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The Relationship of Nurse Response Time with Patient Satisfaction BPJS at the Emergency Installation of the Bayukarta Hospital Karawang

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Abstract:

One of the quality indicators in measuring the performance of the Emergency Department (IGD) is the response time of patient services in the ER, namely the speed of patient treatment which is calculated from the time the patient arrives until he receives treatment in less than 5 minutes (Decree of the Minister of Health of the Republic of Indonesia No: 856/Menkes/SK /IX/2009). Response Time of nurses in handling emergencies quickly and appropriately will increase satisfaction for patients and families of BPJS Health patients. The aim of this research is to determine the relationship between nurse response time and BPJS Health patient satisfaction in the emergency room at Bayukarta Karawang Hospital. This research uses descriptive analytical correlation research with a cross sectional design. The instruments used in this research used a patient satisfaction questionnaire sheet and a response time observation sheet. The sample in this study was 81 respondents from BPJS Health patients, using accidental sampling technique. Results. Statistical tests use the Chi square test. The results of the analysis using the Chi square statistical test obtained the Asymp value. Sig. (2 tailed) of 0.00. Because the value of Asymp. Sig. (2 tailed) < α (α = 0.05), The conclusion of this research is that there is a relationship between nurse response time and BPJS Health patient satisfaction in the installation at the Bayukarta Karawang Hospital ER. It is hoped that this research can be used to develop further research into researchers who are interested in developing research in the field of emergency nursing, especially regarding nurse responsiveness and patient satisfaction.

Keywords: BPJS Patient Satisfaction, Emergency Room, Nurse Response Time

1. INTRODUCTION

According to Hardianto et al. (2023), response time is the speed at which a nurse responds to a patient, measured from the moment the patient arrives until that point. Because it involves a person's life, speed or response time in the emergency unit is vital and significant (Sriwahyuni, 2019).

Response time, often known as waiting time, is a quality indicator used to assess how well the Emergency Room (IGD) is performing. It measures how quickly patients are served from the moment they arrive until they receive a response from the nurse, usually within five minutes (Prahmawati et al., 2021; Simandalahi et al., 2019). The aim of the quality of response time in the ER is to measure how quickly patients in emergency situations can be treated properly and appropriately.

The accuracy and speed of safety efforts carried out for patients entering the ER require standards that are adjusted to the abilities and competencies of health workers, so that they will be able to take responsibility for appropriate and fast emergency management efforts (Sumanto et al., 2021).

The 2009 Minister of Health Decree concerning Minimum Hospital Service Standards states that safety quality and service effectiveness are two factors that affect emergency department service response times. An indicator of clinical service work in the emergency room is customer satisfaction (Wulandari et al., 2020).

The quality of nursing services in a hospital is inextricably linked to its overall quality, and may be assessed more thoroughly (Goodrich & Lazenby, 2023). In order to prevent patients' impairment or death, emergency installations demand their nurses to possess dexterity, skill, attention, and thoroughness at all times (Agustina et al., 2020; Hidayat et al., 2020).

The quality of nurses' work is really needed, especially in improving health services. Therefore, measuring the level of patient satisfaction needs to be carried out periodically, regularly, accurately and continuously, because the quality of a hospital service

can be measured through patient satisfaction with nursing services by comparing performance. obtained compared to expectations (Karaca & Durna, 2019).

BPJS is a social security administering institution that covers the entire population of Indonesia by providing comprehensive health services with social insurance principles, where participants who are able can pay contributions, and those who are poor and unable, have their contributions paid by the government. With BPJS, someone who experiences illness, accident and death gets financial protection services. Since the emergence of BPJS Health, stigma and negative assumptions have emerged among the public regarding BPJS Health services. The patient's view of BPJS services is still not good, according to them the services provided to BPJS Health patients are old and still far below standard, especially regarding response time and patient handling. If hospital services for BPJS patients are good, even the same as services for general patients (who pay their own fees), it will definitely change the public stigma towards BPJS Health patient services (Erniaty & Harun, 2020; Hafsari & Seftiani, 2022; Rais et al., 2020).

Because people with government-sponsored health insurance still face negative stigma from upper-class society surrounding subpar hospital care. Paying customers and non-paying customers who sign up for classes at BPJS will receive the same services without any kind of bias. If there are more and more BPJS participants, community mutual cooperation for each other will increase.

Bayukarta Hospital is a private hospital in the city of Karawang, West Java. The ER as the main gateway for handling emergency cases in hospitals plays an important role in efforts to save clients' lives. In the ER, the nurses on duty carry out their duties using a rolling system with 12 nurses carrying out responses to patients. The educational level of implementing nurses has different education, but these nurses are still assigned to respond to patients. Response time begins the moment the patient arrives. Using the Australasian Triage scale system, which is based on ats 1, 2, 3, 4, and 5, triage is conducted based on the level of emergency until a response is received or the nurse acts in accordance with the patient's needs and emergency with a response time of ≤5 minutes. In treating patients, health workers are divided into 2 parts, the first part consists of duty doctors and nurses to handle patients in categories 1, 2 and 3 who require immediate action in handling true emergencies, while the second consists of intersive doctors and nurses to handle patients in categories 4 and 5 who do not require immediate action in handling the emergency (false emergency).

Patients' opinions of health services can differ since they come from a variety of backgrounds, including varied socioeconomic, cultural, educational, and medical experiences. This is especially true of the emergency room at Bayukarta Karawang Hospital. However, based on preliminary observations, patients are generally happy with the ER's nursing services if they receive what they expect, which includes prompt, courteous, friendly, optimal care, and good engagement.

Based on patient visits recorded in 3 months (January 2022 to March 2022), the average patient visits are around 1032 patients per month, dominated by BPJS Health patients in table 1:

Table 1. Patient Visits in the ER
(data source Bayukarta Hospital)

No	Month	Number of visits	Patient Type
1	January	1044	BPJS patients (63.6%)
			Partners (7.86 %)
			Insurance (9.96%)
			General (18.48%),
			Foundation employees (0.095%).
2	February	1165	BPJS (56.3%)
			Partners (17.08%),
			Insurance (10.98%)
			General (15.19%),
			Foundation employees (0.34%).
3	March	888	BPJS (59.7%)
			Partners (13.40%)
			Insurance (9.45%)
			General (16.32%)
			Foundation employees (1.12%)
	Average	1032	

After conducting preliminary observations and interviews with seven BPJS Health patients, it was discovered that two of the patients said they were happy with the care they received while in the ER, and five patients complained about the length of time it took for the nurse to respond to them when they arrived.

Based on this background, researchers are interested in conducting this research with the aim of: identifying nurse response time, identifying patient satisfaction, and knowing the relationship between nurse response time and patient satisfaction in the emergency room at Bayukarta Karawang Hospital.

2. MATERIAL AND METHOD

Utilizing a cross-sectional time approach and a correlational descriptive design, the method is quantitative. With the use of the SPSS software, data analysis was done using univariate and bivariate analysis utilizing the Chi Square test. The 416 BPJS patients that visited the emergency room of Bayukarta Karawang Hospital in March 2022 comprised the study's population. Accidental sampling was used to carry out the sampling process, and the inclusion criteria were being willing to participate in the study, able to communicate both orally and in writing, and conscious.

The study tool included a patient satisfaction questionnaire that gauged patient satisfaction in relation to the quality dimensions of tangible, responsiveness, empathy, and reliability. It also included a response time observation sheet with a stopwatch that tracked the nurse's response time from the moment the patient arrived until he received action. The Cronbach Alpha model was utilized to analyze the constants of the patient satisfaction instrument items in order to conduct the validity test.

3. RESULT AND DISCUSSION

3.1 Result

1. Overview of Research Locations

The location of the emergency room at Bayukata Hospital Karawang is located in the city center and is very strategic, with the northern border bordering Jogja Mall Karawang. Has 10 beds, divided based on the triage system (Australian Triage), divided into ATS 1 with 1 bed, ATS 2 with 1 bed, ATS 3 with 2 beds plus 1 observation room, ATS 4 with 2 beds, and ATS 5 with 2 beds, and 1 bed for Ponek. There are 13 nurses, 4 midwives, 15 general duty doctors, 6 ambulatory staff and security guards.

2. Characteristics of Nursing Staff

Table 2. Length of Work for Nurses (research data source)

No	Length of Work as a Nurse	Amount	%
1	< than 5 years	4 people	30.8 %
2	Between 5 – 20 years	7 people	53.8 %
3	> than 20 years	2 persons	15.4 %
	Total	13 people	100%

Table 3. Nurse Education (research data source)

No	Education	Amount	%
1	D3 nursing	10 people	76.9 %
2	Bachelor's degree in nursing	3 people	23.1 %
	Total	13 people	100%

3. Determination of Sample Number

Base patient population in March (N) = 530 patients. Calculation of sample size using the Slovin method

$$n = \frac{N}{1 + N(d)^2} = \frac{530}{1 + 530(0,1)^2} = 81 \text{ people}$$

4. Respondent Characteristics

Table 4. Respondents Based on Old/New Patient Type (research data source)

Patient Type	Frequency	Percent	Valid Percent	Cumulative Percent
NEW	16	19.8	19.8	19.8
LONG	65	80.2	80.2	100.0
Total	81	100.0	100.0	

Table 5. Respondents by Occupation (research data source)

Patient Work	Frequency	Percent	Valid Percent	Cumulative Percent
Housewife	31	38.3	38.3	38.3
Employee	18	22.2	22.2	60.5
Trader	3	3.7	3.7	64.2
Farmer	5	6.2	6.2	70.4
Civil Servants	6	7.4	7.4	77.8
Private	18	22.2	22.2	100.0
Total	81	100.0	100.0	

Table 6. Respondents Based on Education (research data source)

Patient Education	Frequency	Percent	Valid Percent	Cumulative Percent
Bachelor	10	12.3	12.3	12.3
Elementary School	6	7.4	7.4	19.8
Senior High School	49	60.5	60.5	80.2
Junior High School	16	19.8	19.8	100.0
Total	81	100.0	100.0	

5. Validity test

Validity test of the questionnaire/questionnaire instrument regarding research satisfaction by Eko Widodo (2014) in Karaca & Durna (2019). This test shows that the calculated r for the hope item is 0.401 – 0.880 and for the reality item it is 0.400 – 0.780. Expected Cronbach's alpha was 0.901 and reality was 0.896. These results are greater than the r table of 0.361, so it is stated that all items are valid.

6. Response time data

Response time is measured using a stopwatch, data check list and response time observation sheet, then the data obtained is categorized as Good if it is less than 5 minutes and categorized as Poor if the data obtained is more than 5 minutes. The results of the response time measurement are in table 7

Table 7. Response time (research data source)

Response Time	Frequency	Percent	Valid Percent	Cumulative Percent
>5 minutes	18	22.2	22.2	22.2
<5 minutes	63	77.8	77.8	100.0
Total	81	100.0	100.0	

7. Patient Satisfaction Data

Table 8 Patient Satisfaction (research data source)

	Frequency	Percent	Valid Percent	Cumulative Percent
Satisfied	56	69.1	69.1	69.1
Disgruntled	25	30.9	30.9	100.0
Total	81	100.0	100.0	

8. Cross Tabulation of nurse responsiveness with BPJS patient satisfaction

Table 9 Cross tabulation of Response Time with Patient Satisfaction (research data source)

		Response Time		Total
		>5 minutes	<5 minutes	
Satisfied	Count	0	56	56

			Response Time		Total
			>5 minutes	<5 minutes	
Patient Satisfaction		% within Patient satisfaction	0.0%	100.0%	100.0%
		% within response time	0.0%	88.9%	69.1%
		% of Total	0.0%	69.1%	69.1%
	Dissatisfied	Count	18	7	25
		% within Patient satisfaction	72.0%	28.0%	100.0%
		% within response time	100.0%	11.1%	30.9%
		% of Total	22.2%	8.6%	30.9%
Total		Count	18	63	81
		% within Patient satisfaction	22.2%	77.8%	100.0%
		% within response time	100.0%	100.0%	100.0%
		% of Total	22.2%	77.8%	100.0%

From table 9, a brief tabulation can be carried out in table 8

Table 10. Cross Tabulation Summary

Patient Satisfaction BPJS	Response Time		BPJS Patients		Amount	Percentage
	Long	Percentage	Q. Old	Percentage		
Satisfied	0	(0 %	56	69.14%	56	69.14%
Not satisfied	18	22.22%	7	8.64%	25	30.86%
amount	18	22.22%	63	77.78%	81	100%

Based on table 10, respondents with response time < 5 minutes (not long) and patient satisfaction in the satisfied category had the largest number, namely 56 respondents (69.14%), while respondents with response time not long and patient satisfaction in the dissatisfied category had the smallest number. namely as many as 7 respondents (8.64%)

9. Bivariate Analysis

Bivariate analysis in this research uses analytical research and analyzes the relationship between 2 variables (bivariate), namely the nurse response time variable and BPJS patient satisfaction. The analysis tool used is Chi-Square.

Table 11. Bivariate Analysis

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	51,840a	1	,000		
Continuity Correction b	47,758	1	,000		
Likelihood Ratio	56,165	1	,000		
Fisher's Exact Test				,000	,000
N of Valid Cases	81				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.56.

b. Computed only for a 2x2 table

Based on the results of the Chi-Square Test statistical test, the relationship between nurse response time and BPJS patient satisfaction obtained the Asymp value. Sig. (2 tailed) is 0.00 because the Asymp value. Sig. (2 tailed) < α (α = 0.05) then H1 is rejected and H0 is accepted, which means there is a relationship between nurse response time and BPJS patient satisfaction in the emergency room at Bayukarta Karawang Hospital.

3.1 Discussion

1. Nurse Response Time

The results of research conducted by researchers at the emergency room at Bayukarta Hospital in Karawang regarding nurse response time for BPJS patients, which was carried out using a stopwatch which shows the nurse's response time when the patient comes to the emergency room quickly, ≤5 minutes, was 63 people (77 .8%), and 18 people (22.2%) had a slow time of >5 minutes.

Response Time is the amount of time, measured from the moment the patient comes until the nurse responds, that passes between a request and a response. Five minutes is a good amount of time to

respond; any longer and the patient's quality of life would essentially suffer. However, there are outside factors, such as patient introductions, patient conditions, and health personnel' workloads, that can affect how quickly nurses and doctors respond (Darma et al., 2021). Research from Anang (2017) addressing the relationship between response time and patient satisfaction in the emergency room at Rs 38.1%) in the poor category, of which all respondents exhibited response time in the quick category, supports the findings of this study.

The results of this study are in line with the theories and opinions above, where in this study it was found that the majority of respondents stated that the response time of emergency room nurses was relatively fast. According to the researcher's analysis, this was because emergency room patients at the time of the study received service immediately after arriving at the emergency room, because when the patients arrived the number of patients in the ER was not too many and was in accordance with the number of nurses on duty at that time. This is also in line with the research conducted Karokaro et al. (2020), it is said to be timely if the response time required to provide a response does not exceed the average or standard time that has been determined.

However, for respondents who stated that the response time was long, namely 18 respondents (22.22%), this was probably because when the patient arrived they did not immediately receive service because there were so many patients coming to the ER at the same time that nurses would prioritize patients according to their level of emergency. This is in line with research conducted by Pisu (2015) where response time can be influenced by the limited number of nurses, changing shifts and inadequate infrastructure with the number of patients coming in, as well as several patients arriving at the same time, so that nurses prioritize the most urgent patient problems. Likewise, these results are in accordance with research conducted by Karokaro et al. (2020), with the title Factors Related to Patient Response Time in the Emergency Room at Grandmed Hospital, where the results of the research show that there is a relationship between workload and response time at the emergency room at Grandmed Lubuk Pakam Hospital.

2. BPJS Patient Satisfaction

Based on results Research shows that of the 81 respondents, the majority of respondents stated that they were satisfied with the response time provided by ER nurses, namely 56 respondents (69.1%) while a small number of respondents stated that they were not satisfied with the response time provided by ER nurses, namely 25 respondents (30.9%).

When someone compares how much they enjoyed a product or activity to what they had anticipated, they are satisfied. According to the needs model, satisfaction occurs when needs, wants, and expectations are met by the goods or services that are used. Patient satisfaction is influenced by a number of factors, including: product or service quality, which makes patients feel satisfied when they receive high-quality care; emotional factors, which make patients feel confident and amazed by a health care facility; the ability for patients to enjoy quick and comfortable nursing care; and aesthetics, which is a draw for the institution. Product characteristics include building appearance, cleanliness, staff friendliness, location, medical facilities, both facilities and infrastructure (parking area, waiting room), communication, and a peaceful, comfortable atmosphere (Afrashtehfar et al., 2020; Asamrew et al., 2020; Febres-Ramos & Mercado-Rey, 2020).

According to researchers, patient satisfaction is very necessary in emergency services because if patients are satisfied with the service, it will have a positive impact on the nursing workforce and the hospital itself. Responsiveness of nursing services is one definition of the speed of nurses in carrying out care procedures so that it has an impact on the speed of nurses in dealing with health problems experienced by patients. Fast and responsive nursing service actions are very necessary for the quality of satisfaction felt by patients. In order to achieve maximum patient satisfaction, the implementation of nursing services must comply with the code of ethics that exists in each hospital and the need to improve the quality of services therein.

The majority of respondents in this study indicated that they were happy with the services they received, which is consistent with the ideas and viewpoints mentioned above. This is due to the fact that patients will feel that they are cared for and receive services in accordance with their wishes if emergency room nurses respond to patient complaints promptly and carefully, paying attention to the patient's needs regarding symptom complaints, physical conditions, and the nurse's responsiveness to patient complaints. in order to maintain equilibrium between the rapid response times that patients receive from the health services they use and their expectations.

3. Relationship between ER Nurse Response Time and BPJS Patient Satisfaction

Based on the research results, it shows that the majority of respondents with fast response time (<5 minutes) have a level of satisfaction in the satisfied

category, namely 56 respondents (69.14%). The results of statistical tests on the relationship between nurse responsiveness and BPJS patient satisfaction obtained the Asymp value. Sig. (2 tailed) is 0.00 because the value of Asymp. Sig. (2 tailed) $< \alpha$ ($\alpha = 0.05$) then H0 is rejected and H1 is accepted, which means there is a relationship between ER nurse responsiveness and BPJS patient satisfaction in the ER at Bayukarta Karawang Hospital

Researchers have found that when nurses respond promptly and correctly to emergencies, patient satisfaction will go up. The study's findings indicate that patients' or their families' satisfaction with the nurse's performance will rise in proportion to how quickly the nurse responds to them; in contrast, a slower response time will result in a lower degree of satisfaction.

Response time is very important in handling emergency patients, fast response time can create a feeling of satisfaction with the service felt by the patient, supported by a caring or empathetic attitude and anger as well as good communication between patients and health workers, especially nurses.

A nurse's ability to be responsive (quick response), dependable (timely service), assured (attitude in providing services), empathetic (care and attention in providing services), and tangible (quality of service) to patients can all be used to evaluate their efforts to provide patient satisfaction, especially when it comes to emergency services.

The Relationship between Nurse Response Time and BPJS Patient Satisfaction Level, a study by Pisu (2015), was published in Sinurat et al. (2019). It states that factors such as a shortage of nurses, shift changes, inadequate infrastructure, and multiple patients arriving at once can affect response times and force nurses to prioritize the most urgent patient concerns. This is because there are still nurses who take their time responding to patients, nurses' quality of care is still perceived as deficient, and hospital infrastructure and facilities are still insufficient in comparison to the volume of patients who arrive in the emergency room at the same time, forcing nurses to focus on the most urgent issues first. Patients in the emergency room see this state as painful, which adds to the slowness of the care obtained by other patients as they wait for treatment. This leads to patient dissatisfaction.

The findings of this study support the theory and opinion above. Specifically, most respondents reported that they were satisfied with their level of patient satisfaction after receiving fast response time from nurses, and there was a significant correlation between nurse response time and BPJS patient

satisfaction in the emergency room at Bayukarta Hospital Karawang. According to researchers, if the results of BPJS patient satisfaction are high regarding responsive service from nurses, it will increase BPJS patient satisfaction so that it can reduce bad public opinion about the response and service of BPJS patients in the ER. BPJS patients will not hesitate to come for treatment to the emergency room at Bayukarta Hospital because the public knows about the quality and speed of treatment in the emergency room. Response time for nurses needs to be maintained to improve the quality of hospital services, especially in the emergency room, so that patients are satisfied with the service and response or response time in take action.

In this study, there are several limitations in this study, including: When filling out the questionnaire, some patients may feel disturbed by activities around them, which can affect the patient's concentration in filling out the questionnaire. In addition, filling out the questionnaire simultaneously with other patients may influence the answers given. Another limitation is the questionnaire used, even though it has been tested, the quality dimensions may change along with the development of health facilities.

The results of this research can be used as material and a source of knowledge reference for nursing students, specifically regarding the importance of nurse responsiveness

There are several suggestions based on the results of research that has been carried out, including that hospitals need to further increase BPJS patient satisfaction regarding the response time of services provided by emergency room nurses, emergency room nurses need to be more optimal in providing services, especially in providing responsive services to patients, so that nurses can provide quality services that can increase patient satisfaction. For further research on patient satisfaction in the Emergency Room (ER), it can be carried out using deeper quality dimensions

4. CONCLUSION

Of the 81 respondents, 77.8% of nurses' response times in the ER were <5 minutes, and 22.2% were >5 minutes. Of the 81 respondents, 69.1% were satisfied with the service in the ER, and 30.9% were not satisfied with the service in the ER. The research results show thatthere isThe relationship between nurse responsiveness and BPJS patient satisfaction at the Bayukarta Karawang Hospital Emergency Room in 2022 with the results of the Chi-Square Test statistical test obtained the Asymp value. Sig. (2 tailed) of 0.00, where the value of Asymp. Sig. (2 tailed) $< \alpha$ ($\alpha = 0.05$).

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