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ORIGINAL ARTICLE

Interpersonal Relationship of Nurses against Feelings of Uncertainty in Patients in the Treatment Room Based on Uncertainly Theories

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ABSTRACT

Background: Nurse that able to develop positive relationships with client scan help reduce uncertainty that are directly related to high emotional distress, anxiety and depression because it provides an opportunity to develop alliances, communication, and acceptance.
Aim: The purpose of this research is analyze the influence of nurse's interpersonal relationship toward uncertainty in patient's ward.
Methods: This research use analytical design with cross sectional approach and involves 40 respondents of all clients that in the ward procedure using simple random sampling technique. Research conducted in the ward installation in General Hospital sidoarjo, starting from may until july 2018.The independent variable of this research is the nurse's interpersonal relationship while the dependent variable is the uncertainty in ward patient.
Results: The results showed that nurse's interpersonal relationships in the favourable criteria (52.4%) and uncertainty in the ward patient in the moderate high level (50%). Results of regression analysis showed the value of probablity (sig.) 0.000is smaller than the value of alpha(a) (0.05) that mean there is significant influence between nurses's interpersonal relationship toward uncertainty in ward patient's with the model of regression is, uncertainty(y) = 96.316-2,231 x interpersonal relationship (x). Percentage of the influence of nurses's interpersonal relationship toward uncertainty is 38,9%.
Conclusion: of this research stated there is significant influence between nurses's interpersonal relationship toward uncertainty inperioperative patient's family with the model of regression is, uncertainty(y) = 96.316-2,231 x interpersonal relationship(x).
Keywords : Ward nursing, interpersonal relationship, uncertainly

INTRODUCTION

Ward care is a difficult experience for almost all patients. Bad possibilities in the future often make patients show a rather excessive attitude about the feelings of uncertainty they experience when undergoing treatment (Kamarullah, 2015; Muslimah, 2016). One form of the outcome of the disease and its management is a sense of uncertainty (uncertainty in illness) (Dektrapon et l, 2009).

Unresolved uncertainties can cause emotional stress or anxiety for sick individuals and also family members (Mishell, 1988; Miller, 1993). Perioperative nurses in practice are still too focused on the patient's readiness and have not touched, even though the patient is the main defense system in the healthy and sick range (Suprayitno, 20014). Patients who are unable to overcome the uncertainties associated with their illness will have adverse effects on the emotional state and the patient's final recovery (Miller, 1994). The level of uncertainty in both disease and management that is felt by patients can be reduced by the way nurses foster good interpersonal relationships with patients who care for them (O'Bryne, 2013).

High uncertainty will be directly related to high emotional distress, anxiety and depression. Uncertainty in the family that occurs will make the patient's function as the main support in preventing patient anxiety from going well. Doubts in perceived illness are influenced by several factors namely ambiguity, uncertainty, complexity and also inconsistencies (Mishell, 1988; Mormick, 2002). The results of interactions with nurses can be very significant in reducing anxiety, tension and frustration so as to suppo the quality of nursing care. The quality of nursing care is strongly influenced by the quality of the nurse's relationship with t client (Peplau, 1952; Tomey, 1995).

The purpose of this study was to analyze and model the effect of nurses' interpersonal relationship based on uncertainty theory on the uncertainty of patients in the care ward. Theoretical benefits of increasing knowledge and references in nursing, especially regarding interpersonal relationship nurse patients on wards with a high degree of uncertainty and become a reference source for nurse guidance in improving interpersonal relationships. Practical benefits are providing input for institutions to determine the effect of interpersonal relationships nurses, so that it can be used as information in order to address / reduce the level of uncertainty in perioperative patients through a good personal relationship between nurses and clients.

METHODS

The study was conducted in a nursing ward, which began from May to July 2018. This type of research is analytic with cross sectional approach which is a study to study the dynamics of correlation between risk factors of effects by means of approach, observation or data collection at one time meaning, each research subject is only observed once and measurements are made on the character status or subject variables at the time of the examination (Notoadmodjo, 2012). This study discusses the influence of the independent variable that is interpersonal relationship nurses with the dependent variable that is uncertainty in patients in the care ward. The population in this study were all patients who were treated in the class 3 care ward and were in the care ward. The average number of patients at IBS 3 months during 2017 was 212.

This research was taken by using "simple random sampling" with a sample of 40 respondents.

Retrieval of data about family uncertainty using the MUIS-FM (Mishel's Uncertainty in Illness Scale-Family Member) questionnaire form adopted from the PPUS-FM (Parents Perception of Uncertainty in Illness Scale-Family Form) questionnaire obtained from the theory of Uncertainty in illness proposed by Mishel (1998) developed by Miller (1993) and Mitchell (2003). Meanwhile, to measure the level of interpersonal relationship nurses used a theory-based questionnaire from the theory of uncertainty totaling 20 items divided into 4 phases according to the stages in Hildegard Peplau's interpersonal relationship theory (Buts & Rich, 2010; Revitasari, 2014).

The way to collect data is by using a questionnaire distributed to respondents. Before filling out the questionnaire, respondents were given an explanation of how to fill out the questionnaire, the distribution was carried out simultaneously and after being filled out the questionnaire was withdrawn by the researcher then analyzed the data

RESULTS

General Data: Characteristics of respondents based on age

Table 1 shows that almost half of respondents aged more than 50 years were 12 respondents (28%).

Table 1 Frequency distribution of respondents by age

Age in years	Frequency	%age
19-25	5	12
26-30	6	14
31-35	2	5
36-40	7	17
41-50	10	24
51-70	12	28
Amount	40	100

Source: Primary Data 2018

Characteristics of respondents based on education

Table 2: Frequency distribution of respondents by education

Education	Frequency	%age
Elementary	11	26
Junior High School	8	19
Senior High School	17	41
Bachelor	6	14
Amount	40	100

Source: Primary Data 2018

Table 2 shows that almost half of the respondents' education level were high school, namely 17 respondents (41%).

SPECIAL DATA

Univariate Analysis: Interpersonal relationship nurses

Table 3: Frequency distribution of respondents based on nurses-personal relationship categories

Interpersonal Relationship Nurse	Frequency	%age
Good	22	52.4
Not Good	18	3.6
Amount	40	100

Source: Primary Data 2018

Table 3 obtained the data of the majority of respondents numbered 22 respondents (52.4%) gave a score exceeding the predetermined cut of points (≥11.76) which means included in the criteria of good nurses interpersonal relationships. Interpersonal relationship nurses in accordance with the theory of uncertainly has four phases that can describe which parts identify nurse interpersonal relationships that are good or not good. Respondent data shows the details are as follows:

Table 4 The Average Distribution of Each Factor and Nurse Interpersonal Relationship Items

Orientasi	7	4,02	7,76	0,57
Identifikasi	5	2,90	6,84	0,58
Eksplorasi	4	2,52	4,36	0,63
Resolusi	4	2,14	11,37	0,53
Amount	11,58			

SD Average per item

Source: Primary Data 2018

Data on average for each item shows that the resolution phase gets the smallest assessment of the four nurses interpersonal relationship phases with an average of 0.53.

Uncertainty in the families of perioperative patients

Table 5 shows that half of the respondents studied were in the medium uncertainty category of 20 people (50%).

The average factor shows that ambiguity contributed the greatest number to form uncertainty, 28.3. But complexity (complexity) is a factor that has the highest uncertainty of the average of each item is 3.15

Table 5 Distribution of uncertainty in the families of perioperative patients

Uncertainty in the family	Amount	%age
Not uncertainly	0	0
Light uncertainly	1	2,4
Is on uncertainly	20	50
Weight uncertainly	20	47,6
Very weight uncertainly	0	0
Amount	40	100

Source: Primary Data 2018

Table 6: MUIS-FM Average of Each Factor and Average of Each Item

Factor	Average factor	Average of each factor	SD	Average per item
Ambiguity	10	28,3	7,66	2,83
Complexity	7	22	5,24	3,15
Inconsisten-cy	4	11,9	7,48	2,98
Unpredic-tability	3	8,24	0,57	2,75
Amount	24	70,45		

Source: Primary Data 2018

DISCUSSION

Interpersonal relationship nursesData obtained from family members in perioperative patients is known that the majority of patients totaling 22 respondents (52.4%) gave a score exceeding the predetermined cut of points (≥11.76) included in the criteria of good interpersonal relationship nurses. The conclusion that can be drawn is that most patients on the ward assume nurses interpersonal relationships in accordance with the theory put forward by uncertainly already going well. Meanwhile a number of 20 respondents gave a score of less than 11.76 so that it was included in the criteria for nurses to consider interpersonal relationships as not good.The number of respondents who still consider nurses interpersonal relationships are not good (47.6%) shows that nurses need to evaluate their performance so that they can improve their interpersonal relationships with patients. Factors that influence interpersonal relationships between nurses and patients are the lack of effective communication, empathy, emotional awareness, and nurses' attitudes (Revitasari, 2014). The resolution phase and orientation phase get the lowest rating by respondents from the four phases proposed by Hildegard Peplau. This is related to the function of nurses in starting a role as a partner (stranger) and ending the role as an adult person is still below the average of other functions. In the orientation phase the data collection process occurs, and the process of fostering a trusting relationship between the nurse and client. The first phase of care identifies itself with the name and professional status and states the goals, nature, and time available to patients (Peplau, 1997; Fawcett, 2006).

Samples taken from treated patients perceive the results of uncertainty interpreted through a Questionnaire adopted from the Mishel Uncertainty in Illness Scale-Family Member Form obtained figures from the range 47-88 (Mean = 70.45, SD = 11,643). The range and standard deviations obtained from respondents indicate the wide variability of the level of uncertainty studied.Descriptive analysis provides data that the average uncertainty score of family members of perioperative patients is 70.45 with a standard deviation of 11,643. Meanwhile the lowest uncertainty score obtained by respondents is 47 and the highest value is 88 with the middle value is 70 with a score of 62 is the highest score obtained by respondents.Respondents based on measurements using MUIS-FM were half in the category of moderate uncertainty, amounting to 21 people (50%) and followed by severe uncertainty of 20 people (47.6%). This illustrates the high level of uncertainty experienced by family members of perioperative patients in the Central Surgery Installation Room of the Jombang District General Hospital, which is at a moderate level.Ambiguty (ambiguity) is the part that contributes the highest uncertainty rate based on the average of each factor which is at 28.3. This is consistent with the theory put forward by Miller (1993) which says that ambiguity is often cited as a key factor that contributes to the development of uncertainty. Budner (1962) states that situations that create ambiguity include: a completely new situation that contains several cues of the situation complex which contains a large number of cues to consider, and contradictory situations where different cues show different structures and have many meanings (Miller, 1993). Ambiguity in this case shows that the client's family is still unable to interpret the purpose of the explanation both doctor and nurse. The explanation from the medical officer can be interpreted with many meanings by the client's family so that the meaning of the explanation obtained by the client's family is not very clear the intent and purpose.

High uncertainty rate, one of which is caused by the length of time the patient was hospitalized. Most patients who were attended by new respondents were treated within 1-3 days, as many as 28 respondents (67%). Mishel (1988) shows that familiarity with the health care environment will develop over time and through experience in that environment. The result is that the less time spent in adapting to the environment there is a possibility that the uncertainty will be even greater (Miller, 1993).The value of uncertainty also has a relationship with the education level of the sample. A small proportion of respondents who have a level of education up to the undergraduate level is only 6 respondents (14%) and the more dominant is high school graduates are 17 respondents (40%) and elementary schools are 11 respondents (26%). Mitchel (2003) found a statistically significant positive correlation between uncertainty factors and family members who had less than 12th grade education (rpbi = .39, p = 0.033). This shows that family members in studies who have less education felt uncertainty more related to the inability to predict the course of the disease or outcome. This finding is supported by previous studies (Mishel 1981, 1984) which found 120 individuals with lower levels of education have an impact on uncertainty with higher levels related to illness and the service system (Mitchel, 2003)

An additional explanation that can illustrate a fairly high degree of uncertainty is the possibility of being associated with a significant number of partners (husband/wife) (45%) in the sample of respondents. Miller (1993) suggested that there was a statistically significant positive relationship between couples and uncertainty uncertainty (rpbi= .39, p=0.035). Although all subjects in the study recognized close relationships with sick family members, there is a possibility that the high level of commitment felt by most couples might have contributed to the high level of uncertainty and threat (Miller, 1993).

CONCLUSION

The results of the study "The Influence of Nurse Interpersonal Relationship on Uncertainty in the Family of Perioperative Patients Based on Hildegard Peplau Theory" in the Central Surgical Installation Room of the Jombang District General Hospital, East Java Province on 11 May to 12 June 20115 can be concluded as follow:There is a significant negative effect between nurses interpersonal relationship on uncertainty in the families of perioperative patients in the Central Surgical Installation Room of Jombang District Hospital with the regression model formed. Uncertainty (Y) = 96,316-2,231x interpersonal relationship (X).Nurses should further improve their ability to foster interpersonal relationships (interpersonal

relationships) not only with patients but also with families who accompany patients in undergoing procedures that provide difficult experiences for clients, especially in invasive procedures such as the Central Surgical Installation Room of the Regional General Hospital District, so that the level of uncertainty which is the beginning of the emergence of anxiety or high emotional distress can be reduced to a lower level. This can be done by opening good communication at the beginning of the meeting and deeper in exploring problems that arise and also providing education at the end of the meeting so as to ensure significant development between before and after undergoing treatment

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