



RELATIONSHIP BETWEEN PERCEPTION OF SERVICE QUALITY IN THE EMERGENCY ROOM AND THE LEVEL OF ANXIETY OF PATIENT FAMILY

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ABSTRACT

Anxiety is a problem that arises in families when caring for patients in the ER due to emotional stress felt in emergencies. This anxiety occurs due to changes in roles, unfamiliar hospital environments, and perceptions of service quality. Family members of patients who experience anxiety will affect their role in family support. Family support is essential in increasing enthusiasm and encouraging patients to recover. The purpose of this study was to examine the relationship between perceptions of service quality in the ER and the level of anxiety of patient families. The research design used descriptive correlation with a cross-sectional study approach. The sampling technique was accidental sampling. The number of samples was 99 according to the inclusion and exclusion criteria that had been determined. Data collection in the study used the SERVQUAL questionnaire model on family perceptions of service quality and the Zung Self-Rating Anxiety Scale (ZSAS) to assess anxiety levels. Bivariate analysis used the Spearman's test. The statistical test results obtained $p < 0.05$ ($p\text{-value} = 0.001$), namely, there is a relationship between perceptions of service quality in the emergency installation and the level of anxiety of patient families at RSUD Ir. Soekarno Sukoharjo. The higher the family's perception of service in the emergency room, the lower the level of anxiety they have.

Keywords: anxiety; emergency room; health services; perception.

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INTRODUCTION

Family support is critical in providing patient care, increasing spirit, keeping patients committed to therapy, shortening hospital stays, and reducing anxiety levels. It is also vital in encouraging patients to recover (Yanti et al. Ritonga, 2021). According to research by Pandiangan et al. (2020), good family support can help reduce patient anxiety, which in turn can reduce the psychological burden experienced by patients. Anxiety is a condition or problem that often occurs in caring families for patients in the ER. This condition occurs because of the emotional pressure felt when facing an emergency. This anxiety arises due to changes in roles, disruption of routines, and a foreign home hospital environment. When family members of patients experience anxiety, this will affect changes in the atmosphere and can cause prolonged stress, which ultimately disrupts the emotional condition of the family (Mansye, 2023).

The prevalence of anxiety in patient families varies, depending on the level of emergency and the service system in the ER. Based on the results of a study by Purwacaraka et al. (2022), it was stated that in the ER of Dr. Iskak Tulungagung Hospital, 30% of patient families experienced moderate anxiety, while 26.7% experienced severe anxiety. The level of anxiety in the ER of Soehadi Prijonegoro Sragen Hospital was recorded as mostly moderate anxiety at 69%, while severe anxiety was 11% (Silvitasari & Wahyuni, 2019). Research by Suharni and Yunitri (2023) showed that most of the families of patients waiting in the ER experienced anxiety, with mild anxiety recorded at 53.3% and 43.3% experiencing moderate anxiety.

Another study in the ER of the Penanggal Health Center UPT noted that 51.1% of patient families experienced mild anxiety (Ghozalba et al., 2024). Anxiety can be influenced by various factors, including gender, education level, knowledge, availability of information, characteristics of psychological and economic conditions, previous experiences, and the health status of patients (Sudarta et al., 2020). Some of the main factors that influence family anxiety towards ER services are lack of knowledge about triage and operational standards in the emergency room (Masitah, 2023). The quality of service in the ER in providing care impacts anxiety in the patient's family (Suroso & Sutrisno, 2020). Families of patients with positive perceptions of the hospital environment have lower anxiety levels (Widiyanti & Rahmani, 2020). When the patient's family experiences anxiety in the ER, they are at risk of committing acts of violence against nurses (Pakaya et al., 2020). Violence can divert nurses' focus from their primary tasks, such as providing rapid care in emergencies. This can increase the risk of medical errors or delays in emergency actions that potentially threaten patient safety (Fitrianingsih et al., 2023).

Of the several factors causing family anxiety, education and economic situation have a strong correlation with perception. The patient needs to determine how services are perceived. Therefore, good service is seen from the perspective of the patient's family, not the service provider's perspective. According to Jacobalis (Muhlisin, 2019), income and education level influence the patient's family's perception of the quality of health services. Research conducted by Riyanti (2019) showed that the lower the family's perception of intensive care, the higher the level of anxiety experienced. The results of a preliminary study conducted at RSUD Ir. Soekarno Sukoharjo, during interviews with several officers in the ER, stated that anxiety often occurs in families who accompany patients in the ER. Some signs that officers can recognize regarding anxiety in families can be seen in their inability to sit still and their often finding families who always approach the registration desk or nurse's room to seek further information. Based on the problems above, the researcher aims to test the relationship between perceptions of service quality in the emergency room and the level of anxiety of patient families at Ir. Sukarno Sukahorjo Regional Hospital.

METHOD

This research design uses a descriptive correlative method with a Cross-Sectional approach, a type of observational research that seeks a relationship between the independent variable of perception of service quality in the ER and the dependent variable of the level of anxiety of the patient's family in the ER. The sampling method in this study was non-probability, namely using the Accidental Sampling technique. The study was conducted from August to September 2024 with 99 people meeting specific inclusion and exclusion criteria. The inclusion criteria for the study were families who accompanied patients to the ER, could read and write, and were willing to participate by filling out a questionnaire. The exclusion criteria for the study were the general condition of the patient's family who were grieving and the patient's family under 17 years old. Data collection used a SERVQUAL model questionnaire about family perceptions of service quality in the emergency installation consisting of five characteristic categories: reliability, assurance, tangibles, empathy, and responsiveness. Questions are considered valid if the t value $>$ t table (0.444) has a significance level of 5% and reliable if Cronbach's alpha r value is $0.939 > 0.6$ (constant). To assess the level of family anxiety using the Zung Self-Rating Anxiety Scale (ZSAS) questionnaire consisting of 20 question items. The standard instrument is considered valid if the p -value is less than <0.05 with a significance level of 5%, and has been tested for reliability by the University of Pittsburgh in 1988 with a Cronbach Alpha value of 0.83, a sensitivity value of 89.6 %, and a specificity of 86.5% (Abdelmalek et al., 2019). SPSS 23 software will be used to process the collected data. The Spearman Rank test is used in the bivariate analysis test to determine the

correlation between the two variables based on the normality test results of non-normally distributed data. The Health Research Ethics Commission (KEPK) of Dr. Hospital. Moewardi has granted ethical permission for this research with the number 1.906/VII/HREC/2024.

RESULT

Table 1.
Respondent characteristics (n=99)

Respondent characteristics	f	%
Age		
Adult	52	52,5
Pre-elderly	37	37,4
Elderly	10	10,1
Gender		
Man	46	46,5
Woman	53	53,5
Education		
No School	3	3,0
Elementary School	14	14,1
Junior High School	26	26,3
Senior High School	48	48,5
College	8	8,1
Job		
Not Working	4	4,0
Farmer	5	5,1
PNS	5	5,1
Entrepreneur	35	35,4
IRT	33	33,3
Labourer	11	11,1
College Student	6	6,1
Relationship with Patients		
Wife	9	9,1
Husband	3	3,0
Child	24	24,2
Mother	8	8,1
Father	8	8,1
Older brother	14	14,1
Younger brother	11	11,1
Etc	22	22,2
Jaminan Kesehatan		
BPJS	86	86,9
Non-BPJS	13	13,1
Experience in Visiting Emergency Installation		
First time	63	63,6
More than once	36	36,4

Table 1 discusses 99 respondents; it can be seen that the largest age group of patient families is adults aged 20-40 years, 52 people (52.2%). At the same time, the largest gender is female, which is 53 people (53.5%). The most extensive education of patient families is in high school, 48 people (48.5%). In the category of work, the most significant number of patient families is in the entrepreneur, 35 people (35.4%). The distribution of patient family relationships is primarily children, 24 people (24.2%). The type of health insurance used is BPJS, which is used by 86 people (86.9%). The experience of families accompanying patients in the ER is classified as the first time, with 63 people (63.6%).

Table 2.
Univariate Analysis (n=99)

Perception	f	%
Poor Perception	15	15,2
Pretty Good Perception	47	47,5
Good Perception	37	37,4

Table 2 discusses family perceptions about the quality of services in the emergency installation. As many as 15 (15.2%) respondents had a poor perception, 47 (47.5%) respondents had a pretty good perception, and 37 (37.4%) respondents had a good perception.

Table 3.
Univariate Analysis (n=99)

Anxiety	f	%
No Anxiety	83	83,8
Mild Anxiety	10	10,1
Moderate Anxiety	4	4,0
Severe Anxiety	2	2,0
Total	99	100

Table 3 discusses the anxiety experienced by patient families while in the emergency installation; as many as 83 (83.8%) respondents had no anxiety, 10 (10.1%) respondents experienced mild anxiety, 4 (4%) respondents experienced moderate anxiety, and 2 (2%) respondents experienced severe anxiety.

Table 4.
Bivariate Analysis (n=99)

Perception	Anxiety								Total	P Value	OR	
	No Anxiety		Mild Anxiety		Moderate Anxiety		Severe Anxiety					
	f	%	f	%	f	%	f	%				
Poor Perception	0	0,0	9	60	4	26,7	2	13,3	15	100	0,001	-0,672
Pretty Good Perception	46	97,9	1	2,1	0	0,0	0	0,0	47	100		
Good Perception	37	100	0	0,0	0	0,0	0	0,0	37	100		

Table 4 discusses the relationship between the perception of service quality in the Emergency Installation and the level of anxiety of the patient's family tested using Spearman's rho because it has a non-normal data distribution. Based on the Spearman correlation test, the relationship between the perception of service quality in the Emergency Installation and the level of anxiety of the patient's family shows a p-value <0.05 (p-value = 0.001), which means there is a relationship between the perception of service quality in the Emergency Installation and the level of anxiety of the patient's family at RSUD Ir. Soekarno Sukoharjo.

DISCUSSION

Respondent Characteristics

Based on the characteristics of the respondent study, as many as 52.2% of families of adult patients (20–40 years) experienced mild to severe anxiety. This is by research by Mulyanto et al. (2022), which showed that the young adult age group mainly experienced moderate to severe anxiety, as much as 80%. Most young respondents (18–25 years) at the Dr. Iskak Tulungagung Regional Hospital experienced mild to severe anxiety (Purwacaraka et al., 2022). Based on research data at the Kabelota Donggala Regional Hospital, many families of patients in the ER experienced mild to severe anxiety, especially those in the early adult age category (26-35 years) (Januarista et al., 2024). Research at Bhayangkara Hospital Ambon shows that younger age groups (18–30 years) often experience mild to severe anxiety compared to older age groups. This is influenced by the lack of experience in managing stress and limitations in understanding medical conditions (Mansye, 2023).

In this study, 16 respondents reported experiencing anxiety, with details of 8 female respondents and 8 male respondents. This is different from the results of a survey conducted by Kusuma et al. (2022), which stated that around 55% of female respondents showed a higher prevalence of anxiety because women are more sensitive to emotional conditions that trigger stress in the ER. Research in the ER conducted by Furwanti (2019) showed that 63.2% of female patients experienced anxiety compared to 36.8% of men. Another study conducted at the ER of JIH Solo Hospital found that most female patients experienced moderate and severe levels of anxiety (Sari et al., 2023). Research at Palembang Bari Hospital shows that female patients tend to experience moderate to severe anxiety; emotional factors such as sensitivity to pain, medical procedures, and emotional support are more often the leading causes of anxiety in female patients (Nurhayati & Juniarti, 2020).

The respondents' last education level was primarily high school; as many as 48 people (48.5%) stated that they experienced mild to moderate anxiety. In research conducted by Timah (mansyenapitupulu2023) at Prof. Dr. R.D. Kandou Hospital, respondents with high school education had mild anxiety levels of 64.5% and moderate anxiety levels of 35.5%. However, based on research by Zainal Abidin et al. (2023), almost all respondents had minimal knowledge and experienced severe anxiety in respondents with elementary and junior high school education. Another study by Fortuna et al. (2022) showed that 52.9% of respondents with a senior high school education or higher reported mild to moderate anxiety, while higher levels of anxiety were standard among those with limited knowledge of medical procedures. Higher levels of education provide the ability to understand treatment procedures and contribute to better anxiety management. Someone with higher education will be more knowledgeable and understand the importance of health, so they will be more critical of the medical services needed, changing their perspective on the medical services received (Sari, 2024).

The average occupation of respondents in this study who reported mild to severe anxiety was 35 (35.4%) self-employed and 33 (33.3%) as homemakers experiencing stress due to negative perceptions of their family members towards services in the ER and experienced by respondents who worked as labourers also experienced mild to severe anxiety. Another study with a p-value of 0.395 ($p > 0.05$) means there is no correlation between income results and anxiety of patient families in the ER of Graha Husada Hospital, Jepara Regency (Widyawati et al., 2020). However, based on research conducted by Nandini et al. (2018) obtained ($p = 0.015 < \alpha (0.05)$) indicates that there is a relationship between income and the level of anxiety of patient families at the Mitra Husada Pringsewu Hospital. Jacobalis' theory (2000) (in Muhlisin, 2019) explains that low-income people rely more on affordable healthcare facilities, while those with high incomes have higher expectations of health services because of their financial capabilities.

Respondents waiting for patients in the ER in this study were 24 people (24.2%) out of 99 respondents who had family relationships as children of patients. Based on the relationship with patients from 41 respondents, the average sample was 27 (56.1%) respondents who represented children of patients experiencing severe anxiety; the results of the study on the level of anxiety of family patients in the ICU of RSAU Dr. M Salamun shows that children are part of the family which is one of the factors that triggers anxiety (Idarahunyuni et al., 2017). The closer the family relationship with the patient, the greater the anxiety (Purwacaraka et al., 2022). Another study conducted by Zainal Abidin et al. (2023) showed that there was a significant relationship between the closeness of family relationships and the level of anxiety of patient families in the ER. Family presence and involvement have a significant influence on patient and family anxiety. In the study, families who were more often present and

involved in the patient care process tended to have stronger emotional relationships, which can increase patient anxiety when in critical condition (Mulyana et al., 2024).

National health insurance from 99 respondents, 76 (76.8%) respondents used BPJS. This study showed no correlation between perceptions of increased anxiety, both in general indicators and BPJS. Research by Linda et al. (2020) found no difference in perception between BPJS and NON-BPJS service users regarding the quality of nursing services at the Timika-Papua Regional Hospital. Meanwhile, another study found a correlation between BPJS participant satisfaction at the Pingkan Tenga Health Center and perception assessments of the quality of health services (Manorek et al., 2020). Research conducted by Gasong et al. (2023) at the Salatiga Regional Hospital showed that service quality significantly influences the perception and level of satisfaction of BPJS user patients, especially in inpatient facilities. Another study conducted by Sukanto et al. (2023) within the scope of the National Health Insurance (JKN) showed that BPJS services compared to non-BPJS still give rise to differences in perceptions of service quality, especially in terms of timeliness and accessibility.

Based on the study results, the percentage of families who had never been to the ER was higher, namely 63 families (63.6%), compared to families who had been to the ER, namely 36 families (36.4%). Families of patients who had never been to the ER were the majority of respondents who reported experiencing anxiety because they had no experience. Families of patients who were experiencing ER triage for the first time often reported high anxiety (Januarista et al., 2024). Lack of previous experience and ignorance about the triage process that was carried out resulted in respondents experiencing severe anxiety (Zainal Abidin et al., 2023). Another study at the Emergency Room of Palembang Bari Regional Hospital showed that families of patients who were facing an emergency for the first time tended to experience severe anxiety, which was caused by minimal knowledge and previous experience of emergency room triage (Nurhayati & Juniarti, 2020). However, based on another study conducted by Nurdin & Amandaty (2024) in the Kendari City ER, seven out of ten patients who came experienced mild anxiety, characterized by discomfort and restlessness because they were entering the hospital for the first time.

Perception of the Quality of Emergency Room Services

Based on the research results, as many as 37 respondents (37.4%) stated that families had a good perception of emergency installation services, and 47 respondents (47.5%) had a pretty good perception. As many as 15 respondents (15.2%) had less good perception. This is based on the research of Yanuarti et al. (2021), which revealed that most respondents assessed hospital services with a good perception of 51 respondents (46.8%). Other studies show that outpatients who evaluate the quality of service in the good category have an average percentage above 65% (Ginting et al., 2021). Based on (BPS, 2021), it is known that public perception of health services shows that more than 75% of respondents assess the quality of hospital services as quite good in a national survey.

Patient families have different perceptions depending on their education. The most positive perceptions of patient families with the last education of elementary school-junior high school. This is in line with the research of Antari et al. (2017), which revealed that positive perceptions of services are often more dominant in individuals with elementary to secondary education levels. Research by Damayanti et al. (2022) states that education significantly influences public knowledge regarding health services, which also impacts their perception of the quality of service. A person's level of expertise and expectations of services will grow along with their increasing level of education, so satisfaction will decrease when expectations

are not met (Yurumezoglu, 2007) (Muhlisin, 2019). Higher levels of education provide a more critical perception of service quality. This study states that the higher a person's education, the greater their expectations of service standards. Hence, they tend to pay more attention to the gap between expectations and reality in the services received (Antari & Fitria Megawati, 2017). However, according to research by Agustono (2019) regarding respondents' education level, there was no significant relationship with the quality of free health services. These results indicate that more than education factors are needed to influence perceptions of service quality because other factors, such as the condition of the service itself, also play an essential role.

The quality of services significantly provided influences positive perceptions of health services, especially in the ER. Patient perceptions of care services in the ER are generally positive, especially in terms of the responsibility and care of nurses (Lindawati et al., 2024). Another study by Alabdaly et al. (2024) stated that service satisfaction can affect positive perceptions; this directly decreases the quality they receive during treatment. Research by Ginting et al. (2021) shows that outpatients with good service experiences have a satisfaction level above 65%, influencing positive perceptions. Research at Kartika Husada Level II Hospital showed that most patients (87.5%) were satisfied with the ER services, with comfort, interpersonal relationships, and punctuality as the leading indicators of satisfaction. This shows positive perceptions and challenges towards health services, especially related to the perception of service quality at the ER. Good service quality can increase satisfaction and strengthen a person's positive perception of health services (Ariyanti et al., 2022).

Patient Family Anxiety

The results of this study indicate that families accompanying patients in the ER experienced mild anxiety in as many as ten people (10.1%), moderate anxiety in 4 people (4%), severe anxiety in 2 people (2%), and remaining 83 people (83.8%) did not experience anxiety. Previous research showed that most respondents did not experience anxiety, with 58 respondents (62.4%) (Hayaturrahmi & Halimuddin, 2018). Research by Mariati et al. (2022) from 44 respondents stated that the anxiety of the patient's family was mainly in the mild category (36.4%). In the ER of Pindad Hospital Bandung, it was found that out of 94 respondents, 54.3% of the patient's family experienced mild anxiety (Napitupulu BPZ, 2021). Supported by research by Apriyanus & Sahrudi (2024) at the Jakarta Harbor Hospital, it was stated that the majority of patients in the ER whose families accompanied showed mild anxiety levels of 49.2% out of 65 respondents.

The reason why patients' families experience only mild anxiety or even no anxiety while in the ER is often related to various supporting factors that influence the intensity of the anxiety. The main factors that play a role are the quality of effective communication from medical personnel, the delivery of clear information about the patient's condition, and the family's experience in dealing with similar situations (Januarista et al., 2024). The importance of providing regular information to the patient's family shows a significant influence on reducing anxiety. As many as 52.9% of patient families experienced mild anxiety after receiving direct explanations from doctors or nurses (Santana & Pratiwi, 2019). According to research by Zainal Abidin et al. (2023), adequate information is essential in calming the patient's family so that they better understand the stages and procedures of the treatment. Patients' families with previous knowledge or experience about the techniques and situations that may occur in the ER tend to feel calmer. Research at Tarakan Hospital, Jakarta, reported that families of patients who had accompanying patients in the IGD resuscitation room had lower levels of anxiety, with the majority experiencing mild anxiety (53.3%). Families who had previously had similar experiences tended to be more emotionally prepared (Suharni & Yunitri, 2020).

This is because they feel more prepared and able to understand how the treatment will be carried out, which can help them manage their anxiety better (Nouri et al., 2021).

An ER environment equipped with adequate facilities, such as a comfortable waiting room and a sound patient information system, also helps reduce the anxiety of patient families. Another study at Pindad Hospital Bandung noted that good infrastructure can increase the family's calm while waiting for treatment results (Napitupulu BPZ, 2021). Research conducted by Emami et al. (2024) stated that a comfortable ER environment equipped with adequate facilities, such as a comfortable waiting room, can play an important role in reducing the anxiety of patient families. Environmental comforts, such as shorter waiting times and better facilities, can help reduce stress in patient families (Merliyanti et al., 2024). Other studies support the idea that the comfort of the waiting room and adequate facilities are important factors in reducing family anxiety (Widya Nugraha & Setyawan, 2019). Environmental comfort in the ER plays an important role because the crowded ER environment can ignore patients' mental aspects, causing various psychological problems such as anxiety (Nurdin & Amandaty, 2024).

Relationship between Perception of Emergency Room Service Quality and Level of Anxiety of Patient Families

Based on the results of the study, there is a relationship between perceptions of the quality of services provided in the emergency installation and the level of anxiety experienced by patient families at RSUD Ir. Soekarno Sukoharjo. The results of the statistical test showed a value of $p < 0.05$ ($p = 0.001$) with a correlation strength of $r = -0.672$, indicating that the two variables have a weak relationship with the opposite direction of correlation (negative). The higher the family's perception of services in the emergency installation room, the lower the level of anxiety and vice versa. This study supports previous studies that found a correlation between anxiety and family perceptions of critical care in the intensive care unit of RSUD Dr. H. Koesnadi Bondowoso ($p = 0.001$ and $r = -0.367$) (Riyanti, 2019).

According to the results of the study in Table 4, the quality of service in the ER with a poor perception experienced by families caused anxiety in 2 respondents (13.3%), four respondents (26.7%) were moderately anxious, and nine respondents (60%) were mildly anxious. This percentage shows that although most families experience mild anxiety, there is still a significant number who experience moderate to severe anxiety when the perception of service is considered poor. A similar study was conducted by Mansye (2023), where a poor perception of the quality of service in the ER of Bhayangkara Ambon Hospital increased the anxiety of patient families by up to 70% at moderate to severe levels. Meanwhile, in the pretty good perception experienced by families regarding the quality of service in the ER, no families experienced severe anxiety and moderate anxiety (0.0%). One respondent (2.1%) experienced mild anxiety, and 46 respondents (97.9%) did not experience anxiety. It can be seen that the majority of families with a pretty good perception of the quality of service in the ER feel calm and do not experience anxiety. For the good perception experienced by the patient's family regarding the perspective on ER services, the results showed that 37 respondents (100%) did not experience anxiety. Research by Sudarta et al. (2020) at Panti Rini Hospital, Yogyakarta, reported that good perceptions of ER services were very effective in reducing the anxiety of patient families. The majority of patient families with good perceptions showed minimal or no levels of anxiety.

Family perception of the quality of health services in the ER plays a significant role in reducing their anxiety. Poor quality of service tends to increase family anxiety, while adequate or good service can reduce the level of anxiety. Research by Suroso and Sutrisno

(2020) states that good-quality nursing services are significantly related to decreased patient anxiety levels. The research results by Sudarta et al. (2020) emphasize the importance of service quality in reducing family anxiety. Another study conducted by Juzar and Irmalita (2020) also emphasized that family perceptions of health services significantly affect their anxiety levels. Families with positive perceptions of ER services tend to experience lower anxiety levels (Nurhayati & Juniarti, 2020). Positive perceptions of the quality of ER services contribute significantly to reducing the anxiety of patient families. Friendly and informative service can increase the comfort of patient families (Sudarta et al., 2020). Meanwhile, patient families with poor perceptions of triage and services in the ER show signs of anxiety (Januarista et al., 2024). Research by Merliyanti et al. (2024) at the Emergency Room of Depati Hamzah Regional Hospital, Pangkalpinang City, also revealed that family perceptions of poor service quality occurred with increased anxiety.

CONCLUSION

The statistical test results in this study showed a p-value <0.05 (p-value = 0.001), which means that there is a relationship between perceptions of service quality in the Emergency Room and the level of anxiety of patient families at RSUD Ir. Soekarno Sukoharjo. This study concluded that the higher the family's perception of service in the Emergency Room, the lower the level of anxiety they have, and vice versa.

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