

THERAPEUTIC COMMUNICATION AND PATIENT SATISFACTION LEVEL IN CHRONIC KIDNEY FAILURE IN THE HEMODIALYSIS ROOM

Dina Mariana Larira^{1*}, Muhamad Nurmansyah², Ferlan A. Pondaag³
^{1,2,3}Department of Nursing, Faculty of Medicine, Sam Ratulangi University,
 North Sulawesi, Manado

Corresponding author: Dina Mariana Larira
 e-mail correspondence: dinamariana@unsrat.ac.id

ABSTRACT

Therapeutic communication is an interaction conducted by nurses with patients based on mutual trust which aimed to improving the emotional and physical problems of the patient. The complexity of problems experienced by chronic kidney failure patients due to hemodialysis therapy certainly requires support from nurses to assist patients in coping with it, thus requiring solutions to address these problems by providing support both emotionally and spiritually to patients through communication and building a therapeutic relationship with patients. This study aims to determine the relationship between therapeutic communication and the level of satisfaction of chronic kidney failure patients in the hemodialysis room of RSUP Prof. Dr. R. D. Kandou Manado. The study used descriptive analytical methods with a cross-sectional design. The sample used consisted of 145 respondents using accidental sampling. From the chi-square test analysis, a p-value of < 0.001 was obtained, meaning that there is a relationship between nurse's therapeutic communication and the level of satisfaction of chronic kidney failure patients at RSUP Prof. Dr. R.D. Kandou Manado.

Keywords : Therapeutic communication., satisfaction., chronic kidney failure

INTRODUCTION

Hospitals are health facilities required to provide quality services that align with patient satisfaction levels ⁽¹⁾. Nurses are one of the paramedical personnel who play a significant role in delivering services and satisfaction perceived by patients by establishing good cooperation to help meet patient health needs ⁽²⁾. Therapeutic communication is one way that nurses can help meet patient health needs through interactions based on mutual trust to address patients' emotional and physical issues ⁽³⁾. Therefore, nurses need to provide information and understanding to create a trustful relationship between nurses and patients ⁽⁴⁾. Patients with chronic kidney failure can experience stress as they require lengthy therapy to replace kidney function, one of which is hemodialysis ⁽⁵⁾. Hemodialysis is a process of blood purification by collecting waste where macromolecules are separated from ions and low molecular weight compounds in a solution using differences in their diffusion rates through a semipermeable membrane ⁽⁶⁾. According to World Health Organization (WHO), Chronic Kidney Disease (CKD) kills 850,000 people annually, ranking it the 12th highest cause of death globally. Worldwide, about 89% of CKD patients receive hemodialysis ⁽⁷⁾. Riskesdas survey showed a prevalence of 0.38% of Indonesians with CKD, an increase from 0.2% in 2013 ⁽⁸⁾. The highest prevalence by gender is

in men (0.3%) and women (0.2%), and by age group, it is most common in those over 75 years old (0.6%) ⁽⁹⁾.

CKD patients undergoing long-term hemodialysis therapy may face various problems such as fatigue, reduced appetite, sleep issues, depression, and decreased psychosocial conditions. This aligns with the research by Pratiwi & Suryaningsih, which found that CKD stage V patients undergoing hemodialysis generally experience fatigue, weakness, vomiting, and reduced appetite ⁽¹⁰⁾. The complexity of the problems faced by CKD patients due to hemodialysis therapy requires support from nurse to help patients deal with them. Solutions include providing emotional and spiritual support to patients through communication and establishing therapeutic relationships with the patient. The therapeutic communication between nurses and patients aims to help patients identify health issues, clarify and reduce mental burdens, and decrease patient anxiety levels, thus accelerating the healing process. Nurses have a key role in patient recovery and must have communication skills. The application of therapeutic communication in health services significantly impacts patient satisfaction with the services provided, leading to high-quality services. Patient satisfaction is the primary goal of long-term nursing care and an important indicator of the quality and efficiency of the healthcare system provided ⁽¹¹⁾.

This aligns with research by Faisol et al., which found a positive correlation between nurse therapeutic

communication and patient satisfaction in Kedungrejo public services ⁽¹²⁾. Similarly, Lee et al. explored nurse experiences in therapeutic communication and found that improving nurses' abilities in therapeutic communication could significantly enhance the quality of care provided to patients ⁽⁵⁾. The aim of this study is to examine the relationship between therapeutic communication and satisfaction levels in chronic kidney failure patients in the hemodialysis unit.

METHODS

This study is an observational analytic study with a cross-sectional design aimed at analyzing the relationship between therapeutic communication and satisfaction levels in chronic kidney failure patients in the hemodialysis unit. This research was conducted at RSUP Prof. DR. R.D. Kandou Manado from July to October 2023. The population in this study included all chronic kidney failure patients undergoing hemodialysis at RSUP Prof. DR. R.D. Kandou Manado from March to May 2023, averaging 360 patients per month. The sample size was calculated using the G-power formula, resulting in 154 respondents. The sampling technique used was accidental sampling, with inclusion criteria of patients diagnosed with acute kidney failure undergoing hemodialysis for ≥ 6 months, capable of communicating well, and willing to participate in the study. Whereas, exclusion criteria included respondents unable to complete the study process.

The study used a validated and reliable questionnaire. The research instrument consisting of three parts: questionnaire A for socio-demographic and medical data. Socio-demographic data including gender, age, education level, marital status, employment, and income. Medical data including as well as information on previous hospitalizations, reasons for hospitalization, chronic

diseases, duration of hemodialysis, number and duration of hemodialysis sessions per week; questionnaire B on patient satisfaction with nursing services, comprising 23 statements using a Likert scale; and questionnaire C on nurses' therapeutic communication techniques, consisting of 18 statements using a Likert scale. Data collection was conducted using two methods: primary data from questionnaires given to respondents and secondary data from hemodialysis patient records at RSUP Prof. DR. R.D. Kandou Manado. After all the data is collected, data analysis is carried out. Data analysis was performed using the chi-square test, processed, and analyzed with SPSS version 22.0. The study's ethical considerations adhered to the principles of beneficence, respect for human dignity, and justice, and received ethical approval from RSUP Prof. DR. R.D. Kandou Manado with research permit number DP. 04.03/D. XV/2988/2023.

RESULTS

Univariate Analysis

Table 1 shows the distribution of respondents based on characteristics respondents such as age, gender, marital status, education, employment, hemodialysis duration, comorbidities, and hemodialysis frequency. The most respondents were aged 65 and above 59 people (38.3%), with more males 88 people (57.1%). Most respondents were married 129 people (83.8%), had a high school education 61 people (39.6%), and were unemployed 89 people (57.8%). Meanwhile, in terms of the duration of hemodialysis, there are more respondents who have been undergoing hemodialysis for less than 1 to 2 years, with a total of 55 people (35.7%) with hypertension as the most common comorbidity 65 people (42.2%), and most received hemodialysis twice a week 152 respondents (98.7%).

Table 1. Distribution of Respondents Based on Characteristic Respondents at RSUP Prof. DR. R. D. Kandou Manado

Characteristic	f	%
Age		
17 – 25 years old	4	2,6
26 – 35 years old	10	6,5
36 – 45 years old	19	12,3
46 – 55 years old	32	20,8
56 – 65 years old	30	19,5
> 65 years old	59	38,3
Gender		
Male	88	57,1
Female	66	42,9
Marital Status		
Single	17	11
Married	129	83,8
Divorced	8	5,2
Education		
SD	10	6,5
SMP	31	20,1
SMA	61	39,6
D3	5	3,2
S1	42	27,3

S2	5	3,2
Employment		
Unemployed	89	57,8
Employed	65	42,2
Hemodialysis Duration		
< 1 – 2 tahun		
> 2 – 3 tahun	55	35,7
> 3 – 4 tahun	31	20,1
> 4 – 5 tahun	20	13
> 5 tahun	15	9,7
	33	21,4
Comorbidities		
None	55	35,7
Diabetes Mellitus	8	5,2
Gout Arthritis	6	3,9
Kidney Cyst	2	1,3
Kidney Stones	1	0,6
Hypertension	65	42,2
Hypertension and Gout	11	7,1
Hypertension and Diabetes mellitus		
Hypertension, Gout, and Diabetes mellitus	4	2,6
	2	1,3
Hemodialysis Frequency		
Once a week		
Twice a week	2	1,3
	152	98,7
Total	154	100

Source: Primary data, 2023

Table 2 shows the distribution of respondents based on nurse therapeutic communication. Therapeutic communication divided into good and fairly good communication. Based on the research result, it was found

that the majority of nurse therapeutic communication was good 135 people (87.7%), while fairly good communication was reported by 19 people (12.3%).

Table 2. Distribution of Respondents Based on Nurse Therapeutic Communication at RSUP Prof. DR. R. D. Kandou Manado

Therapeutic Communication	f	%
Good	135	87,7
Fairly Good	19	12,3
Total	154	100

Source: Primary data, 2023

Table 3 shows the distribution of respondents based on patient satisfaction levels. Based on the research result, it was found that high patient satisfaction was reported by 149

people (96.8%), while moderate satisfaction was reported by 5 people (3.2%).

Table 3. Distribution of Respondents Based on Patient Satisfaction Levels at RSUP Prof. DR. R. D. Kandou Manado

Patient Satisfaction	N	%
High	149	96,8
Moderate	5	3,2
Total	154	100

Source: Primary data, 2023

Bivariate Analysis

Table 4 shows the results of testing the relationship between nurse therapeutic communication and patient satisfaction levels. The study found that good nurse therapeutic communication and high patient satisfaction were reported by 135 people (90.6%), while fairly good therapeutic communication and high patient satisfaction by 14 people (9.4%), and fairly good therapeutic communication and

moderate patient satisfaction by 5 people. The study used the chi-square test to examine the relationship between the two variables and found a p-value of <0.001, indicating a significant relationship between nurse therapeutic communication and patient satisfaction levels in chronic kidney failure patients at RSUP Prof. DR. R.D. Kandou Manado.

Table 4. Relationship Between Nurse Therapeutic Communication and Patient Satisfaction Levels at RSUP Prof. DR. R. D. Kandou Manado

Therapeutic Communication	Patient Satisfaction				Total		P Value
	High		Moderate		N	%	
	N	%	N	%			
Good	135	90,6	0	0	135	87,7	< 0,001
Fairly Good	14	9,4	5	100	19	12,3	
Total	149	100	5	100	154	100	

Chi square Test

DISCUSSION

Nurse Therapeutic Communication in Chronic Kidney Failure Patients in the Hemodialysis Unit

The study found that nurse therapeutic communication in the hemodialysis unit at RSUP Prof. DR. R.D. Kandou Manado was predominantly good 135 people (87.7%), while fairly good therapeutic communication was reported by 19 people (12.3%). Many respondents rated nurse therapeutic communication as good due to the nurses' good communication skills, such as greeting patients during interactions, using a friendly tone, asking about complaints, listening attentively, making eye contact, smiling naturally, and asking for prior approval if there are any actions or procedures to be carried out on the patient. This aligns with the study by Cholis et al. (2020) on nurse therapeutic communication at RSUD dr Harjono Ponorogo, which found that good therapeutic communication was more significant 38 respondents (54%)⁽¹³⁾. Another study on the Description of therapeutic communication implementation by nurses at Tamiang Layang Regional Hospital showed similar results, with 37 respondents (86%) having good therapeutic communication, with the pre-interaction stage was mostly well-implemented by 38 respondents (88.4%), the introduction stage was well-implemented by 22 people (51.2%), the working stage was well-implemented by 24 people (55.8%), and the termination stage of therapeutic communication was well-implemented by 34 people (79.1%)⁽¹⁴⁾. Additionally, Hreńczuk & Flak (2021) found that most patients (85.7%) in the hemodialysis unit in Warsaw, Poland, believed that the therapeutic relationship between nurses and patients in hemodialysis therapy is crucial, as it provides them with strength to fight the disease and helps them understand their problems from another perspective⁽¹⁵⁾. In some cases, the therapeutic relationship can help restore patient hope. In this study, patients also believed that the therapeutic relationship between nurses

and patients made them feel safer during treatment, helped them through difficult times related to treatment, improved care quality and treatment effectiveness, and helped them accept their disease and therapy. Therapeutic communication was rated as fairly good by 19 respondents (12,3%). Respondents who rated therapeutic communication as fairly good noted that nurses rarely introduce themselves when providing care to patients, rarely give patients or their families the opportunity to ask questions, and rarely inform families about the patient's health condition progress. This may be due to the imbalance between the number of nurses and the patients requiring hemodialysis treatment, This may be caused by the fact that the number of nurses is still not proportional to the number of patients requiring hemodialysis treatment, making it difficult for nurses to effectively engage in therapeutic communication, as they are more focused on their tasks than on communicating with patients. This finding aligns with a study by Hreńczuk (2021) stating that the lack of nurse engagement is due to inadequate staffing and increased workload, causing nurse fatigue. Certain routines that have been in place for years in interactions with patients can lead to unintentional neglect, which may be noticed by the patients⁽¹⁵⁾.

This study is also consistent with research by Gosal et al. (2022), which found that out of 80 respondents, 7 respondents (8,8%) rated therapeutic communication as suboptimal because nurses rarely introduce themselves, pay little attention to demeanor and eye contact when interacting with patients, nurses do not ask for the patient's opinion when making agreements about when and where interactions will take place, and do not explain the purpose of actions to be taken⁽¹⁶⁾.

Therapeutic communication is a skill possessed by nurses in interacting with patients, consciously planned, where nurses provide information about the diagnosis, benefits, objectives of actions, duration of treatment, and

other information about the patient's illness⁽¹⁷⁾. It includes three stages: pre-interaction or introduction, working phase (disease explanation), and termination, which involves evaluating the actions that have been taken. These three stages will be achieved if the nurse adheres to principles such as creating an atmosphere that enables the patient to have the motivation to change their behavior and solving the problems they face^(17,18).

The implementation of therapeutic communication in nursing care plays an important role in improving patients' understanding of their illness process, thus helping to reduce patient anxiety. Nurse-patient interactions can facilitate the transfer of knowledge and additional information that patients may not yet understand. Therefore, with the provision of information from nurses to patients, it is hoped that patients will be collaborative and compliant in their treatment process (2).

1. Chronic Kidney Disease Patient Satisfaction in Hemodialysis Unit

Based on the research results, it was found that the level of patient satisfaction was high, with 149 respondents (96.8%), while the level of patient satisfaction was moderate, with 5 respondents (3.2%). Patient satisfaction was measured across five aspects: tangibles, reliability, empathy, responsiveness, and assurance. The high number of respondents who rated their satisfaction as high is due to the dominant patient satisfaction with these five aspects. For example, nurses provide careful, meticulous, and timely care, they inform patients about nursing procedures, they attend to the needs of patients, and they listen to and respond to patient complaints.

This is in line with a study conducted by Helmy (2022) on patient satisfaction in hemodialysis, which found that patients generally feel satisfied with the interaction between medical staff and patients in the hemodialysis unit, with a mean value of 2.7⁽¹⁹⁾. Patients also generally feel satisfied with the treatment during hemodialysis, with a mean value of 2.83. This includes how medical staff welcome patients to the hemodialysis unit, the nurse's attitude while caring for patients, explanations from medical staff about long wait times, how medical staff handle complaints about medical services, monitoring of dialysis by nurses regarding responses to alarms and patient needs, and medical staff responses during hemodialysis in case of technical difficulties (19). These findings are supported by El-Nagger et al. (2013), who found that the majority of patients studied were satisfied with the time nurses spent discussing their conditions⁽²⁰⁾.

This study is also supported by Habte Wurjine & Regasa (2018) regarding the assessment of patient satisfaction with care in the dialysis unit, which states that patients are satisfied with the tasks, responsibilities, commitments, and communication skills of nurses with clients, and their behavior reflects better nursing skills than other healthcare professionals⁽²¹⁾. Additionally, nurses are also considered capable of ensuring patient safety, as more

than half of hemodialysis patients are very satisfied with nurses who maintain patient safety⁽¹¹⁾. This finding is also supported by Ulrich & Kear (2014), who reported that nephrology nurses have an interest in patient safety practices⁽²²⁾.

Meanwhile, the moderate patient satisfaction among 5 respondents (3,2%) was due to nurses rarely explaining the facilities available in the hospital to patients, nurses not being timely in their arrival when patients need assistance, nurses not providing sufficient service time according to patients' wishes and needs, nurses not providing the facilities needed by patients, and nurses rarely answering questions about the nursing procedures given to patients.

This is consistent with a study by Rabie et al. (2015), which describes the level of patient satisfaction with nursing services in the hemodialysis unit at four selected hospitals⁽¹¹⁾. The largest percentage of respondents felt dissatisfied with nursing services in the hemodialysis units of these four selected hospitals. Not only that, but the majority (93.3%) of patients were dissatisfied with physical care, while only 6.7% were satisfied. Three-fifths (60%) of patients were dissatisfied with psychological services, while 40% of them were satisfied. Additionally, the majority (80%) of patients were dissatisfied with social services, while 18.3% were satisfied, and 1.7% were very satisfied. Furthermore, more than half (58.3%) of the patients were dissatisfied with spiritual services.

Satisfaction is the feeling that arises from an individual's perception of what is desired from the quality of service or product received, which is seen in the form of service quality consisting of responsiveness, assurance, tangibles, empathy, and reliability. Patient satisfaction reflects the value of care from health professionals that meets patient expectations (23).

Service quality is an important aspect in a hospital provided by nurses and is closely related to the satisfaction felt by patients as hospital customers. The goal of nursing service quality is to ensure that the services or products produced by nurses meet the standards or desires of patients. If the service received meets expectations, then the quality of service is considered good. If the quality of service received exceeds consumer expectations, then the quality of service received is considered ideal, whereas if the quality of service received is lower than expected, then the quality of service is considered poor. The services provided by hospitals to patients greatly influence the success or failure of a service because they involve the desires, needs, and demands of patients as consumers (1).

On the other hand, patients who feel dissatisfied with the services provided may be due to an increased workload resulting from an inadequate nurse-patient ratio, where a large number of patients and heavy workload can lead to fatigue in nurses, which can negatively affect the nurse-patient relationship. This is supported by Metwally (2014), who found that nurses' negative attitudes and behaviors can affect patient satisfaction (24).

The Relationship Between Therapeutic Communication and Level of Patient Satisfaction with Chronic Kidney Disease in the Hemodialysis Room

Based on the research results, a p-value of < 0.001 was obtained, indicating that there is a relationship between nurse's therapeutic communication and the level of patient satisfaction with chronic kidney disease at Prof. DR. R.D. Kandou Manado Hospital. This is consistent with a study by Sembiring & Munthe (2019), which stated that therapeutic communication affects patient satisfaction. Increased attention from nurses to patients can enhance the perfection of nursing care and thus can affect the number of patients who will seek treatment at the hospital (25).

Shnishil & Mansour (2013) also stated a similar thing regarding the communication between nurses and patients, which creating a good interpersonal relationship and nurses assisting in facilitating patient decisions regarding their treatment can increase the level of patient satisfaction, as effective communication correlates with improved patient health (26). Additionally, a study by (Faisol et al., 2021) also stated that there is a relationship between nurse's therapeutic communication and patient satisfaction at the Kedungrejo Community Health Center (12). The research results show that patients consider the therapeutic communication from nurses to be very good, resulting in high levels of patient satisfaction, indicating a positive correlation between the two factors.

Satisfaction is a complex concept related to several factors such as lifestyle, previous experiences, future expectations, and individual values. Patient satisfaction is a subjective concept measured based on the perceptions, expectations, and previous experiences of patients with hospitals or healthcare organizations. This is an important indicator of quality and efficiency in the healthcare system (27,28).

Hemodialysis patients tend to withdraw from life, experience anxiety, be more sensitive, and can have rapid mood changes. Additionally, these patients may spend years undergoing treatment with intensive interactions with healthcare professionals (doctors and nurses) in the dialysis unit. Nurses working with patients in the hemodialysis unit deal with every organ system in the body, requiring a holistic approach to patient care. Nursing care is a crucial factor and a determinant in patient satisfaction or dissatisfaction with their hospital experience. Additionally, the attitude and communication of nurses with patients are key determinants of patient satisfaction.

There are four important things that healthcare professionals (doctors, nurses, and other healthcare professions) should demonstrate when communicating with patients: empathy, trust, caring, and respect. Empathy is the most important component of the therapeutic relationship between nurses and patients because a relationship based on empathy allows patients to feel understood and accepted. Trust between nurses and clients will allow the building of lasting social relationships. If trust is lacking, a person will

become passive and antisocial, cautious in relationships with others, and they will stop believing in the effectiveness of any action. Therefore, trust is needed so that patients believe that everything the nurse does for them is therapeutic and helps them in the treatment process. A nurse who trusts the patient does not need to wonder if the patient is following medical recommendations. Such a relationship can build a safety zone where both parties feel comfortable (4). The therapeutic relationship created between a nurse and a client can affect patient satisfaction. This relationship can provide a sense of security, help in overcoming difficult times, assist patients in accepting their illness and therapy, and even improve the effectiveness of therapy and the quality of care. However, therapeutic communication will proceed smoothly if verbal and nonverbal communication are done simultaneously and in harmony, where nurses communicate not only through words but also supported by how nurses respond to problems faced by patients through actions.

CONCLUSION AND SUGGESTION

Based on the research results, it can be concluded that there is a relationship between therapeutic communication and the level of satisfaction among chronic kidney disease patients in the hemodialysis unit of Prof. Dr. R. D. Kandou Manado Hospital.

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CONFLICT OF INTEREST

There is no conflict of interest.

ETHICAL ASPECT

Ethical approval was obtained from RSUP Prof. DR. R.D. Kandou Manado with research permit number DP. 04.03/D. XV/2988/2023.

REFERENCES

1. Kholil S, Lubis L, Ritonga S. Implementation of Therapeutic Communication at Dr. Pirngadi Hospital. *Budapest Int Res Critics Institute-Journal*. 2019;2(4):645–56.
2. Besely WN, Faheim S, Aly EM. Effect of Implementing A Health Education Program For Nurses on Satisfaction Level of Patients Undergoing Hemodialysis. *J Nurs Heal Sci*. 2020;7(4):45–57.
3. Puspitasari A, Riyana S, Suminar I. Hubungan Komunikasi Terapeutik Perawat dengan Kualitas Hidup pada Pasien yang Menjalani Hemodialisa: Literature Review. Universitas 'Aisyiyah Yogyakarta; 2021.
4. Hreńczuk M. Therapeutic relationship nurse–patient in hemodialysis therapy. *Nurs Forum*. 2021;56(3):579–86.

5. Lee H jung, Park B mi, Shin M jin, Kim D yeon. Therapeutic Communication Experiences of Nurses Caring for Patients with Hematology. *Healthcare*. 2022;10(2403):1–15.
6. Cahyani A, Prasetya D, Abadi F, Prihatiningsih D. Gambaran Diagnosis Pasien Pra-Hemodialisa di RSUD Wangaya Tahun 2020-2021. *J Ilm Hosp*. 2022;11(1):661–6.
7. United States Renal Data System. Annual Data Report Epidemiology of Kidney Disease in the United States [Internet]. 2018. Available from: <https://www.uslegalforms.com/jsfiller%02desk13/?requestHash=a48f0241330255d64741df5b860d94f05f59%0A303d2a23d8dfb3baf99ad2887a82%26ref=https://www.uslegalforms.%0Acom%26projectId=679582105%26et=a#b43f35b17628712b54f8a55%0Ad27587c44>
8. Kemenkes RI. Laporan Nasional Riset Kesehatan Dasar. 2018.
9. PERNEFRI. 5 th Report of Indonesian Renal Registry. 2012.
10. Pratiwi SN, Suryaningsih R. Gambaran Klinis Penderita Penyakit Ginjal Kronik yang Menjalani Hemodialisis Di RS PKU Muhammadiyah Surakarta. *Univ Muhammadiyah Surakarta*. 2020;3:427–39.
11. Rabie EAEGAR, Salem YM, Salem MA, Nor W, Besely A. Patients' satisfaction with nursing care in Hemodialysis Units. *Assiut Sci Nurs J*. 2015;3(6):145–66.
12. Faisol A, Yudianto A, Kahar H, Astuti SD. Relationship of Therapeutic Communication And Healing Between Nurse and Patient. *Malaysian J Med Heal Sci*. 2021 Feb;10(2):99–102.
13. Cholis EN, Rumpiati R, Sureni I. Hubungan Komunikasi Terapeutik Perawat dengan Tingkat Kecemasan Pasien Hemodialisa di RSUD Dr Harjono Ponorogo. *J Keperawatan Terpadu*. 2020;2(1):54–63.
14. Nursery SMC. Gambaran Pelaksanaan Komunikasi Terapeutik Oleh Perawat Di Ruang Rawat Inap RSUD Tamiang Layang. *J Penelit UPR*. 2022;2(1):20–6.
15. Hreńczuk M, Flak K. The therapeutic relationship between a nurse and a patient in the therapy of haemodialysis. 2021;14(1):43–6.
16. Gosal GJ, Larira DM, Toar JM. Hubungan Komunikasi Terapeutik Perawat Dengan Tingkat Kepuasan Pasien Di Rumah Sakit Bhayangkara Tingkat III Manado. *J Keperawatan*. 2022;10(2).
17. Larira DM, Nurmansyah M, Buanasari A. Komunikasi Terapeutik dan Tingkat Kecemasan Pasien Kanker di RSUP Prof. DR. R. D. Kandou Manado. *J Penelit Kesehat Suara Forikes*. 2023;14(2019):129–32.
18. Sumakul E, Mingkid E, Randang J. Peranan Komunikasi Terapeutik Perawat Pada Anak Penderita Kanker Di Yayasan Kasih Anak Kanker Indonesia Rsup Prof. Kandouw Manado. 2019;1(4):1–14.
19. Helmy NH, Hussein A, Kamal M, Minshawy O El, Wahsh EA. Hemodialysis patients' satisfaction with dialysis care: a cross-sectional prospective study conducted in a non-profitable care facility, Minia Egypt. *BMC Nephrol*. 2022 Dec 1;23(1).
20. El-Nagger NS, Ahmed SMA, Elsayed LA, Khamis HMA, Nahed [, El-Nagger S. Patients' Satisfaction Regarding Nursing Care Provided in Different Hospitals in Makkah AL Mukramah [Internet]. Vol. 2, *Life Sci J*. 2013. Available from: <http://www.lifesciencesite.comhttp://www.lifesciencesite.com.64>
21. Habte Wurjine T, Regasa SK. Assessment of Patients' Satisfaction with Care at Selected Governmental Dialysis Units in Addis Ababa, Ethiopia, 2018. *Am J Nurs Sci [Internet]*. 2018;7(6):202–9. Available from: <http://www.sciencepublishinggroup.com/j/ajns>
22. Ulrich B, Kear T. Patient Safety Culture in Nephrology Nurse Practice Settings: Initial Findings. *Nephrol Nurs J*. 2014;41(5):459–75.
23. Nursalam. Manajemen keperawatan: aplikasi dalam praktek keperawatan professional. Edisi 5. Jakarta: Salemba Medika; 2015.
24. Metwally D. Patients' Satisfaction with Primary Health Care in Egypt: Exploring the Gap between Rural and Urban Governorates. *J Soc Dev Sci*. 2014;5(4):221–30.
25. Sembiring IM, Munthe NBG. HUBUNGAN KOMUNIKASI TERAPEUTIK PERAWAT DENGAN KEPUASAN PASIEN RAWAT INAP. *J KEPERAWATAN DAN Fisioter*. 2019 Apr 29;1(2):54–61.
26. Shnishil AT, Mansour KA. Assessment of Patients' Satisfaction toward Nursing Care at Hemodialysis units . رض تقييم ا الدموي النفاذ وحدات في التمريضية الرعاية تجاه المرضى . *Iraqi Natl J Nurs Spec*. 2013;26(1).
27. Merkouris A, Andreadou A, Athini E, Hatzimbalasi M, Rovithis M, Papastavrou E, et al. Assessment of patient satisfaction in public hospitals in Cyprus: A descriptive study. *Heal Sci J*. 2013;7(1):28–40.
28. Pierce N, Arslanian J, Castner D, Colaneri J, Derkowski DM, Harrington MC, et al. Celebrating ANNA's 45th Anniversary: Specialty Practice Networks. *Nephrol Nurs J*. 2014;41(2).

