
PATIENTS' FAMILY SATISFACTION LEVEL IN THE EMERGENCY INSTALLATION : A DESCRIPTIVE STUDY

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ABSTRACT

Introduction

Overloading in the Emergency Room (ER) often overwhelms nurses, leading to dissatisfaction among families who expect faster care for their relatives despite the non-emergency nature of their conditions. This study aims to describe the level of family satisfaction in the ER of Dr. Soegiri Lamongan Hospital.

Method(s)

This research used a descriptive design with a quantitative approach and a convenience sampling technique. The sample comprised 103 respondents who were family members of ER patients at RSUD Dr. Soegiri Lamongan. The variable of this study was family satisfaction, assessed using the standardized RATER questionnaire, which consisted of 20 questions. Data analysis employed univariate methods and was presented in frequency distribution tables.

Result(s)

The study revealed that the overall satisfaction level of patient families in the ER of RSUD Dr. Soegiri Lamongan was mainly in the moderately satisfied category.

Conclusion(s)

Efforts to enhance and maintain family satisfaction include regular supervision of the ER and nursing training programs to improve service quality and patient satisfaction among nurses at Dr. Soegiri Lamongan Hospital.

INTRODUCTION

The Emergency Room (ER) overload often overwhelms nurses in managing patients, leading families to demand faster treatment for their relatives despite the patients not being in emergency or critical conditions. This situation makes families dissatisfied with nurses' care (Wulandari, 2015). Such dissatisfaction can have consequences, including declining service satisfaction levels (Destiningrum et al., 2024). Observations conducted on 11 patient families in the ER between February 20–23 revealed that five families expressed dissatisfaction with the ER services, while six families reported being very satisfied. A preliminary study by Riana et al. (2023) found that dissatisfaction stemmed from slow handling processes, complex procedures, and lengthy treatment times.

Data from the World Health Organization (WHO) in 2021 showed patient and family satisfaction levels in hospitals across 25 countries based on feedback from more than six million families involved in healthcare. The highest satisfaction indices were reported in Sweden (92.37%), Finland (91.92%), Norway (90.75%), the USA (89.33%), and Denmark (89.29%). Conversely, the lowest satisfaction indices were found in Kenya (40.4%) and India (34.4%). According to the Indonesian Ministry of Health, the satisfaction rate for healthcare services in Indonesia reached 71.24% in 2014 (Kemenkes, 2018). In a study by Kuzzairi et al. (2021), reported satisfaction with healthcare services in East Java was reported at 65.30% (Jawa Timur, 2017).

Several factors influence the quality of healthcare services, such as responsiveness, professionalism of healthcare workers, the roles of doctors and nurses, and patient and family satisfaction. Satisfaction can be assessed through tangible aspects, reliability, responsiveness, assurance, and empathy (Halimah, 2016). One key factor affecting service quality is family satisfaction. Family satisfaction represents the feelings resulting from the nursing service performance that families receive compared to their expectations. Hence, patient care quality significantly influences family satisfaction levels (Budianto et al., 2023). Family

satisfaction is a benchmark for healthcare service quality; the higher the family satisfaction, the higher the service standard at hospitals (Astuti & Royani, 2022). Poor service quality can lead to decreased family satisfaction, reducing trust in healthcare providers. Ultimately, this can negatively impact the number of hospital ER visits (Imran et al., 2021).

Efforts to improve service quality include enhancing or maintaining patient and family satisfaction levels. Strategies to increase family satisfaction involve: engaging patients and their families in the care process, addressing their complaints or feedback, conducting regular evaluations of nursing services in the ER. These measures can help improve overall service quality and patient satisfaction (Shin & Park, 2018). The need for more satisfaction with provided services indicates inefficiency. Therefore, ensuring high-quality services is essential to improving family satisfaction, making it important to investigate family satisfaction levels in the ER of Dr. Soegiri Lamongan Hospital (Rosita, 2017).

METHODS

This study employed a quantitative research design with a descriptive approach (Nursalam, 2020) conducted on patients' families in the Emergency Room (ER) at Dr. Soegiri Lamongan Hospital. Data were collected using a pre-prepared questionnaire about family satisfaction with ER services based on five dimensions: tangible (physical evidence), reliability, responsiveness, assurance, and empathy.

The study population included all patients' families in the ED at Dr. Soegiri Lamongan Hospital. Convenience sampling was used, allowing the researchers to select samples freely. One hundred three respondents participated in the study, meeting the inclusion criteria: family members aged 20 years or older and willing to participate as respondents.

The study included only one variable: family satisfaction. The RATER questionnaire, a standard tool developed by Parasuraman, Zeithaml, and Berry, assessed service quality satisfaction. While the RATER instrument is

typically designed for patients, this study modified it to evaluate patient-family satisfaction in the ER. The questionnaire consisted of 20 questions divided across five dimensions: tangible (1–4), reliability (5–8), responsiveness (9–12), assurance (13–17), and empathy (18–20).

Conducted univariate analysis to describe the characteristics of each research variable. The study generated frequency distributions and percentages for the variable of family satisfaction. Five answer options were provided for the family satisfaction variable, each with predetermined scores. Satisfaction levels were measured using the normative mean and standard deviation (SD) calculations.

General satisfaction levels were categorized as follows: Satisfaction based on the five indicators was classified as follows: Dissatisfied (score ≤ 79), Moderately satisfied (score 80–93), and Highly satisfied (score ≥ 94). Tangible: Dissatisfied (score ≤ 16), moderately satisfied (score 17–18), highly satisfied (score ≥ 19). Reliability: Dissatisfied (score ≤ 16), moderately satisfied (score 17–18), highly satisfied (score ≥ 19). Responsiveness: Dissatisfied (score ≤ 15), moderately satisfied (score 16–18), highly satisfied (score ≥ 19). Assurance: Dissatisfied (score ≤ 19), moderately satisfied (score 20–23), highly satisfied (score ≥ 24). Empathy: Dissatisfied (score ≤ 11), moderately satisfied (score 12–13), highly satisfied (score ≥ 14).

The researchers obtained approval to conduct the study from the Nursing Diploma Program, Faculty of Vocational Studies, Universitas Airlangga, Surabaya. Following institutional approval, permission to use the hospital as the research site and ethical clearance (No. 445/0054/413.209/KEPK/2024) at Dr. Soegiri Lamongan Hospital were sought.

RESULTS

This study obtained respondents from 103 families of patients in the Emergency Room of Dr. Soegiri Lamongan Hospital who had met the inclusion and exclusion criteria. The characteristics of respondents in this study

consisted of gender, age, education, and occupation.

General research data

Table 1 Frequency Distribution of Respondents Based on Demographic Data at the Emergency Room of Dr. Soegiri Lamongan Hospital in June 2024

	Characteristics	Freq (f)	Percentage (%)
Gender	Man	45	43.7
	Woman	58	56.3
	Total	103	100
Age	20-30 Years	27	26.2
	31-40 Years	45	43.7
	41-50 Years	24	23.3
	> 50 Years	7	6.8
	Total	103	100
Educational	Elementary School	7	6.8
	Junior High School	26	25.2
	Senior High School	58	56.3
	College	12	11.7
	Total	103	100
Work	Unemployed	28	27.2
	Farmer	20	19.4
	Laborer	2	1.9
	Self-employed	13	12.6
	Businessman	22	21.4
	Civil servant	8	7.8
	Etc	10	9.7
	Total	103	100

Based on Table 1, the results of the study on data distribution based on gender show that most of the respondents are female, 58 respondents (56.3%), and almost half of the respondents are male, 45 respondents (43.7%). Nearly half of the respondents are aged 31-40 years, namely 45 respondents (43.7%), and a small portion of respondents are aged >50 years, namely seven respondents (6.8%). Judging from the education data, most respondents have a high school education, namely 58 respondents (56.3%), and a small portion of respondents have an elementary school education, seven (6.8%) respondents. Almost half of the respondents have an unemployed status, namely 28 respondents (27.2%), and a small portion of respondents have a laborer status, two (1.9%).

Special research data

1. Patient Family Satisfaction Level at the Emergency Room of Dr. Soegiri Hospital, Lamongan 2024

This study was conducted on some families of patients in the Emergency Room of Dr. Soegiri Hospital who had met the inclusion criteria. The research variables were measured using questionnaire questions regarding respondent satisfaction based on five dimensions (RATER).

Table 2. Frequency Distribution of Respondents Based on the Level of Satisfaction of Patient Families at the Emergency Room of Dr. Soegiri Lamongan Hospital in June 2024

Family Satisfaction	Freq (f)	Percentage (%)
Very satisfied	17	16.5
Satisfied	58	66
Dissatisfied	18	17.5
Total	03	100

Table 2 above shows that the majority of respondents have a fairly satisfied level of satisfaction with the services provided at the Emergency Room, namely 68 respondents (66%), and a small portion of respondents have a Dissatisfied level of satisfaction, namely 17 respondents (16.5%).

2. Patient Family Satisfaction Level at the Emergency Room of Dr. Soegiri Lamongan Hospital 2024 Based on 5 Dimensions

This study was conducted on some families of patients in the Emergency Room of Dr. Soegiri Hospital who had met the inclusion criteria. The research variables were measured using questionnaire questions regarding respondent satisfaction based on five dimensions (RATER).

Table 3. Frequency Distribution of Respondents Based on Five Dimensions of Patient Family Satisfaction Levels at the Emergency Room of Dr. Soegiri Lamongan Hospital in June 2024.

Category		Fre q (f)	Percentage (%)
<i>Tangible</i>	Dissatisfied	47	45.6
	Satisfied	22	21.4
	Very satisfied	34	33.0
	Total	103	100
<i>Reliability</i>	Dissatisfied	47	45.6
	Satisfied	34	33.0
	Very satisfied	22	21.4
	Total	103	100
<i>Responsiveness</i>	Dissatisfied	13	12.6
	Satisfied	62	60.2
	Very satisfied	28	27.2
	Total	103	100
<i>Assurance</i>	Dissatisfied	6	5.8
	Satisfied	70	68.0
	Very satisfied	27	26.2
	Total	103	100
<i>Empathy</i> (Empathy)	Dissatisfied	24	23.3
	Satisfied	48	46.6
	Very satisfied	31	30.1
	Total	103	100

Table 3 above, in the tangible dimension, shows that almost half of the respondents have a level of satisfaction in the Dissatisfied category, as many as 47 respondents (45.6%), and a small part of the respondents have a level of satisfaction in the Satisfied category as many as 22 respondents (21.4%). In the reliability dimension, it shows that almost half of the respondents have a level of satisfaction in the Dissatisfied category, as many as 47 respondents (45.6%), and a small part of the respondents have a level of satisfaction in the Very satisfied category as many as 22 respondents (21.4%). In the responsiveness dimension, it shows that most of the respondents have a level of satisfaction in the Satisfied category, as many as 62 respondents (60.2%), and a small part of the respondents have a level of satisfaction in the Dissatisfied category, as many as 13 respondents (12.6%). In the assurance dimension, it shows that most of the respondents have a level of satisfaction in the Satisfied category, as many as 70 respondents (68%), and a small part of the respondents have a level of satisfaction in the Dissatisfied category as many as six respondents (5.8%). In

the empathy dimension, it shows that the majority of respondents have a level of satisfaction in the Satisfied category, as many as 48 respondents (46.6%), and a small portion of respondents have a level of satisfaction in the Dissatisfied category, as many as 24 respondents (23.3%).

DISCUSSIONS

Table 2 shows that some of the patients' families feel satisfied. This study's results align with research conducted (Luan et al., 2018), in which most patients' families feel confident with the services in the ER. A person's satisfaction can be influenced by several aspects, namely the reliability of nurses or health workers in providing services and information to the patient's family, the responsiveness of nurses or health workers in providing care to patients, assurance in the form of the patient's family's trust in health workers, empathy (empathy) of nurses in providing personal attention to patients and also physical evidence (tangible) in the form of complete equipment, comfort and cleanliness of the room (Yunike et al., 2023). The patient's family is relatively satisfied with the care nurses provide in emergency services. The nursing services provided have met the expectations of the patient's family because the nurses are quick to receive patients and quick when providing services; the patient's family feels Satisfied with the nurse's ability to care for and answer questions the family asks and the nurse's skills, and the nurse's steadfastness in taking action. Nurse competence and professionalism greatly influence patient and family satisfaction (Rama et al., 2019)

Based on the assessment indicators in the questionnaire divided into five dimensions, the tangible dimension showed that almost half of the patient's family had a level of satisfaction in the Dissatisfied category. This study is in line with research conducted (Novitasari et al., 2023), where it was found that most of the patient's families felt Dissatisfied with the tangible dimension. This is because health workers who have the task have yet to implement a strategy to develop service quality by providing adequate health facilities,

especially facilities and infrastructure regarding patient family services, such as uncomfortable waiting rooms and others. This study is not in line with research (Alfajar et al., 2021), in their study, most patients' families were satisfied with the health facilities and equipment considered neat and clean. Good service quality includes officers' neatness, comfort, and cleanliness, making patients and their families feel satisfied and increasing the desire to make return visits (Adhytyo & Mulyaningsih, 2013). The researcher argues that the dissatisfaction of the patient's family with the tangible dimension could be because the nurse or health worker's waiting facility was uncomfortable and hot; the nurse paid less attention to the cleanliness and tidiness of the medical equipment. This needs to be owned by nurses because the appearance of physical evidence of ourselves, starting from the neatness of uniforms and neatness of tools and best delivery of information and communication, will affect the perception of the patient's family and demographic factors such as gender can influence. In this study, most of the families of female patients felt satisfied because women see more detail in their appearance, while men ignore this (Syufi et al., 2024)

The reliability dimension shows that almost half of the patient's family has a level of satisfaction in the Dissatisfied category. This study aligns with research conducted (Novitasari et al., 2023). In their research, a small portion of families felt Dissatisfied with the reliability dimension. This could be caused by the time or schedule of services not agreed upon and officers, nurses, and doctors in the ER needing to be on time in handling patients or families in need. The more reliable the results shown by health workers, the faster they will resolve the problems patients and families face. The patient's family is satisfied with the service of the reliability dimension. The reliability dimension can be seen from the speed of the Health Workers Act, the readiness of nurses to serve patients at any time, nurses reporting the patient's condition entirely to the family, and nurses handling nursing problems appropriately and professionally. In this study, the researcher argues that the patient's family's dissatisfaction

with the reliability dimension could be due to the nurse's lack of responsiveness in providing services and the nurse's lack of communication with the patient's family regarding information on the patient's condition. Being a nurse must be able to communicate well with patients and families. With good communication, the interaction between nurses and the patient's family will be well established. Indicators that can be seen from this variable include information accuracy, consumer handling, ease of ordering, provision of services according to agreement, handling consumer problems, and provision of timely services, the ability to provide promised services immediately, accurately, and satisfactorily (Halim et al., 2021).

The responsiveness dimension shows that most of the patient's family has a level of satisfaction in the category of Satisfied. This study aligns with the research (Lampus et al., 2023), who found that most patients' families felt satisfied with the service according to this dimension. The service includes nurses asking about patient complaints and family needs, nurses quickly responding to help patients and families when they first arrive, nurses allowing the patient's family to ask questions, and officers being polite and friendly, affecting patient satisfaction. The better the responsiveness of health services provided to patients, the more patient satisfaction increases. If complaints are not responded to immediately, dissatisfaction with the service will arise (Einurkhatun et al., 2017). Researchers argue that the patient's family's feeling of satisfaction regarding the responsiveness dimension could be because the nurse is responsive in dealing with problems and responsive to complaints submitted by the patient's family. Nurses must possess a responsible and responsive attitude because this aspect includes the attitude of honest and diligent nurses. This is supported by the theory used by Halim et al. (2021), who said that the assessment assesses the responsiveness dimension can be seen from nurses treating patients and families politely, nurses providing services efficiently, explaining things that patients and families need, nurses being quick

and responsive to complaints and obstacles experienced by the patient's family, and officers providing complete and easy-to-understand information.

The service assurance dimension (assurance) is a dimension of service quality in the form of a guarantee that includes the knowledge and skills of officers, politeness and friendliness of officers, the ability of officers to communicate, trustworthiness, and the guarantee of security (Einurkhatun et al., 2017). In this study, the assurance dimension shows that most of the patient's families have a level of satisfaction in the somewhat satisfied category. This is in line with the research of Lampus et al. (2023); in their study, most of the patient's families felt confident with this dimension. This is because the process of conveying information about health and the actions taken are conveyed well to the patient's family, which can create a sense of trust and confidence in the guarantee of recovery. In assessing assurance, it can be seen from the process of conveying information about the disease, information on actions, and prognosis of the disease (Mernawati & Zainafree, 2016). The researcher believes that the patient's family feels Satisfied with this assurance dimension because the nurse can answer questions from the patient's family about the care given to the patient. The nurse is careful and skilled in carrying out nursing actions so that the patient's family feels there is a guarantee that their sick family will recover. This aspect needs to be possessed by a nurse, including sincerity in serving patients and their families, to create trust and confidence, including politeness in respecting the patient's family.

The empathy dimension shows that almost half of the patient's family has a level of satisfaction in the somewhat satisfied category. Nearly half of the patient's family is confident with the empathetic attitude of the nurse (Saputra & Ariani, 2019). Patients and families in choosing health services are more related to the attitude, attention, and friendliness of the officers; they prefer services that have a family attitude that does not differentiate between patients either regarding the type of work or

their social status in society (Adhytyo & Mulyaningsih, 2013). Researchers argue that the patient's family feels Satisfied with this empathy dimension because the family already feels that the services provided by the nurse do not look at rank. The nurse is attentive and offers moral support to the patient's family. A hospital is considered good if it pays more attention to the needs of patients and families. Providing sincere attention to the patient's family by trying to understand the wishes of the patient's family. A hospital is expected to precisely understand the patient's family and needs (Nursalam, 2020).

CONCLUSIONS

Based on research conducted by researchers, the results obtained were: Regarding the description of the level of satisfaction of patient families in the Emergency Room of Dr. Soegiri Lamongan Regional Hospital, it can be concluded that the majority of patient families who are in the ER feel Satisfied with the services that have been provided. The results of this study can be used as evaluation material for the hospital to carry out nurse training activities so that later nurses can be more reliable in carrying out the nursing process and improving the waiting room in the ER so that it can make families comfortable and safe.

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