- A superior nursing team will help each other respond to patient needs, not ignore a patient's call because "he's not my patient."
- Ensure quality patient engagement is replicated throughout the care team, measuring for effectiveness and tracking for improvement.
- Poor performance by a member of the nursing team can degrade the entire team's performance.
- Hospitals should recruit, train and retain staff that understands the service side of the care experience.
- Educate the staff to the importance of including caregivers in caring for patients both in the hospital and at home.
- As partners, these individuals can be significant supporters to nurses' efforts to provide quality patient care.
- Build an empathic nursing staff that can effectively deliver care to the patient while also providing attention to the caregiver.

## 6. Conclusion

Role of the nurse in effective treatment is very crucial. Negative attitudes of the nurses towards aggressive behavior of the patients may results in the negative implications for patients' quality of life. This may negatively affect the quality of the service provided in hospital. Furthermore, a concern is that these patients will feel that nurses are not supportive, and they may, therefore, feel reluctant to access services. Patients are unlikely to respond to nurses who are ambivalent and appear to doubt people's motivation to change or, worse still, appear to hold negative stereotypes. Certainly, education and training strategies should tackle negative stereotypes with the aim of developing more sensitive and accessible services. However, this is a difficult challenge and the best interventions for controlling the aggressive behavior of the patients.

This study "Nurse Attitude towards Aggressive Behavior of Patients at Royal Dental College, Palakkad, Kerala has analyzed the various causes and techniques for managing the aggressive behavior of the patients. Overall attitude of the nurses are focused towards controlling the aggressive behavior of the patients. Nurses should understand the situation of the patients in the hospital and they have to provide empathic services to the patients. They should handle the aggressive behavior wisely so that they will understand the importance of

the service in curing disease.

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