

## INDONESIAN FRAMEWORK FOR NURSE-PATIENT THERAPEUTIC RELATIONSHIPS: INSIGHTS FROM CANCER WARD EXPERIENCES

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### ABSTRACT

Cancer care requires exceptional therapeutic relationships due to patients' complex physical and emotional needs, yet these relationships face unique challenges in resource-constrained settings. In Indonesian oncology units, where high patient volumes and limited resources strain nurse-patient interactions, understanding the current state of therapeutic relationships becomes particularly crucial. This study aims to explore the nurse-patient therapeutic relationship along with respect, genuineness, empathy, trust, and confidentiality, to identify problems and challenges encountered by nurses and patients related to their therapeutic relationship, and to develop a proposed nurse-patient therapeutic framework for cancer patients in Indonesian contexts. A descriptive phenomenology approach was used in this study. 17 nurses and 15 patients were recruited using a purposive sampling method. Data was collected through in-depth interviews, verbatim transcribed, and thematically analyzed. Total 11 themes and 24 sub-themes emerged in 5 aspects of the nurse-patient therapeutic relationship. Problems and challenges encountered by nurses and patients need to be solved by improving nurse communication and developing a trusting relationship with patients and improving patients' comfort through improving hospital facilities. The proposed framework of the nurse-patient therapeutic relationship between nurses and patients may be used as the basis for developing a standard of nursing care for cancer patients.

### ABSTRAK

Perawatan kanker memerlukan hubungan terapeutik yang luar biasa karena kebutuhan fisik dan emosional pasien yang kompleks, namun hubungan ini menghadapi tantangan unik dalam pengaturan sumber daya yang terbatas. Di unit onkologi Indonesia, di mana volume pasien yang tinggi dan sumber daya yang terbatas membebani interaksi perawat-pasien, memahami keadaan hubungan terapeutik saat ini menjadi sangat penting. Penelitian ini bertujuan untuk mengeksplorasi hubungan terapeutik perawat-pasien terkait rasa hormat, ketulusan, empati, kepercayaan, dan kerahasiaan, serta untuk mengidentifikasi hambatan dan tantangan yang dihadapi perawat dan pasien terkait dengan hubungan terapeutik mereka, dan untuk mengembangkan usulan kerangka hubungan terapeutik perawat-pasien yang sesuai dengan konteks Indonesia. Pendekatan deskriptif fenomenologi digunakan dalam penelitian ini. 17 perawat dan 15 pasien direkrut menggunakan metode purposive sampling. Data dikumpulkan melalui wawancara mendalam, ditranskrip kata demi kata, dan dianalisis secara tematik. Total 11 tema dan 24 subtema muncul dalam 5 aspek hubungan terapeutik perawat-pasien. Masalah dan tantangan yang dihadapi perawat dan pasien perlu diselesaikan dengan meningkatkan komunikasi perawat dan mengembangkan hubungan saling percaya dengan pasien serta peningkatan kenyamanan pasien melalui peningkatan fasilitas rumah sakit. Usulan kerangka hubungan terapeutik perawat-pasien antara perawat dan pasien dapat digunakan sebagai dasar untuk mengembangkan standar asuhan keperawatan pada pasien kanker.

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## INTRODUCTION

Cancer remains a major global health challenge, with rising incidence and significant implications for patients, families, and healthcare systems. According to GLOBOCAN (Bray et al., 2024), an estimated 20 million new cancer cases and nearly 9.7 million cancer-related deaths occurred

worldwide in 2022. In Indonesia, cancer ranks among the top causes of morbidity and mortality, with 408.661 new cases and 242.099 deaths reported the same year (Ferlay et al., 2021). This high burden of disease profoundly impacts the quality of life of patients and presents substantial emotional and physical demands on caregivers, particularly nurses (Bazilainsky et al., 2023).

Patients with cancer have complex, multifaceted needs, not limited to physical symptoms but encompassing emotional, social, spiritual, and economic dimensions (Marco & White, 2019). therefore all roles and functions of nurses are aimed at patient outcomes (Borré-Ortiz et al., 2018). These needs often extend to family members who share the burden of the illness, especially in prolonged treatments. In this context, nurses are at the front-line of care and play a crucial role not only in clinical interventions but also in providing emotional support, facilitating communication, and ensuring continuity of care. To fulfill these responsibilities effectively, nurses must establish strong therapeutic relationships that are grounded in respect, genuineness, empathy, trust, and confidentiality—the core values of holistic nursing care (Foronda et al., 2016).

Peplau's interpersonal theory of nursing underscores the therapeutic relationship as a process that develops over several phases: orientation, identification, exploitation, and resolution (Galleryzki et al., 2023). Within these phases, therapeutic communication fosters mutual understanding, emotional connection, and active participation in care, particularly critical in oncology settings where uncertainty and emotional vulnerability are high. Research shows that effective therapeutic relationships not only improve treatment adherence and patient satisfaction but also mitigate nurse burnout and moral distress, both of which are prevalent in cancer care environments (Bayat et al., 2019). Despite the recognized importance of nurse–patient therapeutic relationships, current literature is lacking culturally contextualized frameworks, particularly within the Indonesian healthcare setting. The cultural values, communication patterns, and social dynamics in Indonesia differ significantly from Western contexts where most existing models are developed. This research gap underscores the need to explore how therapeutic relationships are perceived and practiced by nurses working in Indonesian cancer care units, and to develop a framework that reflects local cultural norms and clinical realities.

This study was conducted in the oncology unit of RSUP Prof. Dr. R.D. Kandou Manado, a national referral hospital with two cancer wards. Nurses in these wards are routinely exposed to ethically and emotionally challenging situations, including prolonged patient suffering, palliative care, and frequent patient deaths. Such experiences inevitably affect their emotional well-being and the quality of their interactions with patients. However, how these challenges influence the therapeutic relationship remains under explored, particularly from the perspective of Indonesian nurses.

The five elements of therapeutic relationships (respect, genuineness, empathy, trust, confidentiality) form the foundation of effective therapeutic relationships in cancer care (Opland & Torrico, 2024). Respect preserves patient dignity in vulnerable states, while genuineness fosters authentic connections critical for emotional support. Empathy enables nurses to understand and alleviate distress, improving coping. Trust encourages open communication and treatment adherence, particularly vital for cancer patients facing complex therapies. Lastly, confidentiality ensures psychological safety when discussing sensitive health concerns. In oncology settings like RSUP. Prof. Dr. R. D. Kandou Manado, where patients experience high stress and prolonged treatment, these factors directly impact care quality, patient satisfaction, and outcomes. Examining them reveals gaps and opportunities to strengthen patient-centered nursing practices.

The study aims to explore the nurse-patient therapeutic relationships in the cancer station at the RSUP. Prof. Dr. R.D. Kandou Manado to identify to what extent the therapeutic relationship (respect, genuineness, empathy, trust, confidentiality) is demonstrated. It is hoped that the results of this study can be useful for the development of nursing science and practice, especially in the care of patients with cancer. Specifically, the study seeks to answer the following questions: 1. How is the nurse-patient therapeutic relationship described along respect, genuineness, empathy, trust, and confidentiality?; 2. What are the problems and challenges encountered by nurses and patients related to their therapeutic relationship?; 3. What proposed Nurse Patient Therapeutic Framework be developed for cancer patients?.

## METHOD

### Type of Research

This study used a qualitative phenomenological design.

### Place and Time of Research

This study was conducted at the Cancer Unit RSUP Prof Dr. R.D Kandou Manado between February until June 2022.

### Population and Sample

The target population in this study were all nurses and patients in-patients Cancer Unit RSUP Prof Dr. R.D Kandou Manado. 17 nurses and 15 patients were recruited in in-depth interview by using a purposive sampling method. The inclusion criteria for nurse participants were those nurses who served in the cancer room with at least one year of work experience dan those who directly involved in treating cancer patients. For the patient participants, the inclusion criteria were adult patients ages 21 – 64 years old, diagnosed with cancer, capable for communicating and without decreasing level of consciousness.

### Data Collection

Data collection was carried out at Prof. Dr. R. D. Kandou Manado General Hospital. The main instrument used in this research is the researcher herself in doing face-to-face interviews with patients and nurses. The interview was guided by several open-ended questions as follows: For nurses: Tell me your perception and experience regarding your therapeutic relationship along with respect, genuineness, empathy, trust, and confidentiality. For patients: Tell me your perception and experience regarding how the nurses show their respect, genuineness, empathy, trust, and confidentiality when caring/handling you. For nurses and patients: What are the problems and challenges encountered you related to the nurse-patient therapeutic relationship? All conversations during the interview were recorded.

Researchers started the data collection by asking for permission. The first was the ethical approval from the ethics review committee of St Paul University Philippines (ethics clearance letter) and from RSUP Prof Dr. R. D. Kandou Manado. The second was the research approval letter from RSUP Prof Dr. R. D. Kandou Manado as location of the study. After obtaining permission to conduct research at the hospital, the researcher waited for directions from the Head of the Cancer Unit (Delima) to obtain initial data on the number of nurses on duty in the room. Next, the researcher recruited prospective informants. The researcher explained the aims, objectives, and matters related to this research as well as the informants of the study. The researcher asked about the willingness of prospective informants to participate in this study. When the prospective informant was willing to volunteer in this study, the researcher continued by asking the informant to sign the consent form. The next stage was the interview stage. The researcher made a time contract with all informants.

The interview process was conducted through face-to-face in-depth interviews with nurses and patients. All interviews were recorded and transcribed verbatim. The researcher validated all the information provided by the informant by reconfirming with the respondent so that there was no misinterpretation. The last step was data processing or data analysis. The data validation technique used is the triangulation technique, where the data was checked again in different situations, namely checking the data to the same source at different time situations (confirmability test). If at the time of checking, it produces different data, then the researcher discussed further with the informant to ensure that it is correct.

In the process of collecting data, researchers also paid great attention to ensuring that they complied with ethical research principles from data collection to data publication. Before the data collection process, the researcher explained the aims, objectives, research process, and the rights and compensation that the informants received when participating in this study. Researchers greatly appreciated the principle of anonymity by providing free opportunities for prospective informants to decide whether to be involved/stop being involved/not involved in this research. In the data collection process, the researcher also guarantees the confidentiality of the data that the informant provides by only providing the informant's code for the identity of the informant. In addition, researchers guaranteed the principle of fairness where researchers treated all informants equally, including in terms of rights, obligations, and compensation received by each informant.

### Data Analysis and Processing

The result from qualitative data was transcribed verbatim and thematically analyzed. The first stage is the stage of understanding the data. At this stage, the researcher needs to understand and integrate with the qualitative data he has obtained by reading and re-reading the interview transcripts. The second stage is the preparation of the code. At this stage start coding. Codes can also be thought of as labels, or features contained in data related to research questions. The third stage is the stage of finding a theme. At this stage, the researcher begins to shift attention from those who were originally looking for codes to now changing to looking for themes that fit the purpose of the research.

### RESULT

Table 1 above shows the patients' and nurses' participant profile. Most of the patient participants were those aged between 41-50 years old (46.68%). Most of the participants were female (86.67%), had a high school educational background (53.33%), had worked as a housewife (40.00%), had religion Christian (80.00%), and were housewives (44.44%), and had 2 children (46.67%). Aside from most of the nurses' participant were in the age between 25 – 30 years old (41.18%), female (82.35%), all has BSN-RN educational background (100.00%), work as nurse's level II (100.00%) and almost all has Christian religion (94.12%).

Based on data analysis from in-depth interview 11 themes and 24 sub themes emerged in 5 aspects of the nurse-patient therapeutic relationship (table 1 – 6).

**Table 1. Profile of the Participants**

Profile of Patients' Participants			Profile of Nurses' Participants		
Characteristic of respondents	Frequency	Percentage	Characteristic of respondents	Frequency	Percentage
<b>Age (year)</b>			<b>Age (year)</b>		
21 – 30	1	6.66	25 – 30	7	41.18
31 – 40	1	6.66	31 – 35	5	29.41
41 – 50	7	46.68	36 – 40	4	23.53
51 – 60	3	20.00	41 – 45	1	5.88
61 – 70	3	20.00			
<b>Gender</b>			<b>Gender</b>		
Male	2	13.33	Male	3	17.65
Female	13	86.67	Female	14	82.35
<b>Education background</b>			<b>Education background</b>		
High School	8	53.33	BSN, RN	17	100.00
College	7	46.67			
<b>Working status</b>			<b>Position</b>		
Officials	5	33.34	Nurses level II	17	100.00
Entrepreneur	2	12.33			
Housewife	6	40.00			
Retired	2	12.33			
<b>Religion</b>			<b>Religion</b>		
Christian	12	80.00	Christian	16	94.12
Muslim	3	20.00	Muslim	1	5.88

### Respect

For the respect aspect, there are 3 themes and 8 sub-themes. The first theme is respect for differences. This first theme consists of 3 sub-themes, namely: respect the cultural diversity; respect for the experience in using traditional medicine; and respect for patient equality (table 2).

**Table 2. Theme and Sub Themes emerged in the Respect Aspect of Nurse-Patient Therapeutic Relationship**

Therapeutic relationship aspects	Theme	Sub theme	Exemplar of quotations
Respect	Respects the differences	Respect of cultural diversity	<i>"first, we must respect their culture" (N8)</i> <i>"but we must appreciate and respect their culture and beliefs" (N9)</i>
		Respect of experience in using traditional medicine	<i>"sometimes patients come, their breasts have been taped with some kind of medicine to relieve pain and swelling" (N9)</i> <i>"their ancestors believed in having to put something in the breast. I don't say I can't because I have to appreciate and respect their beliefs and besides that, I provide true wound care education" (N9)</i>
		Respect of patient equality	<i>"Sincerely regardless of status, religion and culture of the patient." (N10)</i>
	Respect the patient's choices and decisions		<i>"We must respect his will" (N3)</i>
		Respect by following patients' wishes/decision	<i>"We will study it but if they are not yet ready, we will wait according to their readiness" (N6)</i> <i>"Ask first whether you will be given pain medication or not" (P4)</i>
		Respect by give time and time Contract	<i>"Before examining time, contract injuries first" (N17)</i> <i>"When you feel pain, as a nurse you give the opportunity to be examined or not" (N12)</i> <i>"We look at the situation to be able to contract time with patients" (N14)</i> <i>"They usually ask first" (P4)</i>
		Respect by not judging and not imposing	<i>"The most important thing is we don't judge the patient. I mean, when a patient has been sick for a long time and just came to the hospital, don't ever ask why he only just came in" (N1)</i> <i>"And said why did he just come with a big wound? We can't say that, because by doing so, we judge patient" (N7)</i> <i>"In dealing with patients, we cannot impose the will that we want" (N12)</i>
	Respect patient rights	Respect throughout keep patient privacy	<i>"We must respect the patient, respect privacy for example treat wounds properly" (N3)</i> <i>"In my experience when treating wounds, we must maintain patient privacy" (N8)</i> <i>"We must respect and maintain patient privacy so that patients do not hesitate and feel humiliated" (N17)</i> <i>"Greet, introduce yourself and open each other's identity between patient and nurse" (N2)</i> <i>"The first must introduce himself to the patient" (N3)</i>
		Respect through a smile, greet, polite and courteous	<i>"When the patient enters, introduce the patient's name and respect him/her" (N11)</i> <i>"When you enter the room, the nurse must introduce yourself" (P4)</i> <i>"The service is good, very good. The nurses are also very friendly" (P5)</i>

### Genuineness

For the aspect of genuineness, there are three themes and eight sub-themes. The first theme is the purity of the heart of the nurse. This first theme consists of two sub-themes, namely: working with joy and sincerity, and caring with gentleness (table 3).



**Table 3. Theme and Sub Themes emerged in the Genuineness Aspect of Nurse-Patient Therapeutic Relationship**

Therapeutic relationship aspects	Theme	Sub theme	Exemplar of quotations
Genuineness	Form of nursing purity	by working with joy and sincerity	<p><i>"A patient from emergency room must be received with pleasure, respect, and appreciation. Prepare the room, bed then move"</i>(N4)</p> <p><i>"Serving patients must be sincere and put the interests of patients first"</i> (N4)</p> <p><i>"Joke with the patient while placing the infusion"</i> (P12)</p> <p><i>"Very good, providing support and joking"</i>(P2)</p> <p><i>"Caring for a patient's wound while telling stories facilitates nursing assessment and can also find out, explore and find patient problems easily"</i>(N14)</p>
		by caring with gentleness	<p><i>"Don't be rough in treating wounds and removing plasters"</i>(N17)</p> <p><i>"Impressions during treatment very pleased. Praise God everyone is very friendly, and the patient's wishes are fulfilled"</i> P3)</p> <p><i>"Ma'am, it hurts a little. Please hold. The attitude of nurses who make patients happy and say that in hospitals or other places, it's not like this. It is very friendly"</i>(P12)</p>
	Professional nurse identity	by working according to SPO  by collaborating with doctors and families for patient  by providing education and support both emotional and spiritual	<p><i>"Wound care according to Standard Operational Procedure(SOP)"</i> (N1)</p> <p><i>"We conducted an assessment according to the Standard Operational Procedure (SOP)"</i>(N16)</p> <p><i>"When you are about to be injected with medicine, you must have been informed beforehand"</i> (P4)</p> <p><i>"When there are new patients, it is the duty of the head of the room to explain what to do before and after chemo"</i> (P8)</p> <p><i>"Support patients and families and family support to patients so that they continue to be enthusiastic about living life despite the current conditions"</i>(N4)</p> <p><i>"Do not force if you feel pain. Verbal complaints submitted must be reported to the doctor so that they can be resolved"</i>(N12)</p> <p><i>"The nurse will provide information to the family about foods that can be eaten, so that the family can buy or provide them"</i> (P4)</p> <p><i>"Yes, involve the family, including the husband"</i> (P3)</p> <p><i>"When the patient goes home, it is very important to remind the control schedule of chemotherapy or radiotherapy"</i> (N1)</p> <p><i>"Nurse education and support for patients and family support for patients must stay strong"</i> (N9)</p> <p><i>"provide support and prayer to patients"</i>(N3)</p> <p><i>"B.A.B's difficult complaint is part of the effect of chemotherapy which the nurse explains to the patient and the patient accepts it well"</i>(P3)</p> <p><i>"The head of the room explained well"</i> (P8)</p> <p><i>"They inspire me"</i>(P7)</p> <p><i>"The head of the room always prays before chemotherapy is carried out"</i> (P8)</p>
	Nursing priority	by putting the interests of the patient over the nurse	<p><i>"Make the patient comfortable"</i>(N3)</p> <p><i>"Keep treating the wound even though it's smelly and don't show a face that feels disgusted"</i>(N7)</p> <p><i>"Welcome the patient and set the position and other needs"</i>(N9)</p> <p><i>"I am a new patient who was directed for examination by a kind and friendly nurse. Praise God the nurses and doctors are all kind"</i> (P3)</p> <p><i>"Respect and put the interests of the patient first. Then have a sense of empathy for the patient"</i> (N9)</p>
		by prioritizing patient comfort	<p><i>"Prioritize patient's complaints and take time to find out patient complaints"</i>(N9)</p> <p><i>"A nurse must respond quickly to the patient"</i> (P11)</p> <p><i>"Good response from nurses that are different from those in West Java"</i> (P11)</p>

## Trust

For the trust aspect, there is 1 theme and 3 sub-themes: the priority of building a trusting relationship, the process of building a trusting relationship, and the benefit of trusting relationship (table 4).

**Table 4. Theme and Sub Themes emerged in the Trust Aspect of Nurse-Patient Therapeutic Relationship**

Therapeutic relationship aspects	Theme	Sub theme	Exemplar of quotations
Trust	The importance of trust relationship	the priority of building a trusting relationship	<p>"According to experience the most important thing is to build a trusting relationship between nurse and patient" (N1)</p> <p>"We have to build a trusting relationship first" (N4)</p> <p>"If the patient does not feel comfortable, the patient will definitely choose a nurse who will take care of them. To mention the characteristics of nurses" (N2)</p> <p>"There are certain parts that cannot be studied in depth because of closed feelings or attitudes. The nurse must develop an attitude of self-confidence" (N2)</p> <p>"We have to maintain patient trust" (N4)</p> <p>"We need time to build a trusting relationship" (N1)</p>
		the process of building a trusting relationship	<p>"we greet each other, introduce ourselves, find out the identity between the nurse and the patient" (N2)</p> <p>"we have to introduce ourselves to the patient" (N3)</p> <p>"initially tell about the experience then examine in depth. Surely the patient or family will respond well" (N2)</p> <p>"the more you build trust with the patient, the patient will automatically trust the nurse. Nurses can be a place to tell the patient's complaints" (N5)</p> <p>"builds confidence to allow patients to share their condition" (N5)</p> <p>"the positive impression really makes the heart peaceful and confident" (P6)</p>
		the benefit if trusting relationship	<p>"we build a trusting relationship, because there is trust everything goes smoothly" (N6)</p> <p>"good communication can answer questions" (P5)</p> <p>"very happy with the friendly attitude of the nurse. Enjoy with this room" (P12)</p> <p>"the positive impression really makes the heart peaceful and confident" (P6)</p> <p>"satisfied, so satisfied that I can't say anything" (P8)</p>

### Empathy

For the empathy aspect, one theme and two sub-themes emerged. The first sub-theme is feeling like yourself and feeling like your own family. The second sub-theme is understanding the patient's feelings, condition, and needs (table 5).

**Table 5. Theme and Sub Themes emerged in the Empathy Aspect of Nurse-Patient Therapeutic Relationship**

Therapeutic relationship aspects	Theme	Sub theme	Exemplar of quotations
Empathy	Nursing empathy	feeling like yourself and your own family	<p>"Try to imagine yourself in the patient position" (N15)</p> <p>"Wound care must be treated properly" (N7)</p> <p>"We must respect, understand, and empathize with the patient's condition and treat them like our own family" (N8)</p> <p>"We empathize and imagine that our family is in that position" (N16)</p> <p>"They rendered very good service. It is just like being treated at home" (P8)</p> <p>"Many came with their own complaints. There were complaints of injuries, weakness of the body and many other complaints" (N2)</p>
		Understanding the patient's feelings, condition, and needs	<p>"There are restless patients with severe pain. There are patients who want to be treated, but there are some who don't. So, the nurse explains well and slowly" (N9)</p> <p>"Sometimes they are afraid" (N2)</p> <p>"They need other people or family to assist, even if there is no one, the nurse one can be a family to provide support" (N9)</p> <p>"...sometimes the pain does not go away even after being given ventanile drips. So I think the support of the closest people like the husband can help" (N9)</p> <p>"I would say: Are there any complaints today?" (P4)</p>

## Confidentiality

For the confidentiality aspect, there are 1 theme and 2 sub-themes. The theme is the confidentiality of the patient's condition, and the sub-theme is do not tell the patient's condition; and maintain the confidentiality of patient data (table 6).

**Table 6. Theme and Sub Themes emerged in the Confidentiality Aspect of Nurse-Patient Therapeutic Relationship**

Therapeutic relationship aspects	Theme	Sub theme	Exemplar of quotations
Confidentiality	Keep patient information secretly	do not tell the patient's condition	<p><i>"the most important thing is to maintain patient confidentiality. Do not let patient data be shared with other people" (N1)</i></p> <p><i>"maintain patient confidentiality" (N5)</i></p> <p><i>"we have to keep secret between nurse and patient" (N6)</i></p> <p><i>"we must maintain patient privacy. It is very important so it should not be told or explained to others" (N16)</i></p> <p><i>"maintain the confidentiality of the patient's condition, it is a secret between the nurse and the patient" (N12)</i></p> <p><i>"maintain the confidentiality of patient data that we treat" (N3)</i></p>
		maintain the confidentiality of patient data	<p><i>"must maintain the confidentiality of patient data, don't let the neighbors know and pass it on to other people" (N15)</i></p> <p><i>"patients who are treated have all the data well-guarded, not shared with their families, other patients and other people" (N10)</i></p> <p><i>"take care not to be seen by others, the confidentiality of patient data cannot be told to others" (N8)</i></p>

## The Problems and Challenges Encountered by Nurses and Patients Related to their Therapeutic Relationship

From the results of this study, some of the obstacles experienced by nurses included choosing the health worker desired by the patient, the patient's hostility/rejection of the nurse, and the patient's openness to the nurse (table 7).

**Table 7. The Problems and Challenges Encountered by Nurses and Patients Related to their Therapeutic Relationship**

Therapeutic relationship aspects	Theme	Sub theme	Exemplar of quotations
The Problems and Challenges Encountered by Nurses and Patients Related to their Therapeutic Relationship	Problems and challenges encountered by nurse	choosing the health worker desired by the patient, the patient's hostility/rejection of the nurse, and the patient's not openness to the nurse	<p><i>"if the patient does not feel comfortable, the patient will definitely choose a nurse who will take care of them. To mention the characteristics of nurses" (N2)</i></p> <p><i>"there are certain patients that cannot be studied in depth because of closed feelings or attitudes. The nurse must develop an attitude of self-confidence" (N2)</i></p> <p><i>"often the patient's facial expressions are unfriendly and tend to think of nurses as enemies. Besides, the patient also does not want to be open with his condition with the nurse" (N9)</i></p> <p><i>"ask for help to enlarge the room due to the large number of patients" (P2)</i></p>
	Problems and challenges encountered by patients	Discomfort due to the lack of room capacity to accommodate patients	<p><i>"sorry to see other patients just standing while waiting in line. already told the nurse to enlarge the room so that the patient can sit and rest more comfortably" (P2)</i></p> <p><i>"the room had to be enlarged due to the large number of patients, some of whom came from outside the area. if it is possible to arrange a schedule per shift in the morning, afternoon, and evening, so as not to wait too long. this is important because when the patient's condition is weak, it will actually have an impact on the reaction to the chemo drug that the patient will receive" (P2)</i></p>



## DISCUSSION

### Respect

The first theme in the aspect of respect is respect for differences. This first theme consists of 3 sub-themes, namely: respect the cultural diversity; respect for the experience in using traditional medicine; and respect for patient equality. In this study, one form of respect from nurses to patients is to respect the cultural customs and habits of patients. According to Bosek (2008) culture implies an integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups (Bosek, 2008). A person may be a member of a variety of cultures. In this study, differences in cultural customs and beliefs of patients often come with cultural habits and perceptions of certain spiritual beliefs. According to Leininger (1984), humans are individuals, families, or groups who have values and norms that are believed and are useful for making choices and making choices. Humans (patients) tend to maintain their culture at any time wherever they are (Giger and Davidhizar, 1995). Therefore, nurses need to have cultural skills (cultural competencies) to provide nursing care, where nursing care is a process or series of activities in nursing practice given to clients according to their cultural background and aimed at empowering individuals according to Leininger's client culture (M. Leininger and McFarland, 2002). Nurses need to promote open and honest communication with patients. Once the criteria for respect have been met, a variety of positive consequences will occur including reciprocal respect, a trusting environment, and the ability to meet challenges (Bosek, 2008). Furthermore, each human culture has varied traditional medicine, professional knowledge, and professional nursing practices. Nurses must consciously identify and address these factors with each client to provide appropriate physical and cultural care (M. Leininger and McFarland, 2002). Religious approach, and supernatural traditional healers (Putri, 2018). Therefore, nurses must become increasingly sensitive to the cultural and social backgrounds of patients. The nurse must accommodate the various beliefs and habits of the patient to cure the disease. This will provide benefits where the patient will feel comfortable and feel accepted by his true identity. Besides, all workers and elements in the flow of the nursing process can work synergistically and patient recovery can be achieved.

The second theme is respect for the patient's choices and decisions with the sub-themes: respect by following patients' wishes/decision; respect by giving time and time Contract; and Respect by not judging and not imposing. In this study, the nurse's respect for the patient means respecting the patient's choices and decisions (patient autonomy). This principle of autonomy is based on the belief that individuals can think logically and make their own decisions. Adults are considered competent and have the power to make themselves, choose and have various decisions or choices that must be respected by others (Bruine de Bruin, Parker, and Fischhoff, 2007). The principle of autonomy is a form of respect for someone or is seen as an agreement that is not forced and acts rationally. Professional practice reflects autonomy when nurses respect clients' rights to make decisions about their own care (Potter et al, 2016). A good nurse-patient relationship reduces hospitalization days and increases the quality and satisfaction of both, whereas a good relationship is conditioned by the patient's obedient role (Rahmani and Ghahramanian, A. Alahbakhshian, 2010). Furthermore, one form of respect for nurses is not to judge or prejudice patients for differences in patient perceptions, perspectives, actions, or decisions. Cancer patients are classified as vulnerable patients so the attitude of nurses will greatly affect patient care. Therefore, nurses need to have a moral sensitivity to how patients with vulnerabilities have dependence on others, where this awareness will determine attitudes, responses, and non-judgmental and non-judgmental actions from nurses to patients (Koh, 1999). Long et al (2020) states that "No one has the right to judge others". Likewise, the nurse should not judge the patient but understand and realize that the patient needs help with this condition.

The third theme is respect for patients' rights with the sub-themes: respect throughout keep patient privacy and respect throughout smile, greet, be polite and courteous. In this study, the form of nurses' respect for patients is through the attitudes and behavior of nurses such as with smiles, greetings, and politeness. According to Thakur and Shama (2021) smiling genuinely is a very significant component of a nurse's caring behavior, which can work wonders because it conveys acceptance, builds trust, and builds interpersonal relationships. In addition to smiling, it helps nurses to feel better and avoid anxiety or stress fatigue in clinical situations. Apart from that, the form of respect for nurses can be seen from the way nurses communicate with patients such as greeting, greeting patients by name, being polite

and courteous. This is supported by previous research which states that health workers must have good communication skills to greet patients, namely by shaking hands, calling names while still paying attention to patient non-verbal cues which may indicate patient openness to health workers (Makoul, Zick, and Green, 2007). Furthermore, one form of nurses' respect for patients is to maintain patient privacy. Privacy is a nurse's responsibility that must be carried out as a form of a nurse's moral responsibility. This is because maintaining patient privacy is part of patient matters a basic human right (Kupcewicz et al, 2021). In patients with cancer, the patient usually has a wound. This can make the patient feel inferior if known or seen by others. Therefore, nurses in every procedure (such as treating wounds and washing) need to maintain patient privacy by closing doors, using blankets, and using blankets without being seen by other unauthorized people.

Overall, for the respect aspect, it can be deduced that respect is one of the main things in the nursing profession, which shows respect for nurses for the dignity of equality, respecting patient choices and decisions, respecting the rights and responsibilities of patients and families, and manifesting them through gestures and actions of smiles, greetings, greetings, courteous and polite and maintain patient privacy. Respect occurs in every phase of the nurse-patient interaction. The results of this study also reinforce previous research conducted by Mayfield et al. (2020) which stated that the meaning of courtesy and respect is honoring culture and belief, showing ordinary politeness, honoring choices, and recognizing patients and families. This finding is also supported by the opinion of nursing experts such as Kant (1789, 1949) where respect is an a priori matter and is a moral obligation based on reason which can be determined by experience. It aligns with Parse's (1998) description of respect which contends that involves "deep respect for human dignity, respected consistently, provably, and without exception" (Milton, 2005).

### Genuineness

For the aspect of genuineness, the first theme is the purity of the heart of the nurse. This first theme consists of two sub-themes, namely: working with joy and sincerity, and caring with gentleness. In this study, the genuineness of nurses who show sincerity is reflected in the way nurses work with happiness and joy. Nurses who show a 'genuine interest' in the welfare of their patients will clearly enjoy their work and provide a better quality of patient care (Royal College of Nursing, 1994). Furthermore, the form of genuineness from nurses who show their sincerity is through the precautionary attitude of nurses in carrying out nursing actions. Patients with cancer often have wound and pain problems. Therefore, nurses need to pay attention to patient comfort by being careful in conducting nursing actions. Mahfudh (2011) states that nurses providing nursing interventions must be done gently, prevent pain, educate, advocate, communicate, entertain, support, and advise patients and use pharmacological and non-pharmacological treatments to treat pain and increase patient comfort.

The second theme is the identity of professional nurses with 4 sub-themes, namely: working according to SPO; collaborating with doctors and families for patients; providing education and support both emotional and spiritual; and working responsibly. This study also found that one of the original forms of identity of nurses is through the professional attitude carried out by nurses. Professionalism reflects the perspective of nurses towards their work and becomes a guideline for nurse behavior in practice to ensure patient safety and quality care (Dikmen et al, 2016). Another professional identity is that nurses are always guided by standard operating procedures set in institutions. Standard operating procedures (SOPs) are specific sets of practices that must be initiated and followed when certain circumstances arise. In clinical health practice, defined SOPs are detailed written instructions for achieving the uniform performance of certain functions. Nurses work following SOPs supporting the goals of the Good Clinical Practice partnership (Rao, Radhakrishnan, and Andrade, 2011). Furthermore, another form of professional identity of nurses' action is through collaborating with doctors and with the patient's family. According to Emich (2018) the interprofessional collaboration between nurses and other care providers leads to improved patient safety, improved quality of care, and job satisfaction for healthcare providers. Furthermore, Vatn and Dahl (2022) emphasized that this collaborative relationship is influenced by organizational and cultural factors as well as communication factors. Organizational and cultural factors, which include interprofessional meeting places and experience-based hierarchies (Vatn and Dahl, 2022). Communication factors include the use of communication tools, trust and respect, distribution of responsibility and the availability of rooms for professional discussions. In

addition to collaborating with other health workers, nurses also need to collaborate with the patient's family. Cancer patients, need more support from their families. Therefore, nurses collaborate with families in terms of symptom management both physically and emotionally and psychologically for patients (Wilkes and White, 2005). In this study, one of the professional functions of nurses is to provide education and support for patients. In cancer patients, education is very important regarding the disease and the treatment program that the patient will undergo. Problems can arise not only from the cancer itself but also from the therapy the patient receives, especially for patients undergoing chemotherapy. Therefore, education is very important for symptom management. This is supported by previous research which states that education is indeed very crucial for patients receiving chemotherapy. Therefore, nurses need to be sensitive to the educational needs of patients and need skills and insight in providing education and supervising the progress of cancer therapy of patients (Kav et al, 2008). Apart from providing education, nurses also provide support both emotionally and spiritually by encouraging patients, making them laugh through funny jokes and providing spiritual reinforcement like prayer.

A qualitative study conducted by Bafandeh Zendeh, M. Hemmati Maslakkpak, M. Jasemi (2022) found that forms of support from nurses to cancer patients include providing the patient's psychological support such as compassionate care with emotional support, having an intimate/friendly relationship with the patient, and communicative behavior while facing the patient needs, patient training like need-based training, having good theoretical knowledge about the patient and having a role model for playing a supportive role for the patient, and supporting the patient with clinical self-efficacy that means being responsible with clinical competency, understanding the patient's behavior and attempting to provide extra-duty care. Oncology nurses believe that spiritual care is curative for cancer patients because it can be a source of strength and hope for patients and their families (Highfield, 2002). Mayeroff (1971) stressed that 'courage' and 'hope' are parts of caring that encourage patients and nurses to grow better.

The third theme is prioritizing patients with sub-themes: prioritizing the interests of patients over nurses, and prioritizing patient comfort. In this study, another form of genuineness from nurses is through the priority they give to the patients. Nurses prioritize their patients above their own personal interests. They prioritize the needs of cancer patients such as pain management and in providing education and answering various forms of patient's questions. A study conducted by Valizadeh et al, (2012) found that things that are the top priority for nurses in caring for cancer patients include aspects of monitoring the patient's condition, being accessible, anticipating the patient's condition, education and support, physical and emotional comfort, mutual relations, and trust between nurses and patients. Likewise with several other studies which state that it is the duty of nurses to prioritize the basic needs of patients, especially in terminal patients and life-threatening cases (Pavedahl et al, 2022).

From the results of this study, one of the patient's priorities is patient comfort. Discomfort can be in the form of physical, psychospiritual, environmental, and social discomfort. In cancer patients, some of the discomfort comes from physical conditions and environmental discomfort from an uncomfortable treatment room situation. This condition is like previous studies which also found lower levels of comfort in psychospiritual and environmental comfort than physical and socio-cultural comfort in cancer patients (Kim and Kwon, 2007).

Therefore, nurses need strategies that can improve physical, psycho-spiritual, social, and environmental comfort. Some of the nurses' comforting strategies nurses observed were the use of gentle humor, physical comfort measures, emotionally supportive statements, comforting and connecting touch. In addition, they increased physical proximity, provided patients with information, supported patients' active participation in decisions regarding their care, and offered opportunities for patients to engage in social exchange. These strategies appeared to play a major role in helping cancer patients endure the discomforts associated with their illness and/or treatment (Bottorff, Gogag, and Engelberg-Lotzkar, 1995).

In summary, the genuineness of the nurse reflects the purity of the heart of the nurse working sincerely with joy, with care and with tenderness. Genuineness also reflects the nurse's identity by acting professionally: working according to standard procedures, working responsibly, collaborating with doctors and families, and providing education and support for patients and families. The results of this study are supported by previous research which states that nurses who show a 'genuine interest' in the welfare of their patients and clearly enjoy their work provide a better quality of patient care (Royal College of Nursing, 1994).

## Empathy

For the empathy aspect, the first sub-theme is feeling like yourself and feeling like your own family. The second sub-theme is understanding the patient's feelings, condition, and needs. The nurses' feelings of empathy for patients are described as participating in the feeling of conditions such as those that occur to themselves or to their own families. The nurses must realize that every patient is someone's loved one; therefore, they must treat them like how they would want one of their own family to be treated (Haidrani, 2017). A nurse who has empathy for her patient will be able to understand what other people feel, see things from another person's point of view, and imagine herself in that person's position (Moudatsou, M. Stavropoulou, Philalithis, and Koukouli, 2020). In the context of the nurse-patient relationship, empathy plays an important role in maintaining a trusting relationship and the smooth implementation of the care process.

The results of this study also discovered that the form of empathy from nurses is manifested in nurses' understanding of problems, situations, conditions and needs of patients. This result is supported by the opinion that empathy is the ability to understand the personal experiences of patients without being tied to them and is an important communication skill for a health professional, which includes three dimensions: emotional, cognitive, and behavioral (Moudatsou, M. Stavropoulou, Philalithis, and Koukouli, 2020). However, the nurse's sense of empathy is not only reflected in the nurse's understanding of the patient's condition. According to Mercer and Reynolds (2002) Empathy is a complex multidimensional concept and has moral, cognitive, emotional, and behavioral components. Empathy involves not only being able to understand a patient's situation, perspective, and feelings (and the meaning attached to them), but also to communicate that understanding and check its accuracy and to act on that understanding with the patient in a helpful (therapeutic) way. However, according to Mayeroff (1971), empathy in the nurse-patient relationship is not only limited to meeting the needs and satisfaction of patients but also to grow together, transforming through the therapeutic relationship of nurses and patients.

## Trust

For the trust aspect, the priority of building a trusting relationship, the process of building a trusting relationship, and the benefit of trusting relationship. In this study, the aspect of trust is described as the most important and first thing that must be built when nurses and patients interact. Trust is very important in the nurse-client relationship because the beginning of a relationship is very fragile, so it is very important for nurses to keep promises to clients. When trust is violated, it will be difficult to restore trust back (College of Nurses of Ontario, 2019). This was supported by previous studies which state that fostering a mutual nurse relationship between nurses and patients is the most fundamental part of the patient care process which can reduce patient distrust of the health care system while involving patients in their own care and improving treatment outcomes (Shanahan and Cunningham, 2021). Furthermore, the process of building a trusting relationship with patients takes time and stages. For this reason, nurses need to spend time interacting with patients. In starting the interaction, nurses and patients need to greet each other and introduce themselves. The attitude and way of communication of nurses who smile, greet, are polite, and friendly are the entrance to the relationship between nurses and patients. This is supported by previous research which states that health workers must have good communication skills to greet patients, namely by shaking hands, and calling names while still paying attention to patient non-verbal cues which may indicate patient openness to health workers and a trusting relationship between patients and nurses develops overtime in which there are various dynamics, education, and mutual sharing that take place over time with patient care (Dawson-Rose et al, 2016).

In this study, the success of the relationship of mutual trust between nurses and patients has been established, as can be seen from the openness of patients, the smoothness of the treatment process and the satisfaction of nurses and patients. A good nurse-patient relationship reduces hospital stay and increases the quality and satisfaction of patients and caregivers (Molina-Mula and Gallo-Estrada, 2020). The establishment of a trusting relationship will make the patient feel comfortable and more open to talking about conditions, complaints they experience will also make it easier for patients to comply with instructions from health workers (Rajcan, Lockhart, and Goodfellow, 2020).



### Confidentiality

For the confidentiality aspect, the theme is the confidentiality of the patient's condition, and the sub-theme is do not tell the patient's condition; and maintain the confidentiality of patient data. In this study, the confidentiality of the patient's condition and illness was the responsibility of the nurse. The open condition of patient care rooms makes many patients, families, or other visitors tend to want to know about the patient's illness and condition. Therefore, nurses must act wisely by not carelessly telling the patient's identity, condition or illness to other people who are not interested. Maintaining privacy and confidentiality is one of the patient's rights that must be guarded by health workers who are trusted to know and manage it (Balynska et al, 2021). Keeping patient's privacy is one of the determinants of patient care and patient satisfaction that influences trust between patients and nurses and therapeutic interactions, which are also important values for patients (Ozturk et al, 2022).

In this study, aspects of patient confidentiality were maintained by protecting patient data from being misused or given to unauthorized persons. Ensuring the security, privacy, and protection of patient healthcare data is critical for all healthcare personnel and institutions (Tariq and Sharma, 2022). Nurses need to guarantee this because disease data and patient identity are sensitive and confidential matters. Confidentiality is one of the patient's rights that must be guarded by health workers who are trusted to know and manage it (Balynska et al, 2021). In today's digital era, information about patient data is recorded electronically so that it has a vulnerability to be misused. Therefore, both nurses and institutions need to pay close attention to aspects of data security and privacy protection in the use of digital electronic media that contain patient data (Jiang and Shi, 2021).

Overall, nurses respect the things and obligations of patients. According to the World Health Organization (2022) patient rights vary from country to country. In Indonesia, the rights and obligations of patients are protected by the Indonesian state through the RI Minister of Health, No. 4 of 2008. However, worldwide consensus exists that all patients have a basic right to privacy, the confidentiality of their medical data, to approve or refuse treatment, and information about risks (Kupcewicz et al, 2021). Therefore, every health worker is obliged to respect patient rights because patient rights are part of human rights (Olejarczyk and Young, 2022).

### The Problems and Challenges Encountered by Nurses and Patients Related to their Therapeutic Relationship

From the results of this study, some of the obstacles experienced by nurses included choosing the health worker desired by the patient, the patient's hostility/rejection of the nurse, and the patient's openness to the nurse. This condition has an impact when the trusting relationship between nurses and patients has not been established. According to Leslie and Lonneman (2016), there are various factors that influence barriers to a trusting relationship including lack of respect and incompetent and/or unethical treatment. This is caused by two main factors, namely: the lack of communication from the nurse and the attitude/actions of the patient. Ideally, nurses need to take the time to communicate with patients in a polite and empathetic manner.

Florence Nightingale said that "Always sit within the patient's view, so that when you speak to him, he has no pain to turn his head round to look at you. Everybody involuntarily looks at the person when speaking. So, also by continuing to stand, you make him continuously raise his eyes to see you...." the essence of this is the importance of communication between nurses and patients. In addition, Hildegard Peplau also provides a theoretical basis related to therapeutic communication where building a trusting relationship is the main goal of the initial phase of the 5 phases of interaction between nurses and patients (Sharma and Gupta, 2022). Failure to build a therapeutic relationship with the patient must be seen as a growth process for the nurse. as said by Mayeroff (1971) caring involves trust to grow and it takes time and its own way. Therefore, nurses need to have the confidence to be able to learn from mistakes.

In this study, patients did not specifically complain about the obstacles faced by nurses. Otherwise, patients tend to be satisfied with the services provided by nurses. The only obstacle that was conveyed by patients was related to room facilities and infrastructure for patients who felt uncomfortable due to the large number of patients while the room was small and hot. The main reason for this is because Prof. Kandou Hospital is the final referral hospital for the provincial government and is the only cancer service center in North Sulawesi Province. This condition makes the number of patients handled become



large and is no longer able to meet the capacity needs. Of course, this makes the nurse uncomfortable for patients and their families. Patient discomfort does not only come from the patient's condition and the services provided to the patient but can also come from environmental factors (Wensley et al, 2020).

To overcome these challenges, nurses should prioritize therapeutic communication by actively listening, showing empathy, and maintaining respectful interactions to build trust. Hospitals must provide training in interpersonal skills and stress management to help nurses handle patient hostility or reluctance. Addressing environmental discomfort, nurses should advocate for better facility conditions by collaborating with hospital leadership to improve space, ventilation, and patient capacity management. Implementing patient-centered care—grounded in Peplau's and Watson's theories—ensures emotional and physical support (Alligood, 2017). Encouraging reflective practice allows nurses to learn from setbacks, fostering growth in therapeutic relationships. A multidisciplinary approach involving hospital administration, staff, and patient feedback can create a healing environment that enhances trust and care quality.

### Indonesian Nurse Patient Therapeutic Relationship Framework for Cancer Patients

Along with the nurse-patient therapeutic relationship between nurse and patients was happen with some basic relationship, namely: “*Hubungan Kekeluagaan, Kemanusiaan dan Profesioanisme*” (Family, Humanist and Professional Relationship)



#### a. “Kekeluargaan” (Family Relation)

The word ‘Kekeluargaan’ comes from the basic word ‘Keluarga’ (family) which according to the Big Indonesian Dictionary KBBI means a very basic kinship unit in society. Meanwhile, the word ‘Kekeluargaan’ (kinship) means family matters.

Friedman (1998) defines a family as two or more individuals who are joined by certain bonds to share experiences and make emotional approaches and identify themselves as part of the family. Meanwhile, the Ministry of Health of the Republic of Indonesia (2016) defines the family as the smallest unit of society consisting of the head of the family and several people who are gathered and live in a place under one roof in a state of interdependence.

The concept of family can be different for each country, tribe, or ethnicity. It is influenced by many factors, both factors of different social life, economy, education, culture, to religious factors. As it is known that the Indonesian state consists of thousands of islands and consists of various tribes, customs, cultures, languages, and religions. Even though there are differences, Indonesia has the Pancasila ideology, one of which upholds the principle of kinship with the motto “Bhineka Tunggal Ika” (different but still one). Thus, Indonesia is considered one big family with the basic characteristics of tolerance, cooperation (help), and moving forward together.

In the local context, the Minahasa Ethnicity (the majority ethnic group in North Sulawesi Province) has a motto 'torang samua basudasa' (we all as one family). Based on this, people's lives have characteristics of 'Mapalus'. 'Mapalus' is a traditional culture in the Minahasa area, a culture of gotong-royong or mutual help that develops in Minahasa. 'Mapalus' is a model of working with several families, and working groups formed in an area.

In this study, it can be seen how nurses perceive patients as family. Nurses empathize as if similar conditions occur to themselves or their families. This is validated by patients, where patients feel treated well by nurses like their own family. The nurse must realize that every patient is someone's loved one therefore treat them like you would want one of your own family to be treated (Haidrani, 2017).

#### b. "Kemanusiaan" (Humanity)

The word 'kemanusiaan' comes from the basic word 'manusia'(human) which according to the Big Indonesian Dictionary (KBBI) means beings who have a reason / can master other creatures, while 'kemanusiaan' refers to the characteristics of humans.

In the context of Indonesia, the concept of 'manusia' and 'kemanusiaan' are very clearly contained in the 2nd principle of the state ideology of Pancasila 'Kemanusiaan yang adil dan beradap' (Just and civilized humanity). It contains the values of awareness, human rights, humanity, justice, and tolerance. Human values have the meaning of developing or fostering an attitude of mutual love between fellow creatures.

In the context of local activities of the Minahasa ethnic group in the province of North Sulawesi. Sam Ratulangi, a regional hero, is famous for his philosophy which is deeply rooted in the lives of the people of North Sulawesi namely 'Sitou Timou Tumou Tou' or in Indonesia: "manusia hidup untuk memanusiakan manusia lain" (Humans live to humanize other humans). This motto can be interpreted as fellow human beings, we must help each other to help one another.

The concept of 'human' from the perspective of the theory of basic human needs can be viewed from two perspectives, namely humans as holistic beings and humans as systems Potter et al, (2016). Humans as 'holistic beings' are beings who are a complete blend of biological, psychological, social, and spiritual elements. while 'human' as a 'system' consists of adaptive, personal, interpersonal, and social systems. Humans have heterogeneous basic needs. Everyone basically has the same needs, but because there are cultural differences, those needs are also different. Factors that influence basic human needs include illness/disease, family relationships, self-concept, and developmental stages.

In the nursing concept. Virginia Henderson divides basic human needs into 14 components Potter et al (2016), Jean Waston in B. Talento (1995) divides basic human needs into two main levels, namely lower-level needs, and higher-order needs. Fulfillment of basic human needs is the main domain of the role and function of nurses (Kirana et al, 2023). Therefore, the patient as a 'person' (equal to a 'human' must be treated like a 'human being'. In caring for patients, nurses need to be patient-centered oriented. This is the most ethical way that must be the principle of nurses in treating patients (Entwistle and Watt, 2013).

In this study, it can be seen clearly how nurses prioritize patients and treat patients as 'human beings' through respect, genuineness, empathy, trust, and confidence. Moreover, respect for nurses was shown through the respect for patient's dignity and equality, respecting patient choices and decisions, respecting the rights and responsibilities of patients and families, and manifesting them through gestures and actions of smiles, greetings, greetings, courteous and polite and maintaining patient privacy.

The genuineness of the nurse reflects the purity of the heart of the nurse by working sincerely, with joy, care, and tenderness. The empathy of nurses can be shown by understanding the feelings, conditions, and needs of the patients. Trust of nurses was shown through the nurse-patient interaction, where nurses foster a trusting relationship with patients.

Nursing is a human profession; therefore, nurses must have a high degree of self-awareness as well as technical knowledge because professional nursing relationship requires thought, self-analysis, and planning (Bernardo, 1984). Nurses can increase their human sensitivity by continuing to do good, self-reflect and improve themselves. According to Jane Watson, the formation of humanistic altruistic system values includes maintaining humanistic altruistic values by practicing kindness, and compassion, and by balancing oneself and with others (McEwen and Wills, 2018).

## c. 'Profesional' (Professional)

The word 'profesional' according to the Big Indonesian Dictionary (KBBI) means related to certain skills and professions. Nursing is a profession; therefore, nurses are required to have competence in nursing expertise to be called a professional nurse. The American Association of Colleges of Nursing AACN (2008) mentions several professional values of nursing which are the foundation for nurses in providing nursing care, where professionalism is defined as the consistent implementation of the main values as evidenced by the implementation of nursing work with other health professionals to achieve optimal health and well-being of patients, families, and communities by wisely applying the principles of altruism, excellence, caring, ethics, respect, communication, and accountability (AACN, 2008).

In addition, nurses apply their knowledge and expertise through the way nurses behave, interact, collaborate, and act with patients by adhering to the ethical principles of nursing. In this study, the genuineness of nurses is reflected in the nurses' actions who work according to standard procedures, work responsibly, collaborate with doctors and families, and provide education and support for patients and families. Nurses must ensure that all aspects of the relationship focus exclusively on the needs of the patient or client (Griffith, 2013).

## CONCLUSION AND SUGGESTION

This research contributes by demonstrating how Indonesian integrating respect, authenticity, empathy, trust, and confidentiality into all phases of nurse-patient interaction—alongside addressing communication barriers and facility improvements—strengthens therapeutic relationships, guided by the principles of “*Hubungan Kekeluargaan, Kemanusiaan, dan Profesionalisme*” (Family, Humanist, and Professional Relationship). However, the researcher is aware that the vast area, as well as the diversity of ethnicities, religions and cultures in Indonesia cannot be fully represented by the informants in this study. Further quantitative research that can cover the diversity in Indonesia is deemed necessary.

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