

The Effect of Competence, Doctor Consultation Time and Facility Availability on Patient Complaints at the Emergency Ed at Permata Hospital, Depok

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Abstract

Emergency Department (ED) services are crucial as they directly impact patient survival. A decline in ED visits at Permata Depok Hospital in 2024 and early 2025 has raised concerns, particularly related to patient complaints shared via social media. This study aims to analyse the influence of healthcare workers' competence, doctor consultation time, and facility availability on patient complaints in the hospital's ED. This is a quantitative study with a cross-sectional design, involving 93 respondents selected using the Slovin formula from a population of 1,180 patients. Data were collected through a Likert-scale questionnaire and analysed using chi-square tests and logistic regression. The results show that all three variables significantly affect patient complaints ($p\text{-value} < 0.05$), with facility availability especially basic sanitation like soap, tissue, and clean water emerging as the most dominant factor. Managerial implications include the need to prioritize supporting facilities, implement SOPs and regular sanitation audits, adopt rapid reporting systems using QR codes, and make data-driven decisions through satisfaction surveys and WASH-FIT audits. Future research is recommended to expand variables, apply mixed-methods approaches, conduct inter-hospital comparisons, and monitor intervention outcomes.

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1. INTRODUCTION

Emergency Department (ER) services are the most crucial component of hospital quality, serving as the first point of contact for saving lives and preventing disability. In the context of a modern healthcare system, speed, accuracy, and continuity of care are key standards that must be met. Therefore, any disruptions in the ER can have direct clinical and psychological impacts on patients and their families. When emergency care fails to meet standards, the potential for increased morbidity and mortality is far greater than in other healthcare settings.

At the same time, public sensitivity to healthcare services is increasing. Patients now evaluate their service experiences not only personally but also through digital public spaces such as Facebook, *Google reviews*, and social media. This phenomenon makes patient complaints no longer merely internal input but a strategic factor that directly contributes to a hospital's reputation and public trust. As negative reviews of emergency room services increase, public trust will decline, potentially impacting hospital visitation and the continuity of hospital services.

Increasing complaints often stem from a gap between patient expectations and the service they receive. According to the Service Quality (SERVQUAL) model, perceptions

of quality are influenced by five dimensions: reliability, responsiveness, assurance, empathy, and tangibles. When one or more of these dimensions are not met, the potential for patient complaints increases. This further confirms that complaints are not only a consequence of technical service but also represent a hospital's failure to meet expectations for quality service.

The competence of healthcare workers is one of the variables that significantly influences the quality of interactions and the accuracy of clinical services in the emergency department. Professionalism, clinical skills, and communication skills are key elements assessed by patients in critical situations. If competence is not balanced with ongoing training and guidance, the risk of medical errors, delayed treatment, and patient dissatisfaction will increase, leading to complaints. Similarly, the length of consultation between the doctor and the patient and their family is a crucial factor in establishing a sense of security and trust in the care process. If the duration and quality of communication are inadequate due to a heavy workload or a lack of prioritization of human interaction, patients may feel uncared for, misunderstood, or even misperceived medical decisions. This situation can trigger both emotional and substantive complaints.

In addition to human resources, emergency room facilities are also closely related to the smoothness of services. Inadequate space, equipment, and support systems can create disruptions in the service flow, prolong waiting times, and cause discomfort for patients and their families. When facilities fail to meet emergency standards, complaints are a logical consequence, as patients feel their right to optimal care is being neglected.

Based on these empirical findings, emergency room patient complaints can be understood as an important indicator reflecting the overall quality of hospital services, including human resource competency, consultation time effectiveness, and facility adequacy. Therefore, this study specifically aims to analyze the influence of healthcare worker competency, doctor consultation time, and facility availability on patient complaints in the emergency room at Permata Hospital, Depok. The results are expected to provide a scientific basis for hospital management in formulating strategies for improving service quality that are measurable, targeted, and sustainable.

2. RESEARCH METHODS

This study used a quantitative approach with a cross-sectional design to analyze the influence of healthcare worker competence, doctor consultation time, and facility availability on patient complaints in the Emergency Department (ER) of Permata Hospital, Depok. The quantitative approach was chosen to obtain measurable and objective results that can be used as a basis for decision-making in improving the quality of hospital services. Data collection was conducted over a single period without follow-up, so all independent and dependent variables were observed simultaneously.

The population in this study was all emergency room patients at Permata Hospital, Depok, who received direct services. Sampling was conducted using a random sampling technique. Accidental sampling, namely, patients who meet the inclusion criteria and are encountered during the study, and are willing to be respondents. The sample size is determined according to a quantitative research formula that takes into account the population size and the acceptable error rate. The independent variables in this study consist of: Competence of Health Workers, Doctor Consultation Time, and Emergency Room Facilities Availability.

Meanwhile, the dependent variable was patient complaints related to emergency room services. All variables were measured using a questionnaire developed based on relevant health service quality indicators.

The instrument was a Likert-scale questionnaire (1–5) developed based on theoretical studies and previous research in the field of emergency department services. Before use, validity and reliability tests were conducted on a pilot sample to ensure that each indicator measured the variable consistently and accurately. Respondents completed the questionnaire independently after receiving emergency department services and were in a stable clinical condition.

Data were obtained through a direct survey of respondents after receiving emergency room services. Data collection also adhered to research ethics by maintaining the confidentiality of respondents' identities and ensuring that they provided voluntary consent.

Data was analyzed using inferential **statistical analysis**, which includes classical assumption tests, multiple regression analysis, and significance tests to determine partial and simultaneous effects between variables. All analyses were conducted using statistical software in accordance with quantitative research principles.

2. RESEARCH RESULTS AND DISCUSSION

The results of the analysis of research data obtained through the distribution of questionnaires to patients receiving services at the Emergency Department (ER) of Permata Hospital, Depok. The analysis process was carried out systematically to examine the influence of healthcare worker competence, doctor consultation time, and facility availability on patient complaints, in accordance with the quantitative cross-sectional research design used. The collected data first went through validity and reliability testing stages to ensure that all instrument items were suitable for use as a measure of patient perceptions of the quality of ER services. All statistical data processing results were then presented in the form of tables, graphs, and narrative interpretations that illustrate the relationships between research variables objectively and measurably. This analysis serves as the basis for answering the research objectives, namely, to determine the factors that most contribute to the emergence of patient complaints and provide an empirical understanding of aspects of ER services that need priority improvement. The presented results are also linked back to the phenomenon of complaints that previously frequently appeared through Google reviews and are a strong indicator of declining public satisfaction with hospital services. Thus, the empirical findings in this section are expected to provide a true portrait of the quality of ER services and guide the development of more targeted and sustainable improvement strategies.

a. Research result

This study involved 93 respondents who were emergency room patients at Permata Hospital, Depok, who received in-person care. Data were analyzed using descriptive statistics, chi-square tests, and logistic regression to examine the influence of healthcare provider competence, doctor consultation time, and facility availability on emergency room patient complaints. All respondents provided informed consent after receiving an explanation of the study's purpose and benefits.

Univariate Analysis

The results of the descriptive analysis show that the majority of respondents think that **competence** Healthcare workers was categorized as good, encompassing clinical skills, professionalism, and communication skills. Similarly, the doctor's consultation time was deemed adequate, although some respondents stated that the consultation was too short, not providing an opportunity to comprehensively understand the patient's condition.

In contrast to the previous two variables, the assessment of emergency room facility availability revealed weaknesses, particularly in sanitation aspects such as the

availability of soap, clean water, and tissues. This factor gave rise to complaints regarding patient comfort and safety while waiting for services. This finding aligns with the increase in patient complaints through Google reviews, which highlights the physical facilities of the ER as one of the drivers of service dissatisfaction.

Bivariate Analysis

The chi-square test results indicate that all three independent variables have a significant relationship with patient complaints ($p < 0.05$). This means:

- The higher the competence of health workers → the lower the patient complaints
- The more effective the consultation time → the more positive the patient's perception
- The more adequate the emergency room facilities are → the smaller the potential for dissatisfaction with the service.

These findings confirm that patient complaints arise when service expectations are not met in terms of competence, doctor-patient interaction, and physical facility support.

Multivariate Analysis

The results of the logistic regression analysis show $p\text{-value} < 0,05$ for all independent variables, meaning that all three variables have a significant simultaneous effect on ER patient complaints. The Nagelkerke R Square value = 0.435, indicating that the model is able to explain 43.5% of the variation in patient complaints, while the remainder is influenced by other factors outside the model, such as triage queues, administration, or interprofessional communication in the ER.

Furthermore, the availability of facilities was the most dominant variable influencing complaints. This indicates that the comfort and support of physical facilities are highly sensitive indicators of quality for emergency room patients—especially during the post-pandemic recovery period, when sanitation issues are a primary concern for healthcare users.

The results of this study demonstrate that non-clinical factors, such as the physical facilities of the emergency room (ED), are the biggest drivers of complaints, compared to clinical factors such as the competence of healthcare workers and consultative interactions. This means that patients assess not only medical quality but also the value of the experience of receiving healthcare services. Therefore, efforts to improve patient satisfaction cannot focus solely on enhancing the clinical capabilities of healthcare workers but must also target strengthening the facility's support system, which directly impacts patient perceptions and comfort.

b. Discussion

The results of the study showed that complaints from patients in the Emergency Department of Permata Depok Hospital were significantly influenced by three main factors: the competence of health workers, doctor consultation time, and the availability of Emergency Department facilities. These three variables were able to explain 43.5% of the variation in patient complaints (Nagelkerke R Square = 0.435), which confirmed that the quality of Emergency Department services is not only determined by medical treatment, but also by the patient's experience during receiving the service.

First, the competence of healthcare workers has been shown to significantly influence patient complaints. This confirms that patients assess healthcare workers' professionalism not only from a technical perspective, but also from a communication perspective, empathy, and their ability to provide a sense of security during the care process. When healthcare workers are able to provide clear information and demonstrate a caring attitude, the potential for complaints decreases. This finding aligns

with the Assurance and Empathy dimensions of SERVQUAL theory, where interpersonal quality is a key factor in shaping patient satisfaction, particularly in the emergency room, which is often characterized by high emotional states.

Second, doctor consultation time showed a significant correlation with complaints. This indicates that patients require interactions that are not only fast but also meaningful. Consultations that are too short can make patients feel unheard or don't fully understand their medical condition, thus impacting negative perceptions of service quality. This situation aligns with the Responsiveness dimension, where doctor engagement with patients is a key determinant of satisfaction. In the emergency department, poor communication often undermines clinical success because patients focus on the negative psychological experience.

Third and most dominant, the availability of emergency room facilities is the most significant factor influencing patient complaints. The lack of basic amenities like soap, tissues, and clean water, as well as inadequate waiting room facilities, are the most common triggers for complaints, both in person and through digital media (Google reviews). These findings indicate that patients expect an ER environment that is clean, safe, comfortable, and meets sanitation standards, especially after the pandemic changed public perceptions about the safety of public facilities. This factor is closely related to the Tangibles dimension of SERVQUAL, which is now a sensitive indicator in assessing hospital quality.

The dominant influence of facilities demonstrates that modern society increasingly views the quality of healthcare services through a combination of clinical aspects and physical comfort. If either aspect is neglected, patient satisfaction declines, and complaints easily arise. This finding aligns with the increasing number of patient complaints online, demonstrating that service facilities are a frequently used quality parameter by the public. Complaints that go viral in the media can quickly damage a hospital's image and undermine public trust, making it crucial for hospital management to prioritize facility improvements as a strategic agenda.

Overall, this discussion reinforces the point that improving the quality of the emergency department (ED) cannot be achieved in a piecemeal manner. Comprehensive efforts encompassing healthcare worker competency standards, humanistic communication, and adequate facilities are a form of holistic service that can reduce patient complaints and increase public trust in the hospital. These findings have strong managerial implications for Permata Depok Hospital in designing a sustainable quality policy that prioritizes the patient experience as the center of healthcare delivery.

3. CONCLUSION

This study concluded that patient complaints in the Emergency Department (ER) of Permata Hospital, Depok, were not only caused by clinical factors, but also by aspects of the overall service experience. Logistic regression analysis showed that the competence of health workers, doctor consultation time, and the availability of ER facilities had a significant influence on patient complaints, with the model contributing 43.5% in explaining the variation in complaints (Nagelkerke R Square = 0.435).

The competence of healthcare workers plays a crucial role in reducing complaint rates through professional, empathetic, and patient-safety-oriented services. Adequate doctor consultation time is also a key determinant in creating effective communication and increasing patient trust in examination results and procedures. These findings confirm that

healthcare workers' interpersonal performance directly impacts perceptions of service quality.

The most dominant factor influencing complaints is the **availability of facilities**, particularly in terms of sanitation and comfort, which patients consider suboptimal. This situation emphasizes the need for comprehensive improvements in the quality of emergency room services, encompassing not only medical procedures but also physical facilities that provide a sense of safety and comfort for patients.

Thus, the results of this study confirm that improvements in emergency department (ED) service management at Permata Hospital, Depok, must focus on strengthening the competence of healthcare workers, enhancing the quality of doctor-patient interactions, and providing standards-based service facilities. Implementing a sustainable quality improvement strategy is essential to reduce complaints, improve public perception of service quality, and increase public trust in the hospital as an emergency care institution.

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