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Patient Satisfaction Improvement with Care and Reduce Length of Stay Using a Checklist Method in the Emergency Department (ED) of Syarifah Ambami Rato Ebuh Bangkalan Regional General Hospital

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ABSTRACT

Background:
One of the factors influencing an individual's perception of satisfaction with healthcare services is waiting time. The results of a 2026 survey on waiting times at the Emergency Department (ED) of Syamrabu Bangkalan Regional General Hospital indicate that these times still do not fully meet the standard indicators for length of stay. Objective: This study aims to investigate differences in patient satisfaction and the efficiency of patients' length of stay between a group served using the checklist method and a group served without the checklist method (non-checklist).

Methods:
This study employed a pre-experimental posttest-only design with nonequivalent groups. The study was conducted in February–March 2026 at the Emergency Department (ED) of Syarifah Ambami Rato Ebuh Regional General Hospital in Bangkalan. The study population consisted of 75 patients and/or their family members in the Emergency Department (ED). The study sample was selected using accidental sampling, comprising 54 respondents, who were divided into two groups: 27 in the intervention group and 27 in the control group (without intervention). Descriptive frequency analysis was used to describe the characteristics of the respondents and to provide an overview of the satisfaction and length of stay (LOS) variables. Bivariate analysis using the Mann-Whitney test was used to examine differences in satisfaction levels and the efficiency of length of stay between the checklist and non-checklist groups.

Results:
The results of the study show that the majority of respondents were women, accounting for 59.3% of the control group and 81.5% of the treatment group. The results of the Mann-Whitney test for the satisfaction variable yielded a p-value of 0.000 < 0.05, while the test for the length of stay (LOS) variable yielded a p-value of 0.015 < 0.05, indicating that there were significant differences in satisfaction levels and length of stay between the group served using the checklist method and the group served without using the checklist method.

Conclusion:
The use of a checklist during the care process can lead to differences in patient satisfaction levels and the efficiency of length of stay at the Emergency Department of Syamrabu Bangkalan Regional General Hospital; therefore, this method can be incorporated into care procedures as part of a continuous quality improvement effort.

Keywords: Patient Discharge; Length of Stay; Emergency Department; Hospital

Introduction

The Emergency Department (ED) serves as the primary point of entry for hospital care and is operated in accordance with the standards set forth in Regulation of the Minister of Health of the Republic of Indonesia No. 47 of 2018 on Emergency Services, which mandates that every hospital provide 24-hour ED services in accordance with specific standards—namely, the use of a triage system that categorizes patients based on the severity of their condition and/or life-threatening emergencies. this must be carried out quickly, accurately, and in an integrated manner because it is directly related to patient safety, including the prevention of death and permanent disability; this process is known as the "Time Saving is Life Saving" philosophy, meaning that time is life—or that all actions taken during an emergency must be truly effective and efficient (Widodo & Dwi Anggun Riani, 2026).

Services provided in the Emergency Department (ED), with its specific regulations, serve as one of the indicators of a hospital's quality. One way to assess the quality of healthcare services in a hospital's Emergency Department (ED) is through Length of Stay (LOS) and patient satisfaction. LOS measures the duration of time from when a patient is admitted to the ED until they are transferred to another unit. Hospitals use this indicator to manage prolonged LOS in the ED, which can trigger several adverse events that lead to a decline in patient satisfaction with healthcare services in the ED (Dwisari & Sari, 2024). According to the Institute of Medicine (IOM), the LOS indicator is ≤ 6 hours, which helps prevent overcrowding in the emergency department and avoids creating the perception that patient satisfaction with emergency department care is declining.(Bastakoti et al., 2022).

Syarifah Ambami Rato Ebuh Bangkalan Regional General Hospital is a Type B teaching hospital that provides emergency department (ED) services to the residents of Bangkalan, with an average of nearly 100 patient visits per day. Based on survey data regarding perceptions of the duration of medical care at the Emergency Department (ED) of Syarifah Ambami Rato Ebuh Bangkalan Regional General Hospital in 2026—as reported by patients' families—the majority (38.13%) of respondents rated the duration of medical care as "reasonable," (29.38%) rated it as "fast," while 21.88% stated that the service was slow, and 10.63% of respondents rated the medical service as fast. Based on these perceptions, it can be concluded that the majority of respondents rated the duration of medical care as fairly good; however, objectively, based on the Length of Stay (LOS) indicator, it is not yet optimal because more than 20% of respondents (UOBK RS Syamrabu, 2021). More than 20% of patients who perceive wait times as long and more than 30% who consider them reasonable may be risk factors contributing to patient dissatisfaction with the care provided by the Emergency Department at Syamrabu BangKalan Regional General Hospital. As has been demonstrated in a scientific study, there is a statistically significant relationship between wait times and length of stay (LOS) and satisfaction levels in the Emergency Department (Amaliah et al., 2024), although there is also research by (Habibi et al., 2023) concluded that there is no correlation between waiting time and length of stay (LOS) and patient satisfaction; however, hospitals are still required to prioritize patient satisfaction in order to ensure patient safety and the sustained quality of health care for public service providers—in this case, regional general hospitals, which are state-owned public institutions that provide health care services to the general public.

Patients who come to the Emergency Department (ED) have diverse characteristics, including socioeconomic status, cultural background, educational level, and previous experiences with healthcare services. This diversity means that patients' perceptions of and satisfaction with ED services can vary from one individual to another. Patients tend to be satisfied when nursing care is provided promptly, responsively, politely, and in a friendly and communicative manner, supported by a comfortable environment and facilities. Conversely, dissatisfaction often arises when patients or their families perceive that nurses act slowly or lack autonomy, even though, in practice, nurses must follow triage and management procedures according to the level of urgency. A lack of understanding among patients and their families regarding the flow of care and treatment priorities in the ED can influence their perceptions of the quality of care provided. Overcrowded conditions in the ED also increase patient discomfort and anxiety, further affecting patient satisfaction with healthcare services (Idahor et al., 2025).

Given that the increasing number of healthcare providers and medical facilities has led to increasingly fierce competition among hospitals to gain patient trust and loyalty, the researchers were interested in making efforts to improve service satisfaction and reduce wait times at the Emergency Department (ED) of Syamrabu Bangkalan Regional General Hospital, using the Checklist (CL) method—one of the strategies to minimize complaints from patients' families regarding the examination process in the ED. Each healthcare worker who has completed their assigned tasks will be checked off on this checklist so that patients and their families will not be confused about the next steps and procedures to be followed.

Methods

Study Design

This study employed a pre-experimental posttest-only design with nonequivalent groups. The independent variable in this study was a checklist method, and the dependent variables were the level of satisfaction among patients' families and the length of stay in the emergency department.

Setting

This study was conducted in February–March 2026 at the Emergency Department (ED) at RSUD Syarifah Ambami Rato Ebuh Bangkalan.

Research Subject

The population in this study consisted of 75 patients and/or their family members in the Emergency Department (ED) of the UOBK at Syarifah Ambami Rato Ebu Bangkalan Regional General Hospital. The study sample was selected using accidental sampling, comprising 54 respondents, who were divided into two groups: 27 in the intervention group and 27 in the control group (without intervention). The inclusion criteria for this study are: immediate family members or those responsible for the patient (parents, spouse, children, or legal guardians) who accompany the patient to the emergency department; patients who receive care in the emergency department for a duration of ≥ 4 hours and are in P2 condition; individuals aged ≥ 18 years; those capable of providing an objective assessment; those who accompany the patient throughout their care in the emergency department; and those capable of communicating effectively in Indonesian (both verbally and in writing), willing to participate as a respondent by signing or giving informed consent, and psychologically stable (not experiencing severe anxiety, panic, or grief while completing the checklist). Exclusion criteria include patients who arrive accompanied by a stranger, a police officer, or someone with whom they have no family relationship.

Instruments

The Patient Satisfaction variable was measured using a questionnaire consisting of 20 statements covering five dimensions of service quality (SERVQUA). Each statement was measured using a Likert scale ranging from a score of 1 (very dissatisfied) to a score of 4 (very satisfied).

Length of Stay (LOS) uses observational data on the duration of patient care until transfer to another unit, with patients grouped based on care duration: those with care duration < 6 hours and those with care duration ≥ 6 hours.

Data Analysis

Univariate analysis of each variable was performed, with the results presented in the form of frequency tables and percentages (Norfai, 2022). The bivariate analysis began with a normality test of the data using the Shapiro-Wilk test, under the assumption that a p-value ≥ 0.05 indicates that the data are normally distributed, while a p-value < 0.05 indicates that the data are not normally distributed. The results of the normality test showed that the data were not normally distributed; therefore, the researcher used the Mann-Whitney test to examine differences in satisfaction levels and LOS efficiency between the group that used the checklist method and the group that did not, using SPSS software.

Ethical Consideration

This research protocol was approved on February 19, 2026, by the Health Research Ethics Committee (KEPK) RSUD Syarifah Ambamie Rato Ebuh Bangkalan (nomor persetujuan: 0089/KEPK/II/2026) (approval number: 0089/KEPK/II/2026) This study adheres to the principles of the Declaration of Helsinki, including maintaining participant confidentiality, providing free participation (funded by the researchers), ensuring that no harm is caused to

participants, and respecting the right to withdraw at any time. Informed written consent has been obtained from all participants.

Result

Respondent Characteristics

Table 1: Respondent Characteristics

Characteristics	Category	Non-checklist group		Checklist group	
		N	%	N	%
Gender	Male	11	7	5	18,5
	Female	16	59,3	22	81,5
Total		**27**	**100**	**27**	**100**
Relationship to the Patient	Parent	13	48,1	8	29,6
	Son	10	37,0	15	55,6
	Guardian	0	0	2	7,4
	Husben/Wife	4	14,8	2	7,4
Total		**27**	**100**	**27**	**100**

Table 1 shows that, in the non-checklist group, the majority of respondents were women and a small portion were men; the same pattern was observed in the checklist group, where the majority of respondents were also women and a small portion were men. In terms of their relationship to the patient, in the non-checklist group, nearly half were children, and the rest were parents and spouses. In the checklist group, the majority were children, and a small portion were parents, guardians, and spouses, respectively.

Descriptive Statistics for the variables of patient satisfaction and length of stay in the checklist group and the non-checklist group

Table 2: Descriptive Statistics for the Variables

Variabel	N	Minimum	Maximum	Mean	Std. Deviation
CL Group Satisfaction	27	70	80	78.67	2.481
Non-CL Group Satisfaction	27	60	80	67.59	6.823
LOS Duration for the CL Group	27	3.0	6.0	5.056	.4870
LOS Duration for the Non-CL Group	27	3.5	6.5	6.444	.5250

Table 2 shows the mean value for the satisfaction level variable in the group that used the checklist method, which was 78.67; qualitatively, this value falls into the "very satisfied" category, in contrast to the group that did not use the checklist method, which had a mean of 67.59—a value that qualitatively indicates the "satisfied" category. A similar pattern was observed for the Length of Stay (LOS) variable. The mean value for the group using the checklist method was 3.056, which is less than 6 hours—meeting the LOS quality standard for P2 patient care in the ED. In contrast, the mean value for the group not using the checklist method was still ≥ 6 hours, indicating that this value does not yet meet the LOS quality standard for P2 patient care in the ED.

Differences in Satisfaction Levels Between Checklist and Non-Checklist User Groups

Table 3. Differences in Satisfaction Levels Between Checklist and Non-Checklist Groups

Variable Categories	Non-Checklist group		Checklist group	
	(n)	(%)	(n)	(%)
Very Satisfied	5	18,5	25	92,6
Satisfied	22	81,5	2	7,4
Total	**27**	**100**	**27**	**100**

Table 3 shows the differences between the two groups in terms of the proportion of respondents in the highest satisfaction category. In the checklist group, nearly all (92.6%) respondents fell into the "Very Satisfied" category, while the remaining 2 respondents (7.4%) fell into the "Satisfied" category; none of the respondents fell into the "Somewhat Dissatisfied" or "Dissatisfied" categories. In contrast, in the non-checklist group, the majority of respondents—22 people (81.5%)—were in the "Satisfied" category, while only 5 respondents (18.5%) were in the "Very Satisfied" category. No respondents in either group were in the "Somewhat Dissatisfied" or "Dissatisfied" categories.

Differences in Length of Stay (LOS) Between the Checklist and Non-Checklist User Groups

Table 4. Differences in Length of Stay (LOS) Between the Checklist and Non-Checklist Groups

Variable Categories	Non-Checklist		Checklist	
	(n)	(%)	(n)	(%)
< 6 Hours	5	18,5	25	92,6
≥ 6 Hours	22	81,5	2	7,4
Total	27	100	27	100

Table 4 shows the difference in the percentage of length of stay (LOS) between the two groups. In the checklist group, nearly all—or 92.6%—had a length of stay of less than 6 hours. In contrast, in the non-checklist group, more than 80% had a length of stay of 6 hours or more.

Analysis of Differences in Patient Decisions and Length of Stay (LOS) Between the Checklist and Non-Checklist Groups

Table 5: Results of Statistical Tests on Differences in Patient Decisions and Length of Stay (LOS)

Variabel dependent	Mann-Whitney U	Wilcoxon W	Z	Asymp. Sig. (2-tailed)
CL Group Satisfaction Non-CL Group Satisfaction	80.0	458.0	-5.104504	0,000
LOS Duration for the CL Group LOS Duration for the Non-CL Group	232.50	610.50	-2.443484	0,015

Table 5 shows a U value of 80 and a W value of 458. The conversion to a Z-score yields -5.105. The Sig value, or P-value, is 0.000 < 0.05, indicating that there is a significant difference in satisfaction levels between the group served using the checklist method and the group served without using the checklist method. As for the LOS Duration variable, it shows a U value of 232.50 and a W value of 610.50. The conversion to a Z-score yielded -2.443. The significance level (Sig) or P-value was 0.015 < 0.05, indicating that there is a significant difference in Length of Stay (LOS) between the group served using the checklist method and the group served without using the checklist method.

Discussion

Respondent Characteristics

In both respondent groups, the percentage of women was higher than that of men; however, in the checklist group, the percentage of women was higher than in the non-checklist group. Respondent characteristics can influence the conclusions drawn from research findings related to patients' perceptions of satisfaction with health care services. The characteristic in question is primarily gender. As several experts, such as Keller (2007), Loudon, and Bitta (1988), agree, men tend to express satisfaction more readily, while women are not easily satisfied. Although satisfaction is essentially a subjective feeling, men and women differ in terms of secondary traits, emotionality, and the activity of psychological functions; women tend to be more emotional than men. Women are more likely to be dissatisfied because they rely on their emotions when assessing their level of satisfaction.

This theory is supported by the results of a study demonstrating that there is a significant relationship between gender and patient satisfaction (Suwendro, 2024), Other research findings also indicate that gender is positively and significantly associated with patient satisfaction. Male patients tend to be more objective, resulting in higher levels of satisfaction than female patients (Romliyadi & Isrizal, 2022). However, there have been several studies conducted by (Nadia Mutiara et al., 2023) and (Azzahra et al., 2023) In fact, it reveals that gender does not influence a person's perception of satisfaction with the health care they receive from a particular health care facility. Based on the findings and theories presented above, gender is not a definitive determinant that influences a person's satisfaction, as there are many other predictors that may serve as predisposing factors in how a person expresses their satisfaction—such as the dimensions of service quality at healthcare facilities, which are frequently cited as key determinants of satisfaction.

The Use of Checklists in Medical Care at the Emergency Department

In this study, checklists were used in the Emergency Department as a monitoring tool; they also served as a means of communication between healthcare providers and patients' families. This is important because one of the factors influencing patient family satisfaction in the Emergency Department (ED) is the quality of communication and information delivery during the care process. Patient families need clear, accurate, and ongoing information regarding the patient's condition, the stages of examination, the procedures to be performed, and the estimated duration of care. When this information is not provided adequately—especially given the panic, anxiety, and worry experienced by patients' families in the ED—families tend to feel uncertain and will rate the healthcare services they receive as unsatisfactory. Conversely, effective communication and the provision of regular, comprehensive information can boost the confidence of patients and their families, reduce anxiety, and increase family satisfaction with healthcare services (Walsh et al., 2022).

Thus, the development of the checklist method not only focuses on speeding up care but also on creating a care system that is more structured, transparent, and oriented toward the needs of patients and their families. In the context of emergency department care, the speed and accuracy of service are critical factors because patients' conditions require immediate attention. Therefore, the use of a structured service system such as a checklist can help healthcare professionals provide faster, more accurate, and more efficient care.

Differences in Patient Discharge and Length of Stay (LOS) Between the Checklist and Non-Checklist Groups

Based on the research findings, there was a significant difference in length of stay (LOS) between the group treated using the checklist method and the group treated without using the checklist method. LOS is defined as the duration of time from when a patient is admitted to the emergency department until they are transferred to another unit (Dwisari & Sari, 2024). According to the Institute of Medicine (IOM), the LOS indicator is ≤ 6 hours (Bastakoti et al., 2022). Controlling length of stay (LOS) in the emergency department is crucial because this unit is highly

prone to overcrowding, which can cause discomfort and even pose a threat to patients or their families. Service standards that are fast, accurate, effective, and efficient will have a very positive impact on patients' clinical conditions and family satisfaction, as noted in a study indicating that a long length of stay contributes to adverse risks such as cardiac arrest and death, particularly in critically ill patients, whereas a shorter length of stay can improve the chances of better outcomes. Therefore, it is important to ensure efficient time management in the emergency department to improve the quality of care and maximize clinical outcomes for patients (Antung Farah Zhafira Dwiyanti Attoriq et al., 2024).

Thus, the positive experience felt by patients will be reflected in their satisfaction with the services provided at the Emergency Department of Syamrabu Regional General Hospital in Bangkalan Regency.

The results of this study statistically indicate that there is a significant difference in satisfaction levels between the group served using the checklist method and the group served without using the checklist method. Furthermore, the results of this study statistically indicate that there is a significant difference between the Non-Checklist (NCL) and Checklist (CL) groups in terms of patient satisfaction levels. These findings indicate that the checklist method is capable of improving the patient experience during emergency department care, starting from registration (FO), medical history taking (patient complaints), physical examination by a nurse (blood pressure, pulse, temperature), physical examination by a physician, blood draw (laboratory), IV placement, medication administration, observation, X -ray (X-ray), waiting for diagnostic test results (lab and X-ray), the consultation process with a specialist, an explanation of the condition by the ED physician, room assignment at registration, administration of additional medication, data entry into the computer by administrative staff, waiting for inpatient room preparation, and finally, the process of transferring the patient to the room—all in a swift and structured manner. This allows the service process to proceed more systematically, reduces wait times, clarifies the service workflow, and improves coordination among staff members.

Overall, the results of this study show that the checklist method has a positive impact on all dimensions of service quality. Increased satisfaction was observed not only in terms of speed of service but also in terms of reliability of care, assurance of professionalism, consistency of service, staff empathy, and responsiveness to patient needs. This indicates that checklists are a simple yet effective intervention for improving the quality of emergency department care. In line with the study's findings (Ferreira et al., 2023). which states that patient satisfaction is greatly influenced by the efficiency of care, the quality of communication, and the ability of healthcare facilities to meet patients' needs in a timely manner. High-quality healthcare significantly contributes to patient satisfaction and also helps build patients' trust and loyalty toward their chosen healthcare facility. When healthcare quality is well-structured and service processes are improved across the board, patient satisfaction will also increase (De Rosis, 2024).

In the Indonesian dictionary, "satisfaction" can be defined as a subjective feeling that describes a person's sense of contentment, joy, and relief toward an object—whether it be a physical item, a service, or the like (Issumi Maharani Tanjung et al., 2023). Meanwhile, in the context of health care, according to Pohan (2013), patient satisfaction is the alignment between the expectations that patients have formed and the actual experiences they perceive during the delivery of care by health care providers (Karunia et al., 2022). Kotler (2000) argues that every customer or patient may experience varying levels of satisfaction depending on the situation they encounter. If the level of service provided falls short of expectations, it will lead to patient dissatisfaction; if the level of service meets the patient's expectations, it will result in satisfaction with the service; and if the level of service far exceeds the patient's expectations, it will result in high satisfaction (Purba, 2022). Thus, we can see that every patient's experience when receiving healthcare services can shape their perception of the quality of those services, which is expressed through feelings of satisfaction or dissatisfaction with the care they receive. Patient satisfaction is a very valuable asset because if patients are satisfied, they will continue to use the services provided; however, if patients are dissatisfied with what they receive, this can become an

unpleasant experience, and they will never recommend the service to others—it may even create a negative image of the hospital (Issumi Maharani Tanjung et al., 2023). Therefore, it is crucial for hospitals to foster patient satisfaction by maintaining service quality and developing specific strategies to meet the expectations of customers or patients in accordance with the hospital's various service units.

From a healthcare management perspective, this checklist method has a positive impact on patients, thereby enhancing their perceived satisfaction with the services provided at the Emergency Department of Syamrabu Hospital in Bangkalan Regency. This is supported by the quality of healthcare services in accordance with applicable SOPs, healthcare facilities, the competence of healthcare personnel, and continuous efforts to improve the service system in the ER, including prompt response times, building empathetic communication, and ensuring the availability of adequate facilities and infrastructure. It is hoped that these efforts will not only increase patient satisfaction but also build and strengthen public trust in the healthcare facilities within the Syamrabu Hospital in Bangkalan Regency in general.

Conclusion

This study shows that patients who receive care using the checklist method tend to have a higher satisfaction rate compared to patients treated without using the checklist method in the Emergency Department. Similarly, patients who receive care using the checklist method tend to have a more efficient length of stay (LOS) compared to patients treated without using the checklist method in the Emergency Department. Therefore, we can conclude that the use of a checklist as a tool to monitor the progress of medical care in the ED has a positive impact on patient satisfaction and the efficiency of length of stay (LOS) at the Syamrabu Bangkalan Regional General Hospital ED.

SUGGESTIONS

1. For Hospitals

Hospitals are expected to maintain and further develop the use of checklists in their Emergency Department services as part of efforts to improve the quality of healthcare services. The use of checklists can help healthcare workers provide care in a more systematic and structured manner, in accordance with established standard operating **procedures.**

2. For Healthcare Workers

Healthcare workers are expected to improve their adherence to the use of checklists at every stage of care so that the quality of care can continue to improve. In addition, healthcare workers are also expected to continue improving their communication, empathy, and responsiveness toward patients and their families.

3. For Educational Institutions

The results of this study are expected to serve as a reference or learning material for students in the health field, particularly regarding innovations in healthcare services aimed at improving the quality of care and patient satisfaction**.**

4. For Future Researchers

Future research is encouraged to build upon this study by increasing the sample size, extending the study duration, and incorporating additional variables that may influence patient satisfaction, thereby yielding more comprehensive research findings.

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DECLARATION OF INTEREST

There is no conflict of interest in this research

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