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



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



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The Relationship between Nurse Caring Behaviour and Nurse-Patient Interpersonal Relationship in the Inpatient Room

Anisah Ardiana, Alfid Tri Afandi, Dwi Nuria Arifin, Nurfika Asmaningrum, Kholid Rosyidi Muhammad Nur

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## The Relationship between Nurse Caring Behaviour and Nurse-Patient Interpersonal Relationship in the Inpatient Room

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### ABSTRACT

Patient is the focus of nursing care, so interpersonal relationships between nurses and patients are needed. Caring behavior can create harmonious interpersonal relationships between nurses and patients. Nurses' caring behaviors are friendly and always empathize with patients and their families. The study aimed to analyze the relationship between nurse caring behavior and nurse-patient interpersonal relationship in the inpatient room at RSU dr. H. Koesnadi Bondowoso. The correlation method used was cross-sectional. The sampling technique applied total sampling with 104 nurses in the inpatient room. This study was analyzed using Kendall's tau-b because the two variables had ordinal scales. The results of Kendall's tau-b test showed that  $p\text{-value} = 0.025$  ( $\alpha < 0.05$ ) with a correlation coefficient of 0.221, which meant that the correlation of the two variables was positive as the level of the strength of the relationship was weak. Nurses with caring behavior were 56 respondents (53.8%), and nurses with good nurse-patient interpersonal relationship quality were 62 (59.6%). This research is expected to be a policy framework for hospital management to improve quality services.

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### Kata kunci:

Perawat  
Perilaku Caring  
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### ABSTRAK

Pasien merupakan fokus dari asuhan keperawatan, sehingga hubungan interpersonal yang baik antara perawat dengan pasien sangat dibutuhkan. Perilaku caring dapat menciptakan hubungan interpersonal yang harmonis antara perawat dengan pasien. Perilaku caring perawat meliputi sikap ramah dan selalu bersikap empati terhadap pasien dan keluarganya. Penelitian ini bertujuan untuk menganalisis hubungan antara perilaku caring perawat dengan kualitas hubungan interpersonal perawat-pasien di ruang rawat inap RSU dr. H. Koesnadi Bondowoso. Metode korelasi yang digunakan adalah cross sectional. Teknik pengambilan sampel menggunakan total sampling dengan 104 perawat di ruang rawat inap. Hasil uji Kendall's tau-b menunjukkan bahwa  $p\text{-value} = 0,025$  ( $\alpha < 0,05$ ) dengan koefisien korelasi sebesar 0,221 yang berarti korelasi kedua variabel tersebut positif dengan tingkat kekuatan hubungan yang lemah. Perawat dengan perilaku caring sebanyak 56 responden (53,8%) dan perawat yang memiliki kualitas hubungan interpersonal perawat-pasien yang baik sebanyak 62 responden (59,6%). Penelitian ini diharapkan dapat menjadi kerangka kebijakan bagi manajemen rumah sakit sebagai upaya peningkatan mutu pelayanan

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## INTRODUCTION

Nurses as a profession engaged in the health sector must always provide professional services and focus on the healthy paradigm by the nursing paradigm (Sary, 2013). Nursing services are one of the factors that are the key to improving health services (Ardiana, 2010). Peplau explained that the patient is the focus of nursing care, so good interpersonal relationships between nurses and patients are needed (Asmadi, 2008). Nursing care can be included in the non-physical environment in nursing (Afandi & Ardiana, 2021).

The concept of the therapeutic relationship between nurses and patients developed by Hildegard E. Peplau in 1952 is based on the goals and roles of nurses for patients. This concept is divided into four phases: orientation, identification, exploitation, and resolution. Ideally, the goals of nursing practice can be achieved well if these four phases of interpersonal relationships between nurses and patients can be well established (Pratiwi, 2017).

Revitasari's research (2014) shows that the interpersonal relationship between nurse-patients results in the bad category of 53%. The patient's family revealed that nurses rarely checked the patient's condition except when administering drugs or injections. As a result, when there are complaints from patients, the patient's family must often visit the nurse's room. The patient's family also said the nurse rarely communicated with the patient when performing the procedure. Generally, when the action is finished, the nurse immediately returns to the nurse's room (Revitasari, 2014). This condition illustrates that the interpersonal relationships between nurses and patients are not optimal (Muhith & Siyoto, 2018).

According to Watson, caring behavior can enable harmonious interpersonal relationships between nurses and patients (Ikafah & Harniah, 2017). Nurse caring behavior is a necessary form of nursing service. The manifestation of nurse caring behavior is a caring attitude towards meeting patient needs, being friendly, calm, and always empathetic towards patients and their families. A nurse's good caring behavior will also increase patient interactions (Pratiwi, 2017).

The caring behavior of a nurse is essential because it can determine the quality of service from a hospital. However, based on research conducted in several hospitals, there are still bad caring behaviors. Based on the results of research conducted by Afrini (2019) at RSUP dr. M. Djamil Padang 40.7% of nurses behave less caring in the inpatient room. Based on the results of research conducted by Lumbantobing (2020) at the Indramayu District Hospital, 37 patients (55.2%) perceived that nurse's caring behavior was still less. The same results were also obtained in the study by Dewi (2017), where 57.6% of nurses' caring behavior is in a bad category. In a study conducted by Prabowo (2014) at RSU dr. H. Koesnadi Bondowoso has 23 nurses (50%) who behave less caring.

Based on a preliminary study conducted by researchers on January 4, 2022 at RSU dr. H. Koesnadi Bondowoso found inpatient rooms, namely the Anggrek pavilion, Bougenville pavilion, Dahlia pavilion, Melati pavilion, Rengganis pavilion, Seruni pavilion, and Teratai pavilion. The researcher's interview with five implementing nurses showed that the nursing actions often performed on patients were measuring vital signs, changing infusion fluid bottles, and drug injections. The nurse revealed that if the number of patients in the room was full, the interaction time between the nurse and the patient when taking action was limited to make time

efficient. This condition resulted in nurses not communicating much with patients. The nurse also revealed that when a patient has a complaint, the patient's family will usually convey it to the nurse's room. It is not uncommon for patients and their families to consider nurses to be unfriendly because of this.

Based on this information, the researcher intends to research the relationship between nurse caring behavior and the quality of nurse-patient interpersonal relationships in the inpatient room of RSU dr. H. Koesnadi Bondowoso aims to determine whether there is a significant relationship so that it can be a reference for improving the quality of nursing services in hospitals.

## METHOD

### *Participant characteristics and research design*

This study used an analytic observational research design with a cross-sectional approach. The cross-sectional research design is a research design that analyzes the correlation between the independent variable and the dependent variable (Masturoh & Anggita, 2018). The researcher analyzed the relationship between nurses caring behavior as an independent variable and the quality of nurse-patient interpersonal relationships as an independent variable in the inpatient room at RSU dr. H. Koesnadi Bondowoso.

### *Sampling procedures*

The first step is for researchers to apply for permission to conduct research with the academics of the Faculty of Nursing, the University of Jember, with letter number 2522/UN25.1.14.LT/2022. After that, send the letter to the Institute for Research and Community Service (LP2M) Jember University. After the letter from LP2M was issued with the letter number 1833/UN25.3.1/LT/2022, the researcher then submitted a research permit to the National and Political Unity Agency (Bankesbangpol) of Bondowoso Regency and received a letter with the number 070/154/430.10.5/2022. The RSU dr. H. Koesnadi then approved the research permit application with letter number 070/449.10.7/2022. After the permit was completed, the researcher met with the head of the inpatient installation and each head of the inpatient room to ask for permission, outlining the objectives and technical research. The researcher asked each room head's help to distribute the research questionnaire link to the implementing nurse in head's room through the WhatsApp group. After that, the researcher verified that the respondent had filled out the questionnaire entirely by equating the list of names of nurses in the inpatient room with a list of names and emails that had been entered on the google form. After collecting all respondent's questionnaire answers, the researchers processed the data through the editing, coding, entry, and cleaning processes.

### *Sample size, power, and precision*

The sampling technique used in this research is the total sampling technique. The sample in this study was 104 nurses in seven inpatient rooms at RSU dr. H. Koesnadi Bondowoso. The researcher conducted this research in April 2022.

**Measures and covariates**

This study uses a data collection tool in the form of a questionnaire. Questionnaire nurses caring behavior adopted from Watson's theory of 10 narrative factors, which have been modified by Irawan (2015) with a total of 42 question items. This questionnaire has been tested for validity by Irawan (2015) from 48 question items resulting in 42 question items declared valid with a value of  $r = 0.462-0.779$ . This questionnaire has also been tested for reliability by Irawan (2015) by producing a cronbach alpha of 0.951, which means it is declared reliable because the cronbach alpha value is greater than 0.6. Questionnaire on the quality of nurse-patient interpersonal relationships based on Peplau's theory, as many as 24 questions adapted and modified from research Pratiwi (2017). This questionnaire has been tested for validity by Pratiwi (2017) from 27 question items resulting in 24 question items declared valid with a value of  $r = 0.485-0.868$ . This questionnaire has also been tested for reliability by Pratiwi (2017) by producing a cronbach alpha value of 0.943 so that this instrument can be declared reliable because the cronbach alpha value is greater than 0.6.

**Data analysis**

Statistical analysis was performed using SPSS (IBM SPSS Statistics for Windows, version 16). The relationship between nurses' caring behavior and the quality of interpersonal relationships was analyzed using the test Kendall's tau-b with a significance level of  $p < 0.05$ .

**RESULTS**

**Table 1.**  
**Frequency Distribution of Respondent's Characteristics (N=104)**

Characteristics	Mean	Median	Min-Max
Age (years)	36.04	25	25-53

Table 1 shows that the average age of nurses is 36 years. The youngest nurse was 25 and the oldest nurse was 53 years old.

**Table 2.**  
**Frequency Distribution of Respondent's Characteristics (N=104)**

Characteristics	Frequency (f)	Percentage (%)
<b>Gender</b>		
a. Man	38	36.5
b. Woman	66	63.5
<b>Last education</b>		
a. D3 Nursing	45	43.3
b. D4 Nursing	0	0
c. S1 Nursing Ners	59	56.7
d. S2 Nursing	0	0
<b>Length of Work in Hospital</b>		
a. <5 years	31	29.8
b. 5-10 years	20	19.2
c. >10 years	53	51

Table 2 shows that most nurses who work in inpatient rooms are women (63.5%). Nurses with the most recent education in the inpatient room, S1 nursing ners have as

many as 59 nurses (56.7%). Most of the length of work of nurses in the hospital is > 10 years, as many as 53 nurses (51%).

**Table 3.**  
**Distribution of Nurse Caring Behavior Indicators**

No	Indicator	Nurse Caring Behavior					
		Caring		Less Caring		Total	
		F	%	F	%	F	%
1	The humanistic and altruistic value system	65	62.5	39	37.5	104	100
2	Trust and hope	47	45.2	57	54.8	104	100
3	Sensitivity to self and others	73	70.2	31	29.8	104	100
4	Mutual trust and mutual help	60	57.7	44	42.3	104	100
5	Expressions of positive and negative feelings	60	57.7	44	42.3	104	100
6	The systematic method of problem-solving	89	85.6	15	14.4	104	100
7	Transpersonal teaching and learning process	55	52.9	49	47.1	104	100
8	Supportive and protective environment	64	61.5	40	38.5	104	100
9	Fulfillment of basic human needs	45	43.3	59	56.7	104	100
10	Phenomenological existential power	52	50.0	52	50.0	104	100

Table 3 shows that the indicators of nurse's caring behavior consist of 10 factors of caring characteristics. The indicators of nurse's caring behavior included in the highest caring category is the systematic method factor in problem-solving as many as 89 nurses (85.6%). Meanwhile, the indicator of caring behavior, which is included in the category of less of caring is the highest namely the factor of fulfilling basic human needs of as many as 45 nurses (43.3%).

Table 4 shows the caring behavior of nurses in the inpatient room at RSU dr. H. Koesnadi Bondowoso, there are as many as 53.8% in the caring category and 46.2% in the less caring category.

**Table 4.**  
**Frequency Distribution of Nurse Caring Behavior**

Variable	n(%)
<b>Nurse Caring Behavior</b>	
a. Less Caring	46.2%
b. Caring	53.8%

Table 5 shows the distribution of the quality indicators of the nurse-patient interpersonal relationship. The quality of the nurse-patient interpersonal relationship in the good category was the highest, namely in the exploitation phase as many as 80 nurses (76.9%). Meanwhile, the nurse-patient interpersonal relationship quality in the not good category was the highest in the orientation phase with 60 nurses (57.7%).

**Table 5.**  
**Distribution of Nurse-Patient Interpersonal Relationship Quality Indicators**

Indicator	Quality of Nurse-Patient Interpersonal Relationship				Total	
	Good		Not good		F	%
Orientation	F	%	F	%	F	%
Identification	44	42.3	60	57.7	104	100
Exploitation	73	70.2	31	29.8	104	100
Resolution	80	76.9	24	23.1	104	100
	69	66.3	35	33.7	104	100

**Table 6.**  
**Frequency Distribution of the Quality of Nurse-Patient Interpersonal Relationship**

Variable	n(%)
Quality of Nurse-Patient Interpersonal Relationship	59.6%
a. Not good	40.4%
b. Good	

Table 6 shows the quality of nurse-patient interpersonal relationships in the inpatient room of dr. H. KoesnadiBondowoso 59.6% in the good category and 40.4% in the not good category.

**Table 7.**  
**Relationship between Nurse Caring Behavior and the Quality of Nurse-Patient Interpersonal Relationship**

Nurse Caring Behavior- the Quality of Nurse-Patient Interpersonal Relationship	value	( $\tau$ )
	0.025	0.221

\*Test Kendal tau-b

Table 7 shows that the results of the bivariate analysis using the testKendall's tau-b obtained  $p$ -value = 0.025 with a significance level of 0.05, then  $p < \alpha$ . This value indicates that the alternative hypothesis ( $H_a$ ) is accepted, namely that there is a relationship between the caring behavior of nurses and the quality of nurse-patient interpersonal relationships in the inpatient ward of RSU dr. H. KoesnadiBondowoso. The table also shows that the correlation value Kendall's tau-b( $\tau$ ) equals 0.221, which means a positive correlation direction with weak strength between the two variables.

**DISCUSSION**  
**Nurse Caring Behavior**

Based on the research results, it can be seen that most of the components of caring behavior are included in the caring category. These components are located in carative factor 1 ( the humanistic and altruistic value systems), carative factor 3 (sensitivity to self and others), carative factor 4 (relationships of mutual trust and mutual assistance), carative factor 5 (expression of positive and negative feelings), carative factor 6 (the systematic method in problem-solving), caratif factor 7 (transpersonal teaching and learning process), carative factor 8 (supportive and protective environment), and carative factor 10 (existential and phenomenological strength). At the same time, the component of caring behavior included in the less caring category is the carative factor 2 (trust and hope) and carative factor 9 (fulfillment of basic human needs). Analysis of carative factor 2 (trust and hope) shows that more than half of the respondents have not implemented caring behavior. This condition can be seen from the answers of many respondents who rarely tell the patient that there is someone who regulates human life, including the patient's recovery. Analysis of the carative factor 9 (fulfillment of basic human needs) shows that most of the nurses also have not been caring. This condition can be seen in many respondents who answered that they rarely helped meet the patient's needs, such as eating and drinking while bathing, changing clothes, and defecating the nurse handed over to the patient's family.This condition canoccur if the number of patients in the room is full, so the interaction time between nurses and patients is limited.

This study found that more than half of the nurses in the inpatient room at RSU dr. H. Koesnadi Bondowoso had caring behavior, but almost half of the nurses also did not have caring behavior. This condition indicates that the proportion of nurses who behave caring and less caring is almost the same. The proportion of caring and less caring behavior of nurses is influenced by several factors, one of which is workload. In line with the research of Demur et al. (2019), which states that

workload has a significant relationship with caring behavior. The high workload causes less time for nurses to care for patients, so nurses only focus on repetitive activities such as administering medication and checking vital signs. Another factor that influences caring is the work environment. The work environment also plays an essential role in the caring behavior of nurses. This condition is in accordance with research conducted by Ashenafie (2020) that the work environment and nurse training on caring are also factors that influence nurse's caring behavior. Nurse's knowledge of caring has a significant relationship with nurse's caring behavior (Rahayu, 2018). Nurse's awareness of caring behavior can be increased by increasing knowledge and training about caring according to the theory of experts.

*Caring* is the essence of nursing practice and has a responsive meaning between nurses and patients (Asmadi, 2008). Caring behavior is an important thing needed by nurses in nursing services, where good caring behavior will improve the quality of nursing care, which will later support patient recovery. In addition, good caring behavior will provide a sense of security and comfort to the patient and increase patient satisfaction. Patient satisfaction with nursing services will affect the selection of health services that will be used when the patient is sick so that it will increase the hospital's financial value. Therefore, nurses should apply caring behavior in every service to support and accelerate the patient's healing process.

#### Quality of Nurse-Patient Interpersonal Relationship

Peplau explained that nursing could not be separated from the relationship between nurse and patient. Good interpersonal relationships between nurses and patients are needed because patients are the focus of nursing care (Asmadi, 2008). This interpersonal relationship is divided into four interrelated phases: orientation, identification, exploitation, and resolution.

The research results in the orientation phase showed that most nurses had not made good introductions. The orientation phase is a phase that aims to determine the existence of problems in the patient. Nurses and patients in this phase act as two foreign individuals, where the patient is someone who needs professional help to solve the problem, and the nurse plays a role in helping the patient to recognize, understand, and determine what the patient needs as an effort to help. Several factors contribute to the lack of achievement in the orientation phase, for example, patients are reluctant to ask questions and disclose related health problems to nurses. According to Townsend (2014), to overcome this, nurses need to build good interpersonal relationships with patients, such as: increasing the ability to empathize or understand the situation, thoughts, and feelings of the patient accurately; building trust between nurses and patients; have a sense of sincerity in doing something to support the patient's recovery; respecting patients by considering patients as unique human beings and entitled to have different opinions; and build a good relationship by showing hospitality and not showing a bad impression to the patient.

The research results in the identification phase showed that most nurses had good quality interpersonal relationships with patients. The identification phase is where the patient considers the nurse as someone who can understand the problem and his needs so that the patient is willing to accept all the help given by the nurse (Asmadi, 2008). Based on the results of this study, nurses have carried out the identification phase for patients well, such as asking about the patient's feelings regarding the health problems they are facing and providing positive reinforcement so that the patient does not suffer from the condition that is being experienced. In line with previous research by Anggraeny et al. (2017), the identification phase that nurses carried out was mainly in the good category (47.6%). Nurses always provide opportunities to discuss diseases and nursing actions and motivate patients to recover quickly. The identification phase is

as important as the orientation phase. In this phase, the nurse identifies the patient's knowledge and abilities so that the patient can assist with the care that will be given (Siokal, 2017).

The research results in the exploitation phase showed that most nurses had good quality interpersonal relationships with patients. The exploitation phase occurs when the patient uses the existing nursing services. In this phase, the nurse provides care according to the patient's needs, and the patient takes the overall value given through an interpersonal relationship (Asmadi, 2008). The exploitation phase aims to assist patients in dealing with their health problems by providing nursing care to patients. In this phase, nurses act as leaders, educators, advocates, and resource persons (Videbeck, 2008). Based on the study's results, the exploitation phase was in a good category. This condition indicates that nurses and patients work well together in the nursing care process, where nurses try to meet patient needs to support patient recovery, and patients also try to fulfill their needs according to their abilities. This condition is supported by research Akbar et al. (2013), which states that respondents are satisfied in the exploitation phase because nurses always focus on providing nursing care to patients. In line with research conducted by Anggraeny et al. (2017), which showed 54.8% in the good category in the exploitation phase. The researcher said that nurses provided services according to patient needs, used simple language when explaining, and always paid attention to patients when nursing care was given.

The research results in the resolution phase showed that most of the quality of interpersonal relationships between nurses and patients was in a good category. The resolution phase is the last phase when the patient no longer needs assistance and available nursing services (Siokal, 2017). In this resolution phase, nurses and patients are ready to end the existing therapeutic relationship because the shared goals between nurses and patients have reached the final stage. The success of this phase is seen when the patient can be independent from the nurse's help (Asmadi, 2008). Based on the study's results, the resolution phase was in a good category. This condition indicates that the patient has been able to meet patient's personal needs independently, the patient is no longer dependent on the nurse and can also express solutions to their problems. In line with research conducted by Arifin et al. (2020), where the nurse has carried out the resolution phase according to her duties, and the patient has been able to meet their needs independently.

Based on the results of research conducted on 104 nurse respondents, it was found that the quality of nurse-patient interpersonal relationships in the inpatient room of RSU dr. H. Koesnadi Bondowoso was mostly in the good category. The results of this study are in line with previous research conducted by Arifin et al. (2020), which shows that the quality of nurse-patient interpersonal relationships based on Hildegard Peplau's theory is in the very good category, as much as 73.6%. The indicators of the quality of interpersonal relations with the highest good category are in the exploitation phase, while the indicators of the quality of interpersonal relationships in the not good category are in the orientation phase. Nurses need to improve the quality of good interpersonal relationships between nurse-patients. This condition is needed to support the process of nursing care provided so that it is carried out optimally

#### Relationship between Nurse Caring Behavior and the Quality of Nurse-Patient Interpersonal Relationship

Based on the bivariate analysis results using the test Kendall's tau-b obtained  $\rho$ -value = 0.025 with a significance level of 0.05, then  $\rho < \alpha$ . This value indicates that the alternative hypothesis ( $H_a$ ) is accepted, namely that there is a relationship between the caring behavior of nurses and the quality of nurse-patient interpersonal relationships in the inpatient room of RSU dr. H. Koesnadi Bondowoso. In this study, the two variables have a positive correlation direction and weak relationship strength. This research is in line with the statement of Mailani and Fitri (2017) that the caring behavior of nurses is needed to foster a



harmonious relationship between nurses and patients. According to Watson, caring behavior can enable harmonious interpersonal relationships between nurses and patients to meet patient needs and provide patient satisfaction (Ikafah & Harniah, 2017).

Based on correlation value analysis Kendall's tau-b ( $\tau$ ) is equal to 0.221, which means that there is a weak relationship with the direction of the relationship between the two variables is positive. The researcher assumes that the relationship between caring behavior and the weak nurse-patient interpersonal relationship quality can occur because of the carative factors included in the category of less caring, especially the second carative factor, namely trust and hope. According to Townsend (2014), trust can be one way to build good interpersonal relationships between nurses and patients. Trust is the basis of good interpersonal relationships, so it must be built so that the relationship between nurses and patients can develop well too. This condition is also needed in the nursing care process to support the patient's recovery. Based on this, the researcher argues that if carative factor 2 (trust and hope) is included in the caring category, then the relationship between the two variables will increase as well as the quality of interpersonal relationships between nurses and patients.

Watson in theory of human care, revealed that caring is the relationship needed between the caregiver (nurse) and the recipient of care (patient) in order to protect the patient and support the patient's ability to recover (Aini, 2018). Several factors influence the caring behavior of nurses, namely workload, work environment, knowledge, and training. Based on the information obtained by the researcher from the head of the inpatient installation at RSU, dr. H. Koesnadi Bondowoso revealed that the need for nurses in each inpatient room had been calculated. This condition means that the workload of every nurse at RSU dr. H. Koesnadi in the same proportion. The work environment also plays an essential role in the caring behavior of nurses. According to Suryani et al. (2010), besides coming from individual factors, caring behavior is also supported by a good work environment. The researcher thinks that the nurses in the inpatient room at RSU dr. H. Koesnadi Bondowoso has a good working environment. This condition is supported by the information obtained by the researcher from the head of the inpatient installation that there are opportunities to increase the career path of nurses at RSU dr. H. Koesnadi Bondowoso. According to Rahayu (2018), nurse's knowledge of caring has a significant relationship with nurse's caring behavior. Based on the information that the researchers received, the nurses at RSU dr. H. Koesnadi once received a seminar related to nursing caring behavior.

Most of the nurses had caring behavior in this study, but almost half of the nurses were also included in the category of less caring behavior. Researchers assume that the behavior of less caring nurses is not influenced by external factors such as workload, work environment, knowledge, and training. This condition can come from the nurse's individual factors, such as motivation to work. Motivation is a process that comes from within the individual, shown by energetic behavior (Ryan, 2000). This assumption is supported by previous research conducted by Prihandhani et al. (2019), that there is a significant relationship between the work motivation of nurses and with caring behavior of nurses. In order to further improve the caring behavior of nurses, the researcher suggests the hospital management provide increased work motivation to nurses and provide an understanding that caring nurse behavior is needed for good quality nurse-patient interpersonal relationships.

#### LIMITATION OF THE STUDY

This research was conducted during the Covid-19 pandemic, so when collecting data researchers used an alternative namely google form.

#### CONCLUSIONS AND SUGGESTIONS

There is a significant relationship between the caring behavior of nurses and the quality of nurse-patient interpersonal relationships in the inpatient room of dr. H. Koesnadi Bondowoso. The direction of the positive correlation with the level of strength of the relationship is weak. The direction of the positive correlation indicates that the higher the caring behavior of the nurse, the better the quality of the nurse-patient interpersonal relationship. Hopefully, this research can become a policy framework for hospital management to improve quality services.

Further researchers can conduct research from the patient's point of view to get more information about the relationship between nurse caring behavior and the quality of nurse-patient interpersonal relationships.

#### ETHICAL CONSIDERATIONS

This research has passed the ethical feasibility test by the Health Research Ethics Committee, Faculty of Nursing (KEPK), the University of Jember with letter number 042/UN25.1.14/KEPK/2022.

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