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Review Article

Nurse–patient communication and inpatient satisfaction: A narrative review

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Abstract

Background: Communication is a core process of inpatient nursing care, yet the literature uses heterogeneous definitions, instruments, clinical settings, and professional scopes. This heterogeneity makes it difficult to determine which communication attributes are most consistently associated with patient satisfaction and whether observational associations are being interpreted too causally.

Objective: To synthesize evidence on the association between nurse–patient communication and inpatient satisfaction.

Methods: A focused narrative review was conducted and reported with reference to the Scale for the Assessment of Narrative Review Articles (SANRA). PubMed, ScienceDirect, DOAJ, Google Scholar, Garuda, and official Indonesian regulatory portals were searched for English- and Indonesian-language material published mainly from 2015 to 2026; seminal theory was retained. The search was updated on 2 September 2026. Adult inpatient studies examining nurse–patient, therapeutic, or patient-centered communication in relation to satisfaction were prioritized. Fifteen focal empirical studies were extracted and synthesized.

Results: Most focal studies reported that clearer information, empathy, respectful interaction, active listening, opportunities to ask questions, responsiveness, and consistent messages were associated with higher satisfaction or related patient-experience outcomes. Trust, understanding, reassurance, and perceived service quality were recurrent explanatory pathways. However, the evidence was predominantly cross-sectional, definitions and measures varied, and a Kenyan study of patients with chronic life-limiting illness did not demonstrate higher satisfaction following patient-centered communication. Accordingly, causality and effect magnitude remain uncertain.

Conclusion: Better perceived nurse–patient communication is generally associated with higher inpatient satisfaction, but the evidence does not justify a universal causal claim. Hospitals should standardize patient-centered communication, teach-back, and interdisciplinary message consistency while evaluating outcomes with validated instruments. Prospective multicenter and intervention studies are required.

Background

Patient satisfaction is a widely used indicator of healthcare quality and patient experience. It reflects not only clinical outcomes but also whether care is timely, understandable, respectful, responsive, and aligned with patient expectations. Donabedian's structure–process–outcome framework positions interpersonal communication within care processes that may shape patient-reported outcomes, whereas expectancy–disconfirmation theory explains satisfaction as the comparison between expected and experienced care (Donabedian, 1988; Oliver, 1980). SERVQUAL similarly emphasizes responsiveness, assurance, and empathy as dimensions through which service encounters are evaluated (Parasuraman et al., 1988).

Inpatients are particularly dependent on communication because hospitalization involves vulnerability, uncertainty, repeated handovers, and interaction with multiple professionals. Nurses have continuous bedside contact and translate clinical information, monitor understanding, respond to concerns, and support patients and families. Clear and compassionate communication can therefore influence trust, perceived safety, involvement, and the overall evaluation of care (Institute of Medicine, 2001; Newell & Jordan, 2015; Potter et al., 2021; World Health Organization, 2021).

Recent studies have associated communication quality with patient safety perceptions, engagement, trust, and satisfaction, but their designs, populations, and measures differ substantially (Gavurova et al., 2021; Kulińska et al., 2022; Siebinga et al., 2022; Han & Oh, 2022; Ramos-Vera et al., 2022; Sharkiya, 2023; Çakmak & Uğurluoğlu, 2024; Jameel et al., 2025). Indonesian studies also describe associations between therapeutic communication, responsiveness, empathy, and satisfaction, although samples are frequently single-site and cross-sectional (Priyantini et al., 2023; Astawastini et al., 2024;

Sulviana et al., 2024; Hafifi et al., 2025; Cahyo & Kurniawan, 2025).

The knowledge gap is not simply whether communication matters. "Effective communication" is variously operationalized as therapeutic communication, patient-centered communication, information clarity, empathy, caring behavior, responsiveness, or global patient experience. Studies also differ in professional scope, inpatient specialty, cultural context, instruments, and statistical adjustment. These variations, together with predominantly observational designs and at least one discordant study, limit causal interpretation and generalization. Earlier summaries often combine inpatient, outpatient, emergency, primary-care, and physician communication evidence without distinguishing these sources of heterogeneity.

Compassion measures show that patients can distinguish physician and nurse compassion, reinforcing the need for profession-specific interpretation (Roberts et al., 2022). Organizational conditions also matter: nurse burnout is associated with worse patient safety, satisfaction, and quality, so communication ratings cannot be separated completely from staffing and work environments (Li et al., 2024). Indonesian clinical communication guidance, general quality-management texts, marketing-derived satisfaction theory, and research-method references informed the contextual interpretation but were not treated as empirical inpatient evidence (Konsil Kedokteran Indonesia, 2006; Pohan, 2013; Kotler & Keller, 2016; Sugiyono, 2022).

This review therefore focuses on nurse–patient communication in inpatient care. Its objective is to synthesize the association between communication and satisfaction, identify recurrent communication attributes and explanatory pathways, compare consistent and discordant findings, and formulate practice and research implications proportional to the strength of evidence.

Methods

Study Design

This article is a focused narrative review rather than a systematic review or meta-analysis. Its purpose is interpretive synthesis across conceptually and methodologically heterogeneous sources. Reporting was informed by SANRA, which addresses the importance of the topic, statement of aims, description of the literature search, referencing, scientific reasoning, and presentation of relevant evidence (Baethge et al., 2019). PRISMA was not claimed because the original review was not prospectively designed as a systematic review (Page et al., 2021).

Information Sources and Search Strategy

Searches covered PubMed/MEDLINE for biomedical literature, ScienceDirect as a publisher platform, DOAJ for open-access journals, Google Scholar as a broad discovery tool, Garuda for Indonesian scholarship, and official portals of the Indonesian Ministry of Health for regulation and accreditation standards. Reference lists of eligible papers were checked for seminal and directly relevant sources. The search covered January 2015 to 2 September 2026 and was last updated on 2 September 2026. Seminal sources published before 2015 were retained only for theory, measurement, or policy foundations.

The PubMed strategy combined controlled vocabulary and free text: ((“Communication”[MeSH Terms] OR “nurse-patient communication”[Title/Abstract] OR “therapeutic communication”[Title/Abstract] OR “patient-centered communication”[Title/Abstract]) AND (“Patient Satisfaction”[MeSH Terms] OR “patient satisfaction”[Title/Abstract]) AND (“Inpatients”[MeSH Terms] OR inpatient*[Title/Abstract] OR hospital*[Title/Abstract])). English or Indonesian language and publication-year limits were applied. Equivalent terms and Boolean operators (AND/OR) were adapted to each platform. Titles and abstracts were searched first; full texts were examined for eligibility and extraction.

Eligibility, Selection, and Verification

Eligibility followed a Population–Concept–Context structure: adults receiving inpatient hospital care; nurse–patient, therapeutic, patient-centered, or closely related clinical communication; inpatient satisfaction or a directly related patient-experience outcome; and empirical quantitative, qualitative, mixed-methods, or intervention designs. Peer-reviewed English- or Indonesian-language full texts published during 2015–2026 were prioritized. Studies solely involving outpatient, emergency, pediatric, or non-healthcare settings and publications without verifiable bibliographic information were excluded from the focal evidence matrix. Seminal

theory, methodological guidance, official regulation, and closely related contextual studies were used outside the focal matrix.

One author screened the literature and extracted the data; the second author checked eligibility, bibliographic details, and the completed evidence matrix. Disagreements were resolved through discussion. The verified focal corpus contained 15 empirical studies. The original narrative-search workflow did not prospectively retain the total number of records retrieved, duplicates removed, or full texts excluded; consequently, retrospective PRISMA-style counts were not fabricated. This limitation is explicitly considered when interpreting completeness.

Data Extraction and Narrative Synthesis

The authors extracted author/year, country or setting, design and sample, communication construct, satisfaction or related outcome, principal result, and limitations. Findings were coded into information clarity, empathy/respect, listening and question opportunity, responsiveness, consistency/coordination, trust/reassurance, and patient involvement. Studies were compared by direction of association, professional and clinical setting, design, measurement approach, and cultural context. Greater interpretive weight was assigned to directly relevant inpatient evidence and transparent, peer-reviewed studies; causal statements were avoided for cross-sectional evidence.

Results

The final focal corpus comprised 15 empirical studies published between 2018 and 2025. Most were cross-sectional or correlational, with several qualitative, prospective, or intervention-oriented reports. Settings included general inpatient wards, nursing care, cancer care, and related hospital services across Indonesia, Ghana, Iran, Poland, Türkiye, Kenya, Saudi Arabia, England, and other contexts. This diversity widened conceptual coverage but prevented meaningful pooled estimation (Table 1).

Table 1. Summary of Previous Studies on Healthcare Communication and Patient Satisfaction

Study	Setting	Design/ sample	Exposure/ outcome	Principal finding	Key limitation
Aiken et al., 2018	England; adult hospital patients	Cross-sectional; 66,348 patients	Confidence in nurses/doctors, missed care, HCAHPS-type experience	Lower confidence and missed care were associated with poorer satisfaction.	Observational; country-specific system.
Amoah et al., 2019	Ghana; hospital wards	Qualitative; nurses and patients	Therapeutic communication barriers	Workload, language, and environment constrained communication.	Does not estimate satisfaction effect.
Lotfi et al., 2019	Iran; inpatient nursing care	Cross-sectional; 295 patients	Nurse–patient communication and satisfaction scales	Communication quality was positively related to satisfaction with nursing care.	Single-center; self-report.
Afaya et al., 2021	Ghana; inpatient nursing care	Cross-sectional patient survey	Perceived nursing care/communication and satisfaction	Respectful, responsive nursing interactions were linked to satisfaction.	Cross-sectional; common-method bias.
Noviyanti et al., 2021	Indonesia; hospital nurses	Cross-sectional; 204 nurses	Communication satisfaction and patient-safety culture	Communication satisfaction was related to safety-culture dimensions.	Staff outcome; indirect to patient satisfaction.
Kulińska et al., 2022	Poland; selected hospitals	Prospective survey; hospital staff	Effective communication and safety perceptions	Communication quality was associated with perceived patient safety.	Safety perception, not direct satisfaction.
Alshammari et al., 2022	Saudi Arabia; cancer care	Qualitative; adult patients	Communication experiences with nurses	Communication was generally acceptable; language, culture, workload, and preferences shaped experiences.	Qualitative; specialty setting.

Study	Setting	Design/ sample	Exposure/ outcome	Principal finding	Key limitation
Siebinga et al., 2022	Netherlands; pediatric consultations	Cross-sectional consultation analysis	Shared decision-making/PCC and satisfaction	PCC and shared decision-making showed related but distinct associations with satisfaction.	Pediatric/outpatient contextual evidence.
Sharkiya, 2023	Older patients; multiple settings	Rapid review	Quality communication and patient-centered outcomes	Communication quality supported understanding, involvement, and other patient-centered outcomes.	Rapid-review limitations; heterogeneous settings.
Priyantini et al., 2023	Indonesia; hospital patients	Cross-sectional; 35 respondents	Therapeutic nursing communication and satisfaction	A statistically significant positive correlation was reported.	Small, single-site sample.
Çakmak & Uğurluoğlu, 2024	Türkiye; cancer patients	Cross-sectional; 312 patients	Patient-centered communication	PCC was positively associated with engagement, service-quality perception, quality of life, and satisfaction.	Cross-sectional; cancer population.
Astawastini et al., 2024	Indonesia; hospital patients	Cross-sectional; 120 patients	Risk communication, caring behavior, satisfaction	Risk communication (aOR 5.2) and caring behavior (aOR 9.8) were associated with satisfaction.	Single-center; wide confidence intervals.
Monica et al., 2024	Indonesia; BPJS service users	Quantitative path analysis	Communication, experience, trust, loyalty	Communication was associated with loyalty through trust (R^2 33.2%).	Loyalty rather than inpatient satisfaction.
Sirera et al., 2024	Kenya; chronic life-limiting illness	Intervention evaluation	Patient-centered communication and satisfaction	PCC did not produce higher satisfaction; the immediate association was non-linear/negative.	Context-specific; possible expectation effects.
Hafifi et al., 2025	Indonesia; emergency department	Cross-sectional; 166 patients	Effective communication and satisfaction	Strong positive correlation was reported (Spearman r approximately 0.73; $p<0.001$).	Emergency, not inpatient; accidental sampling.

Across the focal evidence, information clarity, understandable language, respectful behavior, empathy, active listening, opportunities to ask questions, responsiveness, and message consistency were the attributes most often linked to favorable satisfaction or patient-experience outcomes. Direct inpatient studies from Iran, Ghana, England, and Indonesia generally supported this direction (Aiken et al., 2018; Lotfi et al., 2019; Afaya et al., 2021; Priyantini et al., 2023; Astawastini et al., 2024).

Three pathways recurred. First, comprehensible information reduced uncertainty and helped patients interpret treatment and discharge plans. Second, empathy and respectful listening conveyed recognition of the patient as a person, strengthening reassurance and trust. Third, responsiveness and consistent messages across staff shaped perceived reliability and service quality. Evidence on communication satisfaction and safety culture, patient-safety perceptions, and loyalty through trust provides indirect support for these mechanisms (Noviyanti et al., 2021; Kulińska et al., 2022; Monica et al., 2024).

The pattern was not uniform. Sirera et al. (2024) found that a patient-centered communication strategy did not yield higher satisfaction among Kenyan patients with chronic life-limiting illness. The finding suggests that clearer discussion may raise awareness of prognosis or unmet needs, temporarily lower satisfaction, or interact with cultural expectations and structural service constraints. Thus, communication should not be treated as a universally linear determinant.

The evidence base was methodologically heterogeneous. Cross-sectional self-report data dominated, exposure and outcome measures varied, some studies assessed related constructs rather than satisfaction directly, and several were outside general adult inpatient wards. These limitations precluded quantitative pooling and restrict causal claims.

Discussion

The principal finding is that patients' favorable perceptions of nurse–patient communication are generally associated with higher inpatient satisfaction, particularly when communication is clear, empathic, respectful, responsive, and participatory. The consistency of direction across several countries supports the practical relevance of communication, but it does not establish that communication alone causes satisfaction. Most studies measured exposure and outcome at the same time, leaving reverse causation, response style, and unmeasured service quality plausible.

The finding is coherent with Donabedian's model: communication is a care-process attribute that can influence patient-reported outcomes (Donabedian, 1988). It also aligns with expectancy–disconfirmation theory because timely and understandable explanations shape whether the care experience meets expectations (Oliver, 1980). SERVQUAL further explains why responsiveness, assurance, and empathy recur in both communication and satisfaction measures (Parasuraman et al., 1988). This conceptual overlap may strengthen genuine relationships, but it may also inflate correlations when similarly worded self-report items measure both constructs.

Heterogeneity matters. Nurse communication in a general ward is not equivalent to physician communication, cancer consultation, emergency care, or interprofessional handover. Satisfaction instruments also capture different domains, ranging from nursing care and information to global hospital ratings, trust, safety perceptions, and loyalty. Cultural norms influence whether patients expect shared decision-making, deference, family involvement, or explicit prognostic discussion. The discordant Kenyan result therefore deserves interpretive weight rather than being treated as an anomaly (Sirera et al., 2024).

For hospitals, the evidence supports standardized communication processes rather than reliance on individual courtesy alone. Training should include plain language, active listening, empathy, teach-back, shared decision-making appropriate to patient preference, and communication with families. Teach-back is especially useful for verifying—not merely assuming—understanding (Agency for Healthcare Research and Quality, 2020). Structured interdisciplinary communication can also reduce conflicting messages, although SBAR evidence primarily concerns team communication and safety rather than satisfaction (Müller et al., 2018).

In Indonesia, these actions align with national quality indicators and patient-centered accreditation standards (Ministry of Health of the Republic of Indonesia, 2022a, 2022b). Local evidence from Lentera Perawat also shows that responsiveness, empathy, and assurance are relevant components of satisfaction, while tangible conditions and other service dimensions remain important co-determinants (Sulviana et al., 2024; Cahyo & Kurniawan, 2025). Communication programs should therefore be embedded within broader quality improvement, staffing, continuity, and complaint-review systems rather than presented as a stand-alone remedy.

Future studies should use prospective multicenter designs, clearly distinguish nurse communication from other professional interactions, employ validated and non-overlapping measures, adjust for patient severity and service conditions, and report effect estimates with confidence intervals. Pragmatic trials should test whether training, bedside rounds, teach-back, or standardized discharge communication changes satisfaction and comprehension over time. Qualitative work should explore why apparently better communication may not improve satisfaction in some cultural or life-limiting illness contexts.

Limitations

This review has important limitations. It was a narrative review without a prospectively registered protocol or a complete record-level search log. English- and Indonesian-language and full-text criteria may have introduced language and availability bias. Google Scholar and Garuda improve local coverage but have less reproducible indexing than bibliographic databases. No formal study-level risk-of-bias instrument was applied,

publication bias was not assessed, and the evidence matrix includes several contextual studies outside general adult inpatient wards. Heterogeneous constructs and instruments prevented meta-analysis. The conclusions should therefore be interpreted as a structured narrative account of association, not a comprehensive causal estimate.

Conclusion and Recommendation

Clear, empathic, respectful, responsive, and participatory nurse–patient communication was generally associated with higher inpatient satisfaction across the reviewed literature. Trust, reassurance, understanding, and perceived service quality were plausible pathways, but heterogeneity and predominantly cross-sectional evidence limit causal inference. Hospitals should standardize and evaluate patient-centered communication as one component of broader quality improvement. Prospective multicenter and intervention studies using validated measures are needed to determine effect size, temporality, and cultural variation.

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Yeyen Iscasari contributed to topic selection, article concept development, background formulation, literature search, synthesis analysis, discussion writing, and manuscript finalization. Dewi Purnamawati contributed to conceptual guidance and academic input in the development of the manuscript. All authors reviewed and approved the final version of the manuscript.

Declaration of conflict of interest
The authors declare no competing interests.

Declaration on the Use of AI
No AI tools were used in the preparation of this manuscript.

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Data sharing is not applicable to this article.

References

Agency for Healthcare Research and Quality. (2020). Health literacy universal precautions toolkit (2nd ed.). U.S. Department of Health and Human Services.

Afaya, A., Bam, V., Azongo, T. B., Afaya, R. A., Yakong, V. N., Kpodo, G. K., Adatara, P., & Amponsah, A. K. (2021). Patients' satisfaction with nursing care and its associated factors in Northern Ghana. International Journal of Africa Nursing Sciences, 15, 100320. https://doi.org/10.1016/j.ijans.2021.100320

Aiken, L. H., Sloane, D. M., Ball, J., Bruyneel, L., Rafferty, A. M., & Griffiths, P. (2018). Patient satisfaction with hospital care and nurses in England: An observational study. BMJ Open, 8, e019189. https://doi.org/10.1136/bmjopen-2017-019189

Alshammari, M., Duff, J., & Guilhermino, M. (2022). Adult patient communication experiences with nurses in cancer care settings: A qualitative study. BMC Nursing, 21, 201. https://doi.org/10.1186/s12912-022-00981-4

Amoah, V. M. K., Anokye, R., Boakye, D. S., & Gyamfi, N. (2019). A qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients. BMC Nursing, 18, 4. https://doi.org/10.1186/s12912-019-0328-0

Astawastini, I. D. A. M. M., Wirawan, D. N., & Januraga, P. P. (2024). Risk communication and caring behavior related to patient satisfaction. Public Health and Preventive Medicine Archive, 12(1). https://doi.org/10.53638/phpma.2024.v12.i1.p05

Baethge, C., Goldbeck-Wood, S., & Mertens, S. (2019). SANRA—a scale for the quality assessment of narrative review articles. Research Integrity and Peer Review, 4, 5. https://doi.org/10.1186/s41073-019-0064-8

Cahyo, D., & Kurniawan, A. (2025). Analysis of health service quality and its association with patient satisfaction in hospital: A cross-sectional study. Lentera Perawat, 6(4), 722–730. https://doi.org/10.52235/lp.v6i4.589

Çakmak, C., & Uğurluoğlu, Ö. (2024). The effects of patient-centered communication on patient engagement, health-related quality of life, service quality perception and patient satisfaction in patients with cancer: A cross-sectional study in Türkiye. Cancer Control, 31, 10732748241236327. https://doi.org/10.1177/10732748241236327

Donabedian, A. (1988). The quality of care: How can it be assessed? JAMA, 260(12), 1743–1748. https://doi.org/10.1001/jama.1988.03410120089033

Gavurova, B., Dvorsky, J., & Popesko, B. (2021). Patient satisfaction determinants of inpatient healthcare. International Journal of Environmental Research and Public Health, 18(21), 11337. https://doi.org/10.3390/ijerph182111337

Hafifi, A. A., Suhari, S., & Yunita, R. (2025). The correlation between effective communication and patient satisfaction in the emergency department. Health and Technology Journal, 3(1), 74–82. https://doi.org/10.53713/htechj.v3i1.309

Han, T., & Oh, K. (2022). Patient-centered care and patient satisfaction: Validating the conceptual relationships using structural equation modeling. BMC Health Services Research, 22, 1467. https://doi.org/10.1186/s12913-022-08730-6

Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st century. National Academies Press. https://doi.org/10.17226/10027

Jameel, A., Khan, S., & Khan, A. (2025). Assessing patient satisfaction with practitioner communication: The mediating role of trust. Frontiers in Medicine, 12, 1544498. https://doi.org/10.3389/fmed.2025.1544498

Konsil Kedokteran Indonesia. (2006). Komunikasi efektif dokter–pasien. Konsil Kedokteran Indonesia.

Kotler, P., & Keller, K. L. (2016). Marketing management (15th ed.). Pearson.

Kulińska, J., Rypicz, Ł., & Zatońska, K. (2022). The impact of effective communication on perceptions of patient safety—A prospective study in selected Polish hospitals. International Journal of Environmental Research and Public Health, 19(15), 9174. https://doi.org/10.3390/ijerph19159174

Li, L. Z., Yang, P., Singer, S. J., Pfeffer, J., Mathur, M. B., & Shanafelt, T. (2024). Nurse burnout and patient safety, satisfaction, and quality of care: A systematic review and meta-analysis. JAMA Network Open, 7(11), e2443059. https://doi.org/10.1001/jamanetworkopen.2024.43059

Lotfi, M., Zamanzadeh, V., Valizadeh, L., & Khajehgoodari, M. (2019). Assessment of nurse–patient communication and patient satisfaction from nursing care. Nursing Open, 6(3), 1189–1196. https://doi.org/10.1002/nop2.316

Ministry of Health of the Republic of Indonesia. (2022a). Regulation No. 30 of 2022 concerning national quality indicators for health services.

Ministry of Health of the Republic of Indonesia. (2022b). Decree No. HK.01.07/MENKES/1128/2022 concerning hospital accreditation standards.

Monica, M., Syahrul, L., & Susanti, E. (2024). Patient experience and effective communication and patient belief have positive prediction on patient loyalty to use. International Journal of Nursing and Health Services, 7(4).

Müller, M., Jürgens, J., Redaèlli, M., Klingberg, K., Hautz, W. E., & Stock, S. (2018). Impact of the communication and patient hand-off tool SBAR on patient safety: A systematic review. BMJ Open, 8, e022202. https://doi.org/10.1136/bmjopen-2018-022202

Newell, S., & Jordan, Z. (2015). The patient experience of patient-centered communication with nurses in the hospital setting: A qualitative systematic review protocol. JBI Database of Systematic Reviews and Implementation Reports, 13(1), 76–87. https://doi.org/10.11124/jbisrir-2015-1072

Noviyanti, L. W., Ahsan, A., & Sudartya, T. S. (2021). Exploring the relationship between nurses' communication satisfaction and patient safety culture. BMC Nursing, 20, 23. https://doi.org/10.1186/s12912-021-00539-y

Oliver, R. L. (1980). A cognitive model of the antecedents and consequences of satisfaction decisions. Journal of Marketing Research, 17(4), 460–469. https://doi.org/10.1177/002224378001700405

Page, M. J., McKenzie, J. E., Bossuyt, P. M., et al. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. BMJ, 372, n71. https://doi.org/10.1136/bmj.n71

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. Journal of Retailing, 64(1), 12–40.

Pohan, I. S. (2013). Jaminan mutu layanan kesehatan: Dasar-dasar pengertian dan penerapan. EGC.

Potter, P. A., Perry, A. G., Stockert, P. A., & Hall, A. M. (2021). Fundamentals of nursing (10th ed.). Elsevier.

Priyantini, D., Nursalam, N., & Sukartini, T. (2023). The correlation of therapeutic communication in nursing and patient satisfaction while in hospital. Indonesian Nursing Journal of Education and Clinic, 8(1).

Ramos-Vera, C., et al. (2022). Relationship between satisfaction with medical care, physical health, and emotional well-being in adult men: Mediating role of communication. Journal of Primary Care & Community Health, 13, 21501319221114850. https://doi.org/10.1177/21501319221114850

Roberts, B. W., Mazzarelli, A. J., Trzeciak, C. J., & Trzeciak, S. (2022). Validation of a 5-item tool to measure patient assessment of clinician compassion in the inpatient setting. Journal of General Internal Medicine, 37, 169–175. https://doi.org/10.1007/s11606-021-06620-7

Sharkiya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: A rapid review. BMC Health Services Research, 23, 886. https://doi.org/10.1186/s12913-023-09869-8

Siebinga, V. Y., Driever, E. M., Stiggelbout, A. M., & Brand, P. L. P. (2022). Shared decision making, patient-centered communication and patient satisfaction—A cross-sectional analysis. Patient Education and Counseling, 105(7), 2145–2150. https://doi.org/10.1016/j.pec.2022.03.012

Sirera, B., et al. (2024). Impact of patient-centered communication on patient satisfaction among patients with chronic life-limiting illnesses in Kenya. Frontiers in

Medicine, 11, 1290907. https://doi.org/10.3389/fmed.2024.1290907

Sugiyono. (2022). Metode penelitian kuantitatif, kualitatif, dan R&D. Alfabeta.

Sulviana, F., Harokan, A., Suryani, L., & Priyatno, A. D. (2024). Analysis of patient satisfaction with dental health services at the community health centre. Lentera Perawat, 5(2), 201–208. https://doi.org/10.52235/lp.v5i2.355

World Health Organization. (2021). Global patient safety action plan 2021–2030: Towards eliminating avoidable harm in health care. World Health Organization.