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The Correlation Between Nurse Response Time and Service Quality and Family Satisfaction in the Emergency

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Abstract:
Response time is a combination of the response time when the patient comes to the health center until he receives service from the staff. The standard time is ≤ 5 minutes for patients to be served after arriving at the emergency room. Long response times can result in the risk of death or disability. Fast and precise response time can create a feeling of satisfaction with the service received. This study aims to determine the correlation between nurse response time, service quality, and family satisfaction in the UPT Kedungjajang Emergency Room Community Health Center. This was multivariate quantitative research using correlational analytical methods with a cross-sectional study. Respondents were obtained in the emergency room of the Kedungjajang Community Health Center, which was held from 26 June to 26 July 2024. The sampling technique used Total Sampling with a sample of 5 nurses and Accidental Sampling with 48 patient families. The instrument uses observation and questionnaires, and it is analyzed using SPSS with the MANOVA test. The research results showed that fast nurse response time at good service quality was 40 respondents (93.0%), fast nurse response time at the satisfaction point was 43 respondents (95.6%), and a significant p-value was obtained at p=0.022 at Nurse Response Time on service quality and p = 0.001 on nurse Response Time on family satisfaction. Service standards in assisting quickly and appropriately are provided to patients in the emergency room by competence and ability. Fast and precise response time can create a feeling of satisfaction with the service received. Nurse training is essential, and health centers are expected to provide triage information boards so that patients and families understand the triage priorities given by nurses.

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INTRODUCTION

Response time is defined as the interval from a patient's arrival at the health center to receiving treatment from healthcare personnel (Svensson et al., 2024; Miri et al., 2024; Imam et al., 2024). Patients visiting the emergency department (ED) experience acute illnesses, severe conditions, or injuries that may result in unstable health states or life-threatening situations. Therefore, healthcare providers must deliver services quickly, accurately, and carefully to stabilize patients' health by emergency care standards (response time ≤ 5 minutes) (Majewski et al., 2024; Colla et al., 2018). The standard response time is ≤ 5 minutes after a patient arrives at the ED. Prolonged response times can increase the risk of death or disability (Strobel, 2024). However, emergency care services still encounter cases that are not managed promptly and adequately (Kuryadinata et al., 2022).

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According to World Health Organization (WHO) data in 2022, global visits to emergency departments accounted for approximately 31,241,031 individuals (21.1% of total visits). In Indonesia, ED visits reached around 8,597,000 patients (15.5% of total patient visits) (Merliyanti et al., 2024). At the Kedungjajang Public Health Center, medical record data indicate that 3,024 patients visited the ED in 2023. Approximately 9.6% of these patients reported dissatisfaction with the quality of nursing services. Given the increasing number of ED visits, nurses are required to optimize emergency services to meet patients' needs effectively.

Service standards for providing quick and accurate emergency assistance in the ED must align with nurses' competencies and capabilities. Effective response times ensure optimal emergency management. Achieving rapid and accurate response times requires human resources, facilities, infrastructure, and management systems improvements. Response time is crucial as it supports prompt service initiation and ensures timely interventions upon a patient's arrival (Suparyani et al., 2023). Accurate service delivery depends on adhering to established timelines for receiving patients in the ED. Nurses must provide services based on patients' triage conditions. Response time is particularly critical in managing emergency cases, especially for patients categorized under red triage, as it minimizes organ damage, reduces financial burdens, and enhances family satisfaction. Effective communication, empathy, and courtesy between healthcare providers and patients' families also improve satisfaction (Kuryadinata et al., 2022; Nur et al., 2023; Deviantony et al., 2024).

The 5-minute response time standard should be utilized to complete key emergency procedures, including ABCD (Airway, Breathing, Circulation, and Disability). In emergencies, a patient can lose their life within minutes. Respiratory arrest within 2-3 minutes can lead to fatal outcomes. Therefore, response time remains vital for cardiac patients and all emergency cases. Prolonged response times can result in increased mortality and severe injuries. An increase of 1 minute in response time can raise the average mortality rate by 17% within the first day after an incident (Kuryadinata et al., 2022). Life-threatening conditions, such as respiratory and cardiac arrest, can result in clinical death within 6-8 minutes and irreversible brain damage within 8-10 minutes without a pulse. Therefore, rapid and accurate emergency care is crucial. Providing care in the ED requires adherence to established standards, including sufficient resources, infrastructure, and skilled personnel to ensure proper emergency response (Wang et al., 2024; Peretz et al., 2023). Emergency patients must receive treatment within 5 minutes of arrival at the ED (Sedgman et al., 2025; Ferro & Serra, 2024).

Patient satisfaction reflects their perception of healthcare performance. Satisfied patients are more likely to share positive experiences, emphasizing the importance of responsive and high-quality care. Healthcare providers' attitudes significantly influence patient satisfaction by fostering positive interactions and building trust (Griffey et al., 2025; Rauf et al., 2024). Training programs such as triage and emergency response drills are recommended to optimize response time and enhance nurses' skills in managing emergency cases. Health facilities should also document response times to evaluate performance and implement regular supervision, training, and psychological support to boost teamwork and empathy among ED staff (Abu-Alhaija & Johnson, 2023; Wolf et al., 2024).

METHOD

This study employs a multivariate quantitative design with a correlational analytic method, precisely a cross-sectional approach. Data collection focuses on measuring independent and dependent variables at a single point in time. The population includes five nurses working in the Emergency Unit at Kedungjajang Community Health Center and approximately 3,024 annual patient

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visits. Sampling is conducted using total sampling for nurses and accidental sampling for patients, yielding a sample of five nurses and 48 patients in green or yellow triage categories. Instruments include stopwatches for measuring response time and questionnaires to evaluate service quality and family satisfaction. Data analysis is performed using the MANOVA test with a significance threshold of $p \leq 0.05$.

The research will be conducted in June-July 2024 at Kedungjajang Community Health Center over 10 days. Ethical approval was obtained under number 186/KEPK-UNHASA/VII/2024. Data collection encompasses observation, structured questionnaires, editing, coding, scoring, and tabulating. Validation and reliability tests ensure instrument consistency, with a Cronbach's alpha of 0.81-1.00 indicating high reliability. Ethical considerations include informed consent and confidentiality. Results are interpreted based on statistical thresholds to explore the relationship between nurses' response time, service quality, and family satisfaction.

RESULT

Characteristics of Respondents

Table 1. Characteristics of Respondents (n=45)

Characteristics	Frequency	Percentage (%)
Age		
25 - 34 years	22	45.8
35 - 44 years	14	29.2
45 - 54 years	12	25
Gender		
Male	23	47.9
Female	25	52.1
Occupation		
Civil Servant	1	2.1
Farmer	22	45.8
Entrepreneur	18	37.5
Employee	6	12.5
Student	1	2.1
Education		
No Schooling	2	4.2
Elementary School	18	37.5
Junior High School	7	14.6
High School	13	27.1
Academy / Higher Education	8	16.7
Relationship with the Patient		
Parent	6	12.5
Husband/Wife	29	60.4
Sibling	8	16.7
Child	5	10.4
Nurse Gender		
Male	1	20
Female	4	80
Nurse Education Level		
D3	3	60
S1	2	40
Nurse Age		
25 – 34 years	5	100
35 – 44	0	0
45 - 54	0	0

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The data shows various characteristics of respondents in a study conducted at Kedungjajang Public Health Center from June to July 2024. The majority of respondents were aged 25-34 years (45.8%), with a slight majority being female (52.1%) compared to male (47.9%). Most were farmers (45.8%) or entrepreneurs (37.5%), with fewer being employees (12.5%) or civil servants (2.1%). Regarding education, 37.5% had attended elementary school, 27.1% had completed high school, and 16.7% had pursued higher education. Most respondents had a relationship with the patient as a husband or wife (60.4%). Regarding the nurses, 80% were female, 60% had a D3 education level, and all were aged 25-34.

Table 2. Distribution of Nurse Response Time, Service Quality, and Family Satisfaction in the Emergency Room at Kedungjajang Public Health Center

Variable	Category	Frequency (f)	Percentage (%)
Response Time	Fast	43	89.6
	Slow	5	10.4
Service Quality	Good	43	89.6
	Poor	5	10.4
Family Satisfaction	Satisfied	45	93.8
	Unsatisfied	3	6.3

The data from the Emergency Room at Kedungjajang Public Health Center from June to July 2024 shows that most respondents reported fast response times (89.6%) and good service quality (89.6%). Regarding family satisfaction, 93.8% of respondents were satisfied with the service, while only 6.3% expressed dissatisfaction. The data highlights a generally positive perception of the response time, service quality, and overall satisfaction among families in the emergency department.

Table 3. MANOVA Results for Service Quality and Family Satisfaction Based on Response Time

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	Service Quality	0.488[a]	1	0.488	5.630	0.022
	Family Satisfaction	1.613[b]	1	1.613	61.813	<0.001
Intercept	Service Quality	27.322	1	27.322	314.933	<0.001
	Family Satisfaction	30.279	1	30.279	1160.701	<0.001
Response Time	Service Quality	0.488	1	0.488	5.630	0.022
	Family Satisfaction	1.612	1	1.612	61.812	<0.001
Error	Service Quality	3.991	46	0.087		
	Family Satisfaction	1.200	46	0.026		
Total	Service Quality	63.000	48			
	Family Satisfaction	57.000	48			
Corrected Total	Service Quality	4.479	47			
	Family Satisfaction	2.813	47			

The MANOVA results indicate that response time significantly affects service quality and family satisfaction. The response time has a significant impact on service quality ($F = 5.630$, $p = 0.022$) and family satisfaction ($F = 61.813$, $p < 0.001$). Additionally, the intercepts for service quality and family satisfaction are highly significant ($p < 0.001$). The error terms for service quality and family

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satisfaction also show significant variation, confirming that response time is crucial in influencing these outcomes.

DISCUSSION

Nurse Response Time

Based on the research results, Table 2 shows that the highest percentage of response times falls under the "fast" category, with 43 people (89.6%), while five people (10.4%) had a "slow" response time. This study is consistent with the research of Suparyani et al. (2023), where response time is considered critical as it impacts the wait time for services, starting from the accuracy of the assistance provided when the patient arrives or, in other words, the speed of service. Service is considered appropriate if the correct time standard is used when receiving patients in the ER. Nurses provide services with a response time according to the patient's condition during triage. The standard response time is ≤ 5 minutes from the patient's arrival at the ER. An extended response time can result in the risk of death or disability (Strobel, 2024).

The researcher assumes that the nurse response time in the Emergency Room at Kedungjajang Public Health Center is primarily fast, with 43 people (89.6%) reporting fast response times. However, five people (10.4%) experienced a slow response time. This occurred only in patients with green triage, as they arrived at the same time as yellow triage patients, and the nurses prioritized the yellow triage cases. This approach follows the triage SOP, which prioritizes more severe cases. The high percentage of fast response times is that 100% of the nurses undergo PPGD training and re-credentialing every five years, making the Emergency Room at Kedungjajang Public Health Center nurses skilled in prioritizing patients. Not all green triage patients experienced slow responses; those who did not arrive with yellow or red triage patients received a fast response.

Service Quality

Based on the research results, Table 2 shows that the highest percentage of service quality is rated as "good," with 43 people (89.6%), while five people (10.4%) rated it as "poor." Service quality is a dynamic condition related to the service product, people, processes, and environment that can meet or exceed customer expectations (Saputra et al., 2025). Healthcare service quality is a consumer assessment of the level of service received compared to the level of service expected. If the service received is in line with expectations, the service quality is perceived as good and satisfactory (Saputra et al., 2025).

Service quality as a determinant of the expected and perceived level of service. Service quality includes responsiveness, assurance, physical evidence, empathy, and reliability. Additionally, the expected service is strongly influenced by several factors, including word-of-mouth communication, personal needs, past experiences, and external communication, which shape the concept of service quality, including expectations and perceptions (Turner et al., 2021; Bailhache et al., 2021).

The researcher assumes that the service quality of nurses in the Emergency Room at Kedungjajang Public Health Center is mostly good, supported by the data obtained from surveys conducted with patient families. Many respondents rated the nurses' service quality as good because the nurses undergo re-credentialing every five years. However, there were still some who rated the service quality as poor. According to Table 5.9, 40 respondents (93.0%) rated the service quality as suitable for nurses with fast response times, while three respondents (7.0%) with slow response times still rated the service as good. For nurses with fast response times, three respondents (60.0%) rated the service quality as poor, while two respondents (40.0%) with slow response times rated the

service as poor. Poor service quality is often caused by the nurse's speed, sometimes leading to forgetting to use complete personal protective equipment (PPE).

Family Satisfaction

Based on the research results, Table 2 shows that the highest percentage of family satisfaction is rated as "satisfied," with 45 people (93.8%), while three people (6.3%) rated it as "unsatisfied." Satisfaction is the pleasure that arises from comparing enjoyment of an activity or product with expectations. The level of satisfaction varies among individuals or patients, depending on the situation and conditions they face. Some people quickly feel satisfied, while others have high expectations, making it harder for them to feel content. Patient satisfaction is the level of contentment that arises from comparing the quality of healthcare services received with what was expected (Saputra et al., 2025). Satisfaction is the feeling of happiness or disappointment that emerges after comparing one's perception or impression of a product's performance or results with one's expectations. Satisfaction or dissatisfaction is the conclusion drawn from the interaction between expectations and the experiences after receiving services (Ho et al., 2025; Setaro et al., 2024).

Client satisfaction is the response clients give after comparing their expectations with the experience or quality of service received from nurses. If the outcome aligns with the client's expectations, they will feel delighted. Conversely, if the outcome does not meet expectations, the client will feel disappointed and dissatisfied, possibly leading to them seeking medical services elsewhere (Mosleh et al., 2025; Oudbier et al., 2025).

The researcher assumes that family satisfaction or dissatisfaction is the conclusion of the interaction between expectations and experiences after receiving the provided services. Nurses in the ER highly prioritize patient satisfaction, which is influenced by the staff's friendly attitude and the quick response of nurses when patients request assistance. Regarding satisfaction with response time, 43 respondents (95.6%) rated the service as satisfying when the response time was fast. In comparison, only two respondents (4.4%) rated the service as satisfying when the response time was slow. No respondents (0%) were dissatisfied with those with fast response times, while all respondents (100%) who rated the service as unsatisfactory had slow response times. This indicates that, on average, patients are satisfied with the services provided by nurses who respond quickly.

Relationship Between Nurse Response Time, Service Quality, and Family Satisfaction in the Emergency Department of UPT Puskesmas Kedungjajang

Based on the research results from the UGD Puskesmas Kedungjajang, Table 3 presents the MANOVA test results, which show a significant p-value of $p=0.022 < \alpha\ 0.05$ for nurse response time with service quality and a p-value of $p=0.001 < \alpha\ 0.05$ for nurse response time with family satisfaction. These results indicate that H1 is accepted, meaning a significant relationship exists between nurse response time and service quality and family satisfaction in the Emergency Room at Kedungjajang Public Health Center.

This study aligns with the research by Suparyani et al. (2023), which highlights that prompt and accurate care is crucial in the ED, where a quick and accurate response time can ensure proper emergency care. Rapid response times require human resources, facilities, infrastructure, and management improvements. As noted by Suparyani et al. (2023), timely care is crucial in emergencies, especially when receiving patients in the ED, with nurses providing services based on triage priority.

Response time is significant when handling emergency patients, especially those in the red triage category, as it can reduce the risk of severe organ damage and lower treatment costs. A rapid response time also enhances family satisfaction, supported by the nurse's empathy, friendliness,

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and communication skills (Kuryadinata et al., 2022). A response time of ≤ 5 minutes is the standard for emergency services in the ED, as prolonged response times may lead to higher risks of death or disability (Strobel, 2024). Patient satisfaction is closely linked to the quality of healthcare services, and satisfied patients tend to share their positive experiences, influencing others around them. Therefore, the attitude of healthcare workers plays a key role in ensuring patient satisfaction (Tian et al., 2024; Siddique et al., 2024).

The researcher assumes that the nurse response time in the Emergency Room at Kedungjajang Public Health Center is primarily fast, significantly affecting service quality and family satisfaction. Fast response times are key to patient satisfaction, as patients feel valued and well taken care of. However, it can slightly affect the quality of service, as some nurses may forget to use complete personal protective equipment (PPE) during procedures. Additionally, some patients may feel dissatisfied due to a lack of understanding of the triage process at the Public Health Center, particularly those with lower education levels, such as elementary school. This issue typically occurs in patients with green triage, as they may arrive at the same time as yellow triage patients, and nurses prioritize yellow triage cases according to the triage SOP, focusing on more critical patients.

CONCLUSION

This study demonstrates that nurse response time in the Emergency Department (ED) of UPT Puskesmas Kedungjajang significantly affects service quality and family satisfaction. Most patients experienced fast response times, which correlated with higher service quality ratings and greater family satisfaction. However, a small proportion of patients, particularly those in green triage, experienced slower response times, leading to some dissatisfaction. The research aligns with previous studies emphasizing the importance of timely and accurate care, particularly in emergencies. While quick response times enhance patient comfort and satisfaction, occasional lapses in service quality, such as forgetting to use complete personal protective equipment (PPE), were noted. Overall, the findings indicate that prompt response times are crucial for ensuring effective healthcare delivery, reducing risks, and maintaining positive perceptions of the care received, which is also influenced by nurse empathy, friendliness, and communication skills. Additionally, education on the triage process could improve the understanding of patients and enhance their satisfaction, particularly those with lower educational backgrounds.

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CONFLICT OF INTEREST

The authors stated that they have no conflicts of interest related to the creation of this manuscript.

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