

## The Role of Specialist Doctors' Quick Response in Improving Hospital Services in the Eyes of Patients at Advent Hospital Manado

Gerald Hendriks Langungi<sup>1</sup>, Purwadhi<sup>2</sup>, Yani Restiani Widjaja<sup>3</sup>

Program Pasca Sarjana Magister Manajemen

Universitas Adhirajasa Reswara Sanjaya

---

### Article Info

#### Article history:

Received: 1 September 2025

Publish: 1 December 2025

---

### Abstract

*This study aims to explore in depth the patients' perceptions of the role of rapid response from specialist doctors in improving hospital service quality, focusing on Advent Hospital Manado. The research method used is a qualitative approach with a descriptive phenomenological design, where data were collected through in-depth interviews with patients and their families who had direct interactions with specialist doctors. The results show that the speed of the doctors' response plays a central role in shaping patients' sense of safety, trust, and satisfaction. Slow responses often lead to emotional anxiety and negative perceptions of hospital professionalism. Determining factors such as internal communication systems, organizational flexibility, patient-centered service culture, and individual professionalism significantly influence patients' perceptions of service quality. This research emphasizes that response speed is not merely a technical matter, but also reflects the values of empathy and moral responsibility among healthcare professionals. Therefore, an integration of adaptive hospital management systems, the utilization of information technology, and the cultivation of a responsive culture among specialist doctors are needed to enhance holistic and humanistic service quality.*

*This is an open access article under the [Lisensi Creative Commons Atribusi-BerbagiSerupa 4.0 Internasional](#)*



---

### Corresponding Author:

Gerald Hendriks Langungi

Program Pasca Sarjana Magister Manajemen

Universitas Adhirajasa Reswara Sanjaya

Email: [geraldangelya@gmail.com](mailto:geraldangelya@gmail.com)

---

## 1. INTRODUCTION

Quality healthcare is measured not only by medical success or the completeness of facilities, but also by the holistic experience experienced by patients during the treatment process. Amidst an increasingly complex and standardized service system, one aspect that often becomes a key determinant of patient satisfaction is the prompt, precise, and attentive presence of a specialist doctor. For a patient facing health uncertainty, the arrival of a long-awaited doctor brings not only medical answers but also a sense of security, hope, and recognition that they are valued as whole people, not just clinical cases. Manado Adventist Hospital, as a private hospital serving a diverse population—from general patients, BPJS participants, to private patients—faces significant challenges in maintaining consistent service quality. Despite having a doctor scheduling and on-call system, patient complaints persist regarding doctor delays, absences outside of office hours, or rushed communication. This phenomenon not only disrupts the technical aspects of care but also undermines the crucial relational dimension of the doctor-patient interaction. When patients feel "not allowed to talk much" or feel the doctor "leaves too soon," trust in the doctor's professionalism and compassion is shaken.

This research stems from a deep realization that behind every patient visit lies an often-unspoken hope: the hope of a timely doctor, present not only with knowledge but also with heart. Amidst the pressures of a system demanding efficiency and productivity, the personal relationship between doctor and patient often suffers. Yet, therein lies the essence of healthcare: a sincere and swift human response that provides a sense of security, respect, and care. This study arose from the need to delve deeper into how patients truly perceive the role of specialist doctors' rapid response in their hospital experience. The primary focus is on understanding the perceptions, expectations, and disappointments that may arise when services do not go as expected. Using a qualitative approach, this research aims to capture patients' voices in a holistic and human way—not in the form of numbers, but in stories, impressions, and real-life experiences. Practically, the results of this study are expected to provide strategic input for the management of Manado Adventist Hospital in designing more responsive, flexible, and patient-oriented service policies. Academically, this research aims to serve as a reference in the context of outpatient care in Indonesia, uncovering non-technical dimensions of service quality that are often overlooked in conventional evaluations. By combining classical and contemporary theories and highlighting patients' real-life experiences, this research serves as a bridge between concept and reality. The goal is not only to understand what is happening, but also to voice patients' hopes that may have previously gone unheard: that behind all the procedures and protocols, they simply want to feel cared for.

## 2. METHOD

This study used a qualitative approach with a phenomenological study design, aiming to understand the meaning of patients lived experiences regarding the rapid response of specialist doctors at Manado Adventist Hospital. Phenomenology was chosen because it is able to capture the essence of subjective experiences, including feelings, perceptions, and meanings constructed by individuals in the context of clinical interactions. The study location was Manado Adventist Hospital, which is a private hospital with full services, including various medical specialties. The study period ran from May to July 2025, with the academic guidance process starting in early May. The study participants consisted of 15 adult patient informants who were purposely selected based on the following inclusion criteria: having undergone consultations with specialist doctors in the outpatient clinic, having direct experience with the doctor's response, being willing to provide information voluntarily, and being able to communicate well verbally. Exclusion criteria included patients in critical condition or unable to communicate. Researchers also considered the diversity of participants in terms of age, gender, and type of service to ensure broad representation.

Data collection was conducted through three main methods: in-depth interviews, informal observation, and documentary review. The interview guide was systematically designed and then piloted with two to three non-sample participants to evaluate the clarity and depth of the questions before being used with key informants. Interviews were conducted in person, lasting between 30 and 60 minutes per participant, recorded with permission, and transcribed verbatim. The transcripts were then reviewed with the participants to confirm the accuracy of the interpretations (*member check*). Observations were conducted in service areas such as waiting rooms and polyclinics to record the dynamics of waiting times, service atmosphere, and doctor-patient interactions. Documentary studies included patient satisfaction questionnaires, doctor schedules, and visit notes to complement the primary data. Data analysis was conducted in parallel with the data collection process, using a thematic analysis approach according to the Braun &

Clarke method. Interview transcripts were read repeatedly to identify patterns, initial codes, and grouped into main themes such as Doctor's Empathetic Presence, Patient Reception of Doctor's Attitude, Response to Patient Needs, and Clarity of Diagnosis and Management. These themes were then reviewed, narratively defined, and presented with direct quotes from patients as a form of in-depth description (*thick description*). Data validity is guaranteed through source triangulation, *member check*, and researcher reflection. Research ethics are maintained by maintaining the confidentiality of informants' identities, using codes (e.g., FEY, TS, April), and obtaining written informed consent.

### 3. RESULTS AND DISCUSSION

The results of the study showed that the speed of specialist doctor response is not only measured by the waiting time, but also by the doctor's availability when needed, especially in emergencies or when patients require further clarification. Most patients rated the doctor's response at Manado Adventist Hospital as fast and timely, which directly influenced their perception of the overall quality of service. One patient, FEY (39 years old), stated that the doctor's quick response was very influential and was the main reason she returned to the hospital. Patient TS (78 years old), who had visited more than 20 times, assessed that the doctor's service was fast and good. However, some patients also experienced delays, although this did not cause major dissatisfaction, because they understood the doctor might be dealing with an emergency case. What was important to them was clear communication from the staff or doctor about the cause of the delay.

A doctor's response time directly impacts a patient's level of trust. When a doctor shows up for an appointment or responds promptly to a call, patients feel valued. Conversely, when a doctor is late without explanation, patients feel neglected, even if the service is still medically excellent. Patient April (29 years old) revealed that she gained more trust because her doctor was always there for her. This statement demonstrates that a doctor's availability—both physical and psychological—is the foundation of trust. In the context of healthcare, trust is built not only on medical competence but also on consistency, presence, and commitment to the patient. The findings also revealed that patients often compare their experiences with those of other patients. If they perceive that a doctor arrived more quickly for another patient with a similar condition, a perception of unfairness arises, which can damage the overall image of the hospital.

Clear, empathetic, and friendly communication were key factors in strengthening perceptions of responsiveness. Patient April appreciated the doctor's "specific and clear" explanations, while FEY rated the doctor as "kind and prompt" in responding. However, some patients also reported negative experiences, such as the doctor being "rushed" or not having time to ask questions. This phenomenon arose because the scheduling system was too tight, resulting in very limited consultation time. As a result, patients felt they were not allowed to "talk much" and were simply passive listeners to medical explanations. Some patients felt unimportant because they saw the doctor frequently checking their watch while speaking, which caused them to speed up their speech. On the other hand, others felt greatly helped because the doctor did not interrupt and even said, "Go on, I'm listening," which made them feel safe. This suggests that the doctor's demeanor—words, gestures, facial expressions, and tone of voice—can be a reflection of whether patients feel valued or ignored.

Many patients say they not only want to know "what is my condition?" but also "why and what is the next step?" Unfortunately, not all doctors convey medical information clearly. Some patients are satisfied because their doctors patiently explain things in

layman's terms, leaving them feeling understood and reassured. However, others leave the room feeling confused, claiming they were simply given a prescription without adequate explanation, and had to ask a pharmacist who also couldn't explain things well. A doctor's quick response isn't just about being physically present, but also about actively listening, allowing patients to ask questions, and conveying the diagnosis and treatment in simple, empathetic language. When this happens, patients feel valued and develop greater trust. Conversely, when communication feels rushed or one-way, patients tend to hesitate to ask questions, not because they don't want to know, but because the consultation atmosphere makes them feel excluded.

In general, patients have high expectations for doctors' availability, professionalism, and demeanor. They expect doctors to arrive on time, have a consultation period sufficient for two-way dialogue, provide clear and understandable explanations, and demonstrate an empathetic presence. They also desire a comprehensive and consistent availability of specialists, especially for frequently needed specialties like neurology and cardiology. Several patients proposed implementing a digital information system that would allow them to check doctors' schedules in real time, thus avoiding uncertainty when visiting the hospital. A doctor's prompt response not only impacts short-term satisfaction but also builds long-term loyalty. Patients who feel treated quickly and attentively are more likely to return to Manado Adventist Hospital and recommend it to family and friends. One patient stated that she would continue to visit because of the good service and prompt doctors, demonstrating that responsiveness is a key differentiator in the competition between hospitals.

The findings of this study reveal that a specialist doctor's rapid response is not simply a matter of time efficiency, but a form of meaningful service. From a psychological perspective, Maslow's theory of needs places safety as a basic human need. When patients wait in uncertainty, without clarity about when the doctor will arrive, this need for safety is compromised. This situation creates psychological tension that can worsen the care experience. This is reinforced by Carl Rogers' theory, which emphasizes the importance of empathy, full presence, and unconditional acceptance from the provider. A doctor's rapid response is a concrete representation of this empathetic presence. When a doctor arrives on time, listens attentively, and explains patiently, they not only treat the illness but also alleviate the patient's anxiety and helplessness. Furthermore, this approach, person-centered *care emphasizes* that patients are not simply recipients of services, but rather whole individuals who have the right to be understood, given space, and involved in decision-making. In this regard, the doctor's response—from tone of voice, body language, how the doctor explains the diagnosis, to how the doctor takes the time to listen—is part of the process of *treatment* which is no less important than drugs or medical procedures.

On the other hand, many patient complaints about "doctors being rushed" or "not having time to ask questions" arise from overcrowded or inflexible scheduling systems. Management needs to review the realistic number of patients per session for each specialist, the sufficient consultation duration to allow for dialogue, and rescheduling based on special cases or patients requiring more time. With this approach, patients feel valued, and doctors are not overburdened. Every doctor-patient interaction should be a sacred space of care, especially in a spiritually-based hospital like Manado Adventist Hospital. Quality care is not only about speed and accuracy, but also about how patients feel "treated as whole human beings." Therefore, it is crucial for management to foster a culture of professionalism and empathy among specialist doctors, so that care is not only seen as a medical obligation, but also as a manifestation of concern for patient safety and dignity.

#### 4. CONCLUSION

A rapid response from specialist doctors is a crucial element in shaping positive patient perceptions of the quality of service at Manado Adventist Hospital. Response speed is not only assessed in terms of time but also reflects professionalism, availability, empathy, and effective communication. Patients who experience a rapid response tend to be more trusting, feel psychologically comfortable, and loyal to the hospital. Conversely, delays or absences from doctors without clear communication can damage trust and the institution's image. Therefore, the management of Manado Adventist Hospital needs to conduct regular evaluations of the doctor scheduling system, establish adequate consultation durations, develop a digital information system for schedule transparency, and utilize patient feedback as a tool for continuous improvement. Specialists need to improve their interpersonal communication skills, provide sufficient time for patients to ask questions, and avoid appearing rushed even under time pressure. For future researchers, it is recommended to continue this research by involving doctors as informants to gain a two-way perspective on the dynamics of the doctor-patient relationship, and develop learning based on reflection and patient narratives so that prospective doctors not only understand the disease but also the patient.

#### 5. BIBLIOGRAPHY

Alfian, M., & Wulandari, E. (2021). Analisis Responsiveness Pelayanan Kesehatan di Instalasi Rawat Inap RSND Semarang. *Jurnal Administrasi Kesehatan Indonesia*, 9(2), 89–97.

Andriani, T. Y., & Setiawan, D. (2022). How to Engage Patients in Achieving Patient Safety: A Qualitative Study from Healthcare Professionals' Perspective. *BMC Medical Informatics and Decision Making*, 22(1), 1–11. <https://doi.org/10.1186/s12911-022-01876-5>

Aryani, R. N., Suryani, S., & Widyasih, H. (2020). An Evaluation of Patient Satisfaction with Nursing Care: A Qualitative Study in an Indonesian Hospital. *Journal of Nursing Practice*, 4(1), 12–18. <https://doi.org/10.30994/jnp.v4i1.76>

Donabedian, A. (1988). The quality of care: How can it be assessed? *JAMA*, 260(12), 1743–1748. <https://doi.org/10.1001/jama.1988.03410120089033>

Gerteis, M., Edgman-Levitin, S., Daley, J., & Delbanco, T. L. (Eds.). (1993). *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*. Jossey-Bass.

Marlina, L., et al. (2020). *Komunikasi Berpusat pada Pasien dan Dampaknya terhadap Kepuasan*. Jurnal Keperawatan Indonesia.

Moleong, L. J. (2006). *Metodologi Penelitian Kualitatif (Edisi Revisi)*. PT Remaja Rosdakarya.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12–40.

Purwadhi, P. (2023). Pengaruh kebijakan manajemen strategis terhadap daya saing rumah sakit di era JKN. *Jurnal Ekoma*, 12(2), 85–94. <https://jurnal-nusantara.id/index.php/EKOMA/article/view/5312>

Widjaja, Y. R. (2022). Pengaruh budaya organisasi terhadap kualitas pelayanan kesehatan. *Jurnal Gemilang*, 10(4), 78–86. <https://jurnal-stiepari.ac.id/index.php/gemilang/article/view/2147>