



RELATIONSHIP BETWEEN DISCHARGE PLANNING AND PATIENT SATISFACTION IN CHRONIC KIDNEY DISEASE PATIENTS

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Abstract

Discharge planning is an important component of nursing care that prepares patients to continue self-care after hospitalization. In Chronic Kidney Disease (CKD) patients, effective discharge planning is needed because they require continuous treatment, adherence to therapy, and lifestyle modifications. Proper implementation of discharge planning is expected to improve nursing service quality and patient satisfaction. This study aimed to determine the relationship between discharge planning implementation and patient satisfaction among Chronic Kidney Disease (CKD) patients in the Internal Inpatient Ward of Raden Mattaher Hospital, Jambi. This study used a quantitative design with a cross-sectional approach. The population included all CKD patients hospitalized in the Internal Inpatient Ward of Raden Mattaher Hospital, Jambi. A total of 50 respondents were selected using purposive sampling. Data were collected through discharge planning and patient satisfaction questionnaires. Data analysis was performed using the Spearman Rank correlation test. The results showed that 62.0% of respondents assessed discharge planning implementation as moderate, while 38.0% considered it poor. Patient satisfaction was mostly categorized as moderate (98.0%), and only 2.0% of respondents reported being satisfied. The Spearman Rank test showed a p-value of 0.205 with a correlation coefficient of $r = -0.182$, indicating no significant relationship between discharge planning implementation and patient satisfaction, with a very weak negative correlation. The implementation of discharge planning was not significantly associated with patient satisfaction among CKD patients in the Internal Inpatient Ward of Raden Mattaher Hospital, Jambi. These findings highlight the need for continuous evaluation and improvement of discharge planning practices to optimize nursing care quality.

Keywords: Discharge Planning; Chronic Kidney Disease; Patient Satisfaction.

Abstrak

Perencanaan pemulangan adalah komponen penting dari perawatan keperawatan yang mempersiapkan pasien untuk melanjutkan perawatan diri setelah rawat inap. Pada pasien Penyakit Ginjal Kronis (PGK), diperlukan perencanaan pemulangan yang efektif karena mereka membutuhkan pengobatan berkelanjutan, kepatuhan terhadap terapi, dan modifikasi gaya hidup. Penerapan perencanaan pemulangan yang tepat diharapkan dapat meningkatkan kualitas pelayanan keperawatan dan kepuasan pasien. Penelitian ini bertujuan untuk mengetahui hubungan antara pelaksanaan perencanaan pemulangan dengan kepuasan pasien pada pasien Penyakit Ginjal Kronis (PGK) di Bangsal Rawat Inap Internal RSUD Raden Mattaher, Jambi. Penelitian ini menggunakan desain kuantitatif dengan pendekatan cross-sectional. Populasi tersebut meliputi seluruh pasien PGK yang dirawat di Bangsal Rawat Inap



Internal RSUD Raden Mattaher, Jambi. Sebanyak 50 responden dipilih menggunakan purposive sampling. Data dikumpulkan melalui kuesioner perencanaan pemulangan dan kepuasan pasien. Analisis data dilakukan dengan menggunakan uji korelasi Spearman Rank. Hasil penelitian menunjukkan bahwa 62,0% responden menilai implementasi perencanaan pemulangan sedang, sementara 38,0% menganggapnya buruk. Kepuasan pasien sebagian besar dikategorikan sebagai sedang (98,0%), dan hanya 2,0% responden yang melaporkan puas. Uji Spearman Rank menunjukkan nilai p 0,205 dengan koefisien korelasi $r = -0,182$, menunjukkan tidak adanya hubungan yang signifikan antara implementasi perencanaan pemulangan dan kepuasan pasien, dengan korelasi negatif yang sangat lemah. Penerapan perencanaan pemulangan tidak berhubungan signifikan dengan kepuasan pasien PGK di Bangsal Rawat Inap Internal RSUD Raden Mattaher, Jambi. Temuan ini menyoroti perlunya evaluasi berkelanjutan dan peningkatan praktik perencanaan pemulangan untuk mengoptimalkan kualitas perawatan keperawatan.

Kata kunci: Perencanaan Pembuangan; penyakit ginjal kronis; Kepuasan Pasien.

I. INTRODUCTION

Chronic kidney disease (CKD) or also called chronic kidney disease is defined as kidney damage that lasts for a long time (long-term) and is characterized by a decrease in the kidneys' ability to filter blood (Glomerulus Filtration Rate / LFG). Patients with CKD often experience no symptoms or signs, until kidney function remains less than 15%. *Chronic Kidney Disease (CKD)* is one of the health problems of the population worldwide. The number of CKD diseases is increasing along with the rapid population growth rate. *Chronic kidney disease (CKD)* is one of the global health problems with morbidity and mortality rates continuing to increase from year to year. According to 2023 *National Library of Medicine data*, there are an estimated 788 million (UI 743–843 million) people aged ≥ 20 years with CKD, an increase from 378 million (354–407 million) in 1990. The age-standardized global prevalence of CKD reached 14.2% (13.4–15.2), an increase of 3.5% (2.7–4.1) since 1990. The regions with the highest prevalence were North Africa and the Middle East at 18.0% (16.9–19.4). The majority of cases are in stages 1–3, with a combined prevalence of 13.9% (13.1–15.0). In 2023, CKD was the 9th leading cause of death in the world with 1.48 million (1.30–1.65 million) deaths and was the 12th cause of DALYs with 769.2 (691.8–857.4) per 100,000 population. Impaired renal function as a risk factor accounts for 11.5% (8.4–14.5) of cardiovascular deaths, while high fasting blood glucose, body mass index, and systolic blood pressure are the main risk factors for DALYs due to CKD.

In Indonesia, based on the results of *the 2023 Indonesian Health Survey (SKI)*, the prevalence of Chronic Kidney Disease (CKD) in the Indonesian population aged ≥ 15 years



reached 0.18% (95% CI: 0.16–0.19) with a total of 638,178 respondents. This figure shows that about 18 out of 10,000 residents are diagnosed with CKD by a doctor. The variation between provinces is in the range of 0.07% to 0.30%, with the highest prevalence recorded in Lampung and Bangka Belitung Provinces, while the lowest prevalence is found in Mountainous Papua and Southwest Papua. This data illustrates that the burden of CKD in Indonesia is still present across the region, although the diagnosis rate is relatively low and may not fully reflect the actual condition due to limited early detection.

Data on the 10 highest chronic diseases recorded at Raden Mattaher Jambi Hospital in 2024 *Chronic Kidney Disease* (CKD) is the highest disease, the total number of patients with advanced CKD undergoing treatment is recorded at 415 patients. Of these, the CKD Stage V group dominated the cases with 405 patients (97.6%), while patients with CKD Grade V were recorded 10 patients (2.4%), including cases with anemia complications.

The impact of CKD is not only in the form of physical limitations and decreased quality of life, but also psychological problems such as stress, depression, anxiety and long-term therapy, as well as socio-economic burdens due to the high cost of treatment including hemodialysis, transplants, and hospitalizations that patients and families have to bear. The quality of repatriation education has also been proven to be a factor that greatly affects the readiness of repatriation. Therefore, CKD patients need continuous service support, including after discharge from the hospital, so *discharge planning* is an important part of ensuring the continuity of care at home.

Discharge planning is a systematic process that is prepared from the beginning of the patient's treatment to discharge, with the aim of preparing patients and their families to continue treatment at home, minimize complications, and prevent remission, so that it has a direct influence on patient satisfaction. *Discharge planning* is an important part of today's healthcare services and is a major part of nursing services.

Discharge planning is a process that aims to provide assistance to patients and their families in improving or maintaining health levels. This process involves the coordination of various parties, including the patient's medical team, nurses, and family, to ensure the patient is physically and psychologically prepared before being discharged. Nurses must carry out *discharge planning* in a structured manner, starting from the moment the patient enters the hospital to the time the patient is discharge. However, if the implementation is not carried out optimally, this can reduce the patient's physical and psychological understanding before being discharged and will have a negative impact on the patient's satisfaction level.

To ensure patient satisfaction, it is very necessary to have high-quality services according to the patient's wishes. Services that are in accordance with the patient's wishes are interpreted as a form of service that focuses on the patient's needs, or known as *patient-centered care*. Patient satisfaction is related to healing from illness or injury, as well as being a consequence of the nature of health services themselves. In addition, patient satisfaction is also related to the goals and results of the services provided. In assessing the quality of service, patient satisfaction is an important measurement that is the basis for assessing the quality of service. This is because patient satisfaction provides information about the extent to which the services provided have met the patient's values and expectations, which ultimately plays a role in determining the desired service quality standards. In line with the importance of satisfaction, various studies show that the implementation of discharge planning has a contribution to patient satisfaction levels.

Research at Ungaran Hospital shows that there is a significant influence of the implementation of *discharge planning* on patient satisfaction. Similar findings at Dr. Adnaan WD Payakumbuh Hospital also found a meaningful relationship between discharge planning and patient satisfaction. However, research at Tanjungpinang City Hospital showed different results. This study shows that not all *discharge planning factors* are related to patient satisfaction. These inconsistencies suggest the need for further research into how discharge planning contributes to various aspects of patient outcomes.

The need to deepen this understanding can also be seen in previous research at Usu Medan Hospital (2020) and adult hospitalization at Az Zahra Kalirejo Hospital Central Lampung (2024) both focus on the psychological aspects of patients, especially the relationship between the implementation of *discharge planning* and reducing anxiety levels. Both showed that good *discharge planning* had a significant effect on reducing patient anxiety during the treatment period. However, the two studies have not explored further the contribution of *discharge planning* to objective *outcomes* such as patient satisfaction levels. Therefore, this study is to fill this gap by examining the relationship between the implementation of *discharge planning* for chronic kidney disease (CKD) patients and patient satisfaction in the inpatient room of Raden Mattaher Jambi Hospital, in the results of observation in October 2025 CKD patients at Raden Mattaher Hospital were placed in the *Interne* room. These preliminary findings also show the need for a more in-depth investigation of the experience of CKD patients in the internal space, thus prompting a preliminary study to identify how they receive and assess the implementation of discharge planning

A preliminary study was conducted by researchers in October 2025 on ten patients with chronic kidney disease (CKD) who had been treated and were performing routine controls in the Internal Inpatient Room of Raden Mattaher Jambi Hospital. The results of filling out questionnaires and interviews showed that ten patients stated that the nurse had carried out *discharge planning* such as providing information about health conditions, explaining how to take medication, and submitting a re-control schedule before going home, which indicated that the nurse had carried out *discharge planning* quite well. Six patients assessed that the nurse's services were satisfactory because the information provided was easy to understand and they felt cared for during the discharge process, but all six also mentioned that written education such as health brochures or leaflets had never been received. Meanwhile, four other patients said that although the nurse had provided explanations and assistance during treatment, she felt that information about the source of health services at home and things to avoid during the recovery period was still not explained in detail.

The results of the preliminary study showed that there were inconsistencies in the implementation of discharge planning in CKD patients in the Internal Inpatient Room of Raden Mattaher Jambi Hospital. Although several components of discharge planning have been implemented, such as explanations related to health conditions, medications, and control schedules, there are still shortcomings in the aspects of written education, clarity of information about follow-up services, and instructions for post-graduation activities. This variation is important to note considering that CKD patients require long-term care and high care adherence so that the quality of discharge planning will affect their readiness to go home and their perception of the services received.

These gaps indicate the need for a more in-depth evaluation of how the implementation of discharge planning relates to the satisfaction level of CKD patients. Considering that CKD is one of the chronic diseases with a high prevalence in the Inpatient room, the implementation of structured and effective discharge planning is an important part in improving the quality of nursing services. Therefore, a study entitled "The Relationship between the Implementation of Discharge Planning for CKD (*Chronic Kidney Disease*) Patients and Patient Satisfaction in the Internal Inpatient Room of Raden Mattaher Jambi Hospital" is relevant to be conducted to obtain an empirical picture of the relationship between the two variables. The results of this study are expected to be the basis for the development of interventions and improvements in the discharge planning system in the health care facility.

II. THEORETICAL STUDIES

CKD

Chronic Kidney Disease (CKD), also known as Chronic Kidney Disease (CKD). Chronic kidney disease is defined as kidney damage that runs for a long time (prolonged) and is characterized by a decrease in the kidneys' ability to filter blood (Gromerulus Filtration Rate/LFG). Patients with CKD often experience no symptoms or signs, until kidney function remains less than 15%.

Discharge Planning

Discharge Planning is a process that begins from the time the patient first receives health services and continues continuously during the treatment period, both in an effort to recover and maintain a health degree, until the patient is declared ready to return to his or her environment. The implementation of discharge planning is carried out since the patient is admitted to a health service facility, in line with the tendency to shorten the length of the hospital hospital.

Patient Satisfaction

Patients are the center of the implementation of health services. Therefore, to ensure the level of patient satisfaction, high-quality health services are needed and in line with the needs and expectations of patients. Patient-centered care is known as patient-centered care. Patient satisfaction is not only related to the recovery process from illness or injury, but is also a consequence of the characteristics of the health services provided. In addition, patient satisfaction is closely related to the achievement of goals and results from the health services received.

III. RESEARCH METHODS

This study used an observational analytical design with *a cross sectional approach* to determine the relationship between the implementation of discharge planning and the satisfaction of *Chronic Kidney Disease* (CKD) patients at Raden Mattaher Jambi Hospital. The study population consists of 415 inpatient CKD patients in 2024. A sample of 41 respondents was determined using the Slovin formula and selected by *accidental sampling techniques* based on inclusion and exclusion criteria. The research variables included the implementation of discharge planning as an independent variable and CKD patient satisfaction as a dependent variable. Data collection was carried out using *a discharge planning* questionnaire based on the Guttman scale and a patient satisfaction questionnaire using *the Patient Satisfaction With Nursing Care Quality Questionnaire* (PSNCQQ) instrument based on *the Likert scale*. Data

were analyzed using SPSS through univariate and bivariate analysis with Chi-Square test at a significance level of $\alpha=0.05$. This research also applies research ethical principles in the form of informed consent, anonymity, confidentiality, justice, beneficence, and non-maleficence.

IV. RESEARCH RESULTS

Overview of Research Locations

Raden Mattaher Jambi Hospital is a hospital owned by the Jambi Provincial Government located on Jalan Letjen Soeprapto No. 31, Telanaipura, Jambi City. Raden Mattaher Hospital is the highest referral hospital in Jambi Province that provides comprehensive health services, including outpatient services, inpatient services, emergency departments, as well as various specialist and subspecialty services. This hospital also acts as a teaching hospital that supports educational, research, and community service activities for health workers.

Research Results

Demographic Characteristics

Table 1. Demographic Characteristics of Research Respondents

Respondent Characteristics	Quantity		
	Remarks	Frequency	Present(%)
Age	15-24 years old	0	0.0%
	25-44 years old	18	36.0%
	45-64 years old	32	64.0%
	>64 years old	0	0.0%
Gender	1. Male	28	56.0 %
	2. Women	22	44.0 %
Education	1. Elementary School	11	22.0%
		9	18.0%
	2. Junior High School	24	48.0%
		6	12,7%
	3. High School/Vocational School		
	4. College		
Jobs	1. IRT	14	28,0%
	2. Civil servants	4	8,0%

3. Self-employed	13	26,0%
4. Labor	19	38,0%
Total	50	100%

Based on Table 1, out of a total of 50 respondents, it is known that the age distribution of respondents is most in the age group of 46–64 years old as many as 32 respondents (64.0%). In terms of gender characteristics, most of the respondents were male as many as 28 respondents (56.0%). Based on education level, the respondents had the most high school/vocational education as many as 24 respondents (48.0%). Meanwhile, based on employment, the most respondents were workers with 19 respondents (38.0%), followed by IRT with 14 respondents (28.0%), as well as self-employed and civil servants with 13 respondents (26.0%) and 4 respondents (8.0%) respectively.

Univariate Analysis

Table 2. Distribution of Respondents Based on *Discharge Planning*

<i>Discharge Planning</i>	Frequency (n)	Present (%)
Less Score	19	38,0%
Sufficient Score	31	62,0%
Total	50	100.0%

Based on Table 2 out of a total of 50 respondents, it is known that the majority of respondents are enough to obtain *discharge planning*, namely as many as 31 respondents (62%) and as many as 19 respondents (38.0%) do not have *discharge planning*.

Table 3. Distribution of respondents based on patient satisfaction

Patient Satisfaction	Frequency (n)	Present (%)
Satisfied Score	1	2.0%
Sufficient Score	49	98.0%
Total	50	100.0%

Most of the respondents obtained the sufficient category as many as 49 respondents (98.0%) and 1 respondent (2.0%) in the satisfied category.

Bivariate Analysis

Table 4. Spearman Rank Correlation Test Results between *Discharge Planning* and Patient Satisfaction

<i>Informed Consent</i>	Anxiety Level					Total	<i>p-value</i>
	Less	Enough	Satisfied	Very satisfied	Very satisfied		

	N	%	N	%	N	%	N	%	N	%	N	%	
Less	0	0,0	1	2,0	18	36,0	0	0,0	0	0,0	19	38,0	
Enough	0	0,0	0	0,0	31	62,0	0	0,0	0	0,0	31	62,0	
Good	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	<0.0205
Excellent	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0		0,0	
Total	0	0,0	1	2,0	49	98,0	0	0,0	0	0,0	50	100	

Based on the results of the Spearman Rank correlation test, a correlation coefficient value (*Spearman's rho*) of 0.182 with a significance value (*Sig. 2-tailed*) of 0.205 was obtained in 50 respondents. Because the significance value of 0.205 is greater than 0.05 ($p > 0.05$), H_0 fails to be rejected and H_1 is rejected, so it can be concluded that there is no significant relationship between the implementation of *discharge planning* and patient satisfaction.

Discussion

Respondent Characteristics

The characteristics of the respondents in this study included age, gender, education, and occupation.

Of the total 50 respondents, the distribution showed that the largest age group was 45–64 years old, which was 64.0%, followed by the age group of 25–44 years old at 36.0%. These findings show that most of the Chronic Kidney Disease (CKD) patients treated in the Inpatient Room of Raden Mattaher Jambi Hospital are in the late to early adulthood age group. The results of this study are in line with previous research that showed that individuals over 40 years old have a higher risk of experiencing decreased kidney function, especially when accompanied by other chronic diseases such as hypertension or diabetes.

By gender, male respondents amounted to 28 people (56.0%) more than women who amounted to 22 people (44.0%). This is in line with previous research that provided that men generally have a higher risk of chronic kidney failure than women. This is caused by behavioral tendencies such as smoking, alcohol consumption, lack of attention to fluid intake, as well as strenuous physical activity that increases oxidative stress on the kidneys. Meanwhile, in women, the decrease in the hormone estrogen after menopause can affect kidney blood flow and overall body metabolism.

In terms of education, the majority of respondents had a high school/vocational education (48.0%), followed by elementary (22.0%), junior high (18.0%), and higher education (12.7%). This data indicates that most respondents have a secondary level of education. This condition is in line with research conducted at the Surabaya City health center which reported that the

majority of CKD patients have an education level of ≤ 12 years. The study also explained that education level is one of the factors that affect patients' health literacy. Patients with lower levels of education tend to have limited abilities in obtaining, understanding, evaluating, and applying health information, thus risking difficulties in managing chronic kidney disease. Thus, the level of education plays an important role in improving the ability of patients to understand the information provided by health workers, including education provided through discharge planning, so as to support the success of independent care at home and increase patient satisfaction with health services.

In terms of employment, the majority of respondents were Labor (38%), followed by IRT (28%), entrepreneurs (34%) and civil servant groups (8%). The results of this study show that most of the CKD patients in this study work as laborers. This condition is suspected to be related to the characteristics of workers' work which generally involves strenuous physical activity, exposure to high ambient temperatures, risk of dehydration, and exposure to various harmful substances in the work environment. This statement is supported by a previous literature review which explains that certain occupations, especially those with strenuous physical activity such as in the manufacturing, agriculture, and mining sectors, have a higher risk of CKD due to exposure to heavy metals, chemicals, high working temperatures, work stress, and recurrent dehydration. Such exposure can cause kidney damage through oxidative stress, mitochondrial dysfunction, and decreased function of the renal tubules, thereby increasing the risk of chronic kidney disease.

Univariate Analysis

Discharge Planning

Based on the results of the study, it was found that out of a total of 50 respondents, the majority of patients assessed the implementation of *discharge planning* by nurses to be in the Sufficient Score category, namely 31 respondents (62.0%). Meanwhile, as many as 19 respondents (38.0%) categorized it as a Poor Score, and none of the respondents rated the implementation in the Good or Very Good category. These findings indicate that the implementation of the education function and preparation for the transition of discharge of patients in the room has not been carried out optimally, structured, and comprehensively.

If examined more deeply through the distribution of the question item, nurses actually showed clinical adherence and excellent performance in routine, procedural, and *verbal instructions* in the room. This is evidenced by the very high percentage of "Yes" answers (implemented) on the following indicators:

1. Explanation of Signs and Symptoms of Relapse (100%): All 50 respondents agreed that nurses always educate on this aspect.
2. Drug Therapy Education at Home (98.0%): A total of 49 respondents confirmed the clarity of the explanation of dosage and how to use the drug, as well as the accuracy of prescribing according to the doctor's instructions.
3. Nutrition Management Education (98.0%): A total of 49 respondents stated that they had received an in-depth explanation of the foods that can and should not be consumed.
4. Principle of Repatriation Safety (98.0%): A total of 49 respondents were offered wheelchair facilities from nurses during mobilization to leave the ward to pick up vehicles.

The high number of services at these points indicates that basic clinical competencies (*hard skills*) and the fulfillment of medical instructions from doctors by daily nurses have been very firmly embedded in the hospital environment. However, the fundamental reason why the results of the univariate analysis of this variable are dominant in the Sufficient category (62.0%) and leave a significant Less number (38.0%) is the occurrence of total negligence (50 respondents answered "No") in three main indicators that are crucial for post-treatment independence, namely:

1. Absence of Provision of Written Educational Media (*Leaflets/Brochures/Pocket Books*): Nurses purely rely only on the patient's oral memory. In the theory of health education, oral information provided in the midst of the hustle and bustle of the discharge process is very prone to being forgotten because the psychological focus of patients and families is divided on administrative and payment matters.
2. Absence of Emergency Room Contact: The absence of a unit/room phone number provided to patients cuts off the continuity of nursing services.
3. Transportation Accommodation Assessment Waiver: The nurse does not confirm the type and safety of the mode of transportation the patient uses to go home, which is actually very important to prevent injury or excessive physical fatigue to the patient during the journey home.

In addition to the three zero-value points, the deterioration in quality was also exacerbated by item number 9, where 52.0% (26 respondents) stated that nurses did not orient the nearest health service place that could be visited if at any time there was a sudden recurrence in their home area. The *discharge planning process* that is currently running is only limited to aborting the hospital's administrative obligations (such as simply distributing supporting drugs

and pushing wheelchairs), but it has not touched the substance of meeting educational needs and ensuring a sense of security for the patient's health independence in the home environment.

This phenomenon of inequality in nurse performance is in line with research conducted, which states that nurses are often stuck in fulfilling routine clinical-medical aspects in the ward (such as distributing medication prescriptions and preparing wheelchairs), but neglecting aspects of structural education and the preparation of written information media for patients who will go home. As a result, the index score for the implementation of *discharge planning* was held in the sufficient category.

Previous research also supports this finding, where the results of their study show that purely oral education without being equipped with print media (*leaflets*) has a weak correlation with patients' independent readiness at home. Patients tend to be confused in distinguishing the dosage of the drug or the type of food to avoid a few days after being at home.

Furthermore, in his research on patient discharge management emphasized that indicators of providing hospital emergency contacts (*hotlines*) and daily transportation assessments often get the lowest scores or even escape nursing documentation. This is generally due to the high workload of nurses and the lack of managerial supervision over the implementation of SOPs for patient discharge in a disciplined manner using *the checklist* method.

Overall, the results of this univariate analysis prove that the *discharge planning process* that is currently running is only limited to aborting the administrative obligation of hospital formalities, but has not fully touched the substance of meeting educational needs and ensuring a sense of security for the independence of patients' health in the environment outside the hospital.

Patient Satisfaction

The results of the study presented showed that out of a total of 50 respondents, patient perceptions accumulated very homogeneously in the Sufficient Score category, namely 49 respondents (98.0%). There was only 1 respondent (2.0%) who felt that they were in the Satisfied Score category, and none of the respondents (0%) felt that they were in the dissatisfied category.

Through the distribution per item of satisfaction questionnaire questions, the accumulation of this data in the Sufficient Score category occurred due to the presence of highly contrasting patient assessments in the field. On the one hand, patients are actually satisfied and very satisfied with the indicators of daily and interpersonal nursing services

during their time in the hospital. This is reflected in the high accumulation of Satisfied (P) and Very Satisfied (SP) values at the following points:

1. Considering the needs and flexibility of nurses (Item 10) as many as 78.0% of respondents rated Satisfied and 22.0% rated Very Satisfied (total 100% positive responses).
2. Teamwork/care coordination (Item 15) was 78.0% rated Satisfied and 14.0% rated Very Satisfied.
3. Nurses' clinical skills such as injections and infusions (Item 14) as many as 74.0% rated Satisfactory and 24.0% rated Very Satisfied.
4. The speed of nurses' response to patient calls was 72.0% rated Satisfied and 22.0% rated Very Satisfied.

The data proves that the behavioral aspects of caring for hospitality, open communication, and the technical ability of nurses in the room are very good in building patient comfort during the treatment period.

However, the high emotional satisfaction was immediately drastically reduced to category C (Sufficient) in crucial items directly related to the material understanding of discharge and post-treatment independence, namely:

1. The clarity of the instructions to go home (Item 18) as many as 68.0% (34 respondents) only gave a score of "Sufficient" regarding the explanation of what to do after leaving the hospital.
2. The clarity of daily examination information (Item 1) as many as 68.0% (34 respondents) rated it "Quite clear".
3. Coordination of care after discharge (Item 19) as many as 54.0% (27 respondents) rated new nurses as "Adequate" in facilitating their health transition needs at home.

The phenomenon of stagnant patient satisfaction at the level of "Adequate" (98.0%) can be studied using the Patient Satisfaction Theory / Donabedian Model (Structure, Process, Outcome) in the quality of health services. The main key to patient satisfaction is not only determined by the Process component (the nurse is friendly, flexible, or dexterous in installing the infusion), but must come down to the Outcome component (the patient goes home with understanding, skills, and a sense of security to take care of himself).

When associated with the empirical results of *discharge planning* (where nurses are 100% negligent in providing printed leaflets/brochures and do not provide emergency contact numbers), then the emergence of "Sufficient" values from patients is logical. The patient feels happy and appreciates the nurse's friendliness during the treatment (so no one assesses Less

Satisfied), but at the same time, the patient feels anxious, confused, and not confident to treat his illness alone at home without written guidance. According to Dorothea Orem's Theory of Nursing, anxiety due to knowledge deficit about post-treatment self-care automatically restricts patients' subjective perceptions, so they are reluctant to give a "Very Satisfied" rating and hold their collective satisfaction scores at the Sufficient level.

The findings of the univariate of satisfaction that accumulate in the sufficient category are in line with the research concept from Wulandari and Wijayanti (2022), which states that patient satisfaction with nursing services is often biased if only measured by the physical friendliness of nurses in the room. When patients are faced with the discharge phase and realize that they are not equipped with mature written educational media, their level of satisfaction with the transition phase will decrease to a moderate level, as the crucial informational support element for the patient has been lost.

Previous research conducted by Nugroho et al. (2021) also supports this finding. The results of their study showed that the negligence of nurses in coordinating follow-up care and the absence of emergency hotline numbers triggered a sense of uncertainty in inpatients who were going home. This psychological uncertainty is the main holding factor so that the patient satisfaction index stagnates in the category of sufficient and is unable to shift towards very satisfied.

In addition, according to Sari and Lestari (2023), the provision of hasty discharge education at the last minute before the patient goes home (a mere formality) without memory strengthening aids such as printed leaflets makes patients feel that the discharge planning process is only limited to aborting the hospital's administrative obligations, not a form of sincere concern for patient safety after discharge from the hospital. Therefore, the satisfaction response given by patients is flat and uniform at the "Moderately Satisfied" level.

Bivariate Analysis

Based on the results of the Spearman Rank correlation test, a correlation coefficient value (*Spearman's rho*) of 0.182 with a significance value (*Sig. 2-tailed*) of 0.205 was obtained in 50 respondents. Because the significance value of 0.205 is greater than 0.05 ($p > 0.05$), H_0 fails to be rejected and H_1 is rejected, so it can be concluded that there is no significant relationship between the implementation of *discharge planning* and patient satisfaction.

The correlation coefficient value of 0.182 indicates that the relationship between the two variables is positive with the strength of the relationship being very weak, which means that the better the implementation of *discharge planning* tends to be followed by an increase in

patient satisfaction. However, the relationship is not statistically significant. This means that fluctuations in the quality of discharge *planning implementation* do not have a real impact or influence that is in the same direction on the perception of patient satisfaction statistically.

V. CONCLUSION

The results of the study on the relationship between the implementation of discharge planning and the satisfaction of Chronic Kidney Disease (CKD) patients in the inpatient room of Raden Mattaher Jambi Hospital showed that the majority of respondents were in the age group of 45-64 years (64.0%), male (56.0%), educated in high school/vocational school (48.0%), and worked as laborers (38.0%). The implementation of discharge planning was mostly in the adequate category (62.0%), while the majority of patient satisfaction levels were in the adequate category (98.0%). The results of the Spearman Rank test showed that there was no significant relationship between the implementation of discharge planning and the satisfaction of CKD patients, with a very weak strength of the relationship. This shows that the variation in the implementation of discharge planning has not had a statistically significant effect on the level of patient satisfaction.

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