

RELATIONSHIP BETWEEN HEALTH CARE SERVICE RESPONSE TIME AND THE LEVEL OF PATIENT FAMILY SATISFACTION IN THE EMERGENCY CENTER OF BHAYANGKARA HOSPITAL, CLASS III, BANJARMASIN

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Abstract

Background: Emergency Department (ED) services require rapid and accurate response times to ensure successful treatment and improve patient families' satisfaction. **Purpose:** To determine the relationship between healthcare workers' response time and the level of patient families' satisfaction in the Emergency Department of Bhayangkara Hospital Level III Banjarmasin. **Methods:** This study used a quantitative correlational approach with a cross-sectional design. A total of 137 respondents were selected using accidental sampling. Research instruments included response time observation sheets and family satisfaction questionnaires. The data were analyzed using the Spearman Rank test. **Results:** The findings showed that most response times were appropriate (98.5%) and the majority of families were satisfied (97.1%). Statistical analysis obtained $p=0.000$ and $r=0.702$, indicating a significant and strong correlation between response time and family satisfaction. **Conclusion:** The faster and more accurate the healthcare workers' response time, the higher the family satisfaction with ED services. These findings are expected to serve as a basis for improving the quality of hospital emergency services through response time optimization.

Keywords: ED, Satisfaction, Healthcare Workers', Response Time.

Background

A hospital is an institution or organization that must have good management in order to provide services to patients. The Emergency Room is a work unit in the hospital that has a work team with special skills and equipment that provides emergency patient services and is part of a series of organized emergency patient management efforts. The speed and accuracy of assistance provided to patients who come to the Emergency Room requires standards of competence and ability to ensure emergency treatment with a fast response time, appropriate treatment and so that the families of patients who come to the Emergency Room feel satisfied¹.

Emergency conditions require immediate action from healthcare workers to restore the patient's clinical condition. This condition can occur to provide a chance for life and minimize the severity caused². The philosophical basis of *Time Saving its Life Saving* provides a fundamental perspective for healthcare workers if time is a step that must be considered to provide effective and

efficient action. The main service that provides emergency assistance in hospitals is the Emergency Room (IGD)³.

Patient visits continue to increase significantly. Globally, patient admissions through emergency departments have increased by approximately 30%. In Indonesia, 4,402,205 patients (13.3%) were admitted through the emergency department (ED), with the remainder being referred through other referrals⁴. Data from Bhayangkara Hospital Level III Banjarmasin showed that patient visits through the emergency department in August 2025 were 2,115 patients, increasing to 2,351 patients in September⁵.

To address the increasing number of visits, a classification system was implemented to sort patients according to their clinical condition. This classification process, called triage, assesses emergency situations to achieve optimal outcomes and ensure patient satisfaction⁶.

A problem in the emergency room (ER) is patient complaints. These complaints arise because patients feel they haven't received the care they needed even though they came earlier. The

large number of illnesses, patient conditions, and emergencies, along with the large number of concurrent visits to the ER, results in overcrowding. This overcrowding occurs when demand for services exceeds the ER's capacity to provide quality nursing care in a timely and efficient manner⁷.

Patients expect fast and accurate service, but emergency room staff are hampered by overcrowding. This can lead to several consequences, including patient dissatisfaction with delays in therapy and care.

Meanwhile, factors influencing the level of family satisfaction with emergency room services include the skills of health workers, environmental comfort, service procedures, and *response time*⁸. This is an assessment of service quality in the form of responsiveness, which is the process of successful emergency treatment. The general principle regarding emergency room services is that patients receive immediate treatment within five minutes of arriving at the emergency room. This time assessment is based on the speed of service in the emergency room, calculated from the time of arrival to the emergency treatment process⁸.

Fast *response time can trigger satisfaction with services* for patients and their families, this is supported by care, friendliness, and good therapeutic communication techniques in handling emergency cases⁹. Good response time standards can be seen from the responsiveness of the service seen from the time of arrival to the first action. In general, response time has several categories, namely red with actions less than 1 minute, yellow with actions less than 30 minutes, green with actions less than 60 minutes, and black with handling more than 60 minutes¹⁰.

Based on the description above, the researcher is interested in conducting research with the title of the relationship between *the response time* of health workers' services and the level of satisfaction of patient families in the Emergency Room of Bhayangkara Hospital Level III Banjarmasin.

Method

This research is a quantitative study with a correlative type and uses a *cross-sectional approach*. This study was conducted to determine the correlation between variables related to the relationship between *the response time* of health workers' services and the level of satisfaction of patient families in the Emergency Room of Bhayangkara Hospital Level III,

Banjarmasin. There are two variables in this study: the independent variable (*response time* of health workers' services) and the dependent variable (patient family satisfaction).

This study was conducted in the Emergency Room of Bhayangkara Hospital Level III Banjarmasin in September 2025. The population in this study was 2,351 patients with a sample of 137 respondents using a sampling technique, namely *accidental sampling*. Sampling was carried out accidentally by taking respondents when the patient was accompanied by his family when he came to the Emergency Room of Bhayangkara Hospital Level III Banjarmasin.

The instruments used in this study were *response time observation sheets* and family satisfaction scales using a *Likert scale*, which contained 23 questions about patient family satisfaction.

The analysis used in this study uses the *Spearman Rank test* with a significance level of $p < 0.05$ to test the relationship between two variables.

Results and Discussion

Table 1. Frequency Distribution of Respondent Characteristics

Respondent Characteristics	F	%
Age		
Teenagers (17–25 years)	19	13.9
Adults (26–45 years)	87	63.5
Pre-Elderly (46–55 years)	20	14.6
Elderly (>55 years)	11	8.0
Gender		
Man	55	40.1
Woman	82	59.9
Education		
No school	3	2.2
Elementary School	6	4.4
Junior High School	17	12.4
Senior High School	70	51.1
Higher Education Institution	41	29.9
Work		
Civil Servants/State-Owned Enterprises/Regional-Owned Enterprises	39	28.5
Indonesian National Armed Forces/Indonesian National Police	32	23.3
Self-employed	29	21.2
Laborer	7	5.1
Not Working/Housewife	30	21.9
Total	137	100

Based on table 1 above, the frequency distribution based on age shows that the majority are adults (26-45 years) with 87 respondents (63.5%), the highest gender of respondents is female with 82 respondents (59.9%), the highest level of education is high school with 70 respondents (51.2%) and civil servant/state-owned enterprise/regional-owned enterprise occupation with 39 respondents (28.5%).

Table 2 Distribution of *Response* Frequency and Patient Family Satisfaction Level

Variables	F	%
Response Time		
Not exactly	2	1.5
Appropriate	135	98.5
Satisfaction Level		
Not satisfied	4	2.9
Satisfied	133	97.1
Total	137	100

Based on Table 2 above, it shows a frequency distribution based on *response time* for services by health workers in the Emergency Department of Bhayangkara Hospital Level III Banjarmasin, namely exactly 135 respondents (98.5%). Meanwhile, regarding the level of patient family satisfaction, most patient families were satisfied with 133 respondents (97.1%).

Table 3 Distribution of *Response* Frequency and Patient Family Satisfaction Level

Patient Family Satisfaction Level			
	n	Sig (p-Value)	r
Response Time	137	0,000	0.702

Based on table 3 above, the results of the *Spearman Rank test* show a p value of 0.000 and an r value (*Spearman Correlation*) of 0.702, which means there is a significant relationship between *the response time of health workers' services* and the level of family satisfaction at the Emergency Room of Bhayangkara Hospital Level III Banjarmasin with a strong correlation strength.

Discussion

Based on table 3, it was found that the results of this research test showed a p value = 0.000 and an r value = 0.702, which means that there is a significant relationship between *the*

response time of health workers' services and the level of family satisfaction in the Emergency Room of Bhayangkara Hospital Level III Banjarmasin with a strong correlation between the two variables .

This is supported by research from Arsanti, Marti and Nugraha (2023) ¹⁰ with research results of p = 0.000 and r value = 0.590 which means there is a significant relationship between response time and the level of family satisfaction with health services at the Emergency Room of Santo Antonio Baturaja Hospital with a fairly strong correlation strength.

The level of timeliness in response time depends on the accuracy of the health workers on duty in providing care or medical actions to save lives or reduce the severity of the disease ¹⁰. Actions in emergency handling have a philosophical basis of *Time Saving it's Live Saving* which can be interpreted as time as life or part of all actions. Of course, this is a reminder that lives may not be saved in a matter of minutes ¹¹. Based on the analysis of research results, in this study *the response time* of service by health workers showed that 135 respondents were served correctly (98.5%).

Research by Nurlina (2018) ¹² explains that patient satisfaction with emergency room services is influenced by several factors, such as response time. Healthcare workers' response time significantly impacts patient and family satisfaction. Patient and family satisfaction can be achieved if desired service standards are met. Therefore, healthcare workers require strong competency, knowledge, and *soft skills*. If these cannot be achieved, patients and families will be dissatisfied and complain about the service¹³.

The emergence of a sense of satisfaction experienced by patients indicates that the services they received in the Emergency Room (ED) have met their expectations. Excellent service in the care provided is a patient's right that must be fulfilled by nurses. This is because it is a form of assurance of good service quality from the hospital. Satisfaction is closely related to the quality of health care workers to patients, which can be measured by the accuracy and promptness in emergency services . ¹⁴ Based on the results of the analysis of this study, which obtained the level of satisfaction of patient families, it shows that patient families are satisfied with the services provided by health workers in the Emergency Room, with a satisfaction level of 133 respondents (97.1%).

Emergency response times that respond quickly and accurately to emergencies increase

patient and family satisfaction¹⁴. Survey results show that the faster the ER responds to patients, the higher their satisfaction, and conversely, the slower the nurse's response, the lower the patient and patient's family satisfaction with the nurse's services.

The dissatisfaction of patient families in this study amounted to 4 respondents (2.9%) and the response time of health workers was not appropriate as many as 2 respondents (1.5%) was caused by when the patient and the patient's family arrived, along with the patient's condition declining and requiring fast treatment, even to the point of requiring CPR which takes time so that the patient's family felt dissatisfied because they felt they were not prioritized and needed a long time to be treated. In addition, the condition of the emergency room was full also resulted in long waiting times for patients to be treated and caused dissatisfaction from the patient's family.

Conclusion

The results of this study indicate a relationship between the response time of health workers' services and the level of family satisfaction in the Emergency Room of Bhayangkara Hospital Level III Banjarmasin, as evidenced by a p value of 0.000 and an r value of 0.702, which means the correlation strength of the two variables is strong.

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