Relationship between Emergency Level (Triage) and Anxiety Level of the Patient's Family

Lasman, *Aesthetica Islamy, Farida, Nurhidayati, Indah Rohmawati, Dea Osella
STIKes Hutama Abdi Husada Tulungagung. Jl. Dr.Wahidin Sudiro Husodo Tulungagung, 66224, Indonesia

Corresponding Author e-mail: tika.aesthetica@gmail.com

Abstract

Anxiety is an emotional response to an assessment that describes a state of worry, anxiety, fear, and unrest accompanied by various physical complaints. During the treatment process, anxiety is not only felt by a patient but can also be experienced by the patient's family. The patient's family is one of the full decision-holders when the patient is in an emergency or critical condition and must be given immediate treatment. The research objective was to determine the relationship between the level of emergency (triage) and the anxiety level of the patient's family. The research design used was a cross-sectional analysis, the study was carried out on 30 May-13 June 2018 at the Emergency Room of RSUD Dr. Iskak Tulungagung. The sample in this study was the patient's family using a consecutive sampling technique, a sample of 30 respondents was obtained. Data was collected using the HARS questionnaire. Data were processed by editing, coding, scoring, tabulating, and analyzing with Spearman's rho statistical test. The results of the Spearman's rho statistical test, obtained a value of p = 0.000 to test the relationship between the level of emergency (triage) and the anxiety level of the patient's family. With a significant level value of □ = 0.05, which means there is a relationship between the level of emergency (triage) and the anxiety level of the patient's family. The conclusion from this study is that the higher the level of emergency (triage) of the patient, the more anxiety of the patient's family will affect. Recommendations for hospitals, especially in the Emergency Room, are expected to further improve communication between health workers and patient families. To reduce the possibility of anxiety by the family.Relationship between Emergency Level (Triage) and Anxiety Level of the Patient's Family.

Keywords: Emergency Level (Triage), Anxiety Level

INTRODUCTION

The hospital is a social and health organization that has a function as a service (Willy, F, 2016). One of them includes emergency services. The first emergency service unit in a hospital is the emergency room. The Emergency Room (IGD) is a service unit in a hospital that provides first aid and is the first entry point for patients with critical conditions (Depkes RI, 2009).

Patients who enter the ER in an emergency condition will be triaged (Sukanto, 2012). Triage is the grouping of patients based on the severity or severity of the injury suffered. The main priority is whether there are airway, breathing, and circulation disorders by the facilities, human resources, and what happens to the patient (Yudhitira, 2017). The function of triage is to determine or classify the patient's emergency condition into 4 categories, namely serious and emergency conditions (red), serious and non-emergency conditions (yellow), non-emergency and non-emergency conditions (green), and death (black). From the 4 emergency categories, it will affect the anxiety level of the patient's family (Musliha, 2010).

Anxiety is an emotional response to an assessment that describes a state of worry, anxiety, fear, unrest accompanied by various physical complaints (Pamungkas, 2009). During the treatment process, anxiety is not only felt by a patient but can also be experienced by the patient's family. The patient's family is one of the full decision-holders, when the patient is in an emergency or critical condition and must be given immediate treatment (Davidson, 2007).

Kholifah (2014) states that there is a relationship between the level of emergency (triage) and the anxiety level of the patient's family, while another study by Aprina (2017) The results showed that there was no relationship between the level of emergency (triage) and the anxiety level 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 level of emergency (triage) on the anxiety level of the patient's family.

The results of research conducted by Kholifah (2014) that in Indonesia it shows that out of 100 patient families, 40 patient families experience anxiety, with a prevalence in the red triage of 20 people with a percentage of 50%, the yellow triage of 15 people with a percentage of 37.5% and the green triage of 5 people with a percentage 12.5%. Based on the results of observations by researchers during clinical practice at the hospital at Dr. Iskak Tulungagung Hospital on May 15 2017, out of 10 family members of patients in the emergency room 50% (5 people) looked anxious as indicated by frequent questions, nervousness and pacing. This anxiety arose after receiving news about the patient's condition, where the majority of patients were included in the red and yellow triage classification (80%). The remaining 50% (5 people) don't look confused, just waiting for information on the patient's condition from the nurse. 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 handled properly, it will result in an increase in patient anxiety. The increase in the patient's anxiety will result in the patient becoming afraid and will worsen the patient's condition. This is because the family is the main support system in supporting the patient's recovery process (Kholifah, 2014).

According to the incident above, the higher the level of emergency (triage), the higher the anxiety level of the patient's family. To find out the level of anxiety in the patient's family, measuring the level of anxiety is carried out in the form of measuring anxiety according to HARS. The HARS scale has become a standard for measuring anxiety, the HARS scale has been shown to have high validity and reliability for measuring anxiety. Furthermore, after knowing the level of anxiety, the patient's family will be given education about the level of triage (Stuart &Laraia, 2005).

Previous research that has been conducted by Dwi Asti (2020) Got the result that triage of patients in the ER has a relationship with the psychological condition of the family. The better the patient's triage condition, the better the psychological condition of the family. Based on the background above, the researchers were interested in examining whether there was a relationship between the level of emergency (triage) and the anxiety level of the patient's family at the Emergency Room (IGD) RSUD Dr. Iskak Tulungagung.

METHOD

The design of this study uses the consecutive sampling technique method, namely the selection of samples by specifying subjects who meet the research criteria are included in the study for a certain period of time, so that the required number of clients is fulfilled (Nursalam, 2011).

In this study, the population was all the families of patients who were in the Emergency Department of RSUD Dr. Iskak Tulungagung. The research sample in this study was one of the patient's families who was cooperative (willing to be a respondent by signing the Informed Consent).

The data collection was carried out by the researcher. Determining the respondents who were the subjects of the study, namely the families of patients who were in the Emergency Room, to be precise in the red, yellow, and green triage of Dr. Iskak Tulungagung Hospital.

Provide an explanation of the objectives and research procedures to respondents. Ask the respondent to sign the consent form. Take samples on red, yellow, and green triage. Giving questions in the form of a questionnaire to a sample of patient families. The questionnaire used is an anxiety questionnaire according to the HARS theory (Hamilton Anxiety Rating Scale) (Nursalam, 2008). There are 14 questions in the questionnaire according to HARS, each question is given a score of 0-4 starting from no symptoms, mild, moderate, severe, and very severe, then the total score of the respondents is calculated and categorized into 5 categories, namely not anxious (<14), mild (14-20), moderate (21-27), severe (28-41) and panic (>41). Data processing and analysis with spearman rho.

Data analysis in this study used the Spearman Rho test to determine the relationship between the Independent Variable and the Dependent Variable. The degree of significance α = 0.05 means that if the statistical test shows p <0.05 then there is a significant relationship between the Independent Variable and the Dependent Variable. Data analysis used computerization with SPSS 12.00 software for Windows. The ethics of this research are the Informed Consent, Anonymity, and Confidentiality Sheets.

RESULTS AND DISCUSSION
Results
1. **Identification of the Emergency Level (Triage) at the Emergency Room of Dr.Iskak Tulungagung General Hospital**
   Table 1 Frequency Distribution of Respondents Based on the Level of Emergency (Triage) in the IGD RSUD dr. Iskak Tulungagung

Triage	Frequency	Presentase
Red	8	26,67
Yellow	12	40,00
Green	10	33,33
N	30	100,00

Table 1 shows the distribution of respondents based on the level of emergency (triage). From the table it can be concluded that of the 30 patient family respondents at the Emergency Room at RSUD dr. Iskak Tulungagung, the largest proportion of respondents in the yellow triage was 12 respondents (40%).

2. **Identification of the Anxiety Level of the Patient's Families in the Emergency Room of Dr. Iskak Tulungagung Hospital**
   Table 2 Frequency Distribution of Respondents Based on Patient's Family Anxiety in the Emergency Room of RSUD dr. Iskak Tulungagung

Anxiety	frequency	presentase
No Worries	4	13,33
Mild	7	23,33
Moderate	9	30,00
Severe	8	26,67
Panic	2	6,67
N	30	100

Table 2 shows the distribution of respondents based on the patient's family anxiety. From the table it can be concluded that of the 30 patient family respondents at the Emergency Room at RSUD dr. Iskak Tulungagung, most of them experienced moderate anxiety as many as 9 people (30%) and severe anxiety (26.67%) as many as 8 people.

3. Cross-tabulation Analysis of the Relationship between Emergency Level (Triage) and Anxiety of the Patient's Family

Table 3 Cross-tabulation of Emergency Level (Triage) with Patient Family Anxiety in the Emergency Room of dr.Iskak Tulungagung General Hospital

Triage Level	No Worries		Mild anxiety		Anxiety Level Moderate anxiety		Severe anxiety		Panic		N	
	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
N	4	13.3	7	23.3	9	30	8	26.7	2	6.7	30	100

Based on Table 3 it can be concluded that of the 30 family respondents of patients in the Emergency Room at RSUD Dr. Iskak Tulungagung, showed that the assessment of the anxiety level of the family of patients 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%). Whereas in the red triage who experienced anxiety, there were 0 (0%) or no respondents who were not anxious and in the green triage who were not anxious there were 4 people (40%).

4. Data Analysis

Table 4 Analysis of the Spearman's Rho Statistical Test Emergency Level (Triage) with the Anxiety Level of the Patient's Family in the Emergency Room of RSUD dr. Iskak Tulungagung

Variable Independen	Variable Dependen	Statistic test	ρ	α	Coefisien Correlation	Conclusion
Triage Level	Anxiety Level	Spearman Rho	0.000	0.05	-0.748	H_0 rejected

The results of data analysis in Table 4 of the study are the level of emergency (triage) with the anxiety level of the patient's family using the Spearman's Rho statistical test with the help of SPSS 16,000 for Windows. Spearman's Rho statistical results obtained p value = 0.000, while α = 0.05, because p <α then H0 is rejected and H1 is accepted. Thus the null hypothesis (H0) is rejected and the alternative hypothesis (H1) is accepted. And the results of the correlation coefficient = -0.748, which means it has a strong relationship because it is close to one but inversely proportional.

Discussion

A. Emergency Level (Triage) at the Emergency Room at Dr.Iskak Tulungagung General Hospital

Based on the results of the study it was found that out of 30 respondents, the proportion of emergency cases at the Emergency Room at Dr. Iskak Tulungagung Hospital in 2018 was in the red triage of 8 people (26.67%), in the yellow triage of 12 people (40%) and the green triage as many as 10 people (33.33%). If you look at these numbers, the largest number of respondents were in the yellow triage category, with 12 people (40%).

An emergency is a situation that requires immediate action to deal with a sudden threat to life or limb. Delay in treatment can endanger the patient, result in disability or life-threatening (Dewi, 2011). To determine the level of emergency, a classification process called triage is needed. Triage is a process of classifying patients based on the type and level of emergency of their condition. Triage is divided into 3, namely the red triage, which is a life-threatening condition or requires fast and precise treatment, the yellow triage, which is a non-emergency condition, meaning that the patient must take

immediate action, but life-threatening conditions do not appear at that time, and the green triage, namely non-emergency and non-emergency conditions (Bresier Michael Jay, 2012).

The triage decision-making factor is 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 the patient's access to health care institutions, as well as the flow of patients through the emergency system, according to the Comprehensive Specialty Standard, ENA 1999 in Kathlen, (2010) penentuan triase didasarkan pada kebutuhan fisik, tumbuh kembang dan psikososial. Psychosocial itself 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 will worsen the patient's condition.

Based on the results of observations at the time of the study May 30-June 13 2018 the emergency level (triage) at the Emergency Room of RSUD Dr. Iskak Tulungagung showed that the yellow triage had the most patients compared to the red and green. Green triage is a condition that is not serious and not an emergency, patients come with mild disorders or disorders that tend to recur. The patient was observed, given medication, and went straight home while in the red triage which is 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 is fewer red and green triage compared to yellow triage.

In determining emergency criteria at the emergency room of RSUD dr. Iskak triage sorting criteria based on the patient's illness, the severity of the patient's injury/patient emergency, and the skills of the nurse. In the ER of RSUD dr. Sorting checks must be carried out by a professional nurse (RN) who has been trained in triage principles. Good nurse knowledge will be followed by increased nurse skills in conducting triage in the emergency room. So that the emergency level is by what the patient is experiencing.

B. The Anxiety Level of the Patient's Family in the Emergency Room of RSUD dr. Iskak Tulungagung

Based on the results of the study it was found that out of 30 respondents, the proportion of the anxiety level of the patient's family in the Emergency Room at RSUD dr. Iskak Tulungagung In 2018 the majority of respondents (30%) experienced moderate anxiety as many as 9 people. Meanwhile, 8 people had severe anxiety (26.67%), and 2 minority people (6.67%) experienced panic.

Anxiety is a feeling of anxiety or fear of something which is a response to threats that interfere with values, comfort, and security that can affect a person's physical and psychological state, where this response to anxiety can be either adaptive or maladaptive depending on one's background and response to threats (Stuart &Laraia, 2005).

Factors that influence anxiety according to Stuart &Laraia (2005), including age and level of development, where the higher a person's age or the higher a person's level of development, the more life experiences he has, a lot of life experiences that can reduce anxiety. In addition, there are support system factors, the support system itself is a unity between individuals, families, and the environment. In this case, the family is an interpersonal relationship mechanism that can protect a person from the bad effects of 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 (Pamungkas, 2009). Meanwhile, environmental support systems include the level of emergency (triage) of patients, lack of privacy, noise in the place, and discomfort that affects individuals in doing something (Krisanty, 2013). This support system will influence individual coping mechanisms so that they can give a different picture of anxiety.

The anxiety of the patient's family at the emergency room of dr. The Tulungagung Iskak varied from the category of not worried, mild anxiety, moderate anxiety, severe anxiety and some even panicked. This is motivated by several characteristics of the respondents including family relationships because the closer the family relationship, the more anxious. Facts on the ground also show that one's experience can affect anxiety because the more one's experience, the less anxiety one has.

C. Correlation between the Emergency Level (Triage) and the Anxiety Level of the Patient's Family in the Emergency Room of RSUD dr. Iskak Tulungagung

The results of cross-tabulation in table 3 found that of the 30 family respondents of patients in the Emergency Room at RSUD dr. Iskak Tulungagung, showed that the assessment of the anxiety level of the family of patients 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 of the Spearman's rho test, the results of the analysis of the relationship between the level of emergency (triage) and the anxiety level of the patient's family using the Spearman's rho test obtained a P value of 0.000. This means that the hypothesis H0 is rejected and H1 is accepted because the value of P $<\square= 0.05$. This means that there is a relationship between the level of emergency (triage) and the anxiety level of the patient's family at the Emergency Room of RSUD dr. Iskak Tulungagung.

Patients who enter the ER in an emergency condition will be carried out (Sukanto, 2012). Triage is the grouping of patients based on the severity or severity of the injury suffered. The main priority is whether or not there are airway, breathing, and circulation disturbances following the facilities, human resources, and what happens to the patient. The function of triage is to determine or classify the patient's emergency condition into 4 categories, namely serious and emergency conditions (red), serious and non-emergency conditions (yellow), non-emergency and non-emergency conditions (green), and death (black). From the 4 emergency categories, it will affect the anxiety level of the patient's family (Maria, 2013).

Anxiety is an emotional response to an assessment that describes a state of worry, anxiety, fear, unrest accompanied by various physical complaints (Pamungkas, 2009).

Factors that influence anxiety are age and development, gender, education and support systems. According to Davidson (2007) the support system itself is a unit between the individual, family and environment, the environmental support system includes the level of emergency (triage) patients, lack of privacy, noise in the place, and discomfort that affects individuals in doing something. This support system will influence individual coping mechanisms so that they can give a different picture of anxiety.

The results of this study are in accordance with the theory above that the level of emergency (triage) can affect the anxiety of the patient's family due to a 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 one's life experience, the less anxiety can be.

The research results are also in line with previous research conducted Kholifah (2014) in the emergency room at the Panembahan Senopati Hospital, Bantul. In research Kholifah (2014), regarding the relationship between the level of emergency (Triage) and the level of anxiety of the patient's family shows that there is a relationship between the patient's emergency and the patient's family's anxiety. The patient's family's anxiety caused can be caused by factors such as the length of action given, lack of attention from nurses, and others.

In the statistical test, the results of the correlation coefficient were -0.748, these results showed the direction of the relationship was inversely proportional. This was due to the relatively small number of respondents so the proportion of cells was not comparable between the red, yellow, and green triage. The yellow and green triage have more respondents than the red triage so in the red triage there are many empty cells. Empty cells are also found in the yellow triage.

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

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 at the Emergency Room of RSUD Dr. Iskak Tulungagung. With these results, it is recommended for 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 increasingly anxious then the decision-making for the action to be taken becomes hampered/delayed thus making the patient's condition worse and if the patient sees his family anxious, the patient's psychological condition will also be disrupted. 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 can reduce anxiety in the patient's family.

CONCLUSION

Based on the results of research conducted by researchers regarding the "Relationship of Emergency Level (Triage) with the Anxiety Level of the Patient's Family at the Emergency Room of RSUD dr. Iskak Tulungagung" concluded that the level of emergency (Triage) of the patient's family at the Emergency Installation of RSUD Dr. Iskak Tulungagung from 30 respondents, the highest number of respondents was in the yellow triage category as many as 12 people (40%), the anxiety level of the patient's family in the Emergency Installation emergency hospital dr. Iskak Tulungagung from 30 respondents, had the highest number in the category of moderate anxiety as many as 9 people (30%). There is a relationship between the level of emergency (triage) and the anxiety level of the patient's family at the Emergency Room of RSUD Dr. Iskak Tulungagung, the result is P=0.000 with a value of α=0.05 (P <α which means H0 is rejected H1 is accepted). From the results of this conclusion, it 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 Room of RSUD Dr. Iskak Tulungagung.

RECOMMENADATION

Recommendations that can be given for further research is to develop research with different variables.

ACKNOWLEDGMENT

REFERENCE

Aprina. (2017). *HubunganTriaseDenganKecemasan keluarga Di Instalasi Gawat Darurat (IGD) RSUD Wates Kulon Progo*. UMY.

Bresier Michael Jay. (2012). *Kedokteran Darurat*. Buku Kedokteran ECG.

Davidson, et al. (2007). Critical Practice guidelines for support of the family in the patient

centered intensive care. *Critical Care Medicine*, *35*(2).

Depkes RI. (2009). *Profil kesehatan Indonesia : Kementrian Kesehatan Republik Indonesia, Standar Instalasi Gawat Darurat (IGD) Rumah Sakit*. MenteriKesehatan Republik Indonesia.

Dewi. (2011). *Dasar-Dasar Keperawatan Gawat Darurat*. Salemba Medika.

Dwi Asti, A. et al. (2020). HUBUNGAN TRIASE PASIEN DENGAN KONDISI PSIKOLOGIS KELUARGA DI UNIT GAWAT DARURAT. *Jurnal Ilmiah Kesehatan Keperawatan*, *16*(1). https://doi.org/https://doi.org/10.26753/jikk.v16i1.467

Kathlen, J. dan L. (2010). *Panduan Belajar Keperawatan Emergensi*. Buku Kedokteran ECG.

Kholifah. (2014). *Hubungan Tingkat Kecemasan Keluarga Pasien Dengan Tingkat Kegawatdaruratan Di Instalasi Gawat Darurat (IGD) RSUD Panembahan Senopati Bantul*.

Krisanty, D. (2013). *Asuhan Keperawatan Gawat Darurat*. CV. Trans Info Media.

Maria. (2013). *Asuhan Keperawatan Keluarga*. Pustaka Mahardika.

Musliha. (2010). *Keperawatan Gawat Darurat*. Nuha Medika.

Nursalam. (2008). *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan: Pedoman Skripsi, Tesis, dan Instrumen Penelitian Keperawatan* (2nd ed.). Salemba Medika.

Nursalam. (2011). *Konsep dan penerapan metodologi penelitian ilmu keperawatan*. Salemba Medika.

Pamungkas. (2009). *Hubungan aspek spiritual dengan tingkat kecemasan pada klien pre operasi di RSUD Saras Husada Purworejo*. UMY.

Stuart &Laraia. (2005). *Buku Keperawatan Jiwa*. EGC.

Sukanto, et al. (2012). *Keperawatan Gawat Darurat*. Penerbit Abdi Husada Press.

Willy, F, M. (2016). *Ilmu Perilaku dalam Pelayanan Kesehatan* (1st ed.). University Press Airlangga.

Yudhitira. (2017). *TRIAGE Keperawatan Gawat Darurat*. EGC.