The correlation between perceived communication quality and customer satisfaction at Bhayangkara Hospital Emergency Department, Indonesia

Alita Dewi Percunda, Djazuly Chalidyanto

Master Program of Health Administration and Policy Master Program, Faculty of Public Health, Universitas Airlangga, Indonesia

Abstract

Overcrowding at emergency department with domination of non-emergency patient based on triage process could lead to the decrease of communication quality from the care giver. An approach through communication media at hospital should be optimized to fulfill the information needs from the customer. This study aimed to identify the correlation between the communication quality and the customer satisfaction can give us a better understanding to improve our service at emergency department. A questionnaire to measure perceived communication quality of care giver (consists of communicator and media aspects) and customer satisfaction was given to patient or his/her guardian at emergency department. The sample size of 93 had been validated from 100 questionnaires collected. The regression test result is significant for both communicator aspects (sig 0.000) and information media (sig 0.011) with $p < 0.05$. The perceived communication quality both communicator and media aspect is correlated with customer satisfaction. Thus, understanding and improvement in those factors are important to increase customer satisfaction especially at emergency department where situations are often busy and care givers tend to underestimate the importance of communication.

Introduction

One area of the health care system which is most subject to public and media scrutiny is emergency department (ED).[1] The health care provider in the ED is responsible for meeting various needs of patients. The health provider plays an important role as a gatekeeper towards the delivery of care and patient satisfaction. The tremendous increase in the number of patients visiting ED has contributed to patient dissatisfaction.[2] The Emergency Department team works in a fast-paced, intense environment that calls for quick action and offers little time for extensive discussions.[3] Emergency department crowding represents an international crisis that may affect the quality and access of health care. Many researches had identified the causes, effects, and solutions for this problem.[4] ED crowding is recognized as a major public health problem. Analysis of this phenomenon found that many of these visits were for conditions that did not require emergency treatment.[5]

Lack of time in healthcare encounters can become an obstacle for the development of a caring relationship, as it requires a high level of quality communication between the patient and the professionals. In order to ensure a good healthcare encounter, there must be sufficient time for communication, enough resources and opportunities for patients and professionals to create a meaningful relationship, regardless of the duration of the encounter. Patient reported complaints shows that most complaints are around communication and interaction with healthcare professionals. Therefore, it is important to focus on communication and healthcare encounters between patients and healthcare professionals.[6] Both national and international studies also reveal areas in ED care in which patients and relatives (customer) are dissatisfied with, for example lack of communication and information.[7] Another study revealed factors which are reported to affect the patient satisfaction including waiting time, staff caring, poor explanations and information provided, and management and treatment issues. In a review article, concluded that patient information, interpersonal factors, and perceived waiting time were the most important factors.[8] Lack of support and information from health care providers to patient relatives will make the relatives confused and could be stressor that leads to anxiety.[9] Quality of care will not just be restricted to clinical aspects of care, but include the entire patient experience. Related benefits of patient satisfaction may include improved morale and job satisfaction in ED staff, a reduced tendency for patient to seek further options, and a reduced incidence of complaints and litigation. Previous research indicates that interventions worthy of further study are improving interpersonal, attitudinal, and communication skills in ED staff, provision of more information and explanation, and reduction of the perceived waiting time.[10] Therefore in this study, we would like to know whether there is correlation of communication quality either communicator and information media with customer satisfaction which can give us better understanding to improve our service at emergency department.

Correspondence: Alita Dewi Percunda, Master Program of Health Administration and Policy Master Program, Faculty of Public Health, Universitas Airlangga, Jl. Mulyorejo, Surabaya, Jawa Timur 60115, Indonesia.
Tel: +62354671100 – Fax: +62354683830
E-mail: alita.dewi.percunda-2018@fkm.unair.ac.id

Key words: perceived communication quality, customer satisfaction, emergency department.

Acknowledgments: the authors would like to thank all staffs of Bhayangkara Kediri Hospital who have helped to finish this research and all our dear colleagues.

Contribution: the authors contributed equally

Conflict of interest: the authors declare no potential conflict of interest.

Funding: none.

Clinical trials: the study is not involved any clinical trials.

Conference presentation: part of this paper was presented at the 3rd International Symposium of Public Health, 2018 October 31 - November 1, Universitas Airlangga, Surabaya, Indonesia.

Acknowledgment: the authors would like to thank all staffs of Bhayangkara Kediri Hospital who have helped to finish this research and all our dear colleagues.

Dedication: the article is dedicated to Master Program of Health Administration and Policy Magister Program, Faculty of Public Health, Universitas Airlangga, Indonesia.

Received for publication: 28 July 2019.
Revision received: 9 September 2019.
Accepted for publication: 15 October 2019.

This work is licensed under a Creative Commons Attribution NonCommercial 4.0 License (CC BY-NC 4.0).

©Copyright: the Author(s), 2019
Licensee PAGEPress, Italy
Journal of Public Health in Africa 2019; 10(s1):1170
doi:10.4081/jphia.2019.1170

Materials and Methods

This research design is analytical survey to know the correlation of perceived

communication quality of care giver and customer satisfaction with cross sectional method. The research was conducted at Bhayangkara Hospital Emergency Department at Kediri, East Java at the first week of August, 2018. Non probability sampling was conducted to 100 respondents with the result of 93 valid questionnaires and 7 questionnaires are incomplete.

Each questionnaire consists of two aspect including customer perceived quality of information and customer satisfaction besides the demographic information of the respondent. The communication quality consists of two subtopics, the quality of communicator (health care provider) and the quality of information media. The quality of communicator consists of four statements and the information media of three statements with five Likert scales for each statement from strongly disagree to strongly agree. The customer satisfaction based on Nursalam instrument[11] consists of five subtopics which are reliability, assurance, tangible, empathy, and responsiveness aspect of the emergency department with three statements for each aspect and five Likert scale for each statements.

Data analysis used IBM SPSS for validity, descriptive, and correlation test. Cronbach's alpha for reliability showed sig > 0.06 and Pearson correlation for validity showed sig < 0.05 for all data. The data used for this research are both reliable and valid.

Results

Each respondent (N=93) received a questionnaire during their visit at Bhayangkara Kediri Emergency Department and complete it. The questionnaires were then collected and checked for its content. The complete and valid questionnaires then proceed. From the 93 sample size, mostly are male (N=48) with majority age range are >50 years (N=29) and latest education is senior high (N=37). More than half respondents (N=50) were visiting ED for the first time. This respondent characteristic describes in Table 1.

The result for communicator quality perceived by respondent is good with 96.77% (N=90) sample are satisfied with the communicator (health care provider) in giving information to them. Information media quality at ED is perceived as good with 78.49% (N=73) sample are satisfied with its amount and utility. In addition, 96.77% (N=90) of sample are satisfied with overall ED service. The description for both dependent and independent variables can be seen in Table 2

Data analysis in testing the hypothesis used linear regression (t-test) is both significant for communicator (sig 0.000) and information media (sig 0.011) with p < 0.05. The result shows that both factors have positive correlation with customer satisfaction (positive β) and communicator has stronger effect (β 0.439) than information media quality (β 0.217). The result of analysis describes in Table 3.

Crosstabs for communicator and information media satisfaction by respondent sex, age, and education are shown in Table 4. The highest communicator satisfaction is female, aged 41-50 years, and junior high education background. The highest information media satisfaction is female, aged 21-30 years, and junior high education background.

Discussion

Communication is the exchange of information, thoughts and feelings among people using speech or others.[12] Tappen defined communication as an exchange of thoughts, feelings, arguments, and advices between two people or more who are collaborating. Communication is also an art to build and deliver a message easily so people can understand and accept the communicator mean and purpose.[11] One of the most popular terms in communication is Laswell formula by Professor Harold Laswell in 1948 who identified five facets of communicative process. But then, it was developed to seven aspects of the communicative process in a list of following question "Who says what to whom under what circumstances through what medium for what purpose with what effect?".[13] In this research, we focused in two aspects of communication, who or the communicator and what

Table 1. Respondent characteristics.

Background characteristics	N (%)
Sex	
Male	48 (51.6)
Female	45 (48.4)
Age	
≤ 20 years	4 (4.3)
21-30 years	15 (16.1)
31-40 years	21 (22.6)
41 -50 years	24 (25.8)
> 50 years	29 (31.2)
Hospital visit	
New	50 (53.8)
Revisit	43 (46.2)
Education	
Elementary	12 (12.9)
Junior High	17 (18.3)
Senior High	37 (39.8)
Diploma	6 (6.5)
Bachelor	21 (22.6)

Table 2. Variable results.

Variable	Satisfied N (%)	Unsatisfied N (%)
Independent		
Communicator	90 (96.77)	3 (3.23)
Information media	73 (78.49)	20 (21.51)
Dependent		
Customer satisfaction	90 (96.77)	3 (3.23)

Table 3. Linear regression results.

Model	β	Sig
Customer satisfaction	1.463	.001*
Communicator	.439	.000*
Information media	.217	.011*

*p<0.05

Table 4. Perceived communication quality by respondents' sex, age, and education.

Characteristics	Communicator		Information Media	
	Satisfied	Unsatisfied	Satisfied	Unsatisfied
Sex				
Male	45 (93.7%)	3 (6.3%)	37 (77.1%)	11 (22.9%)
Female	45 (100%)	0 (0%)	36 (80%)	9 (20%)
Age				
≤ 20 years	3 (75%)	1 (25%)	3 (75%)	1 (25%)
21-30 years	15 (100%)	0 (0%)	14 (93.3%)	1 (6.7%)
31-40 years	20 (95.2%)	1 (4.8%)	15 (71.4%)	6 (28.6%)
41-50 years	23 (95.8%)	1 (4.2%)	15 (62.5%)	9 (37.5%)
>50 years	29 (100%)	0 (0%)	26 (89.7%)	3 (10.3%)
Education				
Elementary	9 (75%)	3 (25%)	9 (75%)	3 (25%)
Junior High	15 (88.2%)	2 (11.8%)	15 (88.2%)	2 (11.8%)
Senior High	32 (86.5%)	5 (13.5%)	32 (86.5%)	5 (13.5%)
Diploma	4 (66.7%)	2 (33.3%)	4 (66.7%)	2 (33.3%)
Bachelor	13 (61.9%)	8 (38.1%)	10 (47.6%)	18 (52.4%)

Non-commercial use only

medium or the information media. In order to communicate the message, communicator must convert the idea into a set of verbal and non-verbal symbols that would be understood by the receiver. Communication media is related to how to display the message. It can be direct contact, printed media, and electronic media.[14] The communicator as an individual can be evaluated by his attitude, style, common ground between himself and his audience, and his position in a group. The media can be evaluated by its purpose, its usage, its techniques, and its acceptable massage.[13]

Communication has content and value. The content regards to what was said, whilst the relationship regards as to how it was said. It is important that there is an agreement between verbal and nonverbal communication. This nonverbal communication is expressed by facial expressions, gestures, and posture.[12] Information provision and delivery incorporates the overall approach to how information is delivered to patients and emphasizes the importance of content, as well as timing and nonverbal cues.[3]

Communication in health care has been developing to new paradigm called patient centered style. Its initial aim is to assess, and take account of, the patient's subjective experience, not just for exploration of symptoms in pursuit of diagnostic accuracy, but also to gain an understanding of his/her hopes, fears, expectations, thoughts, beliefs, and life context.[15] There is international recognition that effective communication is fundamental to high-quality patient care. Many institutions established communication as a core competency for their physicians.[16] Effective communication requires an understanding of the patient and the experiences they express. It requires skills and simultaneously the sincere intention of the nurse as health care provider to understand what concerns the patient.[12] JCI in their standards also mention about improvement of effective communication, which one of them is between staff and patients/families, such as at discharge. Interruptions and other distractions from unit activities, such as ED overcrowding, can inhibit clear communication of important patient information.[17] Communication failure has been cited by The Joint Commission as the most common reason for sentinel patient safety events that result in medical error. The high stakes, fast paced nature of the ED environment poses significant challenges to effective communication. ED staff attempt to focus on rapid recognition and response to imminent life threats, while also meeting other important patient needs such as compassion, comfort, and provision of detailed information. Additional stresses, such as overcrowding, interruptions, and shift changes, may further complicate relationships and communication between the patient and the ED health care team.[3]

A study of 1.631 ED patients by Thompson et al revealed potential determinants of patient satisfaction. One important aspect is information delivery. Information received from medical personnel is determinant of patient satisfaction. The provision of information is integral to achieve patient satisfaction. Patient who perceived that they received the most information were the most satisfied with their ED visit. Lack of information magnifies patients' sense of uncertainty and increases their psychological distress.[18] Patient reported complaints showing that most complaints are around communication and interaction with the healthcare professionals. Research shows that patients' reported complaints include description of insufficient respect and empathy, experiences of neglect, rudeness, insensitive treatment from healthcare professionals, and poor healthcare provider patient communication. Patient centered care has shown to have a significant impact on patient and caregiver interactions, health outcomes, and patient satisfaction with care.[6] Patients and relatives have expectations when they come to ED. These expectations are about fast service, accurate communication and information, and rational cost.[9] Many research papers have identified communication as core themes when addressed patient satisfaction, patient perceptions, patient perceived quality of care, and ED complaints.[1]

Patients' satisfaction is of critical interest to all healthcare providers. Satisfied patients are more likely to seek health care and to comply with prescribed treatment regimes. Patient satisfaction can be conceptualized as the degree of congruency between a patient's expectation of care and the actual care received.[2] Patient satisfaction is one measure of health care quality and captures subjective dimensions of patients' experiences. Furthermore, patient satisfaction in the ambulatory setting is correlated with other important outcomes, including higher medical compliance, decreased utilization of medical services, less malpractice litigation and greater willingness to return. ED which focuses to acute care have the potential to generate significant complaints. These complaints may result from unmet patient expectations or may reflect poor service quality.[8] Patients' perceptions of communication problems in ED have been associated with decreased patient satisfaction and compliance with care.[3] Sometimes the relatives did not directly talk about communication need, but the satisfaction from patients or relatives can be interfered. Another purpose of communication given by health care provider is to reduce the crisis of patient relatives.[9] It is also stated that information reduces patient uncertainty and it is possible to reduce patients' dissatisfaction.[7]

Nursalam wrote about the measurement of customer satisfaction through directly reported satisfaction using satisfaction feeling comes from disconfirmation perception that defines unsatisfied if expectations are greater than performance perceptions and satisfied if performance perceptions are greater than expectations. Instrument can use scale to evaluate likeness degree, agreement, scoring, or satisfaction degree. Leonard L. Barry identified five groups of characteristics used by customer to evaluate service quality, tangible, empathy, responsiveness, reliability, and assurance.[11] There are two important dimensions in giving good quality service, procedural and convivial. Procedural dimensions consist of timeliness, accommodation, communication, and customer feedback. Convivial dimensions consist of attitude, body language, tact, and attentiveness.[19]

Good communication improves the quality of care provided to patients. It is considered an inalienable right and a prerequisite for building a genuine and meaningful relationship between patients and health professionals in communication.[12] Communication with patients or relatives is usually ignored because the health care providers in ED have limited time for them and more focus in physical intervention to physiological, observational, and oxygenation interventions.[9] High quality communication between patients and healthcare professionals is therefore significant to increase patients' satisfaction with healthcare encounters and participation in decision-making.[6] Improving communication is particularly important in the ED, where patients experience care in a seemingly chaotic but well-orchestrated team environment.[16] Other studies showed that information provided by the ED nurses and their attention to patient care were positive predictors of high overall satisfaction.[20,21] Improving information provision and delivery can be done by repeating important information and asking the patient to state it back to confirm understanding or encouraging questions by asking open ended questions when appropriate and also giving updates when possible. Commitment to implement some of these proposed strategies by individual ED staff and administration may affect patient satisfaction, outcomes, and adherence to discharge instruc-

Non-commercial use only

tion.[3] Improved satisfaction in ED is likely to have a significant impact on the public view of hospital and emergency care in general.

Conclusions

The study shows that perceived communication quality is correlated significantly to customer satisfaction. As part of a consumer-oriented industry, ED staff should be sensitive to the issue of patient satisfaction. Our ED information should developed to specifically address patients' concerns and anxiety about what was going to happen to them. Development of communication skill to health care provider especially at ED should be attention to hospital management to improve their service quality. The distribution of ED information to patients and relatives has a significant impact on patients' perception of the quality of care and overall satisfaction. In this case, health care must develop their information media to support the customer needs. However, customer satisfaction will remain an important quality outcomes measure of emergency care in a hospital. And further study to this topic in its causes and effects can be very useful.

References

1. Gordon J, Sheppard LA, Anaf S. The patient experience in the emergency department: a systematic synthesis of qualitative research. International Emergency Nursing 2010;18:80-8.
2. Saiboon I, Eng HS, Krishnan B, et al. A study of patients' satisfaction with the emergency department (ED) of Hospital Universiti Kebangsaan Malaysia (HUKM). Med & Health 2008;3:7-13.
3. Cameron KA, Engel KG, McCarthy DM, et al. Examining emergency department communication through a staff based participatory research method: identifying barriers and solutions to meaningful change. American College of Emergency Physicians 2009;56:614-22.
4. Hoot NR, Aronsky D. Systematic review of emergency department crowding: causes, effects, and solutions. Annals of Emergency Medicine 2008;52:126-34.
5. Grumbach K. Primary care and public emergency department overcrowding. American Journal of Public Health 1993;83:372-89.
6. Skär L, Söderberg S. Patients' complaints regarding healthcare encounters and communication. Nursing Open 2018;5:224-232.
7. Forsgräde E-S, Attebring MF, Elmqvist C. Powerlessness: dissatisfied patients' and relatives' experience of their emergency department visit. International Emergency Nursing 2015; 25:32-6.
8. Taylor DMcd, Wolfe R, Cameron PA. Complaints from emergency department patients largely result from treatment and communication problems. Emergency Medicine 2002;14:43-9.
9. Jamil M. Studi fenomenologi: pengalaman keluarga pasien dalam berkomunikasi dengan perawat di prioritas 2 (P2) instalasi gawat darurat. Journal Kesehatan Hesti Wira Sakt .2015;3:44-53.
10. Taylor C, Bener JR. Patient satisfaction in emergency medicine. Emergency Medicine Journal 2004;21:528-32.
11. Nursalam. Manajemen keperawatan aplikasi dalam praktik keperawatan profesional edisi 7. Jakarta: Salemba Medika; 2017.
12. Kourkouta L, Papathanasiou IV. Communication in nursing practice. Mater Sociomed 2014;26:65-67.
13. Braddock R. Reports An extension of the "Laswell formula"'. The Journal of Communication 1958;8:88-92.
14. Mulyana D. Ilmu komunikasi suatu pengantar. Bandung: Remaja Rosdakarya; 2016.
15. Evans RG. Patient centered medicine: reason, emotion, and human spirit? some philosophical reflections on being with patients. Medical Humanities 2003;29:8-15.
16. Mercer LM, Tanabe P, Pang PS, et al. Patient perspectives on communication with the medical team: pilot study using the communication assessment tool team (CAT-T). Patient Education and Counseling 2008;73:220-3.
17. Joint Commision International. Accreditation standards for hospitals 6th edition. Joint Commission Resources: Oak Brook; 2017.
18. Thompson DA, Yarnold PR, Williams DR, et al. Effects of actual waiting time, perceived waiting time, information delivery, and expressive quality on patient satisfaction in the emergency department. Annals of Emergency Medicine 1996;28:857-65.
19. Septiani A. Pengaruh faktor-faktor kualitas pelayanan terhadap kepuasan pasien di instalasi gawat darurat RSUD Kabupaten Sumedang. Coopetition 2015;7:1-21.
20. Messina G, Vencia F, Mecheroni S, et al. Factors affecting patient satisfaction with emergency department care: an italian rural hospital. Global Journal of Health Science 2014;7:30-9.
21. Krishel S, Barraf LJ. Effect of emergency department information on patient satisfaction. Ann Emerg Med 1992;22:568-72.

Non-commercial use only