The Impact of Shared Decision Making on Decisional Readiness and Satisfaction Among Chronic Kidney Disease Patients on Hemodialysis at Southern Isabela Medical Center

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Background: Chronic Kidney Disease (CKD) patients often face critical treatment decisions that significantly affect their quality of life, making Shared Decision-Making (SDM), a collaborative approach between patients and healthcare providers, an essential component of patient-centered care.
Objective: This study aimed to investigate the impact of SDM on decisional readiness and patient satisfaction among CKD patients undergoing hemodialysis (HD) at Southern Isabela Medical Center (SIMC).
Method: An analytical cross-sectional design was utilized. The Tagalog Version of SDM Q-9 questionnaire, Decision survey and CSAT survey tool were given to HD patients of SIMC from September - October 2024. Descriptive statistics, Pearson product-moment correlation and chi square test were used to report and analyze data.
Results: One hundred eight (108) CKD patients on HD were included in the study. Shared decision-making score was high and overall satisfaction on health services was outstanding. Higher decisional readiness was associated with greater odds of reporting outstanding satisfaction (OR = 3.47, 95% CI: 2.563–4.688, p = 0.009). There was no significant association between patient satisfaction and SDM (r= 0.111, p =0.253.). Shared decision-making had a significant but weak positive correlation with decisional readiness (r =0.2043, p 0.035).
Conclusion: This study showed that fostering SDM positively enhances patients' preparedness to make healthcare decisions. Decisional readiness is strongly associated with patient satisfaction, as confident patients are more likely to be satisfied with their care. The findings underscore the need for improved patient education to boost decisional readiness and support ongoing SDM practices. Integrating SDM into clinical workflows is essential to advancing patient-centered care and improving health outcomes for CKD patients undergoing hemodialysis.

Key words: Shared-decision making, chronic kidney disease, patient satisfaction, hemodialysis

Introduction

Universal Health Care (UHC) is a global initiative ensuring access to essential healthcare services without financial hardship. In the Philippines, the adoption of UHC highlights the nation's commitment to equitable healthcare for all, regardless of socioeconomic status. This is particularly crucial in addressing chronic conditions like chronic kidney disease (CKD) and renal failure, which are rising public health concerns. CKD is the 7th leading cause of death among Filipinos, driven by increasing rates of diabetes and hypertension, which are major risk factors for the disease.[1] These trends underscore the urgent need for targeted interventions to prevent and manage CKD effectively within the UHC framework.

The economic burden of renal failure in the Philippines is substantial, impacting both the healthcare system and the families of affected patients. Bayani, et al noted that the costs associated with dialysis and kidney transplantation are prohibitively high for many patients, even with the support of PhilHealth, the national health insurance program.[2] The financial strain experienced by these patients highlights the critical role of UHC in providing sustainable and equitable healthcare solutions that can alleviate such burdens.

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Accessibility to dialysis services remains a significant challenge in the Philippines, particularly in rural and underserved areas. Despite an increase in dialysis centers, their uneven distribution disproportionately affects rural communities, leading to delayed treatment and poorer outcomes. Tang, et al emphasize that this disparity exacerbates health inequities and underscores the need for strategic resource allocation within the UHC framework.[3] the outcomes for renal failure patients on dialysis vary based on access to regular treatment and comprehensive healthcare support. Corbett found that consistent access to dialysis and holistic care improves survival rates and quality of life (QoL).[4] However, many patients face financial and logistical barriers, preventing them from receiving consistent treatment and achieving optimal health outcomes.

The implementation of UHC in the Philippines prioritizes improving access to essential health services, including CKD and renal failure care, with PhilHealth Circular 2021–0002 advocating for sustainable financing and expanded coverage for dialysis and transplantation services. These measures aim to reduce financial burdens and ensure equitable access to treatments, improving overall health outcomes. Shared Decision Making (SDM), a patient-centered approach where healthcare providers and patients collaboratively make decisions, enhances engagement, understanding, and satisfaction, as highlighted by Van der Horst. [5] The Southern Isabela Medical Center (SIMC), as a primary healthcare provider within the UHC framework, serves a diverse patient population, including those with CKD. A study by Griva, et al further emphasizes the role of SDM in improving clinical outcomes and QoL among CKD patients. Their research indicates that SDM not only facilitates better health outcomes but also strengthens the patient's sense of autonomy and empowerment, which are crucial for managing chronic conditions like CKD.[6]

This study aims to examine the impact of SDM on decisional readiness and satisfaction among CKD patients at SIMC. Understanding this relationship is essential for identifying areas of improvement in patient care and enhancing service delivery in line with UHC principles. The findings from this research could provide valuable insights into how SDM can be effectively integrated into healthcare practices to benefit CKD patients and improve overall health outcomes. By focusing on the integration of SDM within the UHC framework, this study seeks to contribute to the ongoing efforts to enhance healthcare quality and equity in the Philippines.

Theoretical Framework

The Ottawa Decision Support Framework (ODSF) is a theoretical model designed to assist individuals in making health-related decisions.[7] It was developed by researchers at the Ottawa Hospital Research Institute in Canada. The framework focuses on providing support to individuals who are facing difficult health decisions, helping them to make informed choices that align with their values and preferences. Key components of the ODSF include:

1. Demographics
    - Decisional needs arising from age, gender, marital status, educational background, income, family type, head of family, decision-maker of the family
2. Clinical Status
    - Decisional needs influenced by kidney disease severity, comorbidities, and perception of health
3. Decisional Readiness
    - Decisional needs arising from inadequate knowledge, decision uncertainty, unclear expectations, and dissatisfaction with medical care.
4. Education and Support
    - Decisional supports from care partners and educational resource

This framework serves as a guide for researchers to assess patients' decisional needs before and after the SDM intervention. Implementing decision support interventions, such as decision aids and coaching will facilitate the SDM process. These likewise evaluate the quality of decisions made by patients, their decisional conflict, and satisfaction with the decision making. Finally, they will examine the impact of the SDM process on patients' readiness to make decisions and their overall satisfaction with the healthcare they receive.

Significance of the Study

Improvement in Patient Outcomes. By involving patients in the decision-making process, they may feel more prepared and confident about their treatment choices. This readiness can lead to better adherence to treatment plans and improved health outcomes. Patients who are actively involved in decisions about their care often report higher levels of satisfaction with their treatment. This can lead to better patient experiences and potentially better clinical outcomes.

Empowerment and Engagement. SDM empowers patients by giving them a voice in their care. This can enhance their sense of control and responsibility for their health. Engaged patients are more likely to participate actively in their care, which can lead to more effective management of chronic conditions like CKD.

Quality of Care. SDM allows healthcare providers to tailor treatments to the individual preferences and values of patients, which can lead to more personalized and effective care. Insights from the study can identify areas where the hospital can improve its communication and decision-making processes, leading to overall improvements in the quality of care provided.

Healthcare Provider-Patient Relationship. Effective SDM can strengthen the relationship between healthcare providers and patients through improved communication and trust. This relationship is crucial for long-term management of chronic diseases. Establishing shared goals between patients and healthcare providers can lead to more cohesive and coordinated care.

Policy and Practice Implications. The findings can inform best practices for implementing SDM in clinical settings, not only for CKD

but also for other chronic conditions. The study can contribute to the development of guidelines and protocols that promote SDM in healthcare settings, thereby enhancing patient-centered care.

Research Contributions. This study addresses a specific aspect of patient care that is not extensively covered in the existing literature, particularly in the context of CKD in the Philippines. The study's findings can serve as a basis for further research on SDM and its effects on various aspects of patient care, potentially leading to broader applications in different medical conditions and settings.

Overall, this study has the potential to significantly impact the management of CKD at Southern Isabela Medical Center by promoting patient-centered care, enhancing patient satisfaction, and improving health outcomes through effective shared decision-making processes.

The study aimed to gain a comprehensive understanding of how shared decision-making impacts the readiness and satisfaction of CKD patients at Southern Isabela Medical Center.

Methods

An analytical cross-sectional study design that examined decisional readiness, shared decision making and satisfaction in services was used in this study.

Inclusion Criteria included patients > 18 years old, diagnosed with CKD, who were on HD at the time of the study, and who were capable of participating in decision-making. Excluded from the study were patients who cannot complete the questionnaires due to cognitive impairment, dementia or active psychosis; who cannot understand either English or Filipino; and who refused to participate in this study.

The study was conducted at the Hemodialysis Department of the Southern Isabela Medical Center (SIMC). No sampling was performed, as a total enumeration approach was utilized, including all patients undergoing hemodialysis at SIMC from September 1, 2024, to October 31, 2024.

Data was collected through questionnaires that captured demographic information, decisional readiness, satisfaction levels, and SDM. Level of SDM was measured using the validated Filipino 9- item Shared Decision-Making Questionnaire (SDM-Q-9).[8] Item responses were assessed using a 6-point Likert Scale from 0 (strongly disagree) to 5 (strongly agree). A higher score indicates greater SDM. Three items were adapted from the DECISIONS survey.[9] One item asked how informed participants felt about their kidney disease treatment options as scored on a 4-point Likert scale from "not at all informed" to "very well informed." The second question asked if participants had decided on a treatment if their kidneys failed, with a choice of "yes" or "no" answers. The third question asked how certain participants were about their choice on a 10-point scale, with 1 indicating "not at all sure" and 10 indicating "completely sure/certain." A structured Customer Satisfaction (CSAT) survey form of the SIMC was used to measure satisfaction adopted on Department of Health Memorandum No 2023-0131, Interim Guidelines on the Use of the Harmonized Hospital Client Experience Survey (HCES) Tool to Measure Responsiveness.[10] Item responses were assessed using a 6-point Likert Scale from 0 (not applicable) to 5 (strongly agree). A high score indicates outstanding satisfaction.

IBM SPSS™ for Windows™ version 20 was used for data analysis. Descriptive statistics (frequency and mean) were reported and Pearson product-moment correlation and chi square were used to determine the relationship between shared decision-making, decisional readiness and satisfaction among HD patients of SIMC.

Ethical considerations included obtaining written informed consent from all participants, ensuring anonymity and confidentiality of their data, and securing approval from the hospital's Research Ethics Committee (REC). Data privacy was upheld by anonymizing participant information, securely storing data in a locked filing cabinet, and scheduling its disposal one year after the study's conclusion, in compliance with the Data Privacy Act of 2012 (RA 10173).

Results

The study included 108 CKD patients on hemodialysis during the study period. Table 1 shows the demographic profile of the respondents. The age bracket of 36 to 40 years old had the highest percentage of respondents 51 (47.22%). Majority of the CKD patients at the time of the study were males, 78 (72.22%), more than half were married, 69 (63.89%) and more than half were elementary graduates, 70 (64.81%). Most of the CKD patients were self decision- makers, 88 (81.48%), and most declared "self" as the breadwinner 88 (81.48%). Most of the respondents had a nuclear family structure, 93 (86.11%). Slightly more than half of the CKD patients had hypertension as a co-morbidity, 60 (55.56%).

Table 2 shows that most of the respondents (83.33%) claimed to have a high level of knowledge regarding different treatment options. All the participants reported that they will be making their own decisions in the event of renal failure. Most of them (74.07%) were completely certain of their chosen treatment option.

Perceived shared decision-making of the respondents is reflected in Table 3. The majority of respondents strongly agreed with most statements, particularly those related to: the doctor explaining available treatment options, reaching an agreement on how to proceed with treatment and the patient being involved in choosing a treatment. There is a high level of patient involvement in decision-making. In almost all items, more than 75% of respondents strongly agreed, suggesting that doctors are actively engaging patients in treatment decisions.

The highest agreement was with Items 3 and 4, indicating that doctors are clearly communicating the different treatment options and their pros and cons. The lowest, though still relatively high, was with Items 2 and 6, which may indicate areas for improvement in asking patients how they want to be involved or which treatment they prefer.

The results show a generally high level of satisfaction among respondents regarding the health services provided, assessed across four key domains: Infrastructure and Processes rated as Satisfactory (average rating: 3.35), Professional Dealings and Relationships also rated Satisfactory (average rating: 3.66), Employees' Attitude, rated as Outstanding (perfect score: 5.00), and Confidentiality, also rated

Table 1. Demographic profile of the chronic kidney disease patients in Hemodialysis Center, Southern Isabela Medical Center, September-October 2024

Patient Demographics and Characteristics	Frequency	N=108 %
Age Bracket		
21 – 25	2	1.85%
26 – 30	3	2.78%
31 – 35	40	37.04%
36 – 40	51	47.22%
41 years old and above	12	11.11%
Sex		
Male	78	72.22%
Female	30	27.78%
Civil Status		
Single	24	22.22%
Married	69	63.89%
Divorced / Separated	10	9.26%
Widowed	5	4.63%
Educational Attainment		
Elementary	70	64.81%
Secondary Education	11	10.19%
College Graduate	12	11.11%
Post Graduate Studies	0	0.00%
Vocational	2	1.85%
No formal Education	13	12.04%
Work Status		
Unemployed	57	52.78%
Employed	5	4.63%
Part time	35	32.41%
Full time	3	2.78%
Retired	0	0.00%
Maid / Houseworker	8	7.41%
Decision Maker		
Self decision making	88	81.48%
Influenced by relatives	20	18.52%
Influenced by non-relatives (friends / peers)	0	0 .00%
Breadwinner		
Self	88	81.48%
Relatives	20	18.52%
Family Structure		
Nuclear	93	86.11%
Extended	10	9.26%
Single parent	5	4.63%
Blended	0	0.00%
Comorbidities		
Hypertension	60	55.56%
Diabetes Mellitus	38	35.19%
Lung disease	10	9.26%
Others	0	0.00%
Total	108	100.00%

Table 2. Decisional readiness of the chronic kidney disease patients in Hemodialysis Center, Southern Isabela Medical Center based on kidney disease treatment options, decision – making in renal failure and certainty of chosen treatment.

Maliwanag at Tiyak ang iba't - ibang paraan ng gamutan tungkol sa sakit?	Frequency	Percentage
Hindi alam	0	0.00%
Konting kaalaman	0	0.00%
Kaalaman	18	16.67%
Higit ang kaalaman	90	83.33%

Nakapagdesisyon ng paraan ng gamutan sakaling masira ang kidney / bato?	Frequency	Percentage
Yes	108	100.00%
No	0	0.00%
Total	108	100.00%

Gaano ka katiyak sa piniling paraan ng gamutan?	Frequency	Percentage
10	80	74.07%
9	10	9.26%
8	7	6.48%
7	2	1.85%
6	6	5.56%
5	3	2.78%
4	0	0.00%
3	0	0.00%
2	0	0.00%
1	0	0.00%
Total	108	100.00%

Outstanding (score: 5.00). With a composite score of 4.18, the overall satisfaction falls within the Outstanding category.

Table 5 presents the association between patient satisfaction and various demographic characteristics and decisional readiness. Patients with formal education were significantly more likely to report outstanding satisfaction compared to those without formal education (OR = 11.6, 95% CI: 6.189–21.576, $p < 0.001$). Similarly, higher decisional readiness (score ≥15) was associated with greater odds of reporting outstanding satisfaction (OR = 3.47, 95% CI: 2.563–4.688, $p = 0.009$).

It can be seen from Figure 1 that there is no significant relationship between shared decision-making (SDM) scores and patient satisfaction. Although the Pearson correlation coefficient ($r = 0.111$) suggests a very weak positive trend, implying that greater involvement in SDM might slightly increase satisfaction, this observation did not obtain statistical significance ($p = 0.253$).

There is a statistically significant but weak positive correlation between shared decision-making and decisional readiness (Figure 2). This suggests that as patients perceive greater involvement in shared decision-making, their readiness to make informed health decisions also slightly increases.

Table 3. Shared decision-making using SDM-Q9 among chronic kidney disease patients in Hemodialysis Center, Southern Isabela Medical Center, September-October 2024.

NO.	SHARED DECISION MAKING	Strongly Disagree	%	Disagree	%	Slightly Disagree	%	Slightly Agree	%	Agree	%	Strongly Agree	%	Total
1	Ipinaliwanag ng aking doktor na may desisyon na kailangang buuin.	0	0.00%	0	0.00%	0	0.00%	4	3.70%	15	13.89%	**89**	**82.41%**	108
2	Gustong malaman ng aking doktor kung paano ko gusting makiisa sa paggawa ng desisyon.	0	0.00%	0	0.00%	0	0.00%	13	12.04%	10	9.26%	**85**	**78.70%**	108
3	Sinabi sa akin ng doktor na may iba't - ibang paraan para gamutin ang aking kondisyon.	0	0.00%	0	0.00%	0	0.00%	3	2.78%	15	13.89%	**90**	**83.33%**	108
4	Ipinaliwanag ng aking doktor ang magaganda at hindi magagandang epekto ng iba't - ibang gamutan.	0	0.00%	0	0.00%	0	0.00%	5	4.63%	13	12.03%	**90**	**83.33%**	108
5	Tinulungan ako ng aking doktor na maintindihan ang lahat ng impormasyon.	0	0.00%	0	0.00%	0	0.00%	8	7.41%	11	10.19%	**89**	**82.41%**	108
6	Tinanong ako ng aking doktor kung aling gamutan ang gusto ko.	0	0.00%	0	0.00%	0	0.00%	5	4.63%	18	16.67%	**85**	**78.70%**	108
7	Masusi naming tinimbang ng aking doktor ang iba't - ibang paraan ng gamutan.	0	0.00%	0	0.00%	0	0.00%	5	4.63%	18	16.67%	**85**	**78.70%**	108
8	Magkasama kami ng aking doktor na namili ng gamutan.	0	0.00%	0	0.00%	0	0.00%	12	11.11%	10	9.26%	**86**	**79.63%**	108
9	Nagkasundo kami ng aking doktor kung paano magpatuloy sa aking gamutan	0	0.00%	0	0.00%	0	0.00%	15	13.89%	4	3.70%	**89**	**82.41%**	108

Table 4. Assessment of the overall satisfaction on health services based on 4 domains.

	Poor	Fair	Satisfactory	Outstanding	Average	Rating
Infrastructure/Processes	0	15	82	11	3.35	Satisfactory
Professional Dealings/Relationship	0	4	74	30	3.66	Satisfactory
Employes Attitude	0	0	0	108	5	Outstanding
Confidentiality	0	0	1	107	5	Outstanding
Overall					4.18	Outstanding

Table 5. Association of patient satisfaction (Not Outstanding vs Outstanding) with demographic characteristics and decisional readiness.

	OR	95% Confidence Interval	p
Age (≤35 vs ≥36)	2	1.650-2.424	0.119
Sex (Male vs female)	1.04	0.583-1.854	1.000
Education (no formal education vs with formal education)	11.6	6.189-21.576	<0.001*
Employment (unemployed vs employed	1.96	1.625-2.369	0.120
Decisional Readiness (≤14 vs 15)	3.47	2.563-4.688	0.009

* Significant at 0.05 level

PATIENT SATISFACTION VS SHARED-DECISION MAKING

		SDM	PATIENT SATISFACTION
SDM	Pearson's r	—	
	df	—	
	p-value	—	
PATIENT SATISFACTION	Pearson's r	0.111	—
	df	106	—
	p-value	0.253	—

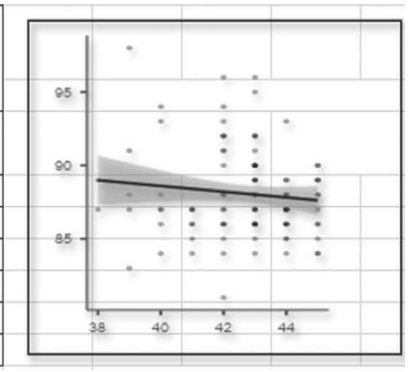

Figure 1. Correlation between patient satisfaction and SDM.

SHARED-DECISION MAKING VS DECISIONAL READINESS

		DECISIONAL	SDM
DECISIONAL	Pearson's r	—	
	df	—	
	p-value	—	
SDM	Pearson's r	0.204	—
	df	106	—
	p-value	0.035	—

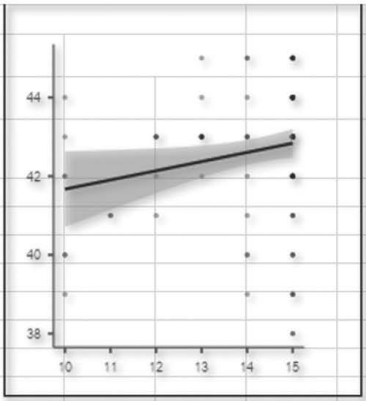

Figure 2. Correlation between SDM and decisional readiness.

Discussion

Traditional risk factors for chronic kidney disease include age, hypertension, diabetes, dyslipidemia, tobacco use, family history, and male gender while non-traditional risk factors include toxic metabolites, uremia, and cigarette smoking, which can contribute to CKD pathogenesis.[11,12] Males aged 36–40 are particularly susceptible to CKD due to biological, behavioral, and environmental factors, with many patients experiencing hypertension influenced by lifestyle and hereditary factors.[11] Most respondents in the study had elementary education and belonged to lower income. Hölzel et al. found that those lower educational attainment decrease involvement preference in medical decision making. Moreover, the study found that 60% of the sample was older than 51 years old, and 59.3% had an elementary or secondary degree. This may explain why these participants perceived their health decision making experience as highly satisfactory.[13]

Most of the respondents in the study were unemployed, which explains their preference for public hospitals to reduce medical expenses and access government healthcare services. Additionally, most respondents made their own health decisions, reflecting a sense of responsibility and accountability for their medical condition. Many of the respondents were also breadwinners, indicating that they handle income-generating activities and need to maintain good health to fulfill these responsibilities. In terms of family structure, most respondents belonged to nuclear families, which suggests they have a complete support system to provide emotional and moral support in managing their health. Previous research has highlighted the importance of family and care partners in facilitating Shared Decision Making (SDM) by helping patients process decisions and offering emotional support.[14,15] However, other studies showed that caregiver influence can lead to decisional regret, with 60.7% of dialysis recipients regretting their decision.[16] Care partner support may increase satisfaction and support but may be harmful if preferences contradict patients' own. This study evaluates family involvement in decision-making.

The study found that 83.33% of respondents were well-informed about their treatment options and the potential consequences of their medical condition. Additionally, 100% of respondents demonstrated accountability and responsibility for their treatment decisions, reflecting high decisional readiness. Most respondents expressed confidence in their chosen treatments or medications for renal issues, showing their willingness to accept potential consequences. A positive, statistically significant correlation was found between Shared Decision-Making (SDM) and Decisional Readiness ($r=0.204$, $p=0.035$). These findings emphasize the importance of informed decision-making in healthcare. Similarly, a study by Frazier, et al found that patients who were more certain about their kidney disease treatment options had higher levels of SDM and satisfaction. Patients with more confidence and information about their kidney disease treatment choices may have had more effective interactions with their provider, leading to higher rates of SDM.[17]

Most respondents strongly agree that their doctors and hospital staff provide suggestions for treating renal problems or medical conditions, indicating that doctors honor patients' decisions and suggestions regarding treatment options, as they are a crucial part of shared decision-making. Increasing patient awareness of available treatments, ensuring sufficient planning for the conversation, and stressing the significance of feedback from patients, particularly about their own values, may aid patients in participating in SDM.[18] Szasz and Hollender noted that patient involvement's impact depends on the patient's health condition. Chronic patients may respond more favorably, while acutely ill patients with clearly defined management strategies may not benefit as much.[19]

The hospital's infrastructure and processes received a satisfactory rating of 3.35, indicating a need for improvements to enhance patient care, operational efficiency, safety, and overall performance. The professional dealings of hospital personnel received a slightly higher rating of 3.66, indicating effective communication and collaboration. The employee attitude was rated outstanding at 5, indicating exceptional care, respect, and helpfulness towards patients. The hospital's handling of patient confidentiality received an outstanding rating of 5, highlighting its commitment to protecting sensitive information, fostering trust, safeguarding privacy, and adhering to legal and ethical standards. The majority of respondents believe that improving the hospital's infrastructure and processes is crucial for enhancing patient care, operational efficiency, safety, and overall performance.

Correlation analysis suggests that the relationship between the SDM and patient satisfaction on health services received was positively weak. However, data revealed that CKD patients' overall satisfaction is outstanding with high SDM scores. It could possibly assume that high scores were due to the collaborative decision-making process between patients and hospital employees. This shared approach empowers patients, fostering a sense of involvement in their treatment plans. Such practices contribute to trust and positive perceptions of the healthcare services provided. The emphasis on shared decision-making highlights the importance of communication and partnership in medical care. Maintaining and enhancing this approach can further improve patient satisfaction and outcomes. Patient satisfaction could be affected by infrastructure, admission processes, and operations for improved patient care.

Conclusion

The majority of the respondents were males and belonged to the age group 36–40 years, a critical range for CKD onset due to lifestyle factors and comorbidities like hypertension. Most had elementary education, were unemployed, and made their own health decisions, with many serving as family breadwinners, reflecting high health engagement despite barriers like low education and financial limitations. Respondents displayed high decisional readiness, particularly after exposure to Shared Decision Making (SDM) interventions, aligning with studies on dialysis decision quality.[20] SDM, preferred for preference-sensitive decisions, fosters better professional-patient relationships, decisions, and outcomes, particularly among assertive patients.[21] Most respondents affirmed that healthcare providers included them in treatment discussions, consistent with the positive impact of SDM on chronic disease management. However, the weak correlation between SDM and patient satisfaction suggests other factors also influence satisfaction. The study underscores SDM's role in empowering patients,

enhancing communication, and fostering collaboration, recommending improvements in patient education and decision-making support to optimize CKD outcomes.

Recommendations

The study found a weak but significant positive association between Shared Decision-Making (SDM) and decisional readiness, suggesting that fostering SDM can enhance patients' preparedness to make care decisions. Decisional readiness was strongly and significantly associated with patient satisfaction, as patients who feel more confident in their healthcare decisions are more likely to be satisfied with the services they receive. This underscores the importance of empowering patients in their decision-making process, not only to promote autonomy but also to improve overall satisfaction with healthcare services. The study suggests promoting health literacy, particularly for patients who are more participative, by educating them on chronic kidney disease control parameters, diet, and treatment options. This will help patients make informed decisions and become more involved in their care. Additionally, healthcare providers should be trained in SDM techniques, utilize structured tools, and regularly evaluate and refine their practices to ensure effective communication with patients. Strategies such as patient education and counseling could further enhance decisional readiness and improve satisfaction outcomes. The study also suggests that the hospital should increase the number of dialysis machines, expand the waiting area and dialysis room, and provide additional training for renal nurses and physicians to better serve patients.

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