



THE RELATIONSHIP OF EMERGENCY INSTALLATION SERVICE RESPONSE TIME WITH PATIENT SATISFACTION AT SPECIALIZED HOSPITAL DUREN SAWIT, EAST JAKARTA IN 2023

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Abstract

Background: The number of patient visits to the Emergency Room (ER) has increased by around 30%. Based on statistical data from NHS England (2018) in the United Kingdom (2018), the number of patient visits to the ER is estimated to be more than 23,7 million. In 2019, the number of patients treated in the ER in Korea was 10.609.107, while in Indonesia the number of visits to the ER was 4,402,205 patients (13,3%). In DKI Jakarta in 2022 the number of emergency room visits will be 72%. The emergency room must be able to provide fast and appropriate assistance for patient safety, namely by providing a response time of ≤ 5 minutes. One of the determining indicators of patient satisfaction and the quality of health services in the emergency department is response time. Purpose: Knowing the relationship between emergency unit service response time and patient satisfaction levels. Methods: Analytical with cross sectional design. The sample in this study was a portion of the emergency room patients at Specialized Hospital Duren Sawit, East Jakarta in December 2023, totaling 75 people. The sampling technique uses Random Sampling. Results: Frequency distribution of emergency room patient satisfaction, most respondents said they were satisfied (69,3%) and the response time for emergency department services was mostly fast (52,0%). There is a relationship between the response time of emergency department services and the level of patient satisfaction (p value 0,000). Conclusion: There is a relationship between the response time of emergency department services and the level of patient satisfaction. It is hoped that health workers on duty in the emergency room can improve services in accordance with hospital standards to increase patient satisfaction.

Keywords: Response Time, Satisfaction

Introduction

A hospital is a health service institution that provides plenary individual health services that provide inpatient, outpatient, and emergency services. The Emergency Department functions to provide emergency and emergency medical services 24 hours, 7 days a week. Fast handling, of course, is greatly influenced by human resources (such as doctors / nurses), work procedures, examination facilities that support to determine diagnostics, drugs used, and supporting transportation flows (Salway, et al, 2019).

The number of patient visits to the emergency room has increased by about 30%. Based on NHS England statistical data (2018) in the United Kingdom in 2018, the number of patient visits in the Emergency Department is estimated to be more than 23,7 million. In 2019, the number of patients admitted to emergency rooms in Korea was 10,609,107, an increase of 1,76% compared to the previous year, and the number of patients admitted to emergency rooms also increased to 2,95% compared to the previous year (Jung, et al., 2021).

The Ministry of Health of the Republic of Indonesia said that the number of visits to emergency rooms in Indonesia was 4,402,205 patients (13.3%) from all visits to General Hospitals. Meanwhile, in DKI Jakarta in 2022, the number of emergency room visits is 72% of all inpatients. The increase in the use of emergency room facilities by the community is proportional to the increase in the number of patient visits to the emergency room, resulting in overcrowding which is also a national and international crisis problem. Not a few hospitals ignore this incident (Subandi, 2021).

Based on data on the number of emergency room visits shows this significant increase and the emergency room also plays a very important role as the front door of the hospital, therefore the emergency room must be able to provide fast and precise assistance for patient safety, namely by providing a response time of ≤ 5 minutes in patient services at the emergency room (Ministry of Health RI, 2009). This is in accordance with the principle of emergency management in Permenkes RI Number 47 (2018) is to save life and limb which means that the faster the time to respond to emergency events, the greater the chance to save the patient's life (Ministry of Health RI, 2018).

Emergency installations are required to provide fast service to patients from arrival to get service within minutes called response time. The response time has a standard maximum of five minutes in each case. Service response time needs to be taken into account in order to provide fast, responsive service and able to save emergency patients. Response time is the speed at which the patient is treated, calculated from the time the patient arrives until the treatment is carried out. A good response time for patients is ≤ 5 minutes (Ministry of Health RI, 2018).

Response time is greatly influenced by various things, both regarding the amount of personnel and other supporting components such as laboratory services, radiology, pharmacy and administration. Response time is said to be on time or not late if the time required does not exceed the average time of the existing standards. Providing fast and precise response time in services in the emergency room can provide a greater opportunity to save patient lives besides that it can also increase patient satisfaction and patient families (Ministry of Health RI, 2018).

Response time can also mean the golden time in a patient's life which in many cases illustrates the sooner you get definitive help, the greater the chances of recovery and survival, Conversely, failure of response time in the emergency department can be observed from fatal in the form of death or permanent disability with cases of vital organ emergencies in patients to long days of treatment after help in the emergency department, resulting in patient dissatisfaction and complaints up to high treatment costs (Mulugeta et al., 2019).

Patient satisfaction is an effective indicator to measure the success of health facilities and should be considered when designing strategies to improve service quality. Patient satisfaction is considered the most important indicator of health care quality and has become a highly emphasized concept in the literature on emergency care (Olabisi et al., 2021). One of the determining indicators of patient satisfaction and the quality of health services in the emergency department is the response time of emergency personnel. The implementation of services that are fast, responsive and able to save emergency patients is one form of achievement of service quality indicators. Good quality of service quality, from the emergency department will form a good perception of service users which will ultimately have an impact on patient satisfaction (Hidayat et al., 2020).

Based on a preliminary survey that has been conducted on 10 patients in the emergency room of Duren Sawit Regional Special Hospital, East Jakarta, it was found that 5 respondents (50%) were satisfied with the response time of service according to the standard of ≤ 5 minutes, where 3 people get service for 3-4 minutes and 2 more people get service for 5 minutes. While the 5 respondents (50%) showed a dissatisfied attitude because the service was > 5 minutes, where 2 people got service for 7-8 minutes and 3 more people got service for 9-10 minutes. Based on the above phenomenon, researchers are interested in conducting a study entitled "The relationship between the response time of emergency

installation services and the level of patient satisfaction at the Specialized Hospital Duren Sawit, East Jakarta in 2023".

Methods

1.1 Research Design

This research is a quantitative research with a cross sectional study approach, which is a study to study the dynamics of correlation between risk factors and effects through an approach, by approaching, observing and collecting data at once at a time (point time approach), so that the object of research is only observed once (Notoatmodjo, 2018).

1.2 Setting and Samples

This research will be carried out at Specialized Hospital Duren Sawit, East Jakarta in December 2023. Sampling must be carried out in such a way that a sample that can truly represent (representative) and can describe the actual state of the population is obtained, then in determining the sample must have inclusion criteria. Inclusion criteria are the general characteristics of the research subjects of a target population that are reachable and to be studied. The following are the sample inclusion criteria in this study: willing to be a respondent, emergency room patients aged ≥ 17 years, and fill out questionnaires completely. Sampling in this study used random sampling techniques, which was as many as 75 respondents.

1.3 Measurement and Data Collection

The method of data collection in this study uses primary data that has been adjusted to the purpose of the study taken directly from respondents by filling out questionnaires.

1.4 Data Analysis

The data were analyzed and interpreted by testing hypotheses using the IBM SPSS Statistics 23 computer program corresponding to the following stages of analysis: univariate analysis to find out and analyze the characteristics of the research subjects, and bivariate analysis to determine the relationship between two variables, namely, the independent variable and the dependent variable by testing the chi square statistical test with a limit of meaning is said to be meaningful when it has a p value of $\leq 0,05$.

1.5 Ethical Considerations

This research is conducted by providing an explanation to prospective respondents about the purpose and objectives of the research, if prospective respondents agree to participate in the research, prospective respondents are required to sign informed consent. This research has obtained a research permit from the head of the Nursing Study Program, Abdi Nusantara Institute of Health Sciences, which was shown to Specialized Hospital Duren Sawit, East Jakarta. The study used 42 references from 2016 to 2023.

Results

1.1. Satisfaction Level

Table 1. Frequency Distribution of Satisfaction Level

Satisfaction Level	Amount	Percentage
Satisfied	52	69,3%
Dissatisfied	23	30,7%
Total	75	100%

Based on table 1, It can be seen that of the 75 respondents, most respondents said satisfied as many as 52 people (69,3%), and respondents who said dissatisfied as many as 23 people (30,7%).

1.2. Response Time

Table 2. Frequency Distribution of Response Time

Response Time	Amount	Percentage
Fast Response	39	52,0%
Slow Response	16	21,3%
Very Slow Response	20	26,7%
Total	75	100%

Based on table 2, It can be seen that of the 75 respondents, most of them with fast response time as many as 39 people (52,0%), very slow response time as many as 20 people (26,7%) and with slow response time as many as 16 people (21,3%).

1.3. The Relationship Between Satisfaction Level and Response Time

Table 3. The Relationship Between Satisfaction Level and Response Time

	Satisfaction Level		Total	<i>p value</i>
	Satisfied	Dissatisfied		
Fast Response	39 (100%)	0 (0%)	39 (100%)	
Slow Response	7 (43,8%)	9 (56,3%)	16 (100%)	0,000
Very Slow Response	6 (30%)	14 (70%)	20 (100%)	
Total	52 (69,3%)	23 (30,7%)	75 (100%)	

Based on table 3, It can be seen that of the 39 respondents with fast response time were satisfied as many as 39 people (100%), of 16 respondents with slow response time most were dissatisfied as many as 9 people (56,3%), and of 20 respondents with very slow response time were dissatisfied as many as 14 people (70%). The results showed that the Chi-Square statistical test obtained a value of $p = 0,000$ ($p \text{ value} < 0,05$) then based on the basis of the decision making above, it can be concluded that H_0 is rejected and H_a is accepted. Thus, it can be interpreted that there is a meaningful relationship between response time and the level of satisfaction.

Discussion

The results showed that the Chi-Square statistical test obtained a value of $p = 0,000$ ($p \text{ value} < 0,05$) then based on the basis of the decision making above, it can be concluded that H_0 is rejected and H_a is accepted. Thus, it can be interpreted that there is a meaningful relationship between response time and the level of satisfaction of emergency room patients.

The results of this study are in line with the results of Sugiono's research (2022) which said that there is a relationship between response time to the level of patient satisfaction in the emergency room of Abdul Wahab Sjahranie Hospital Samarinda with a p value of 0,002. The results of this study are also supported by the results of research by Toni Akhirul (2020) who said that there is a relationship between nurse response time and the level of satisfaction in patients with a p value of 0,001. The results of this study are also supported by the results of Isrofah's research (2020) which said that there is a relationship between service response time and patient satisfaction levels in the emergency room of RSUD Batang service response time at the emergency room of RSUD Batang with a p value of 0,027.

Response Time is the speed of health workers in handling patients from the time the patient arrives until the action is taken, a good response time according to existing standards is ≤ 5 minutes. Unlike in America where there is no federal law regarding response time. Response time is only regulated by an agreement between the Emergency Medical Service (EMS) provider and the political subdivision that sets the response time and then sets it into regulations (Permenkes RI, 2018).

The occurrence of satisfaction is related to the performance of a nurse according to her role in response time which will further affect the assessment of patients or families for the service. Every patient will feel satisfied when the service received is in accordance with expectations, but patients will feel disappointed when the service is not in accordance with expectations, thus making patients or families feel uncomfortable and will not return to the service facility (Simandalahi, et al. 2019).

According to the researchers' assumptions, the results of research conducted at the Specialized Hospital Duren Sawit, East Jakarta, showed that most respondents with a fast response time and said satisfied. This is because the patient has received the expected service so that he feels satisfied with the service provided by the nurse in the emergency room. Respondents also stated that nurse service or nurse response time in the emergency department in providing services was considered fast but there were still total respondents who admitted that nurse response time was slow.

For respondents who get slow and very slow service, the majority of respondents said they were not satisfied, this is because patients do not immediately get the expected service and wait for a long time which is not in accordance with the standard of service in the emergency room, which is ≤ 5 minutes. Patient dissatisfaction can be seen from the results of questionnaires that have been filled out by respondents and complaints submitted by respondents to researchers.

Judging from the results of the study, it was also found that although the nurse's response time in providing services was mostly considered fast by some respondents, there were still some patients who felt dissatisfied with the nurse's services. Because there are still nurses who respond to patients slowly, lack of interaction, the quality of services provided by nurses to patients is still felt to be lacking by patients, as well as the limitations of nurses and limited hospital facilities and infrastructure that are inadequate compared to the number of patients who arrive at the same time in the emergency department. That nurses prioritize the most emergency problems, so that the service received becomes slow because they have to wait a long time to get treatment, this condition which according to the perception of patients in the emergency department does not feel comfortable, causing patient dissatisfaction.

. From the results of the study, patient satisfaction in the emergency room only reached 52%, while the target of the data obtained from the patient satisfaction survey conducted by the public service center (PSC) of Specialized Hospital Duren Sawit, East Jakarta, obtained a satisfaction value of 88% from all services in the hospital. With this data, the satisfaction obtained in the emergency room has not

reached the desired target. Thus, it is expected that the quality of health services will be improved in accordance with patient expectations through improvement efforts regarding facilities, procedures, services, and other technical aspects.

Therefore, the role of nurses is very important because in addition to spearheading the emergency and inpatient installation rooms, the role of nurses greatly determines the level of customer satisfaction. It is expected that the emergency room staff pay attention to the relationship between response time and do not ignore speed. Response time must also be improved because the results of the study proved that the response time was slow 43,8% and very slow 30,0%.

Implication and Limitations

In conducting this study, the author encountered several obstacles, including limitations of control activities that can affect response time.

Conclusion

The distribution of the frequency of emergency room patient satisfaction was mostly satisfied (69,3%) and the response time of emergency department services was mostly fast response (52,0%). There is a relationship between the response time of emergency department services and the level of patient satisfaction (p value 0,000).

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Author Contribution

Author 1 and Author 2 contributed to the design and implementation of the research, to the analysis of the results and to the writing of the manuscript.

Conflict of Interest

The results of this research can be used as an additional literature for the development of nursing science, and to meet the requirements of obtaining Bachelor of Nursing Degree for Author 1.

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