

Original Article

THE RELATIONSHIP BETWEEN THE LEVEL OF KNOWLEDGE AND ATTITUDES ABOUT TRIAGE WITH FAMILY ANXIETY LEVEL PATIENTS IN THE EMERGENCY ROOM OF THE KASEMBON HOSPITAL

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ABSTRACT

Background. Determination of triage in the process and handling can have an impact on the length of patient triage. Conditions that require the selection of this color accuracy require time according to their needs so this sometimes causes family anxiety about ignorance about the triage. The purpose of this study was to determine the relationship between the level of knowledge and attitudes about triage with the anxiety level of the patient's family in the emergency room of RSUI Madinah Kasembon. **Research Method.** The research design is a descriptive correlative cross-sectional approach with the Kendall tau test. The sampling technique used purposive sampling and got a total sample of 266 respondents the families of patients. The research variables were knowledge, attitude, and anxiety level. **Findings.** The results showed the characteristics of the family's knowledge level in the moderate category, the characteristics of the family's attitude in the unfavorable category, and the characteristics of the family's anxiety level in the moderate category. The results of data analysis showed that there was a relationship between the level of knowledge about triage with the anxiety level of the patient's family in the emergency room (signed $p= 0.023$) and there was a relationship between the attitude about triage with the anxiety level of the patient's family in the emergency room (signed $p= 0.001$). **Conclusion.** There is a relationship between the level of knowledge and attitudes about triage with the anxiety level of the patient's family in the emergency room of RSUI Madinah Kasembon.

Keywords: Attitude, Anxiety Level, Emergency Room, Knowledge Level, Triage.

BACKGROUND

An emergency department (ED) is a hospital service facility that provides first aid to patients in emergencies. An emergency is a clinical condition in which a patient requires immediate medical attention to save life and prevent further injury [1]. Nurses are responsible for triage to choose which patient conditions are prioritized. The step was taken because the principle of care in the emergency room is to prevent mortality or morbidity. this situation makes nurses and medical teams focus more on patient care [2]. The condition of patients admitted to the emergency room often causes anxiety in the patient's family [3]. Good patient family knowledge and a positive attitude towards triage treatment affect the activities of health workers, this is related to the function of triage as a system that determines the condition of patients who receive treatment first according to the severity of their illness

which is prioritized by evaluating Airway (A), Breathing (B), circulation (C) by considering facilities, human resources and the probability of patient survival, (C) by considering facilities, human resources and the probability of patient survival [4].

The timeliness of emergency services is a major concern for countries around the world. Various triage systems have been used around the world, namely the Australian Triage Scale (ATS), Manchester Triage Scale, Canadian Triage and Acuity Scale (CTAS), and Emergency Severity Index (ESI). The CTAS (Canadian Triage and Acuity Scale) has been recognized as a reliable triage system for the rapid assessment of patients. Its reliability and validity were demonstrated in the triage of pediatric and adult patients [5]. Based on the results of a study conducted in New York, USA, it was found that 30% of 50 thousand people whose family members were treated experienced severe anxiety. This anxiety is caused by several factors, namely fear of injury (63%), fear of loss (21.3%), socio-economic problems (10.7%), fear of the unknown and lack of knowledge (5%) [6].

Based on research [7] with the title of the relationship between the level of emergency (triage) with the anxiety level of the patient's family in the emergency department of RSUD Dr. Iskak Tulungagung with the results of 30 patient families, 4 people (13.3%) were not anxious, 7 people (23.3%) experienced mild anxiety, 9 people (30%) experienced moderate anxiety, 8 people (26.7%) experienced severe anxiety and 2 people (6.7%) experienced panic. The influence of demands, competition, and disasters that occur in life can have an impact on physical and psychological health. One of the psychological impacts is anxiety [8]. Increasing the patient's family knowledge about triage services can be done by nurses to reduce anxiety with explanations. The knowledge of the patient's family should not just know but be able to understand [9]. Attitudes are also very important and influence family knowledge. A positive attitude towards information received by a person can affect every action he will take. A person with a positive attitude will tend to correctly understand any information available, otherwise, a negative attitude will sometimes provide an understanding of the wrong information [10].

The number of patients who come to the emergency room forces nurses to act quickly and divide patients according to priority, when acting nurses prioritize patients who are more prioritized and give waiting time to patients whose medical needs are less urgent, so patients and their families often assess the performance of nurses as less independent and less responsive. Patients with a red triage label should receive help quickly and accurately, but there are so many actions given to patients that families consider nurses to be very slow. There are several reasons for this assessment, one of which is that patients and their families

do not know the procedures carried out by nurses in handling patients in the emergency room [11,12].

Triage is a term used in nursing to classify patients based on priority, or classify patients based on the severity experienced by the patient [13]. Anxiety is a feeling of fear of something happening caused by the anticipation of danger and is a signal that helps individuals prepare to take action to face threats. One of the efforts commonly used to help reduce the anxiety level of patient families is by providing education [14]. The purpose of this study was to determine the relationship between the level of knowledge and attitudes about triage with the anxiety level of the patient's family in the emergency room of RSUI Madinah Kasembon.

RESEARCH METHOD

This study is a type of quantitative research that uses a descriptive correlative research design with a cross-sectional approach that aims to determine the relationship between the level of knowledge and attitudes about triage with the anxiety level of the patient's family in the emergency room of RSUI Madinah Kasembon. The population in this study were all patient families who visited the emergency room at RSUI Madinah Kasembon. Data collection was carried out from 1 until 30 March 2024 in RSUI Madinah Kasembon, and the license of research number is 63/SK.DL./RSU.IM/IV/2023. The sample in this study were patient families who visited the emergency room at RSUIM Kasembon and met the inclusion criteria of 266 respondents with a purposive sampling technique. Inclusion Criteria: patient families who are willing to become respondents, patient families with a minimum age of ≥ 18 years. Exclusion Criteria: The patient's family refused to be respondent, The Patient's family was in a state of panic. Data was collected by questionnaire and analyzed by Kendall tau test. The knowledge variable, validity, and reliability test results show a correlation coefficient of 0.721, and Cronbach's alpha is 0.735. The attitude variable, validity results show a correlation coefficient of 0.749, and Cronbach's alpha is 0.860.

FINDINGS

Based on table 1, it can be seen that of the 266 respondents, the characteristics of respondents based on age were obtained by respondents aged 18-24 years as many as 21 respondents (7.9%), respondents aged 25-30 years were 71 respondents (26.7%), respondents aged 31-40 years were 108 respondents (40.6%), respondents aged 41-50 years were 50 respondents (18.8%) and respondents aged 51-60 years were 16 respondents (6%).

Characteristics of respondents based on education obtained respondents who had elementary school education as many as 10 respondents (3.8%), respondents who had secondary school education as many as 46 respondents (17.3%), respondents who had high school education as many as 199 respondents (74.8%) and respondents who had PT education as many as 11 respondents (11.1%).

Table 1. Respondent Characteristics

General Data of Respondents	Frequency (n)	Percentage (%)
1. Age		
18-24 year	21	7.9
25-30 year	71	26.7
31-40 year	108	40.6
41-50 year	50	18.8
51-60 year	16	6
61-75 year	0	0
2. Education		
Elementary	10	3.8
Junior High School	46	17.3
Senior High School	199	74.8
College	11	4.1
3. Sex		
Male	113	42.5
Female	153	57.5
4. Jobs		
Housewife	55	20.7
Laborer	11	4.1
Farmer	51	19.2
Self-employed	65	24.4
Private	70	26.3
Civil Servant/Army/Police	14	5.3
5. Revenue		
< 2 million	204	76.7
2-5 million	61	22.9
> 5 million	1	0.4
6. Never received information		
Nursing actions in the emergency room		
Yes	10	3.8
Not	256	96.2
Total	266	100

Table 1 also explains the characteristics of respondents based on gender obtained female respondents as many as 153 respondents (57.5%) and male respondents as many as 113 respondents (42.5%). Characteristics of respondents based on occupation obtained respondents who worked as private as many as 70 respondents (26.3%), respondents who worked as self-employed as many as 65 respondents (24.4%), respondents who worked as laborers as many as 11 respondents (4.1%). Characteristics of respondents based on income

obtained respondents who earn < 2 million as many as 204 respondents (76.7%), respondents who earn 2-5 million as many as 61 respondents (22.9%). Characteristics of respondents based on having received information about nursing actions in the emergency room obtained respondents have never received information about nursing actions in the emergency room as many as 256 respondents (96.2%) and respondents who have received information about nursing actions in the emergency room as many as 10 respondents (3.8%).

Table 2. Characteristics of The Level of Knowledge, Attitudes, and Levels of Anxiety Level of The Patient's Family in The Emergency Room

Respondent Specific Data	Frequency (n)	Percentage (%)
1. Triage knowledge		
Less	109	41.0
Enough	114	42.9
Good	43	16.2
2. Attitudes about triage		
Positive	123	46.2
Negative	143	53.8
3. Family anxiety level of emergency room patients		
Not Anxious	13	4.9
Mild	21	7.9
Moderate	140	52.6
Severe	92	34.6
Very severe	0	0
Total	266	100

Based on Table 2, it can be seen that out of 266 respondents, the characteristics of respondents based on the level of knowledge were obtained, respondents who had poor knowledge (<56%) were 109 respondents (41.0%), respondents who had sufficient knowledge (56%-75%) were 114 respondents (42.9%), respondents had good knowledge (76% - 100%) as many as 43 respondents (16.2%). Characteristics of respondents based on attitudes, respondents who had a negative attitude were 143 respondents (53.8%) and respondents who had a positive attitude were 123 respondents (46.2%). Characteristics of respondents based on anxiety levels, respondents who had moderate anxiety levels were 140 respondents (52.6%), respondents who had severe anxiety levels were 92 respondents (34.6%), respondents who had mild anxiety levels 21 respondents (7.9%), and respondents who had no anxiety levels were 13 respondents (4.9%).

Based on Table 3, explained that the majority of families had enough knowledge about triage and had moderate levels of anxiety about 48 respondents (18.4%). If families had good knowledge about triage then they no anxiety. Inferential statistic results from p-

value=0.023 means there was a relationship between the level of knowledge about triage with the anxiety level of the patient's family in the emergency room.

Table 3. The Relationship Between The Level of Knowledge About Triage and The Level of Anxiety of The Patient's Family in The Emergency Room of RSUI Madinah Kasembon

No	Knowledge	Anxiety Level										Total		p-value
		No anxiety		Mild		Moderate		Severe		Very Severe		F	%	
		F	%	F	%	F	%	F	%	F	%			
1	Less	2	0.8	10	3.8	70	26.3	27	10.2	0	0	109	41.0	
2	Enough	10	3.8	10	3.8	49	18.4	45	16.9	0	0	114	42.9	0.023
3	Good	1	0.4	1	0.4	21	7.9	20	7.5	0	0	43	16.2	
Total		13	4.9	21	7.9	140	52.6	92	34.6	0	0	266	100	

Table 4. The Relationship Between Attitudes About Triage and The Level of Anxiety of The Patient's Family in The Emergency Room of RSUI Madinah Kasembon

No	Attitude	Anxiety Level										Total		p-value
		No anxiety		Mild		Moderate		Severe		Very Severe		F	%	
		F	%	F	%	F	%	F	%	F	%			
1	Positive (favorable)	11	4.1	14	5.3	66	24.8	32	12.0	0	0	123	46.2	
2	Negative (unfavorable)	2	0.8	7	2.6	74	27.8	60	22.6	0	0	143	53.8	0.001
Total		13	4.9	21	7.9	140	52.6	92	34.6	0	0	226	100	

Based on Table 4, explains that the majority of families had negative attitudes/unfavorable and moderate levels of anxiety of families. Inferential statistic results obtained p-value=0.001 means there was a relationship between attitude with the anxiety level of the patient's family in the emergency room.

DISCUSSION

1. Relationship Between Knowledge About Triage and Anxiety Level Patient's Family in The Emergency Room

Based on the Kendall tau statistical test, the relationship between the level of knowledge about triage and the anxiety level of the patient's family in the emergency room of RSUI Madinah Kasembon year 2023 in Table 3 shows a p-value of 0.023 <0.05, which means that there is a relationship between the level of knowledge about triage and the anxiety

level of the patient's family in the emergency room of RSUI Madinah Kasembon year 2023. This study is in line with research from (9) which states that there is a relationship between knowledge and anxiety where the results of the study respondents who have less knowledge about triage services have severe anxiety.

From the above statement, it can be concluded that family knowledge is closely related to the level of family anxiety because the lack of information obtained will affect the level of knowledge, so respondents have limited knowledge about triage procedures in the emergency room. Most respondents did not know what category their family was in and how long the waiting time for action was so some respondents with a level of knowledge about triage in the emergency room enough to answer the statement correctly (56%-75%) experienced severe anxiety as many as 45 respondents (16.9%), respondents with a level of knowledge about triage in the emergency room enough to answer the statement correctly (56%-75%) who experienced moderate anxiety as many as 49 respondents (18.4%). Therefore, in the minds of researchers, all circles should be, namely: researchers who have conducted research, research sites used by researchers in obtaining research results, the nursing profession as a profession to serve public health should provide information through education both verbally and using media (leaflets, posters, etc.) about the flow of triage handling in the emergency room and collaborate with several parties to provide health promotion to the community about the condition of sick families so that when they come to the emergency room they are not in severe patient conditions so that they can provide positive responses and responses to the level of anxiety experienced by families when accompanying patients in the emergency room.

2. The Relationship Between Attitudes About Triage and The Level of Anxiety of The Patient's Family in The Emergency Room

Based on the Kendall tau statistical test, the relationship between attitudes about triage and the level of anxiety of the patient's family in the emergency room of RSUI Madinah Kasembon year 2023 in Table 4 shows a p-value of $0.001 < 0.05$, which means that there is a relationship between attitudes about triage and the level of anxiety of the patient's family in the emergency room of RSUI Madinah Kasembon year 2023. This study is in line with research from [11] which states that there is a relationship between attitude and anxiety where the results of the study respondents who have a negative attitude are mostly in the category of anxiety. From the above statement, it can be concluded that family attitudes are closely related to family anxiety levels. This can be caused by most respondents never getting information about nursing actions in the emergency room either through mass media or

posters or leaflets, where mass media has a great influence in forming opinions and beliefs in individuals. So that most of the respondents who had an unfavorable attitude about triage in the emergency room experienced severe anxiety as many as 60 respondents (26.6%), respondents who had an unfavorable attitude about triage in the emergency room experienced moderate anxiety as many as 74 respondents (27.8%), respondents who had an unfavorable attitude about triage in the emergency room experienced mild anxiety as many as 7 respondents (2.6%), and respondents who had an unfavorable attitude about triage in the emergency room experienced a non-anxious anxiety level as many as 2 respondents (0.8%). Therefore, we as health workers should provide understanding to families about triage handling in the emergency room, explain the rights and obligations of patients, and collaborate with several parties to socialize with the community about patient sorting procedures when coming to the emergency room, as a family should be positive by following the flow of triage handling in the emergency room according to existing procedures so that triage handling in the emergency room can run properly. This research is in line with previous research, but what differentiates it is the characteristics of respondents who have high levels of anxiety and low knowledge.

CONCLUSION

The level of family knowledge about triage in the emergency room of RSUI Madinah Kasembon was categorized as sufficient, family attitudes about triage in the emergency room of RSUI Madinah Kasembon was categorized as unfavorable, the anxiety level of the patient's family in the emergency room of RSUI Madinah Kasembon categorized as moderate and there is a relationship between the level of knowledge and attitudes about triage with the anxiety level of the patient's family in the emergency room of RSUI Madinah Kasembon. Suggestions for future researchers to be able to conduct further research on the level of knowledge and attitudes with the level of anxiety of families of emergency room patients with a longer time or by using different methods.

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