The Role of Total Client-Nurses Alliance to The Nursing Performance: A Combination Entity and Mental Image Relationship Approach

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Abstact
Failure of nursing care is often found because nurses fail to establish good relationships with patients, meaning nurses are unable to convince patients, that the presence of nurses is able to help solve patient problems. This can be attributed to the fact that nurses are unable to establish a dignified relationship in which humans as individuals include human values that need to be upheld. Nurses sometimes focus more on nursing services on biological and technical aspects of nursing, but less attention to psychological and social aspects. If the nurse fails to increase the patient's participation in nursing care it will certainly affect the nurse's performance in providing nursing care. A nurse-client relationship approach that enables nurses to uphold the value of humanity and the dignity of the patient is through "Total Alliance Client-Nurses". The purpose of this study was to find the effect of combination of entity approach and mental image on nurse performance in both task performance and contextual performance. This study was conducted involving respondents consisting of 195 nurses at Jombang hospital which was selected by proportional random sampling method. In addition, it also involved 390 patients to perceive the performance of nurses. All participants were asked to complete the total alliance therapeutic questionnaire, which is a questionnaire that measures the client-nurses relationship. By using multiple regression test, it was found that there was a positive and significant correlation between therapeutic total alliance (contact, communication, interaction, trust, respect, intimacy and empathy) on nurse performance both performance and contextual performance.
Keywords: Nurse, Performance, Total Client-Nurses Alliance

I. INTRODUCTION

Performance is a benchmark of the success of health services that show accountability of service agencies within the framework of good governance. Performance will reach the highest level if health services in hospitals, continue to make improvements in human resource performance in it. Nurse is one of the biggest element of HR in hospital, of course have influence and big part to hospital performance. Optimal performance can be achieved through good human resource management. Hospitals are required to manage nursing services through best-practice management based on methods and theoretical point of view. Performance can be regarded as a record of achievement of work. Individually, it is a record of one's achievements. Referring to opinion, Borman, & Schmidt (1993), performance is the overall expectation of the value of employee behavior carried out over a period of time. Kane (1996) argues that performance is something that people do and is part of the existence of goals.

According to Renn RW & Fedor DB (2001); Bakker AB (2004); Lutans F (2007) performance is described as the achievement or achievement of a person with regard to all tasks assigned to him based on the Standards of work and is a reflection of an employee's achievement. Performance is assessed by performance standards that explicitly measure the quality and quantity of work. The Institute of Internal Auditors (2013) further explains that performance standards describe internal audit activities that are natural and include performance criteria to be evaluated. The opinions of most experts on performance such as Campbell (1990); Viswesvaran (1993); Griffin MA (2008), Wisecarver MM (2007); Kamali N. J and Abbas M. Y (2012); Bogaert P.V (2013); Pitt PV, et al (2012) that performance concerns work which is an element of a specific job. Borman and Motowidlo, (1993); Viswesvaran & Ones (2000); Rotundo & Sackett (2002); LePine JA, et al (2002); Koopmans L. et al (2011); Griffin MA.2007); Wisecarver MM, (2007); Fluegge ER (2009) states that performance can be explained within the framework of individual work performance. In his review concluded that there are at least two dimensions of work performance that can be distinguished by: task performance (Task Performance), organizational citizenship behavior or contextual performance.

Greenslade J.H and Jimmieson N. L (2011) developed a valid scale to measure the performance of nursing duties in hospitals, based on a task performance model. Greenslade composed the performance of nurse duties including assignments such as information provision, care coordination, support and technical support. The performance of nurse tasks can be measured based on patient centered PCOM output (Patient-centered outcomes measures),

nursing-centered intervention measures (NCIM) nurses, and centered measures (Van Fosson CA, et al., 2016). Furthermore, Borman and Motowidlo (1993); Griffin MA.2007); Wisecarver MM, (2007); Fluegge ER (2009) posits contextual performance ideas that include certain non-job behaviors such as cooperation, dedication, enthusiasm and perseverance and are distinguished from task performance that includes specific work behaviors. This opinion is supported by Fletcher (2001) who mentions that contextual performance with attributes that goes beyond task competence and that foster behavior that improves the climate and organizational effectiveness. Kushnira T (2008) states that the contextual performance of nurses can be measured based on the level of participation in nursing services. While Kaur D (2015) adds one aspect of caring behavior as a contextual performance. Sony M (2016) complements contextual performance by incorporating good interpersonal behavior. Meanwhile, Greenslade JH and Jimmieson N. L (2011) explained that the nurse's contextual performance includes dimensions: (1) Job-task support, (2) Interpersonal support, (3) Compliance), (4) Volunteering for additional duties.

There are several factors that influence performance, among others, are personal attribute (personal attribute), work effort, and organizational support (Blumberg & Pringle, 1982). The three factors above need further study considering there is a fact that, nursing service is said to have a good job performance if it has proper value to the nursing service unit, both from technical aspect (science, skill, and technology) and interpersonal namely the nurse-patient relationship: communication, empathy and patient satisfaction. Other facts indicate that the nurse's performance weakness lies in nursing services that are associated with interpersonal behavior which in this case according to Kaur D (2015) is referred to as caring behavior. The growing relationship between client and nurse is classified as one mutually beneficial alliance, and partnership. The nature of client-nurse interaction has an important impact on the course of care, provided it achieves results according to the client's wishes (Garum & Canady, 1990). Further Mulcahy H (2008) states that, the goal of client-nurse relations is to support the client's independent coping, cooperate and perform tasks according to responsibilities. Abdel-Tawab N (2010) added that client-nurse relationships are capable of creating sustainability in achieving goals. According to Baillie L (2005) nurses need to develop relationships with patients quickly according to the conditions and needs of patients, the nature of the relationship will vary. Nurses should have the best intentions, even in busy circumstances should it still be possible to help and physically accompany clients physically so that clients feel they care and feel satisfaction with the relationship. Although, client-nurse relationships according to Farchuk C (1995) are unique, nurses will experience different relationships with different clients, clients will experience a different relationship with different nurses. The nurse-client relationship can increase the value of its performance, if the nurse can create relationships that uphold the value of humanity and the dignity of the patient is through a "total client-nurse alliance".

The total client-nurse alliance is a professional relationship that partnerships between clients and nurses aim to help clients meet the client's basic needs, built on the nurse's ability to show interest and understanding of the client as a whole person. According to Scheich DM (2011) explains that the relationship between client and nurse can be influenced by self awareness, the change can be seen from passion in interaction and self-control. Meanwhile, Russell J, et al (2004); Ming Lien H, et al (2004) argues that collectively, client-nurse relationships are related to adherence, nurse knowledge, nurse's way of personally interacting with the patient, influence by rationale and persuasion, and nurse practice style exhibit characteristics such as caring, go ahead and spend time with clients. Building client-provider relationships by Arnold E., C & Boggs K., U (2014) can be done through six things. Six things are partnership, empathy, apology, respect, legitimacy, validating your clients' feelings and worries. Nurse-client relationship therapy is the core of nursing. According to Kim H. S (2000) to understand the phenomenon of the area the relationship between client-nurses can be focused on two aspects of ontology of human beings who look at nurse-client relationships based on entity and mental image. Relationships are entities including: first observable phenomena are contacts that focus on humans as "materialistic", entities; Second is communication (communication) focus on humans as the use of symbol between language and other non-language form; The third phenomenon is the interaction of the focus on humans as a social agent. Next is the abstract relationship that is mental image (mental image) there are five components of nurse-client relationship are: trust, respect, professional intimacy, and emphaty (CNO, 2013).

The phenomenon of contact as a form of client-nurse relation refers to the phenomenon of manifestation, body and character space. In the study of Baillie L (2005) obtained information that, a good nurse, polite and still present themselves in addition to the client although busy, showing concern and can satisfy the client to the relationship. The nurse's touch in carrying out client care actions contributes to the closeness of the relationship. Contact dimensions include: conforting touch that is affection-based management that is formed by sight, sound and touch; therapeutic touch is treatment based on the indication of therapy done with courtesy, warm and maintaining adequate relationship; distance is to maintain the perception of the client that remain familiar with safe distance; the flow of interpersonal energy transfer is the delivery of information and the exchange of feelings and thoughts;

the presence of interpersonal presence is the presence of nurses both physically and psychologically. Furthermore, communication phenomenon is considered an important aspect in nursing. The ability of nurses to communicate, especially counseling skills greatly affects how the level of relationship between clients and nurses (Newes-Adeyi G (2004). Concepts such as adaptation, negotiation, therapeutic communication, communicative conflicts, and client-nurse communication styles have an important role in nursing practice. This communication dimension is measured based on the following: Communicative conflict: exploring the client's problem of issuing the inner difficulty of the client Communication style that the communication is marked the validity of the spread of the message both verbally and dull is two-way, allowing clients to communicate freely thoughts and feelings Therapeutic communication namely: the way the nurse foster therapeutic relationships with the intention of changing the patient's behavior to reach the optimal level of health.

The last observable relationship is the interaction of the nurse with the client. According to Mulcahy H (2008) mutuality or satisfaction with the level of interpersonal involvement is an indication of the relationship with high participation. Based on the ontological relationship the client-nurse is conceptualized as the interaction in which humans are seen as social agents, engaging in social life forms varying according to the social situation in which interpersonal engage in interaction. Professional services are reported to have a positive effect on client-nurse relationships (Roeden JM, 2012) and nurses experience different relationship events with different clients (Farchuk C, 1995). The relationship can be measured based on mutuality, relationships based on the same purpose and background are marked mutually understood and mutually open; The transaction is an agreement between the nurse and the client in determining the nursing care plan; Therapeutic alliance is the cooperation between nurses and clients characterized by exchange of behavior, feelings, thoughts and experiences in fostering intimate and therapeutic relationships.

The nurse-client relationship phenomenon that abstract nature of mental image can be identified by trust (trust). Trust is an important contribution in the nurse-client relationship because the client is in a vulnerable position (Hupcey, Penrod, Morse & Mitcham, 2001). According to Dawson-Rose C (2016) beliefs contribute to health literacy. Boni Li Y., et al (2016) states that, the high level of client confidence in health providers in most medical cases has resulted in faster patient recovery rates. Trust (Cuevas JM., Et al 2015) arises when one partner has faith in the reliability and integrity of the partner, in this case increasing the commitment to relate. Trust is generally studied in two dimensions based on the rational evaluation process and the emotional response of interaction (Johnson & Grayson, 2005; Parayitam & Dooley, 2009; Yean Chai JC, 2015). The first dimension of trust is known as cognitive trust, cognitive-based trust, knowledge-based beliefs, or belief systems (Fukuyama 1995, Lewicky and Stevenson, 1997; McAllister, 1995). The type of perceived value of trust is objective and is based on "a rational process that determines whether the other party in the relationship can be trusted" (Zur et al., 2012). The second dimension of trust is known as trust based on influence, emotional trust, interpersonal trust, or relational trust (Guenzi and Georges, 2010; Lewis and Weigert 2012; Yean Chai JC, 2015). The next abstract relationship phenomenon is respect is the recognition of the dignity of the client (American Nurses Association, 2001; Milton, 2005). Respect is seen as a set of noble nursing service behaviors (Geller G, 2016). According to Breuer JB, & Mc Dermott J (2013) respect is respecting the history and culture of people.

The phenomenon of subsequent mental image dimensions is professional intimacy. The strength of bonds felt in relationships by Ohtsubo Y., et al (2014) is conceptualized as intimacy. Intimacy has three building blocks: Understanding: the couple accurately understands you; Validation is: the couple appreciate your nature, attitude, and opinion; and Cares: the couple are concerned about your well-being. Validation and caring are highly relevant to bond strength. Intimacy by Constant E (2016) is explained on the basis of understanding: The ability to understand one's spouse; Express one's emotions and freedom of belief; Engagement: the extent to which a person feels connected to his or her partner; Friends together: the extent to which the participation of spouses in appreciating social activities. In addition, Nayeri A (2014) explains that, expressing feelings and thoughts as a source of similarity and closeness. The last mental image phenomenon is empathy. Empathy is an expression of understanding, validating and resonating with the understanding that, the experience of health care can affect the client. Empathy in many nursing litertures is defined as the matching emotional distance of the client to ensure an objective professional response (Kunyk & Olson, 2001). Empathy is to understand the internal framework of other references accurately on the emotional meaning and relate to a person (Palanci M & Okutan M, 2010). According to lmaz S Y & Ahinkaya N, (2010) empathy is the ability to evaluate events from the viewpoints of people who communicate by putting themselves in them, and being able to understand their feelings and thoughts correctly.
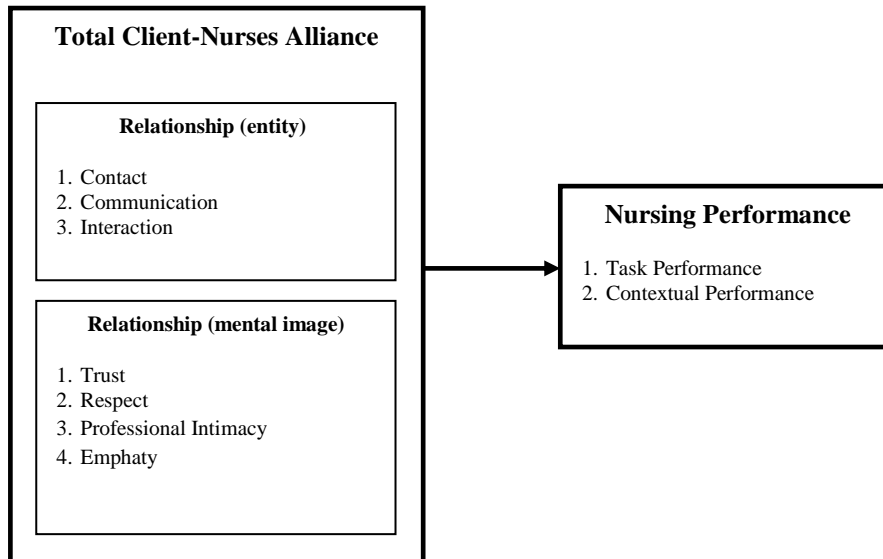
Total Client-Nurses Alliance

Relationship (entity)

1. Contact
2. Communication
3. Interaction

Relationship (mental image)

1. Trust
2. Respect
3. Professional Intimacy
4. Emphaty

Nursing Performance

1. Task Performance
2. Contextual Performance

Figure 1. Conceptual framework of nurse performance based on total client-nurse alliance

II. METHODS

This research was expost facto research, with type of descriptive analytic research that is, research directed to explain a situation or situation with quantitative data collection for hypothesis testing. The study was conducted at the inpatient room at Jomban Hospital. The population was all nurses who carry out the role and function of nursing service in the inpatient room that amounted to 368. The sample size in this study was 195 nurses and 380 patients who were resolved by using proportional random sampling technique. Measurements of task and contextual performance using task-scale and contextual scales developed from Greenslade J.H, 2011; Koopmans L, 2011. Performance performance (task performance) consists of 4 areas and 20 items; which includes provision of information (7 items), technical care (5 items), provision of support (5 items), coordination of care (3 items). Meanwhile, contextual performance measurements consist of 4 areas and 14 items; which includes: job-task support (3 items), Interpersonal support (5 items), Discipline (2 items), Leadership and Managerial (leadership and managerial) (4 items). While for the measurement Total alliance was measured using a totl alliance measurement scale developed from Kim H. S (2000); (Johnson and Grayson, 2005); Breuer JB, & McDermott J (2013) and (CNO, 2013). The total alliance consists of 7 areas consisting of 60 statement items; which includes Contacts (13 items), communication (11 items), interaction (8 items), trust (5 items), respect (9 items), professional intimacy (professional intimacy) (5 items), and empathy (emphaty) (6 items).

The result of validity test using Spearman's analysis Cronbach'-α = 5%., Df = 28, r table = 0.36, performance appraisal of 20 items of task performance statement is valid with value $r \geq 0,380$; 14 items of contextual performance statements are valid with a value of $r \geq 0.366$. Meanwhile, the result of validity test against 60 items of total statement of alliance, contact (13 items) value r = with $r \geq 0.388$ is valid; 11 items of communication valid statements with $r \geq 0.409$; 8 items of valid interaction statements with $r \geq 0.374$; 5 item valid trust statement with $r \geq 0.673$; 9 items of respect valid with $r \geq 0.363$; 8 valid intimacy items with $r \geq 477$; 3 items of emphaty statement valid with $r \geq 0.720$. Reliability test results 20 items reliable task performance statement with Cronbach's Alpha value = 0.823; 14 items of reliable contextual performance statements with Cronbach's Alpha value = 0.859. Meanwhile, the results of reliability test to the total alliance value obtained Alpha Cronbach of 0.501, 54 point statement is declared reliable.

III. RESULTS

A. Description of research variables

The mean value, standard deviation and correlation between the variables in this study can be seen in table 3.1. Result of correlation of total alliance dimension which include contact, communication, interaction, trust, respect, professional intimacy and emphaty as a whole related to task performance. Furthermore, the total alliance also relates significantly to contextual performance which can be seen in Table 3.1 of all dimensions of the total alliance all related to contextual performance.

Tabel 1. Means, standart deviations, simple correlations among study variables

Total Alliance	Mean	SD	Task Performance	Contextual Performance
Contact	61.58	6.31	0.001	0.0001
Communication	51.16	4.74	0.0001	0.003
Interaction	36.95	3.03	0.001	0.0001
Trust	23.99	2.10	0.0001	0.0001
Respect	40.92	3.62	0.016	0.0001
Professional Intimacy	36.79	3.56	0.002	0.0001
Emphaty	14.80	1.46	0.179	0.0001
Task Performance	92.60	11.80	-	-
Contextual Performance	68.44	6.76	-	-

* p = 0.05

B. The Role of the Total Alliance on Task Performance

The result of the indicator regression test of the total alliance on the performance of nurse duty can be seen in Table 3.2. The total alliance indicator based on the embodiment of contact, communication and interaction of all three have an influence on nurse performance significantly. Thus if the nurse is able to carry out contact, communication and good interaction with the patient, it will produce a good task performance. Furthermore, the total alliance indicator based on the mental image of trust, respect, professional intimacy shows a significant influence on the performance of the task. Meanwhile, the empath indicator has no significant effect on the task performance. The nurse's ability to establish relationships based on trust, respect, and intimacy can improve job performance outcomes.

Table 2. Results regression test of Total Client-Nurses alliance indicators on task performance

Total Alliance	Correlation Coefficient	R^2	B	Beta	t	Sig
Contact	0.238	0.057	0.444	0.238	3.403	0.001
Communication	0.359	0.129	0.892	0.359	5.341	0.0001
Interaction	0.236	0.056	0.917	0.236	3.375	0.001
Relationship (entity)	0.337	0.113	0.341	0.337	4.970	0.0001
Trust	0.264	0.070	1.481	0.264	3.803	0.0001
Respect	0.172	0.030	0.560	0.172	2.423	0.016
Professional Intimacy	0.226	0.051	0.747	0.226	3.218	0.002
Emphaty	0.097	0.009	0.776	0.097	1.349	0.179
Relationship (mental image)	0.240	0.058	0.320	0.240	3.437	0.001

The result of the test of the role of total alliance indicator on contextual performance shows that the relationship indicator based on the entity that is contact, communication and interaction proved to be significantly affect the contextual performance. Likewise, the indicator of the mental relationship of image that is trust, respect, professional alliance and empathy entirely significantly influence on contextual performance, see table 3.3. The results show that the nurse's ability to create a nurse-client relationship based on the relationship of form and mental image will increase the value of contextual performance.

Tabel 3. Result Regression Test of Total Client-Nurses Alliance Idicator on Contextual Performance

Total Alliance	Correlation Coefficient	R^2	B	Beta	t	Sig
Contact	0.448	0.200	0.479	0.448	6.956	0.0001
Communication	0.213	0.045	0.303	0.213	3.023	0.003
Interaction	0.283	0.080	0.630	0.283	4.102	0.0001
Relationship (entity)	0.403	0.163	0.234	0.403	6.123	0.0001
Trust	0.483	0.234	1.553	0.484	7.670	0.0001
Respect	0.371	0.137	0.692	0.371	5.542	0.0001
Professional Intimacy	0.457	0.209	0.867	0.457	7.144	0.0001
Emphaty	0.437	0.191	2.011	0.437	6.748	0.0001
Relationship (mental image)	0.524	0.274	0.400	0.524	8.538	0.0001

If we compare, the role of nurse-client relationship based on the relationship of form and mental image, it is found that relationship entity has more influence on task performance compared to contextual performance. Whereas, the mental role of image relationship has more influence on the contextual performance than the performance

duties, see table 3.4. These two relationships when combined will result in a nurse-client relationship that effectively improves the overall performance of the nurse.

Table 4. Multiple Regression Relationship Test Results (entity and mental image) on Task and Contextual Performance

Total Alliance	B	Beta	Task Performance	Contextual Performance
Relationship (entity)	0.312	0.308	0.001	-
Relationship (mental image)	0.0622	0.046	0.598	-
	0.071	0.122	-	0.124
Relationship (entity) Relationship (mental image)	0.342	0.447	-	0.0001

IV. DISCUSSION

In the world of nursing, the relationship between nurse and client is the basis of nursing practice (CRNBC, 2012). How good nurse-client relationships can produce good nurse performance is certainly based on the view that the nurse-client relationship is a therapy, where nursing-client relationship therapy by Parpottas (2012) is described as a unique relationship between nurse and client and based on the interpersonal processes that occur between nurses and clients (Foster & Hawkins, 2008). In addition, the nurse-client relationship is a vehicle for nurses to apply the nursing process. Where the key relationships use nursing knowledge and skills in addition to applying caring attitudes and behavior (CRNNS, 2007). If a successful nurse maintains a relationship with the client and there is a willingness to engage from each side to achieve the goals of nursing care, then nursing care will be effective, which is an indicator of the success of the nurse's performance.

In this connection nurses use the ability of contact, communication and interaction to establish relationships in entities or forms. Furthermore, nurses also apply the ability to realize trust, respect, intimacy and empathy as a mental image (mental image). This is in accordance with what is described by Kim H. S (2000) to understand the phenomenon of the relationship area between the client-nurses can be focused on two aspects of ontology of the human who views the nurse-client relationship based on the entity and mental image (mental image) . If the client or patient has agreed and is willing to achieve the degree of health, the next stage is the relationship is directed to the planning achievement of goals of nursing care. Therefore the nurse-client relationship is a professional relationship that is a relationship based on a plan directed toward the achievement of goals of nursing care. Failure in this relationship will certainly affect the level of participation in nursing care, so it will affect the results of nursing care or the performance of nurses to be inhibited. This is in accordance with research Mulcahy H (2008) which states that satisfaction in interpersonal relationships is an indication of the level of good participation. Furthermore Abdel-Tawab N (2010) asserts that improving the relationship between patients with providers can improve service continuity.

The creation of a professional relationship between the nurse and the patient first is the presence of the nurse as contact, communication and interaction raises the patient's caring value for the nurse. As mentioned by Foster & Hawkins, (2008) that the goal of the nurse-client relationship is to increase the client's best interests. Second, the client nurse's relationship, especially the mental image (trust, respect, intimacy and empathy) is a component of the nurse-client relationship that must be created, where the nurse-client relationship takes place. The mental image underlies a nurse-client relationship to the best degree of relationship, because it provides a convincing, secure, quiet and dignified service. In addition, mental images in nursing services display caring attitudes and behaviors, which make nursing services comprehensive, so patients will feel that nursing care is not just implementing nursing technical actions but beyond all that.

V. CONCLUTION AND SUGGESTION

Based on the results of the research and discussion above, it can be concluded that: The total alliance indicators that include contact, communication, interaction, trus, respect, professional intimacy and empathy are indicators that affect the performance of nurses. More specifically, the nurse-client alliance based on the relationship of existence has a better effect on task performance, while the mental image relationship has a better effect on the contextual performance. Nevertheless in its entirety, the combination of hubugan form and mental image is a good combination to increase the nurse's performance value. The relationship between nurse and client is the basis of nursing practice. Participation and willingness to engage from each party and the establishment of a fun and dignified alliance is an important element of the effectiveness of nursing care. The effectiveness of nursing care is a factor that determines the performance of nurses. Based on these conclusions, the advice that nurses can give

is that the nurse must be able to create a cooperative relationship characterized by the exchange of behavior, feelings, thoughts, experiences in fostering a therapeutic intercourse. The nurse must also be able to examine his or her feelings, reactions and behavior both personally and as a nursing carer as well as the ability to uphold human dignity.

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