

Relationship Levels Of Emergency (Triase) With Anxiety Level Of The Patient's Family In The Emergency Installation Of Ulin Hospital, Banjarmasin

Yunita¹, Yulanti², Muhammad Tajaruddin³, Naimatul Aufa⁴
^{1,2,3,4} Pandan Harum Nursing Academy Banjarmasin

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ABSTRACT

Keywords :

*Emergency level (Triage),
anxiety level*

Anxiety is an emotional response to an assessment that describes a state of worry, anxiety, fear, and restlessness accompanied by various physical complaints. During the treatment process, anxiety is felt by a patient and can also be experienced by the patient's family. The patient's family is one of the top decision-makers when the patient is in an emergency or critical condition and must be given immediate treatment. The study aimed to determine the relationship between the Emergency Level (Triage) and the Anxiety Level of the Patient's Family. The research design used is association analytic with a cross-sectional approach. The research was carried out at the Emergency Installation of Ulin Hospital Banjarmasin. The sample of this study is the patient's family with consecutive sampling technique, obtained a sample of 30 respondents. Data was collected using the HARS questionnaire. Spearman's rho statistical test analyzed data. The results showed that as many as 12 respondents (40%) entered the yellow Triage, and as many as 9 respondents (30%) had moderate levels of anxiety. The results of the bivariate test obtained p value = 0.000, which means that there is a relationship between the level of emergency (triage) and the level of anxiety of the patient's family with a correlation coefficient of -0.748 which means the higher the respondent's emergency, the higher the respondent's level of anxiety. This negative result occurs because the coding for the first emergency level is Red Triage, while the code for the first level of anxiety is not anxious. There is a significant relationship; this can be caused because when there are respondents who enter the red Triage, the family assumes that the patient's hope for recovery is getting smaller, so that family anxiety increases. This study concludes that the higher the level of emergency (Triage) of the patient, the higher the level of anxiety of the patient's family. Recommendations for hospitals, especially in the Emergency Room, are expected further to improve communication between health workers and patient families. To reduce the possibility of anxiety in the family

Email :
yunita@gmail.com

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1. INTRODUCTION

Hospital is a health service organization that organizes complete individual health services that provide inpatient, outpatient, and emergency services. (Ministry of Health RI, 2018). One of them includes emergency services. The hospital's Emergency Department (IGD) service unit provides initial care for patients who come directly to the hospital or follow up on patients referred from other health facilities and treats patients with illnesses or injuries that can threaten the patient's life and disability.

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(Ministry of Health RI No. 47, 2018).

Patients who enter the ER in an emergency condition will be triaged. According to Musliha in Pratiwi (2017), Triage is a way of sorting sufferers based on therapeutic needs and available resources. Therapy is based on the ABC state (Airway, Breathing, and Circulation). Triage applies to sorting patients in the field and the hospital (Pratiwi et al., 2017). Triage is an action in which patients are classified based on the priority of the emergency. Triage aims to classify the patient's emergency condition into 4 categories, namely severe and emergency conditions (red), profound and non-emergency conditions (yellow), non-emergency and non-emergency conditions (green), and death (black) (Zahroh et al., 2020). Emergency management often creates fear and anxiety for both the patient and the patient's family who are in the Emergency Room (IGD) (Amman et al., 2019)

Anxiety is a psychological condition of a person full of fear, worry, and unrest accompanied by various physical complaints (Muyasaroh, 2020). During the treatment process, anxiety is felt by a patient and can also be experienced by the patient's family. In addition, family involvement also affects decreasing anxiety, increasing quality of care, decreasing depression in patients, and length of treatment (Amman et al., 2019)

Asti (2020) states that the Triage of patients in the ER has a relationship with the family's psychological conditions, including anxiety, as evidenced by the findings in the field that families with yellow and red triage patients feel more anxious than those with green Triage. Meanwhile, another study by Madianingsih (2017) found no relationship between the level of emergency (triage) and the level of anxiety of the patient's family. From the two studies, different results were obtained, but it is not yet known which is more accurate about the effect of the emergency level (Triage) on the anxiety level of the patient's family (Asti et al., 2020; Madianingsih, 2017)

The results of research conducted by Khalifah, 2014 in Indonesia showed that from 100 patients' families, 40 patients' families experienced anxiety, with the prevalence in red Triage of as many as 20 people with a percentage of 50%, yellow Triage as many as 15 people with a percentage of 37.5% and green Triage as many as 5 people with a percentage of 12.5%. Based on the results of the researcher's observations during a visit to the Ulin Hospital Banjarmasin in January 2020, out of 10 family members of patients in the ER, 50% (5 people) looked anxious, as indicated by frequent questions, nervousness, and pacing. The anxiety arose after receiving news about the patient's condition, where most patients were included in the red and yellow triage classification (80%). The remaining 50% (5 people) don't look confused, just waiting for the nurse's information on the patient's condition. As for the families who were not worried, the majority were in the red and green Triage (80%).

If the anxiety experienced by the family cannot be adequately handled, it will increase patient anxiety. The increase in the patient's anxiety will make the patient afraid and worsen the patient's condition. This is because the family is the primary support system for the patient's healing process (Kholifah, 2014).

According to the incident above, the higher the level of emergency (Triage), the higher the level of anxiety of the patient's family. To determine the level of anxiety of the patient's family, measurement of the level of anxiety in the form of anxiety according to HARS was measured. The HARS scale has become the standard in the measurement of anxiety, and the HARS scale has been shown to have high validity and reliability. Furthermore, after knowing the level of anxiety, the patient's family will be educated about the Triage level (Stuart, 2007).

This study aimed to determine the relationship between the level of emergency (triage) and the level of anxiety of the patient's family in the Emergency Room (IGD) at Ulin Hospital Banjarmasin.

2. METHOD

This study uses an association analytic design with a cross-sectional approach, and sample collection uses a consecutive sampling technique, namely the selection of samples by determining that subjects who meet the research criteria are included in the study for a certain period so that the required number of clients is met (Nursalam, 2016).

In this study, the population was all the families of patients who were in the Emergency Department of Ulin Hospital, Banjarmasin, with the sample criteria, namely the families of patients

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who were in the Emergency Room, precisely in the red, yellow, and green Triage of Ulin Hospital, Banjarmasin, and cooperative patient families (willing to act as respondents by signing the Inform consent).

Researchers collected data by explaining the objectives and research procedures to respondents. After that, the researcher asked the respondents to sign the consent form, then asked questions in the form of a questionnaire to the patient's family. After the data was collected, the researchers processed and analyzed data.

Data analysis in this study used the Spearman Rho test to determine the relationship between the Independent and the Dependent variables. The degree of significance $\alpha = 0.05$ means that if the statistical test shows a p-value

3. RESULTS and discussion

1. Characteristics of Respondents

Table 1. Characteristics of Respondents by Age, Gender, Education, Occupation, and Family Relationships

Characteristics	F	Percentage
Age		
18-25 Years	2	7.00
25-60 Years	28	93.00
Gender		
boy	12	40.00
Woman	18	60.00
Education		
No school	2	6.00
SD	8	27.00
SMP	5	17.00
SMA	15	50.00
Work		
Not Bekerka	9	30.00
Working	21	70.00
Family relationship		
Husband and wife	17	57.00
Father	2	7.00
Mother	4	13.00
Child	7	23.00
Total	30	100.00

Based on Table 1 shows that of the 30 respondents' families of patients at the Emergency Installation of RSUD Ulin Banjarmasin, most of the respondents were aged 18-25 years, as many as 28 people (93%), with the majority of respondents being female as many as 18 people (60%). Meanwhile, based on education, most respondents had a high school education level, namely 15 people (50%). Based on occupation, the majority of respondents work as many as 21 people (70%), and based on family relationships, the majority of respondents have family relationships as husband/wife, as many as 17 people (57%).

2. Identification of the Emergency Level (Triage) at the Emergency Installation of Ulin

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Table 2. Frequency Distribution of Respondents Based on the Emergency Level (Triage) in the Emergency Room at Ulin Hospital Banjarmasin

Triage	F	Percentage
Red	8	26.67
Yellow	12	40.00
Green	10	33.33
Total	30	100.00

Table 2 shows the respondents' distribution based on the emergency level (Triage). From the table, it can be concluded that of the 30 respondents in the Emergency Installation of RSUD Ulin Banjarmasin, 12 respondents (40%) were the most significant proportion in the yellow Triage.

3. Identification of the Anxiety Level of the Patient's Family in the Emergency Installation of Ulin Hospital Banjarmasin

Table 3. Frequency Distribution of Respondents Based on Patient Family Anxiety in the Emergency Room at Ulin Hospital Banjarmasin

F anxiety		Percentage
Not Worried	4	13.33
Light	7	23.33
Currently	9	30.00
Heavy	8	26.67
Panic	2	6.67
Total	30	100

Table 3 shows the distribution of respondents based on the patient's family anxiety. From the table, it can be concluded that most of the 30 respondents from the patient's family at the Emergency Installation of RSUD Ulin Banjarmasin experienced moderate anxiety as many as 9 people (30%) and severe anxiety (26.67%), as many as 8 people.

4. Cross Tabulation Analysis of the Relationship between Emergency Levels (Triage) and Patient Family Anxiety

Table 4. Cross-tabulation of Emergency Levels (Triage) with Anxiety of the Patient's Family in the Emergency Room at Ulin Hospital Banjarmasin

Level Triage	Anxiety Level										Total	
	No Mild Anxiety					Currently		Heavy		Panic		
	F	%	F	%	F	%	F	%	F	%		F
Red	0	0	0	0	0	0	6	75	2	25	8	100
Yellow	0	0	4	33.3	7	58.3	1	8.3	0	0	12	100
Green	4	40	3	30	2	20	1	10	0	0	10	100
Total	4	13.3	7	23.3	9	30	8	26.7	2	6.7	30	100

Based on table 4, it can be concluded that of the 30 respondents in the Emergency Installation of RSUD Ulin Banjarmasin, it shows that the assessment of the anxiety level of the patient's family in the red Triage who experienced severe anxiety 6 people (75%) and in the green Triage who experienced severe anxiety was 1 respondent (10%), whereas in the red Triage who experienced anxiety were 0 (0%) or there were no respondents who were not anxious and in the green Triage who were not anxious

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were 4 people (40%).

5. Data analysis

Table 5. Spearman's Rho Statistical Test Analysis of Emergency Level (Triage) With Anxiety Levels of Patients' Families in the Emergency Installation of Ulin Hospital Banjarmasin.

Independent Variable	Dependent Variable	Statistical Test	P	coefficient Correlation
Triage Level	Spearman Rho	Anxiety Level	0.000 0.05	-0.748

The results of data analysis in table 4 using Spss 16,000 for Windows show that the Spearman's Rho statistical test results obtained p-value = 0.000. At the same time, = 0.05 because p (, therefore, the null hypothesis (H0) is rejected. The alternative hypothesis (H1) is accepted, which means there is a relationship between Emergency Level (Triage) and With Anxiety Levels of Patients' Families in the Emergency Installation of RSUD Ulin Banjarmasin with the results of the correlation coefficient = -0.748, which means that it has a strong relationship because it is close to one but inversely proportional which means that the higher the respondent's emergency, the higher the respondent's level of anxiety. This negative result occurs because the coding for the first emergency level is Red Triage, while the code for the first level of anxiety is not anxious.

1. Emergency Level (Triage) at the Emergency Installation of Ulin Hospital Banjarmasin

Based on the results of the study, it was found that out of 30 respondents, the proportion of the emergency level in the Emergency Installation of RSUD Ulin Banjarmasin was in the red Triage as many as 8 people (26.67%), the yellow Triage as many as 12 people (40%) and in the green Triage as many as 10 people (33,33%). If you look at these numbers, the most significant respondents were in the yellow triage category, with 12 people (40%).

An emergency is a situation that requires immediate treatment or action to eliminate the threat to the victim's life. Emergency patients can experience a worsening condition or get worse until complications and death occur if not treated immediately (Istizhada, 2019). To determine the level of emergency, a classification process called Triage is required. Triage is a process of classifying patients based on the type and level of emergency of their condition. Triage is distinguished by color coding, including red, yellow, green, and black. In the red **Triage** (immediate), the patient experiences a life-threatening condition and is likely to live if immediate action is taken. Yellow (delayed), the patient requires definitive but not life-threatening treatment. Green (minimum) patients with minor injuries and able to help themselves or can seek help. Black (expectant), the patient suffers a fatal injury and will die despite getting help (Asti et al., 2020, Servant, 2020).

Triage decision-making factors are based on the chief complaint, medical history, and objective data covering the general condition of the patient as well as the results of a focused physical examination, in addition to other factors, namely patient access to health care institutions, as well as patient flow through the emergency system (Vance & Sprivulis (2015, Country, 2017) in Firdaus, 2017). According to Oman (2008) in Dalle, 2020 triage decision-making is based on the chief complaint, medical history, and objective data that includes the general condition of the patient and the results of a focused physical assessment. In the Comprehensive Specialty Standard, ENA 1999 determines Triage based on physical, developmental, and psychosocial needs. Psychosocial consists of the psychology of the patient and the patient's family because if the patient or the patient's family experiences psychological disorders such as anxiety and fear, it will affect decision making for the patient himself and worsen the patient's condition (Dalle, 2020).

Based on the results of observations at the time of the study in January 2020, the emergency level (Triage) at the Emergency Room at the Ulin Hospital in Banjarmasin showed that the yellow Triage had the most patients compared to the red and green. Green Triage is a non-emergency non-emergency condition; patients come with mild disorders or disorders that tend to recur. The patient was observed, given medication, and immediately went home; In contrast, in the red Triage, an emergency condition, patients come with life-threatening conditions or require fast and appropriate treatment. In this case, the patient can be immediately transferred to the ICU or other intensive care unit. Therefore, there are fewer

red and green Triage compared to yellow Triage. In determining emergency criteria at the IGD of Ulin Hospital, Banjarmasin, the criteria for sorting Triage are based on the patient's disease, the severity of the patient's injury/patient emergency, and the skills of the nurse. In the IGD of Ulin Hospital, Banjarmasin, sorting must be done by a professional nurse (RN) who has been trained in triage principles. Increased skills of nurses will follow the excellent Knowledge of nurses in Triage in the emergency room so that the level of emergency is following what the patient is experiencing.

2. Anxiety Levels of Patients' Families in the Emergency Installation of Ulin Hospital Banjarmasin

Based on the study's results, it was found that of the 30 respondents, the proportion of the anxiety level of the patient's family at the Emergency Installation of RSUD Ulin Banjarmasin was the majority of respondents (30%) experienced moderate anxiety as many as 9 people. While severe anxiety (26.67%), as many as 8 people and minority as many as 2 people (6.67%) experienced panic Individuals or groups experience anxiety due to increased autonomic nervous activity when experiencing an unclear threat. Anxiety can worsen physical and mental health conditions characterized by tension, worry, and fear (Nurlina et al., 2019).

According to Mardianingsih (2017), factors that influence family anxiety of patients in the emergency room include age, gender, education level, kinship, and experience, where the higher a person's age or, the higher a person's level of development, the more life experiences they have, life experience a lot of it can reduce anxiety (Madianingsih, 2017). In addition, there is a support system factor; the support system itself is a unity between individuals, families, and the environment. In this case, the family is a mechanism for interpersonal relationships that can protect a person from the effects of harmful stress and as one of the decisions to take action. So, the existence of family support will cause a person to be more prepared to face problems. Meanwhile, the environmental support system includes the level of emergency (Triage) of patients, lack of privacy, noise in the place, and discomfort that affects individuals in doing something (Andersson et al., 2006). This support system will influence individual coping mechanisms to give a different picture of anxiety.

The anxiety of the patient's family in the emergency department of the Ulin Hospital Banjarmasin varies from the category of not anxious, mild anxiety, moderate anxiety, severe anxiety, and some even panicking. This is motivated by several characteristics of respondents, including family relationships, because the closer the family relationship, the more anxious they are. For example, when those treated in the red Triage are their parents or children, the anxiety level must be higher than the family who sends relatives away. The facts in the field also explain that when the family finds out that their parents have been treated in the yellow Triage with diabetes wounds and have recovered, for example, for the second time coming to the ER, they will experience decreased levels of anxiety and feeling might get better too.

3. Correlation between Emergency Level (Triage) and Anxiety Level of Patient's Family at the Emergency Unit of Ulin Hospital, Banjarmasin

The cross-tabulation results in table 3 found that out of 30 family respondents of patients in the Emergency Room at the Ulin Hospital, Banjarmasin. It showed that the assessment of the anxiety level of the patient's family in the red Triage who experienced severe anxiety was 6 people (75%) and in the green Triage who experienced severe anxiety was 1 respondent (10%). As for the red Triage who experienced anxiety was 0 (0%) or no respondents who were not anxious, and in the green Triage who were not anxious were 4 people (40%).

Based on table 4, spearman's rho test, the analysis of the relationship between the level of emergency (triage) and the level of anxiety of the patient's family using the spearman's rho test obtained a P value of 0.000. This means that hypothesis H₀ is rejected, and H₁ is accepted because of the value of $P < \alpha = 0.05$. This means that there is a relationship between the level of emergency (triage) and the level of anxiety of the patient's family at the Emergency Installation of RSUD Ulin Banjarmasin.

Patients who enter the ER in an emergency condition will be triaged. According to Musliha in Pratiwi (2017), Triage is a way of sorting patients based on therapeutic needs and available resources. Therapy is based on ABC (Airway, Breathing, and Circulation) conditions (Pratiwi et al., 2017). Triage aims to classify the patient's emergency condition into 4 categories, namely severe and emergency

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conditions (red), profound and non-emergency conditions (yellow), non-emergency and non-emergency conditions (green), and death (black) (Zahroh et al., 2020)). Emergency management often causes fear and anxiety for the patient and the patient's family in the Emergency Room (ER) (Amman et al., 2019).

Anxiety is a psychological condition of a person full of fear, worry, and unrest accompanied by various physical complaints (Muyasaroh, 2020).

According to Margaretta's research (2019), Emergency patients can experience a worsening of their condition or get worse until complications and death occur. If not treated immediately, the patient will experience anxiety. It is essential to prioritize patient emergencies following the triage process because it will make it easier for further actions according to patient needs (Margaretta, 2019).

The results of this study follow the theory above that the level of emergency (Triage) can affect the anxiety of the patient's family due to the lack of environmental support systems, one of which is the level of emergency (Triage) of the patient. Family relationships also affect because the closer the family relationship, the more anxious. In addition, a person's age and development also affect because the more life experiences a person has, the less anxiety they can have.

The study's results also align with previous research conducted by Asti (2020) in the PKU Muhammadiyah Gombong Hospital ER. In his research on the relationship of patient triage with family psychological conditions in the Emergency Gawat Unit. Asti (2020) stated that the Triage of patients in the ER has a relationship with family psychological conditions, including anxiety, as evidenced by field findings that families with yellow and red triage patients feel more anxious than green Triage (Asti et al., 2020). The anxiety caused by the patient's family can be caused by various factors, namely the patient's disease condition, being unfamiliar or uncomfortable with the environment in the ER, the treatment actions received, and waiting times that are too long (Amman et al., 2019, Pratiwi, 2022).). too long (Amiman et al., 2019). In the statistical test, the correlation coefficient is -0.748. This result shows the direction of the relationship is inversely proportional to this because the number of respondents is relatively small, so the proportion of cells is not comparable between the red, yellow, and green triages. The yellow and green Triage had more respondents than the red Triage, so there were many empty cells in the red Triage. Empty cells are also present in yellow Triage.

But biologically, if you look at the existing data, the researcher argues that the severity of the respondent's anxiety depends on the emergency level and the patient's condition in each Triage. This is evidenced by the respondent's data in the red Triage, indicating the respondent's panic, while the yellow Triage indicates mild, moderate, and severe anxiety levels.

Based on the results of research and theory, as well as previous research, the researchers concluded that there was a relationship between the level of emergency (triage) and the level of anxiety of the patient's family in the Emergency Installation of Ulin Hospital Banjarmasin. With these results, it is recommended that health workers improve communication between health workers and the patient's family because the patient's family is a support system for the patient's recovery; if the patient's family is getting anxious, then the decision-making for the action to be taken will be hampered / late so that it makes the patient's condition worse. If the patient sees his family as anxious, his psychological condition will also be disturbed. In addition to communication, the researcher suggests socializing with the patient's family about the patient's emergency, the actions to be taken, and the understanding of Triage in the hospital so that it can increase understanding of Triage and reduce anxiety in the patient's family.

4. CONCLUSION

This study concludes that the higher the level of emergency (Triage) of the patient, the higher the level of anxiety of the patient's family. Recommendations for hospitals, especially in the Emergency Room, are expected further to improve communication between health workers and patient families. To reduce the possibility of anxiety in the family

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