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Interpersonal Relationship of Nurses Against Feelings of Uncertainty in Patients in the Treatment Room Based on Uncertainly Theories Moch Bahrudin1, and Tanty Wulan Dari2 Departement Of Nursing, Health Polytechnic Ministry of Health Surabaya, Indonesia e-mail : bahrudin_moch@yahoo .com ABSTRACT Nursethatable to develop positive relationships with client scan help reduce uncertainty thatare directly related tohigh emotional distress, anxiety and depressionbecause it providesan opportunity todevelopalliances, communication, and acceptance. The purpose of this research is analyze the influence of nurse's interpersonal relationship toward uncertainty in patient's ward. This research use analytical design with cross sectional approach and involves 40 respondents of all the client 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 variableof this researchisthe nurse's interpersonal relationship while the dependent variable is the uncertainty in ward patient. The results showedthat nurse's interpersonal relationships in the favourable criteria(52.4%) and uncertainty in the ward patient in the moderate high level (50%). Results ofregression analysiss howed the value of probablity (sig.) 0.000is smaller than the value ofalpha (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%. The 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). Data for uncertainty in patients obtained by researchers conducted a preliminary study in the Inpatient Installation Room of the Regional Hospital. Subjects were recruited from the Inpatient Installation Room. Samples taken were patients undergoing this treatment in the class 3 ward in April 2018. Preliminary studies obtained data that 3 people (30%) of the sample experienced above-average uncertainty (Median obtained MUIS-FM> 93). 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 support the quality of nursing care. The quality of nursing care is strongly influenced by the quality of the nurse's relationship with the 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. MATERIALS AND 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 1. Characteristics of respondents based on age Table 1 Frequency distribution of respondents by age No Age (year) Frequency Percentage (%) 1. 19-25 2. 25-30 3. 31-35 4. 36-40 5. 41-50 6. 50-70 amount 5 12 6 14 2 5 7 17 10 24 12 28 40 100 Source: Primary Data 2018 shows that almost half of respondents aged more than 50 years were 12 respondents (28%). 2. Characteristics of respondents based on education Table 2 Frequency distribution of respondents by education No Education frequency Percentege (%) 1. elementry 2. Yunior Hight School 3. Senior Hight School 4. Bachelor 11 26 8 19 17 41 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%). 3. Characteristics of respondents based on the length of time family members were hospitalized Table 3 Distribution of respondent frequencies based on length of family members hospitalized No Length Of Stay hospital (day) frequency Percentege (%) 1. 1-3 28 67 2. 4-6 13 31 3. ≥ 7 1 2 amaount 42 100 Source: Primary Data 2018 Table 3 shows that the majority of respondents' family members were hospitalized for 1-3 days ie 28 respondents (67%). SPECIAL DATA Univariate Analysis 1. Interpersonal relationship nurses Table 4 Frequency distribution of respondents based on nurses-personal relationship categories Interpersonal Relationship Nurse frequency Percentege (%) Good Not Good 22 18 52,4 47,6 Amount 40 100 Source: Primary Data 2018 Table 4 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 5 The Average Distribution of Each Factor and Nurse Interpersonal Fase average factor Average of each factor SD Average per item Orientasi Identifikasi Eksplorasi Resolusi 7 4,02 5 2,90 4 2,52 4 2,14 7,76 6,84 4,36 11,37 0,57 0,58 0,63 0,53 amount 20 11,58 Relationship Items 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. 2. Uncertainty in the families of perioperative patients Table 6 Distribution of uncertainty in the families of perioperative patients Uncertainty in the family amount Percentege % Not uncertainly Light uncertainly Is on uncertainly Weight uncertainly 0 1 20 20 Very weight uncertainly 0 0 2,4 50 47,6 0 Amount 40 100 Source: Primary Data 2018 Table 6 shows that half of the respondents studied were in the medium uncertainty category of 20 people (50%). Tabel 7 MUIS-FM Average of Each Factor and Average of Each Item Factor average Average of each factor SD Average per item factor Ambiguity Complexity Inconsisten-cy 10 7 4 Unpredic-tability 3 28,3 7,66 22 5,24 11,9 7,48 8,24 0,57 2,83 3,15 2,98 2,75 amount 24 70,45 Source: Primary Data 2018 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. Bivariate Analysis Table 8 Cross Tabulation of Nurse's Interpersonal Relationship Effects on Uncertainty in the Families of Perioperative Patients Interpersonal relationship uncertainly Good Not Good Total n Not 0 Ligth 1 Is on 17 weigth 4 very weigth 0 % n 0 0 2,4 0 40,5 4 9,5 16 0 0 % n 0 0 0 1 9,5 20 38,1 19 0 0 % 0 2,4 50 47,6 0 amount 22 52,4 20 47,6 40 100 Source: Primary Data 2018 Table 8 cross tabulation explains that it is known that almost half of the 17 respondents who stated Interpersonal relationship good nurses tended to experience uncertainty in the medium level (40.5%), while respondents who stated that interpersonal relationships were not good nearly half of them experienced uncertainty in severe levels namely 16 respondents (38.1%). A small proportion of respondents who stated that good nurse Interpersonal relationships experienced mild uncertainty were one person (2.4%) and severe uncertainty 4 people (9.5%). Likewise, a small portion of respondents who stated Interpersonal relationship nurses both experienced a sense of severe uncertainty of 4 people (9.5%). Test data normality, Kolmogorov Smirnof's output table shows that the significance value (p) is 0.2 and greater than 0.05 (alpha) so that means that the data are normally distributed.Autokoleration testRun Test gives the results obtained, the significance value (p) of 0.876 and more than 0.05 (alpha). This proves that there is no autocorrelation problem.Heteroscedasticity testHeteroscedasticity test can be seen in scatterplot which shows that the variance of homoskedaticity error spreads randomly and does not form a certain pattern so that it can be concluded that there is no heteroscedaticity problem. Testing the whole model using the ANOVA test gives the result that the p value (significance) of statistical F is 0,000 which means less than 0.05 (alpha) which means that the model formed is able to explain overall empirical data. Partial testing of simple linear regression analysis test shows that the number of unstandarized coefficient is -2.231 with a significant number or probability value (0,000) is much smaller than 0.05 or (<), compared to the significance value <0.05 (p <) which means nurses interpersonal relationship has a significant influence on family uncertainty in perioperative patients at alpha 5% in a negative direction with the overall percentage of nurses interpersonal relationship influence on

family uncertainty in perioperative patients can be seen from the R square value in the summary model is 0.389 (38.9%).Regression models that are formed are :Uncertainty (Y) = 96,316 - 2,231 x Interpersonal relationship (X) 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). The patient resolution phase gradually frees itself from dependence with professional staff. This means that the client is given the opportunity to meet his own needs based on the ability he has. In this stage, the round-trip planning is prepared.The main task in the resolution phase is to free the patient to move in life. Both nurses and patients must, of course, participate in the release process. Moving from the hospital situation to participation in society requires the termination of the nurse-patient relationship and the strengthening of personality for new interdependent social relations (Butt & Rich, 2011). 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. Complexity gives the highest average number (3.15) when viewed from the average of each item, which means that the respondent experiences a higher complexity problem than the four subscales found in uncertainty.Complexity is the complexity of the operation, procedures and maintenance of operations for him. Family members experience uncertainty when there is adequate explanation or lack of understanding. This is related to the high number of ambiguity above. A stressor that often arises from uncertainty is about developing relationships with health services. Lack of clarity may also exist when family members do not receive adequate explanations or if the explanations provided are delivered in complex and complicated sentences (Mishel, 1983; Miller, 1993). The family still feels the perioperative procedure experienced by the client is very complicated so the family cannot understand what actions are performed by the doctor or nurse in the surgical procedure carried out.The average value of respondents (Mean = 70.45) is still below the mean value of MUIS-FM (Mean = 72) of 24 MUIS-FM items, but based on normative data according to Mishel & Epstein (1990) the perceived uncertainty score by respondents are at a fairly high level (Moderately high level) which in this study is interpreted with moderate uncertainty.Mishel & Epstein (1990) conducted a study of 42 parents of newborns who were critically ill to obtain an average uncertainty score of 76.3 with a standard deviation of 20.4 as measured by 31 items that Parent Perception Uncertain Scale (PPUS)) (Miller, 1993).Age grouping of respondents did not have a significant effect on high uncertainty values. Mitchel (2003) indeed argues that with increasing age family members have a significant influence in reducing anxiety related to uncertainty. Respondents are almost half of the total 12 people (28%) are aged 50-70 years and followed by a small proportion of respondents 10 people (24%) but this does not indicate a low level of uncertainty so this does not affect the value uncertainty itself. This conclusion is strengthened by research conducted by Miller (1993). 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). Simple regression analysis begins

with a classical assumption test used to determine whether the results of the simple linear regression analysis used to analyze in this study are free from classic assumption deviations that include tests of normality, heteroscedasticity and autocorrelation.The classic assumption test that has been done can be concluded then the research data have sufficient requirements to be continued with the simple linear regression analysis test.The overall test of the regression model shows that based on the ANOVA statistical test table it is found that the model formed from the two variables is able to explain the empirical data as a whole.The final step in the regression analysis test is to conduct an individual test (partial) to find out how the influence between nurses interpersonal relationship variables to the uncertainty variable in the family of the perioperative patient. Based on the results of the statistical analysis of regression tests found a significant number or probability value (0,000) is much smaller than 0.05 or (<), compared with a significance value <0.05 (p <) which means that nurses interpersonal relationships have Significant effect on family uncertainty in perioperative patients at alpha 5%. This significant influence is interpreted by the R square value in the summary model which means that interpersonal relationship nurses are able to explain the variability of family uncertainty by 38.9%. While other variables that influence uncertainty itself are 61.1%. The regression coefficient formed is -2.231. The negative number found proves that there is a negative correlation between the interpersonal relationship variables of nurses with family uncertainty variables, which means the better the interpersonal relationship value of nurses will reduce the uncertainty value and vice versa.Journal of Marris (1996) supports the results of this study which suggests that the key to uncertainty management is communication in creating interpersonal relationships (Brasher, 2001).Hildegard Peplau also suggested that the results of interactions with nurses can be very significant in reducing anxiety, tension and frustration which are products of uncertainty. The quality of nursing care is strongly influenced by the quality of the nurse's relationship with the client (Peplau, 1952; Tomey, 1995).Mitchel (2003) in his research also revealed that uncertainty is significantly related to anxiety. Previously The research shows that an individual's coping abilities are affected by anxiety and also uncertainty in diseases that limit the patient's adaptation to new environmental situations. This causes relationship problems and psychological distress when the patient relies on family support. The intervention used by Mitchel to reduce uncertainty and increase family member satisfaction is by increasing communication and the close relationship between family members and ICU nurses (Mitchel, 2003). 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 follows: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 Reference : Butts, J.B., & Rich, K.L. (2011). Philosophies and theories for advanced nursing practice. 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