

Understanding Patient Behavior: A Nursing Review

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Abstract

Understanding patient behavior is a foundational component of effective nursing practice. This review explores the psychological, biological, sociocultural, and environmental factors influencing patient behavior and highlights how these factors impact care delivery, treatment adherence, and patient outcomes. Key psychological frameworks, such as Maslow's Hierarchy of Needs, Erikson's Psychosocial Stages, and the Health Belief Model, provide insight into patient motivations and reactions. The article also examines how behaviors—ranging from cooperative participation to non-compliance, aggression, or withdrawal—manifest in clinical settings. Special considerations for pediatric, geriatric, and psychiatric populations are addressed, emphasizing the need for age-specific and condition-sensitive approaches. Nurses play a crucial role in assessing behavior through observation, communication, and use of behavioral tools. Strategies such as therapeutic communication, de-escalation, behavior reinforcement, and patient education are discussed to support individualized, culturally competent care. The review concludes with recommendations for enhanced nurse training, interprofessional collaboration, and the development of behavior-focused care plans to improve safety, satisfaction, and patient outcomes.

Keywords: Patient behavior, nursing care, therapeutic communication, behavioral assessment, psychosocial factors

INTRODUCTION

Understanding patient behavior is a cornerstone of effective nursing practice. Nurses need to recognize the psychological, emotional, and social factors that influence how patients respond to illness, treatment, and the healthcare environment. This understanding enables nurses to deliver individualized care, enhance patient safety, and foster strong nurse-patient relationships.^[1]

The importance of comprehending patient behavior in nursing cannot be overstated. Nurses frequently encounter patients experiencing a range of psychological challenges, such as anxiety, depression, or difficulties coping with illness.

Knowledge of psychology equips nurses to interpret patient emotions and reactions, allowing them to provide appropriate support and care.^[2] Patient behavior also plays a crucial role in treatment adherence and the overall success of healthcare interventions. Healthcare professionals who understand patient behavior can design more effective support programs and communicate more empathetically, leading to improved patient experiences and outcomes.^[3]

A positive nurse-patient relationship, built on trust and effective communication, is fundamental to high-quality care. Trust forms the foundation for compassion, shared decision-making, and patient autonomy, all of which are vital for patient satisfaction and safety.^[4] Furthermore, when nurses understand and respond to patient behavior, they can tailor their approach to meet individual needs, resulting in better treatment adherence, reduced complications, and enhanced overall well-being.^[2]

The purpose of this review is to highlight the significance of understanding patient behavior in nursing, to explore its impact on patient care and safety, and to emphasize the centrality of the nurse-patient relationship in achieving optimal health outcomes.

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THEORETICAL FOUNDATIONS OF PATIENT BEHAVIOR

Overview of psychological theories

Understanding patient behavior in nursing is grounded in several key psychological theories that help explain motivations, developmental needs, and behavioral responses.

Maslow's hierarchy of needs

This theory organizes human needs into a hierarchy, beginning with physiological and safety needs, followed by love and belonging, self-esteem, and self-actualization. In healthcare, especially acute and critical care, nurses often focus on the most basic needs—physiological and safety—before addressing higher-level psychological and social needs. However, recognizing the importance of all levels can lead to more holistic care and improved patient outcomes.^[5]

Erikson's stages of psychosocial development

Erikson's framework describes eight stages, each marked by a psychosocial crisis (e.g., trust vs. mistrust in infancy; autonomy vs. shame and doubt in early childhood) that must be resolved for healthy development. Understanding these stages helps nurses tailor their approach to patients of different ages and life circumstances, fostering trust and supporting autonomy in care.^[5]

Behaviorism

Behavioral theories emphasize the role of environmental stimuli and reinforcement in shaping behavior. In nursing, behaviorist principles can be used to encourage positive health behaviors through rewards, structured routines, and consistent feedback.

Sociocultural influences on behavior

Patient behavior is profoundly influenced by sociocultural factors such as socioeconomic status, ethnicity, culture, health literacy, and social support. These factors shape how patients perceive wellness and illness, when and how they seek care, their preferences for treatment, and their ability to adhere to care plans.^[6] Transcultural nursing, which integrates cultural awareness into care delivery, is essential for providing patient-centered, respectful, and effective nursing interventions.^[7]

Health belief models (HBM) and patient motivation

Several models explain how patients perceive health threats and make decisions about health behaviors:

HBM

The HBM posits that patients are more likely to take health actions if they believe they are susceptible to a condition, believe the condition has serious consequences, believe that taking action would reduce their susceptibility or severity, and perceive benefits of action outweighing costs. Nursing interventions based on the HBM have been shown to improve patient motivation, self-perceived burden, medication adherence, and quality of life.^[7]

Theory of planned behavior

This theory suggests that intention to perform a behavior is influenced by attitudes toward the behavior, subjective

norms (perceived social pressure), and perceived behavioral control.^[8]

Stages of change model (transtheoretical model)

This model describes behavior change as a process involving stages: pre-contemplation, contemplation, preparation, action, maintenance, and sometimes relapse. Understanding a patient's stage can help nurses tailor interventions to support progress toward healthier behaviors.^[4]

FACTORS INFLUENCING PATIENT BEHAVIOR

Biological factors

Biological factors play a significant role in shaping patient behavior. Illness, pain, and the effects of medications can all profoundly affect how patients act and respond to care.

Illness and pain

Illness often leads to behavioral, emotional, and physical changes such as irritability, anxiety, and lowered self-esteem. Chronic pain, in particular, can reduce physical activity, limit daily functioning, and negatively impact mental health and quality of life. Pain may also disrupt sleep, increase stress, and impair cognitive abilities, further influencing behavior and coping strategies.^[2]

Medication effects

Medications can alter mood, personality, and behavior. For example, some drugs may induce impulsivity, anger, or restlessness, while others can reduce empathy or change aspects of personality such as neuroticism. These changes can affect social interactions and the patient's experience within the healthcare system.

Psychological factors

Psychological factors are integral to understanding patient behavior and include emotions such as anxiety, depression, and fear, as well as the coping mechanisms patients use to manage their health challenges.

Anxiety and depression

Excessive anxiety or depression can complicate illness, increase healthcare use, impair function, and even increase mortality in certain patient populations.^[5] Anxiety may lead to avoidance behaviors or heightened distress, while depression can result in lower motivation and reduced engagement with treatment.^[9]

Fear

Fear of diagnosis, treatment, or prognosis can influence patient decisions and compliance with healthcare recommendations.

Coping mechanisms

The way patients cope with stress—whether through task-oriented or emotional strategies—affects their ability to adhere to treatment and adapt to chronic illness. Patients with stronger internal health locus of control, higher mindfulness, and task-oriented coping styles tend to have better medication adherence.

Social and cultural factors

Social and cultural background shapes how patients perceive illness, seek care, and interact with healthcare providers.

Family background

Family support, cohesiveness, and marital status are associated with better adherence and health outcomes.^[10] Changes in family roles due to illness can create stress and behavioral changes for both patients and their relatives.^[10]

Language and traditions

Language barriers and cultural traditions influence communication, understanding of health information, and willingness to follow certain treatments. Culturally sensitive care is essential for effective patient engagement and satisfaction.

Environmental factors

The physical and social environment in which care is delivered also affects patient behavior.

Hospital setting

The design and atmosphere of healthcare facilities can impact patient comfort, stress levels, and willingness to participate in care.

Noise and privacy

Excessive noise and lack of privacy can increase anxiety and reduce patient satisfaction. A calm, private environment promotes trust and open communication between patients and healthcare providers.

TYPES OF PATIENT BEHAVIORS IN CLINICAL SETTINGS

Cooperative versus non-cooperative behavior

Patient behavior in clinical settings can broadly be categorized as cooperative or non-cooperative.

Cooperative behavior

Patients who are cooperative actively participate in their care, follow instructions, communicate openly with healthcare providers, and generally have a positive attitude toward treatment. Cooperative behavior facilitates effective care delivery and strengthens the therapeutic relationship.^[8]

Non-cooperative behavior

Non-cooperative patients may resist or refuse examinations, avoid communication, or fail to adhere to treatment plans. This behavior can be due to fear, misunderstanding, mistrust, or underlying psychiatric conditions. Nurses must carefully observe and document non-cooperative behavior, noting posture, responsiveness, and interaction patterns, as these can provide important clinical clues.^[3]

Aggression, withdrawal, and non-compliance

Aggression

Aggressive behavior, ranging from verbal outbursts to physical actions, is not uncommon in healthcare settings. Aggression may be directed at healthcare professionals and is often a

response to fear, frustration, or feeling out of control. Studies show that verbal aggression is more common than physical aggression, and it can significantly impact staff morale and patient safety.^[5]

Withdrawal

Withdrawn patients physically or emotionally disengage from their environment. Signs include decreased communication, isolation, and poor self-care. Withdrawal is often seen in individuals experiencing anxiety, depression, or lack of social support. It can lead to worse mental and physical health outcomes if not addressed through targeted nursing interventions.^[7]

Non-compliance

Non-compliant patients do not follow recommended treatment plans, miss appointments, or ignore safety precautions. This behavior can result from misunderstanding, lack of motivation, or intentional refusal. Non-compliance undermines clinical outcomes and the therapeutic relationship, necessitating strategies to address underlying causes and reinforce the importance of adherence.^[11]

Anxiety-driven or fear-based behavior

Patients may exhibit behaviors driven by anxiety or fear, such as excessive questioning, restlessness, or somatic complaints. Anxiety can mimic medical illness and is often associated with increased autonomic symptoms such as palpitations, sweating, or muscle tension. Fear of diagnosis, treatment, or hospitalization can also lead to avoidance or heightened vigilance. Recognizing anxiety-driven behavior is crucial for providing appropriate support and reassurance.^[12]

Manipulative or attention-seeking behavior

Some patients may display manipulative or attention-seeking behaviors, such as exaggerating symptoms, making excessive demands, or attempting to control the care environment. These behaviors often stem from unmet emotional needs, insecurity, or previous negative healthcare experiences. Managing such patients requires setting clear boundaries, maintaining professional demeanor, and addressing underlying psychological needs with empathy and consistency.^[1]

ROLE OF NURSES IN ASSESSING AND INTERPRETING PATIENT BEHAVIOR

Observation and communication techniques

Nurses play a critical role in assessing patient behavior through keen observation and effective communication. From the moment of first contact, nurses observe appearance, posture, gait, verbal and nonverbal communication, and specific behaviors to gather important cues that guide further assessment and care.^[13] Therapeutic communication techniques—such as making observations, encouraging descriptions of perception, reflecting, summarizing, and encouraging comparisons—help nurses build understanding and rapport while identifying issues that may not be

immediately obvious.^[14] For example, noticing a patient's fatigue or change in eating habits can open a dialogue about underlying concerns.

Building trust and rapport

Establishing trust and rapport is foundational to successful nurse-patient relationships. Trust is built through consistent, respectful communication, active listening, and demonstrating empathy.^[5,6] When patients feel understood and respected, they are more likely to share important information about their symptoms, concerns, and behaviors. This enhanced communication supports better assessment accuracy and individualized care planning.^[11]

Using behavioral assessment tools

Nurses utilize a variety of assessment tools and frameworks to systematically evaluate patient behavior. These include:

Standardized behavioral assessments

Tools such as mental status examinations (e.g., Mini-Mental State Examination) and pain scales help quantify and document patient behaviors and experiences.^[15]

Head-to-toe and focused assessments

Comprehensive physical and behavioral assessments ensure that all aspects of a patient's health are considered.^[11]

Documentation and charting

Accurate documentation of observed behaviors, changes in mood, and responses to interventions is essential for continuity of care and effective communication within the healthcare team.

Identifying underlying causes of challenging behaviors

Challenging behaviors—such as aggression, withdrawal, non-compliance, or anxiety—often have underlying causes. Nurses are trained to look beyond the surface and consider biological, psychological, social, and environmental factors that may contribute to these behaviors.^[11] For example, pain, medication side effects, fear, cultural background, or lack of privacy can all influence how a patient behaves in clinical settings. By identifying these root causes, nurses can tailor interventions to address the specific needs of each patient, improving outcomes and enhancing patient safety.^[11]

NURSING STRATEGIES TO MANAGE DIFFERENT PATIENT BEHAVIORS

Active listening and therapeutic communication

Active listening and therapeutic communication are foundational to effective nursing care. Nurses should use open-ended questions, reflective statements, and empathetic responses to encourage patients to express their concerns and feelings. This approach fosters trust, reduces anxiety, and helps patients feel heard and understood. Clear and simple communication is especially important in stressful or emotionally charged situations, as it minimizes misunderstandings and supports patient cooperation.^[16]

De-escalation techniques and crisis management

De-escalation techniques are essential for managing aggressive, agitated, or anxious behaviors. Key strategies include:

Respecting personal space

Avoid invading the patient's personal space, which can escalate tension.

Maintaining calmness

Nurses should remain calm, use a low voice, and avoid provocative language or actions.

Identifying wants and feelings

Understanding the underlying cause of distress enables targeted interventions.

Calling for support

If a situation escalates, nurses should seek assistance from colleagues or security while always prioritizing safety.^[7]

Providing choices

Offering patients choices, when possible, empowers them and can reduce agitation.

Crisis management also involves debriefing after incidents to improve future responses and support staff well-being.

Behavior modification and reinforcement strategies

Behavior modification techniques, such as positive reinforcement, can encourage desirable behaviors and reduce problematic ones. Nurses may use praise, rewards, or structured routines to reinforce adherence to treatment plans. For patients with cognitive impairments, reality orientation and validation therapy are effective in reducing confusion and agitation. Maintaining consistent routines and gradually introducing changes can help minimize behavioral disruptions.^[17]

Patient education and involvement in care decisions

Patient education is a powerful tool for managing behavior and promoting engagement. Nurses should tailor educational approaches to the patient's learning style, use visual aids or technology when appropriate, and involve family members as needed.^[3] Encouraging patients to participate in care decisions increases their sense of control and motivation, leading to better adherence and satisfaction. Education should address the patient's condition, treatment options, and self-management strategies, fostering a collaborative care environment.^[18]

SPECIAL CONSIDERATIONS IN PEDIATRIC, GERIATRIC, AND PSYCHIATRIC NURSING

Age-related behavioral patterns

Patient behavior varies significantly across the lifespan, necessitating age-specific nursing approaches.

Pediatric nursing

Pediatric patients—from neonates to adolescents—exhibit behaviors shaped by developmental stages, family dynamics, and cognitive abilities. Pediatric nursing emphasizes family-

centered care, involving parents or guardians in decision-making and education. Communication must be adapted to the child's developmental level, and care strategies should address both the child's and the family's needs.^[19]

Geriatric nursing

Older adults often experience age-related changes such as sensory impairments (e.g., hearing loss), cognitive decline, and chronic illness. These changes influence behavior and require nurses to adapt communication techniques, ensure safety, and address complex physical, psychological, and social needs to enhance quality of life.^[20]

Cognitive impairments and their influence on behavior

Cognitive impairments, such as dementia in older adults or developmental delays in children, profoundly affect patient behavior and care requirements.

Geriatric patients

Dementia and other cognitive disorders may result in confusion, agitation, withdrawal, or aggression. Nurses must use clear, simple language, maintain routines, and provide reassurance to reduce distress.^[2]

Pediatric patients

Children with developmental or cognitive challenges may struggle with communication, self-regulation, or understanding treatment. Nurses should use age-appropriate explanations, involve caregivers, and employ play or other therapeutic activities to facilitate cooperation and reduce anxiety.^[10]

Psychiatric nursing

Patients with mental health conditions may display behaviors such as impulsivity, emotional dysregulation, or withdrawal. Psychiatric nurses focus on therapeutic communication, emotional support, and safety, while also addressing underlying psychological and social factors.^[6]

Tailored approaches for vulnerable populations

Vulnerable populations—including children, older adults, and individuals with mental illness—require tailored, compassionate nursing interventions.

Pediatric nursing

Focus on preventive care, health promotion, and family engagement. Nurses should advocate for safe, child-friendly environments and use developmentally appropriate tools and technique.^[7]

Geriatric nursing

Prioritize holistic care, addressing physical health, mental well-being, and social connectedness. Nurses should be attentive to sensory and mobility needs, promote autonomy when possible, and safeguard against neglect or abuse.

Psychiatric nursing

Emphasize therapeutic relationships, patient education, and collaborative care. Nurses play a key role in crisis intervention, behavior management, and supporting recovery and community integration.^[20]

CHALLENGES FACED BY NURSES

Emotional toll and burnout

Nurses frequently experience high levels of emotional distress, anxiety, depression, and burnout due to the demanding nature of their work. Recent global studies indicate that 61% of nurses worldwide report experiencing anxiety, depression, or burnout, and 57% feel exhausted every day at work. Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is associated with increased sick leave, lower job performance, and higher turnover rates. This emotional toll can negatively impact both the mental and physical health of nurses and may lead to decreased patient safety and satisfaction.^[19]

Communication barriers

Effective communication is essential for quality patient care, but nurses often face barriers such as language differences, cultural misunderstandings, or cognitive impairments in patients. These challenges can hinder accurate assessment, patient education, and the establishment of trust. Addressing communication barriers requires cultural competence, patience, and the use of interpreters or alternative communication tools.

Managing unpredictable or violent behavior

Nurses are routinely exposed to unpredictable, aggressive, or violent patient behaviors—nearly 50% of nurses' report facing public aggression or violence just for doing their jobs¹. Managing such behaviors requires de-escalation skills, crisis intervention training, and a supportive team environment. Failure to address these situations effectively can compromise both nurse and patient safety.

Need for training and support

The complexity of patient behaviors and the high-stress environment of healthcare settings necessitate ongoing training and robust support systems. Nurses require education in behavioral assessment, therapeutic communication, crisis management, and self-care strategies. Organizational interventions—such as reducing workloads, improving team cooperation, and providing access to mental health resources—are crucial for mitigating burnout and improving job satisfaction. Without adequate training and support, nurses are at greater risk of burnout, reduced quality of care, and turnover.^[21]

RECOMMENDATIONS FOR PRACTICE

Enhancing nurse training in behavioral assessment and management

Evidence supports the effectiveness of targeted training programs that equip nurses with skills in behavioral assessment, de-escalation, and crisis management. Such programs, which may include in-person workshops, hands-on practice, and ongoing supervision, have been shown to significantly increase nurses' confidence and competence in managing challenging patient behaviors. Regular refresher courses and feedback mechanisms help ensure long-term application of these skills.^[15]

Promoting interprofessional collaboration

Behavioral health nursing greatly benefits from interprofessional collaboration with psychiatrists, psychologists, social workers, and other healthcare professionals. Interprofessional teamwork facilitates comprehensive care planning, supports early identification of behavioral issues, and ensures that patients receive coordinated interventions tailored to their complex needs.^[5] Nurses should actively participate in multidisciplinary rounds and care conferences to advocate for patients and share valuable behavioral insights.

Incorporating behavior-focused care plans

Care plans should explicitly address behavioral goals and interventions, integrating evidence-based practices for managing anxiety, aggression, non-compliance, and other challenging behaviors. This approach ensures that all team members are aligned in their strategies and that patient progress is systematically monitored and documented.^[22] Individualized care plans, developed in partnership with patients and families, promote engagement and improve outcomes.

Creating patient-centered and culturally sensitive environments

Nurses play a key role in fostering environments that respect cultural diversity and prioritize patient dignity. Culturally sensitive care involves understanding and accommodating patients' beliefs, values, and preferences, as well as addressing any language or communication barriers.^[5] Patient-centered care environments support autonomy, reduce anxiety, and enhance satisfaction for both patients and staff.^[23]

CONCLUSION

Understanding patient behavior is fundamental to effective nursing practice. Nurses who are skilled in behavioral assessment and management can deliver care that is both compassionate and evidence-based, improving safety, satisfaction, and outcomes for patients across diverse settings. The role of nurses extends beyond clinical tasks to include advocacy, education, and emotional support, all of which are essential for holistic, behavior-sensitive care.

Empathy, awareness, and a commitment to ongoing learning are vital for addressing the complex and evolving needs of patients. By embracing these principles, nurses can continue to lead the way in creating safe, supportive, and healing environments for all individuals under their care.

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