Interpersonal Relationships of Nurses with Families of Patients in Emergency Rooms Based on Human Becoming Theory

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Abstract

The purpose of this research is analyzing the influence of nurse's interpersonal relationship toward human becoming in patient's ward. This research uses 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 Bangil, starting from may until July 2018. The independent variable of this researches nurse's interpersonal relationship while the dependent variable is the uncertainty in ward patient. The results showed that nurse's interpersonal relationships in the favorable criteria (42.5%) and becoming in the emergency room patient in the moderate high level (50%). Results of regression analysis showed the value of probability (sig.) 0.000 is smaller than the value of alpha (0.05) that mean there is significant influence between nurses' interpersonal relationship toward uncertainty in ward patients with the model of regression is, becoming(y) = 76.316-2,231 x interpersonal relationship (x). Percentage of the influence of nurses' interpersonal relationship toward uncertainty is 38,9%. In sum, there is significant influence between nurses' interpersonal relationship toward uncertainty in perioperative patient's family with the model of regression is, becoming(y) = 76.316-2,231 x meaning(x).

Keywords: *emergency room, interpersonal relationship, human becoming.*

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[1,2]. One form of the outcome of the disease and its management is a sense of uncertainty (uncertainty in illness)[3].

Unresolved uncertainties can cause emotional stress or anxiety for sick individuals and also family members[4,5]. 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[6]. 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[7]. 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[8].

Data for human becoming 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.

Human becoming 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[4,9]. The results of interactions with nurses can be very significant in

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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[10,11].

The purpose of this study was to analyze and model the effect of nurses' interpersonal relationship based on uncertainty theory on the human becoming 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 becalming 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[12]. 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 human becoming using the Rosemarie Rizzo Parce 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[4,5,6]. 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[14,15].

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 and Discussion

Table 1. Frequency distribution of respondents by age.

No	Age (Year)	Frequency	Percentage (%)
1	19-25	5	12
2	25-30	6	14
3	31-35	2	5
4	36-40	7	17
5	41-50	10	24
6	50-70	12	28
Total		40	100

Source: Primary Data 2018

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

Table 2. Frequency distribution of respondents by education.

No	Education	Frequency	Percentage (%)
1	Elementary School	11	26
2	Junior High School	8	19
3	Senior High School	17	41
4	Bachelor	6	14
Total		40	100

Source: Primary Data 2018

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

Table 3. Distribution of respondent frequencies based on length of family members hospitalized.

No	Frequency	Length of Stay Hospital (day)	Percentage (%)
1	1-3	11	26
2	4-6	8	19
3	≥7	17	41
Total		40	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%).

Table 4. Frequency distribution of respondents based on nurses-personal relationship categories.

No	Interpersonal Relationship Nurse	Frequency	Percentage (%)
1	Good	22	52.4
2	Not Good	18	47.6
Total		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.

Table 5. Human becoming average of each factor and average of each item.

No	Factor	Average Factor	Average of Each Factor	SD	Average per Item
1	Meaning	10	28.3	7.66	2.83
2	Rhytmicity	7	22	5.24	3.15
3	Trancendence	4	11.9	7.48	2.98
4	Conrtacenence	3	8.24	0.57	2.75

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.

Test data normality, Kolmogorov Smirnov'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. Autocorrelation test, Run 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 test can be seen in scatterplot which shows that the variance of homoscedasticity error spreads randomly and does not form a certain pattern so that it can be concluded that there is no heteroscedasticity 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 unstandardized coefficient is -2.231 with a significant number or probability value (0.000) is much smaller than 0.05, compared to the significance value <0.05 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).

Interpersonal relationship nurse's data 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[15]. 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[10,11].

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[14].

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. Ambiguity (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 which says that ambiguity is often cited as a key factor that contributes to the development of uncertainty[5].

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 ambiguities 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[4,5]. 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)[4,5]. Age grouping of respondents did not have a significant effect on high uncertainty values. Mitchell (2003) indeed argues that with increasing age family members have a significant influence in reducing anxiety related to uncertainty[13,16,17]. 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[5].

Conclusion

In sum, there is significant influence between nurses' interpersonal relationship toward uncertainty in perioperative patient's family with the model of regression is, uncertainty(y) = 96.316-2,231 x interpersonal relationship(x).

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