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The Relationship Between Nurse Support and Family Satisfaction in Hospitals

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ABSTRACT

Background: Nursing care in hospitals not only focuses on patients but also involves patients' families as an important support system. Nurse support, which includes informational, emotional, comfort, and assurance aspects, plays a significant role in enhancing family satisfaction. A preliminary study at Dr. M. Hatta Brain Hospital, Bukittinggi, indicated that nurse support had not been optimally provided. This study aimed to examine the relationship between nurse support and family satisfaction in the hospital in 2025. **Methods:** This study employed a descriptive correlational design with a cross-sectional approach. A total of 101 patients' family members were selected as respondents using an accidental sampling technique. Data were collected using questionnaires that had been tested for validity and reliability and were analyzed using the Chi-square test. **Results:** The results showed a significant relationship between nurse support and family satisfaction ($p < 0.001$; OR = 6.963). **Conclusion:** Families who perceived nurse support as good were 6.9 times more likely to be satisfied compared to those who perceived nurse support as poor. Improving nurse support is essential to enhance family satisfaction.

Keywords:

Nurse Support, Family Satisfaction, Hospital

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Introduction

Nursing care in hospitals does not only focus on patients as individuals but also considers the conditions and needs of patients' families as an integral part of a comprehensive support system. Within the context of holistic and family-centered nursing care, nurses play a crucial role in providing adequate support to patients' families (Friedman, Bowden, & Jones, 2023). According to Bahrudin (2020), nurse support for patients' families comprises four main aspects: informational support, mental or emotional support, comfort, and assurance of care (Yuniarti & Widyaningsih, 2020).

Informational support includes providing explanations regarding the patient's condition, care plans, medical procedures, and clear instructions for follow-up care. Mental or emotional support is demonstrated through empathy, calmness, and attentiveness toward families experiencing psychological distress. Comfort is provided by creating a pleasant physical and psychological environment, including adequate facilities and respectful interactions. Assurance of care reflects families' confidence that patients receive the best professional care in accordance with established standards (Bahrudin, 2020).



According to Duran (2007), holistic nursing care places the family as an inseparable unit from the patient. Families require clear information, comfort, proximity to the patient, and assurance of care to reduce anxiety and enhance their confidence in accompanying and caring for their family members. This perspective is consistent with Hutagalung (2021), who emphasized that both informational and emotional support provided by nurses significantly influence family preparedness during hospitalization. The World Health Organization (WHO) states that family involvement in healthcare services can improve clinical outcomes and accelerate patient recovery (WHO, 2021). In Indonesia, the Ministry of Health of the Republic of Indonesia (Kemenkes RI) highlights the importance of implementing patient- and family-centered care to enhance hospital service quality (Kemenkes RI, 2021).

In addition to nurse support, family satisfaction is an important indicator in evaluating hospital service quality. Kotler (2015) defines satisfaction as an individual's feeling of pleasure or disappointment resulting from a comparison between expectations and actual service performance. Family satisfaction with nursing services is strongly influenced by communication quality, healthcare providers' friendliness, facility comfort, and family involvement in the care process (Rosyidi et al., 2020).

Mukhlis Yunus et al. (2023) explain that customer satisfaction, including patients' families, is influenced by perceptions of SERVQUAL dimensions, namely reliability, responsiveness, assurance, empathy, and tangibles. When families feel attended to, respected, and actively involved in care, satisfaction levels tend to be higher.

Conversely, a study by Aiken et al. (2012) showed that high nurse workloads reduce the quality of interactions with patients and families, ultimately affecting satisfaction with services.

Research conducted by Amalia et al. (2019) at Dr. Adnaan WD Payakumbuh Regional General Hospital demonstrated that nurses' therapeutic communication has a significant effect on family satisfaction, with 65.7% of patients' families reporting satisfaction with nursing services, while only 58.2% of nurses applied therapeutic communication optimally. Similar findings were reported by Albertini (2019) at Stella Maris Hospital, who found that 45% of family complaints were related to unclear information provided by nurses. These results are consistent with a study conducted at Islamic Hospital Malang (2020), which showed a positive relationship between the quality of nurse communication and family satisfaction, indicating that families who received comprehensive explanations regarding diagnosis, prognosis, and care plans tended to provide more favorable evaluations of hospital services.

Medical record data from Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, showed that the number of hospitalized patients in 2024 reached 8,111. From January to April 2025, a total of 2,731 patients were admitted, with 1,364 patients treated in the Merapi Building (RSOMH Medical Records, 2024). This high number of hospitalized patients requires optimal nursing performance, not only in providing nursing care to patients but also in offering adequate support to patients' families as the primary support system during the care process, particularly in specialized hospitals with neurological patients who have high levels of dependency. A

preliminary study conducted on May 13, 2025, through interviews with ten patients' family members in the Merapi Building revealed that most families had not received optimal nurse support. The majority of respondents reported that the information provided by nurses was insufficient and unclear, emotional support and empathy were not adequately perceived, families felt uncomfortable while accompanying patients, and they did not receive sufficient assurance and certainty regarding the care process. These conditions led to anxiety and uncertainty among families while accompanying patients during hospitalization.

Based on previous research findings and empirical conditions in the field, it can be identified that most prior studies have primarily focused on nurses' therapeutic communication, particularly the informational aspect, and have not comprehensively examined nurse support, which includes informational, emotional, comfort, and assurance dimensions. In addition, research conducted in specialized neurological hospitals, especially studies specifically examining the relationship between nurse support and family satisfaction, remains very limited. To date, no study has specifically investigated this issue in the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi.

Therefore, there is a gap between the available scientific evidence and the needs of nursing practice in the field, particularly in the context of family-centered nursing care in specialized hospitals. The novelty of this study lies in its holistic and contextual examination of nurse support, encompassing informational, emotional, comfort, and assurance aspects, and conducted in a brain hospital setting with patients who have complex

conditions and high dependency levels. This approach is expected to generate more relevant and applicable empirical evidence to support improvements in family-based nursing care quality.

Accordingly, this study aims to examine the relationship between nurse support and family satisfaction among patients' families in the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025, as an effort to support the development of nursing practices that are more responsive to family needs and to enhance the overall quality of hospital services.

Methods

To address the research problem systematically and objectively, a structured research methodology was applied as a guideline for the study implementation. This chapter describes the research design, setting and time frame, population and sample, sampling technique, research instruments and data collection procedures, as well as data analysis methods used to examine the relationship between nurse support and family satisfaction.

Research design

The research design used in this study was a descriptive correlational design with a cross-sectional approach. A descriptive correlational design aims to examine the relationship between independent and dependent variables, which is subsequently analyzed statistically through hypothesis testing, commonly using correlation analysis to obtain a correlation coefficient (Notoatmodjo, 2010). The cross-sectional approach refers to a study in which data are collected at a single point in time (*at one point in time*), and the phenomena under investigation are



observed during one data collection period (Ahmad, 2023). The purpose of this study was to determine the relationship between nurse support and family satisfaction at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025

Setting and samples

This study was conducted at Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in accordance with the objectives and focus of the research. The study was carried out over two weeks, from July 29 to August 12, 2025.

The study population refers to the entire group of objects that constitute the target of the research, including individuals, phenomena, or specific characteristics that may serve as sources of research data (Notoatmodjo, 2012). The population in this study comprised all family members of patients who were hospitalized in the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, totaling 675 individuals.

The sample represents a subset of the population selected to reflect the characteristics of the population under study. Sampling was conducted using specific techniques to ensure that the selected sample adequately represented the population (Notoatmodjo, 2012). According to Arikunto (2010), when the population exceeds 100 individuals, a sample size of 10%-15% or 20%-25% of the population may be selected. Based on this guideline, the sample size in this study was set at 15% of the total population, resulting in a total of 101 respondents.

Measurement and data collection

According to Sugiyono (2018), a research instrument is a tool used to measure and observe phenomena, including both natural and social phenomena. The

instrument used in this study was a questionnaire designed to measure nurse support and family satisfaction at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi. Nurse support was measured using four main indicators: informational support, mental or emotional support, comfort support, and assurance of care.

The questionnaire was developed by the researcher and subsequently tested for validity and reliability before being used for data collection. A pilot test was conducted on 10% of the total research sample, involving 10 respondents. According to Arikunto (2017), instrument testing may be conducted on 10% to 30% of the total sample; therefore, the number of respondents in the pilot test met the required criteria.

Validity testing was conducted to determine the extent to which each questionnaire item was able to measure the research variables, namely nurse support and family satisfaction. Validity testing was performed using the Pearson Product-Moment correlation by comparing the calculated *r*-value (*r*-count) with the *r*-table value at a significance level of $\alpha = 0.05$. The results of the validity test conducted on 30 pilot respondents showed that the *r*-table value was 0.361, and all questionnaire items had *r*-count values greater than the *r*-table value, ranging from 0.412 to 0.784. Therefore, all items were considered valid and appropriate for use as research instruments.

Reliability testing was conducted to assess the consistency and dependability of the instruments in measuring the research variables. Reliability testing was performed using Cronbach's Alpha coefficient, with a reliability criterion of ≥ 0.60 . The results indicated that the nurse support instrument had a Cronbach's Alpha value of 0.873, while

the family satisfaction instrument had a Cronbach's Alpha value of 0.901. These values indicate that both instruments have a high level of reliability and are capable of producing consistent and reliable measurement results. Based on these findings, it can be concluded that the research instruments meet the requirements of validity and reliability and are suitable for use in this study.

Reliability testing using the Cronbach's Alpha coefficient showed that the nurse support and family satisfaction instruments had Cronbach's Alpha values of 0.873 and 0.901, respectively, which exceeded the reliability threshold of 0.50. Therefore, all research instruments were considered reliable and suitable for use in this study.

Data analysis

Univariate analysis was performed to describe each research variable through frequency and proportion distributions. The variables analyzed univariately in this study were nurse support and family satisfaction in the hospital setting.

Bivariate analysis was conducted to examine the relationship between two variables assumed to be related. This analysis was performed after completing the univariate analysis (Notoatmodjo, 2021). In this study, bivariate analysis was used to assess the relationship between the independent variable, nurse support, and the dependent variable, family satisfaction, at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi.

Bivariate analysis was carried out using the Chi-square test. The presence of a relationship between the independent and dependent variables was determined based on the p -value in comparison with the significance level (α) of 5% (0.05). If the p -value was \leq

0.05, the null hypothesis (H_0) was rejected, and the alternative hypothesis (H_a) was accepted, indicating a statistically significant relationship between the variables. Conversely, if the p -value was > 0.05 , H_0 was accepted, and H_a was rejected, indicating no significant relationship between the variables.

Ethical considerations

Several ethical principles were applied in this study in accordance with research ethics guidelines (Muslim, 2007). Before data collection, informed consent was obtained from all respondents. The researcher provided clear explanations regarding the purpose, procedures, and processes of the study to ensure that participants fully understood the research and were willing to participate voluntarily. Respondents were given the right to decide whether to participate or withdraw from the study at any time without any consequences, and the researcher fully respected their decisions.

The principle of anonymity was strictly maintained by not including any personal identifiers of respondents in the questionnaires, research reports, or data presentations. Respondents' identities were replaced with codes or initials to ensure that individual identities could not be traced. In addition, the principle of confidentiality was upheld by guaranteeing that all information provided by respondents would be kept strictly confidential and used solely for research purposes. The collected data were securely stored and accessible only to the researcher, thereby ensuring the protection of respondents' privacy.

This study also adhered to the principle of justice, which emphasizes fairness, inclusivity, and professionalism

throughout the research process. The research was conducted carefully, ethically, honestly, and responsibly to ensure equal treatment of all respondents. Furthermore, this study underwent an ethical review and received ethical clearance from the Ethics Committee of Universitas Perintis Indonesia with ethical approval number No. 004207/KEP. RSOMH BUKITTINGGI/2025 before its implementation.

Results

This study was conducted at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, from July 29 to August 12, 2025. The study employed a descriptive correlational design with a cross-sectional approach. The sampling technique used was accidental sampling, and a total of 101 respondents were included in the study.

The collected data were

subsequently processed using computerized data analysis. Data processing was performed to determine the frequency distribution of nurse support, the frequency distribution of family satisfaction, and to analyze the relationship between nurse support and family satisfaction at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025. The research findings, which involved two variables—nurse support and family satisfaction—were presented in the form of univariate and bivariate analyses.

Univariate analysis was conducted to describe the frequency distribution of each research variable. In this study, univariate analysis was used to determine the frequency distribution of nurse support and family satisfaction at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025. The frequency distribution of each variable is presented in the following table.

Table 1. Distribution of Nurse Support at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, 2025

Nurse Support Variable	Frequency (N)	Percentage (%)
Good	48	47.5
Poor	53	52.5
Total	101	100

Based on Table 1, it is known that of the Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025 as poor, with half perceived nurse support at the Merapia total of 53 respondents (52.5%).

Table 2. Frequency Distribution of Patient Family Satisfaction, 2025

Family Satisfaction Variable	Frequency (N)	Percentage (%)
Satisfied	42	41.6
Less Satisfied	59	58.4
Total	101	100

Based on Table 2, it was found that out of 101 patients' family members, the majority were categorized as less satisfied with nurse support at the

Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025, totaling 59 respondents (58.4%).

Table 3. Relationship Between Nurse Support and Family Satisfaction, 2025

Nurse Support	Satisfied n (%)	Less Satisfied n (%)	Total n (%)	OR	p-value
Good	31 (30.7)	17 (16.8)	48 (47.5)	6.963	< 0.001
Poor	11 (10.9)	42 (41.6)	53 (52.5)		
Total	42 (41.6)	59 (58.4)	101 (100)		

Based on Table 3, it was found that among the 48 patients' family members who perceived nurse support as good, 31 respondents (30.7%) were satisfied, while 17 respondents (16.8%) were less satisfied. In contrast, of the 53 family members who perceived nurse support as poor, 42 respondents (41.6%) were less satisfied, and only 11 respondents (10.9%) reported being satisfied.

The statistical analysis showed a p -value of < 0.001 ($p < 0.05$), indicating a statistically significant relationship between nurse support and family satisfaction at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025. The odds ratio (OR) of 6.963 indicates that respondents who perceived nurse support as good were 6.9 times more likely to be satisfied than those who perceived nurse support as poor.

Discussion

Based on Table 1, it is evident that out of 101 patients' family members, more than half perceived nurse support at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025 as poor, totaling 53 respondents (52.5%). This finding indicates that nurse support for patients' families has not yet been optimally perceived.

These results are consistent with a study by Oztas and Akca (2024), which reported that levels of nurse support and family satisfaction were categorized as moderate, with emotional support receiving the lowest scores, while informational and communication support achieved the highest scores.

Similarly, a study by Amalia (2022) found that only 58.2% of nurses implemented therapeutic communication optimally, aligning with the present findings and indicating a persistent gap in information delivery to patients' families. With regard to the mental or emotional support dimension, the results of this study are consistent with findings reported by Bello et al. (2023), who revealed that perceptions of nurses' emotional support were rated low, with a mean score of only 15.59. These findings are further supported by Oztas and Akca (2024), who identified emotional support as the dimension with the lowest score.

According to the *Critical Care Family Needs* (CCFN) theory proposed by Bahrudin (2020), the primary needs of patients' families include informational support, emotional or mental support, comfort, and assurance of care provided by nurses and other healthcare professionals. Clear and consistent information plays an essential role in reducing family anxiety, emotional support helps maintain psychological stability, comfort is related to the care environment and access to patients, and assurance of care reflects families' confidence that patients receive optimal treatment. The findings of this study indicate that all four dimensions of support have been experienced by patients' families; however, their implementation has not yet been optimal.

Based on these findings, the researchers assume that nurse support for patients' families in hospitals, particularly in the dimensions of

information, emotional support, comfort, and assurance of care, still requires improvement. This is reflected in several observations: 24 respondents (23.8%) perceived nurse support as inadequate in providing regular information on patients' condition updates; 27 respondents (26.7%) stated that nurses did not sufficiently allocate time to answer family questions; 19 respondents (18.8%) perceived insufficient nurse support in respecting visiting hours and providing flexibility according to family needs; and 15 respondents (14.9%) perceived nurse support as inadequate in fostering optimism and hope among families regarding the care process.

These conditions may be influenced by several internal factors, such as high nurse workloads that limit the time available for in-depth communication and attention to patients' families, insufficient training in interpersonal skills, and suboptimal communication abilities. Nevertheless, some family members perceived that nurses demonstrated responsiveness, empathy, and politeness, reflecting professional responsibility and work motivation, supported by a relatively conducive work environment in the implementation of nursing care.

Based on Table 2, it was found that out of 101 patients' family members, the majority were categorized as less satisfied with nurse support at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025, totaling 59 respondents (58.4%). This finding indicates that the level of family satisfaction with nurse support remains relatively low.

The results of this study differ from those of several previous studies. A study by Amalia et al. (2019) reported that 65.7% of patients' families were satisfied

with nursing services. Similarly, Krismantoro et al. (2020) found that 55.4% of respondents at the Emergency Department of Prof. Dr. R. Soeharso Orthopedic Hospital, Surakarta, expressed satisfaction with nursing care. These differences may be attributed to various factors, including differences in hospital characteristics, service standards, and patients' family expectations regarding the care received.

According to Kotler (2015), satisfaction is defined as a feeling of pleasure or disappointment that arises after individuals compare their expectations with their perceptions of actual performance or service received. This concept explains that satisfaction is formed through the congruence between expectations and the reality of services experienced by individuals or patients' families.

Based on the findings of this study, the researchers assume that a gap exists between patients' family expectations and the nurse support provided at the Merapi Building of RSOMH Bukittinggi. Several forms of family dissatisfaction were identified, particularly related to nurses' attitudes and services. Nineteen respondents (18.8%) reported dissatisfaction due to nurses being perceived as lacking patience and sensitivity toward family members' feelings. In addition, 16 respondents (15.8%) each expressed dissatisfaction because information was not regularly updated, families were not promptly informed of significant changes in the patient's condition, nurses did not fully provide a sense of safety regarding patient care, and medical and nursing interventions were perceived as not fully adhering to established procedures.

The low level of family satisfaction may be influenced by nurses' approaches

that are not yet fully empathetic, inconsistent communication of information, and time constraints resulting from high workloads, which limit nurses' ability to provide adequate attention to patients' families. Nevertheless, some family members reported satisfaction with nurses' friendliness, responsiveness, and politeness, reflecting professional commitment and efforts to deliver the best possible care in accordance with ethical and moral responsibilities in nursing practice.

Based on Table 3, it was found that among the 48 patients' family members who perceived nurse support as good, 31 respondents (30.7%) were satisfied, while 17 respondents (16.8%) were less satisfied. Meanwhile, among the 53 family members who perceived nurse support as poor, 42 respondents (41.6%) reported being less satisfied, and only 11 respondents (10.9%) were satisfied. Statistical analysis showed a p -value of < 0.001 ($p < 0.05$), indicating a statistically significant relationship between nurse support and family satisfaction at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025. The Odds Ratio (OR) of 6.963 indicates that patients' families who perceived nurse support as good were 6.9 times more likely to be satisfied than those who perceived nurse support as poor.

This finding is consistent with several previous studies demonstrating a significant relationship between nurse support and family satisfaction. Oztas and Akca (2024) reported a very strong and significant positive correlation between nurse support scores and parental satisfaction ($r = 0.712-0.755$; $p < 0.001$), although emotional support received the lowest scores, while informational and communication support scored the highest. Similarly,

Krisnantoro et al. (2020) found a significant relationship between nurses' communication and family satisfaction ($p = 0.000$; OR = 5.692). In addition, Heriani and Maharani Gandi (2023) reported a very strong positive correlation between therapeutic communication and family satisfaction ($p = 0.000$; $r = 0.670$). Conversely, Bello et al. (2023) indicated that perceptions of nurse support remained relatively low, particularly in the emotional support dimension, which was influenced by staff shortages and insufficient training in family-centered care.

The findings of this study are also in accordance with the *Critical Care Family Needs* (CCFN) theory developed by Molter (1979) and refined by Leske (1991), which identifies five primary needs of patients' families: information, assurance, proximity, comfort, and support. The CCFN theory emphasizes that the need for information is the highest priority for families, as accurate, timely, clear, and consistent information can reduce anxiety and enhance trust in the healthcare system. This theory aligns with the concept of *family-centered care* proposed by the Institute for Patient and Family-Centered Care, which highlights the importance of family involvement through effective communication, collaboration, and comprehensive support throughout the care process.

Based on the study results, it can be concluded that nurse support is a critical factor influencing family satisfaction. However, there were still 17 family members (16.8%) who perceived nurse support as good but remained less satisfied. Dissatisfaction in this group was attributed to suboptimal support across several dimensions. In the informational dimension, 24 respondents

(44.4%) reported that the information provided did not fully meet their expectations. In the emotional support dimension, 22 respondents (43.1%) stated that the support received was insufficient. In terms of comfort, 24 respondents (46.2%) perceived that nurse support was not fully able to create a calming, empathetic, and supportive environment. Meanwhile, in the assurance of care dimension, 23 respondents (43.4%) considered the services provided to be not sufficiently reassuring.

Conversely, 11 patients' family members (10.9%) who perceived nurse support as poor still reported being satisfied. Satisfaction in this group was supported by one or two support dimensions that were perceived to have a significant positive impact. A total of 12 respondents (25.5%) stated that the information provided was clear and comprehensive; 13 respondents (26.0%) received adequate emotional support that strengthened their psychological well-being; 14 respondents (28.6%) experienced comfort during the care process; and 12 respondents (25.0%) perceived the assurance of care provided by nurses as sufficiently convincing.

Overall, the findings of this study indicate that optimal nurse support, particularly in communication, empathy, and attentiveness, plays a vital role in enhancing family satisfaction with nursing services. Dissatisfaction among some family members may be influenced by internal factors such as high nurse workloads, time constraints, and communication and interpersonal skills that have not yet been fully optimized. Nevertheless, nurses were generally perceived as responsive, polite, and empathetic, reflecting professional commitment in delivering nursing care. The relatively balanced distribution

across the four support dimensions suggests that family satisfaction is the result of an interaction among these dimensions, whereby the strength of one dimension may compensate for deficiencies in another. Therefore, the more comprehensive and optimal the nurse support provided, the higher the level of family satisfaction with hospital nursing services.

Implications and limitations

The findings of this study indicate a statistically significant relationship between nurse support and family satisfaction in hospital care. These results have important implications for nursing practice and healthcare policy. Practically, the study emphasizes that comprehensive nurse support, including informational support, emotional or mental support, comfort, and assurance of care, is a crucial component in enhancing family satisfaction. Therefore, hospitals are encouraged to strengthen the implementation of *family-centered care* by improving nurses' communication skills, fostering empathy, and ensuring the delivery of clear, consistent, and timely information to patients' families.

From a managerial perspective, the findings highlight the need for hospitals to develop policies and standard operating procedures (SOPs) that support family involvement in the care process. Nursing management should also consider more proportional workload arrangements to ensure that nurses have sufficient time to provide support to patients' families. In addition, the results of this study may serve as a foundation for the development of continuous education and training programs for nurses, particularly in therapeutic

communication skills and the application of *family-centered care* principles.

From a policy standpoint, these findings may be used as a reference in evaluating the quality of nursing services and as a performance indicator for hospital services. Family satisfaction can be utilized as one of the parameters in assessing service quality, hospital accreditation, and the formulation of healthcare policies aimed at improving patient- and family-oriented care.

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design only describes the relationship between nurse support and family satisfaction at a single point in time and therefore does not allow for causal inferences. Second, the use of accidental sampling may introduce selection bias and limit the generalizability of the findings to a broader population.

Third, data were collected using self-administered questionnaires based on family members' perceptions, which may be subject to perception bias or social desirability bias. Fourth, the study was conducted in only one hospital and a single care unit, which may limit the applicability of the results to other hospitals or care settings with different characteristics.

Given these limitations, future research is recommended to employ longitudinal or experimental designs and involve larger and more diverse populations and settings to provide a more comprehensive understanding and enhance the generalizability of the findings.

Conclusion

Based on the results of the study conducted from 29 July to 12 August 2025 involving 101 family members of

patients at the Merapi Building of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, it can be concluded that the majority of respondents perceived nursing support as inadequate, and family satisfaction levels were relatively low. Statistical analysis revealed a significant association between nursing support and family satisfaction. Therefore, enhancing comprehensive nursing support encompassing informational, emotional, comfort, and assurance support should be prioritized in nursing practice. These findings indicate that strengthening a family-centered care approach through improved nurse competencies and managerial support plays a crucial role in increasing family satisfaction and the overall quality of nursing care.

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Author contribution

The primary author was responsible for the conceptualization and study design, data collection, data analysis and interpretation, as well as manuscript preparation. The co-author contributed to the development of the research instrument, supervised the data analysis process, critically reviewed the scientific content of the manuscript, and provided input for manuscript improvement. All authors have read and approved the final version of the manuscript.



Conflict of interest

There is no conflict of interest among the authors.

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