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The Relationship Between Self Efficacy and Triage Response Time Attitudes of Anestesiology Students During Clinical Practice in The Emergency Department

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ABSTRACT

Background: Self-efficacy plays a crucial role in shaping students' attitudes and response speed during clinical practice in the Emergency Department (ED). Low self-efficacy can lead to suboptimal triage response-time attitudes, potentially compromising patient safety. Objective: This study aimed to examine the relationship between self-efficacy and triage response-time attitudes among Anesthesiology students at UNISA during clinical practice in the ED**. Methods:** A quantitative cross-sectional study was conducted involving 62 Anesthesiology students from the class of 2023 at UNISA who were undergoing clinical practice in the ED. Data were collected using a self-efficacy questionnaire (20 items) and a response time attitude questionnaire (15 items). Data analysis employed the Spearman Rank correlation test. **Results:** The majority of respondents demonstrated high (54.8%) and very high (45.2%) levels of self-efficacy. Response time attitudes were predominantly in the very good (58.1%) and good (41.9%) categories. Correlation analysis revealed a significant positive relationship (r = 0.795; p = 0.000). **Conclusion**: A strong relationship exists between self-efficacy and attitudes toward triage response time among Anesthesiology students during clinical practice in the ED. Higher self-efficacy is associated with better attitudes toward triage response time.

Keywords: Self-efficacy, response time attitude, triage, emergency department, anesthesiology students

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1. INTRODUCTION

The Emergency Department (ED) is a specialized hospital unit designated to handle patients with acute illnesses or injuries that pose an immediate threat to life and require urgent medical intervention (Sensi et al., 2023). This unit serves a dual function: providing initial

stabilization for emergency cases and receiving referral patients from lower-level healthcare facilities, while maintaining operational readiness under both routine and disaster conditions (Subandi & Noerjoedianto, 2021). The primary mandate of the ED is to deliver optimal, rapid, and integrated healthcare services that prevent permanent disability and death, with all definitive management expected to be completed within a maximum window of two hours from patient arrival. Given the time-critical nature of emergency care, the ED is one of the most demanding clinical environments in the healthcare system, requiring every member of the care team, including students on clinical rotation, to perform with precision, speed, and professional confidence (Pebriyanti & Syakurah, 2022).

Every patient presenting to the ED undergoes triage, a systematic classification process that prioritizes patients according to the severity of their condition and available resources (Mulya et al., 2021). This process involves rapid assessment of airway, breathing, and circulation to determine the urgency and sequence of care (Januarista et al., 2024). Several triage systems have been developed globally to standardize this process, including the Australasian Triage Scale (ATS), the Canadian Triage and Acuity Scale (CTAS), and the Emergency Severity Index (ESI), all of which depend fundamentally on the speed and attitudinal readiness of the personnel executing them (Agusni, 2024). Any delay in triage classification directly compromises the allocation of life-saving interventions and overall emergency service quality (Purwacaraka et al., 2022), with approximately 90% of preventable deaths and permanent disabilities in the ED attributable to delays exceeding the golden time window or errors at first clinical contact (Afifah et al., 2022). Response time the interval between patient arrival and the initiation of the first clinical intervention is therefore a non-negotiable performance standard in emergency care (Roza & Wulandini, 2018), influenced by multidimensional factors including workload, staffing, and the psychological readiness of healthcare personnel (Suciana et al., 2025).

In health professional education, clinical practice in the ED represents one of the most formative phases of undergraduate training (Kereh & Rochmawati, 2022). Although anesthesiology students lack formal triage authority, they actively participate in emergency care under clinical supervision, gaining direct exposure to real-world scenarios that demand rapid response and

professional responsibility (Amar et al., 2024). However, limited clinical experience and the psychological pressure of the emergency environment frequently prevent students from performing optimally during these rotations (Sugiharno et al., 2022). Research has documented that 54.4% of nursing students demonstrated negative attitudes toward triage response time before clinical practice, indicating inadequate mental preparedness for the urgency demands of emergency triage (Roza & Wulandini, 2018). Attitude encompasses three interconnected components cognitive, affective, and conative and functions as a direct antecedent to behavior, meaning that students who fail to internalize the importance of rapid response are less likely to act with the purposefulness that triage demands (Fajri et al., 2022). Inconsistencies between attitude and actual behavior have been further documented in the behavioral sciences literature, with self-belief and confidence identified as key mediators of whether a positive attitude translates into corresponding clinical action (Yuan et al., 2023), a pattern consistently observed across multiple study contexts (Mutiara et al., 2024).

Among psychological factors influencing student clinical performance, self-efficacy has emerged as one of the most significant determinants (Sidaria et al., 2024). Self-efficacy is an individual's belief in their capacity to organize and execute the actions necessary to achieve a specific goal regulates motivation, cognitive engagement, and behavioral persistence under difficulty (Fauzi & Purnamasari, 2024). Students with strong self-efficacy approach clinical tasks with confidence and agency, whereas those with low self-efficacy perceive demands as threatening, respond with hesitation or avoidance, and are more vulnerable to performance-degrading anxiety (Amini & Puspito, 2022). Sidaria et al. (2024) reported that 53.7% of nursing students had low self-efficacy during clinical practice, with 51.2% demonstrating correspondingly poor clinical competence, a finding corroborated by Wijayanti and Salsabila (2024), who documented low self-efficacy particularly in high-pressure environments such as the ED. Self-efficacy is constructed through four mechanisms mastery experiences, vicarious learning, verbal persuasion, and physiological states of which mastery experiences are the most potent (Mahshunah et al., 2023) and are best cultivated through structured simulation-based training before real clinical placement (Lugo et al., 2021). Emotional intelligence training has also been shown

to enhance self-efficacy among nursing students preparing for emergency practice (Irman et al., 2021), and self-efficacy has been demonstrated to mediate the relationship between training and behavioral outcomes, meaning pre-clinical preparation yields its greatest benefit when explicitly designed to build confidence alongside technical competence (Gunarto et al., 2024).

Despite the growing body of related evidence, critical gaps remain. Amar et al. (2024) examined self-efficacy factors among professional ED nurses but did not study students or address attitudes toward response time. Simangunsong et al. (2023) confirmed a positive correlation between self-efficacy and preparedness in medical students but focused on disaster readiness rather than on attitudes toward triage response time. Sidaria et al. (2024) established a correlation between self-efficacy and clinical competence among nursing students, without examining the emergency triage context. Nursanti and Dinaryanti (2022) and Wahyuningsiha and Pradita (2024) both examined response time and triage attitudes exclusively among professional nurses. Mutiara et al. (2024) investigated knowledge and response-time attitudes in the ED, the closest antecedent to the present study, but did not include self-efficacy as a variable. Abusubhiah et al. (2023) confirmed through a systematic review that self-efficacy is central to clinical readiness while explicitly noting the absence of studies in emergency triage contexts for anesthesiology students. No study has yet examined the specific relationship between self-efficacy and triage response time attitudes in anesthesiology students during ED clinical practice.

2. METHODS

This study employed a quantitative descriptive research design with a cross-sectional approach, in which data collection for both the independent and dependent variables was conducted simultaneously at a single point in time. This design was selected to identify and examine the correlation between self-efficacy and attitudes toward triage response time among anesthesiology students during their clinical practice in the Emergency Department (ED), without experimental manipulation of the variables.

The study was conducted at Universitas Aisyiyah Yogyakarta (UNISA), specifically within the Anesthesiology Nursing Study Program at the Faculty of Health Sciences. Data collection took place during clinical practice rotations in the ED

in February 2025. The research population consisted of all Anesthesiology students from the class of 2023 who were actively undergoing ED clinical practice. A total of 62 students were recruited as respondents using a total sampling technique, whereby all members of the eligible population who met the inclusion criteria were included in the study. This approach was deemed appropriate given the relatively small and accessible population size.

Data were collected through two structured, self-administered questionnaires. The first instrument measured self-efficacy using a 20-item questionnaire, adapted from Bandura's self-efficacy theory and previously validated for use in clinical nursing education contexts. Items were scored on a Likert scale, with cumulative scores categorized into levels: low, moderate, high, and very high. The second instrument assessed attitudes toward triage response time using a 15-item questionnaire developed from standard emergency triage response time indicators. Scores were similarly aggregated and classified: poor, fair, good, and very good. Both instruments underwent validity and reliability testing prior to use in the main data collection. Validity was assessed using the Pearson product-moment correlation, and reliability was assessed using Cronbach's alpha, with an acceptable threshold of $\alpha \geq 0.70$.

The data source for this study was primary data obtained directly from respondents through questionnaires. Ethical clearance was secured prior to data collection, and all participants provided written informed consent. Principles of confidentiality, anonymity, and voluntary participation were upheld throughout the research process in accordance with established health research ethics standards.

Data analysis was conducted in three stages using SPSS software. First, univariate analysis was performed to describe the frequency distributions of respondents' demographic characteristics (sex and age), self-efficacy levels, and triage response-time attitude categories. Second, a bivariate analysis was conducted to examine the relationship between the two study variables. Because the data did not conform to a normal distribution — as confirmed by the Kolmogorov-Smirnov normality test — the Spearman Rank correlation test was selected as the non-parametric statistical method for hypothesis testing. The significance level was set at $p < 0.05$. The strength of the correlation was interpreted based on the correlation coefficient (r): values of 0.00–0.199 indicate a very weak correlation,

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https://ebsina.or.id/journals/index.php/jkmi
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0.20–0.399 weak, 0.40–0.599 moderate, 0.60–0.799 strong, and 0.80–1.000 very strong (Sugiyono, 2019). The direction of the correlation was also noted to determine whether higher self-efficacy was associated with better or poorer triage response time attitudes.

3. RESULTS

Respondent Characteristics

A total of 62 anesthesiology students from the class of 2023 at Universitas Aisyiyah Yogyakarta (UNISA) participated in this study. As presented in Table 1, the majority of respondents were female (85.5%) and aged 21 years (45.2%), reflecting the typical demographic profile of applied health science students in Indonesia.

Table 1. Frequency Distribution of Respondent Characteristics (n = 62)

Characteristics	Category	f	%
Sex	Female	53	85.5
	Male	9	14.5
Age(years)	20	19	30.6
	21	28	45.2
	22	15	24.2

Self-Efficacy Levels

Table 2 presents the distribution of self-efficacy levels among respondents. No student fell into the low or moderate category. The majority demonstrated high self-efficacy (54.8%), with the remaining respondents classified as very high (45.2%), indicating an overall positive psychological readiness among students entering ED clinical practice.

Table 2. Frequency Distribution of Self-Efficacy Levels (n = 62)

Self-Efficacy Category	f	%
Low	0	0.0
Moderate	0	0.0
High	34	54.8
Very High	28	45.2

Triage Response Time Attitudes

As shown in Table 3, triage response time attitudes were distributed favorably across the sample. More than half of respondents demonstrated very good attitudes (58.1%), while the remainder were categorized as good (41.9%). No respondent was classified in the fair or poor category, suggesting a broadly constructive orientation toward the urgency of rapid triage response.

Table 3. Frequency Distribution of Triage Response Time Attitudes (n = 62)

Attitude Category	f	%
Poor	0	0.0
Fair	0	0.0
Good	26	41.9
Very Good	36	58.1

Correlation Between Self-Efficacy and Triage Response Time Attitudes

Table 4 presents the results of the Spearman Rank correlation test between self-efficacy and triage response time attitudes. The analysis yielded a correlation coefficient of r = 0.795 with a p-value of 0.000 ($p < 0.05$), indicating a statistically significant, strong, and positive relationship between the two variables.

Table 4. Spearman Rank Correlation Between Self-Efficacy and Triage Response Time Attitudes (n = 62)

	Triage Response Time Attitude		
	r	p-value	Interpretation
Self-Efficacy	0,795	0.000	Strong positive correlation

4. DISCUSSION

This study investigated the relationship between self-efficacy and attitudes toward triage response time among anesthesiology students at UNISA during ED clinical practice. The findings reveal a strong, statistically significant positive correlation ($r = 0.795$, $p < 0.001$), indicating that students with higher self-efficacy consistently demonstrated more favorable attitudes toward triage response time. This result directly addresses the research objective and confirms the study hypothesis that self-efficacy and triage response-time attitudes are meaningfully and positively related in the context of emergency clinical education.

Self-Efficacy Among Anesthesiology Students

The finding that all respondents fell within the high (54.8%) or very high (45.2%) self-efficacy categories reflects a notably positive psychological profile among UNISA anesthesiology students entering ED clinical practice. This outcome diverges from previous studies reporting that the majority of nursing students experienced low self-efficacy during clinical rotations (Sidaria et al., 2024), suggesting that UNISA students may benefit from more systematic pre-clinical preparation. The authors argue that this favorable outcome is attributable, at least in part, to the structured simulation-based training embedded within the UNISA

curriculum prior to real ED placement. According to Bandura (1986), mastery experiences represent the most powerful source of self-efficacy formation. When students are repeatedly exposed to simulated triage scenarios in a controlled learning environment, they accumulate a reservoir of confidence that transfers meaningfully into real clinical encounters.

Beyond mastery experiences, vicarious learning and verbal persuasion may also contribute to the elevated levels observed in this sample. Observing senior peers or clinical supervisors perform triage competently, combined with consistent encouragement from faculty, likely reinforced students' belief in their own capacity to respond appropriately in emergencies. The authors maintain that institutions must consciously cultivate all four sources of self-efficacy to produce students who are both competent and psychologically prepared for the realities of emergency care.

Triage Response Time Attitudes Among Anesthesiology Students

The distribution of triage response time attitudes, with 58.1% of respondents in the very good category and 41.9% in the good category, further reflects the positive preparedness of the study population. The absence of any respondents in the poor or fair category is particularly significant, as it indicates that all students, regardless of differences in individual self-efficacy scores, maintained at least a constructive orientation toward the urgency of triage response. This contrasts with Roza and Wulandini (2018), who reported that 54.4% of nursing students held negative attitudes toward triage response time before clinical practice, underscoring how the preparatory quality of pre-clinical education can substantially shape attitudinal outcomes.

The authors assert that attitude is not merely a passive psychological state but an active precursor to behavior. In the emergency setting, a student who genuinely appreciates the critical importance of response time is more likely to remain alert, act promptly, and support the clinical team efficiently even without formal triage authority. This attitudinal dimension is therefore directly relevant to patient safety, as delays in triage sorting have been associated with substantially higher rates of morbidity and mortality (Afifah et al., 2022). Cultivating positive attitudes toward triage response times in students prior to their clinical placement is thus not merely an educational goal but a patient safety imperative.

Volume 5 Issue 2, August 2026, Pp 153-168
https://ebsina.or.id/journals/index.php/jkmi
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The Relationship Between Self-Efficacy and Triage Response Time Attitudes

The strong positive correlation between self-efficacy and attitudes toward triage response time (r = 0.795) observed in this study is the central and most significant finding. This result is theoretically coherent with Bandura's Social Cognitive Theory, which posits that self-efficacy beliefs directly regulate both motivation and behavioral orientation. When an individual is confident in their ability to manage a demanding task, they are more likely to approach it with focus, persistence, and a positive disposition, all of which are reflected in favorable attitudes toward triage response time.

The authors interpret this finding as evidence that psychological preparedness and attitudinal readiness are not independent dimensions of clinical competence but are deeply intertwined. A student who doubts their ability to perform under the time pressure of emergency triage is more likely to hesitate, defer unnecessarily, or adopt a passive stance, behaviors that manifest as poor attitudes toward response time and, ultimately, suboptimal clinical support. Conversely, students with strong self-efficacy internalize a sense of agency and responsibility that actively drives their engagement with urgent clinical tasks.

This interpretation is further supported by Holleb (2016), who found that individuals with low self-efficacy tend to perceive demanding situations as threats rather than challenges, generating avoidance behaviors and anxiety responses that are incompatible with the decisiveness required in emergency triage. In the authors' view, addressing self-efficacy deficits in clinical students is as important as addressing knowledge or technical skill gaps, particularly in high-stakes environments such as the ED, where hesitation and poor attitude directly affect the quality of care.

It is also the authors' position that the relationship identified in this study has implications beyond the individual student level. When an entire cohort demonstrates high self-efficacy and positive triage attitudes, it creates a collective clinical culture of urgency and responsibility, one that reinforces the performance standards expected in emergency care settings and benefits the broader healthcare team. Educational institutions, therefore, have both an individual pedagogical responsibility and a systemic patient safety responsibility to foster self-efficacy as a core graduate attribute.

Volume 5 Issue 2, August 2026, Pp 153-168
https://ebsina.or.id/journals/index.php/jkmi
EISSN 2502-2717

Limitations and Future Directions

While the findings of this study are robust within their context, several limitations must be acknowledged. First, the study measured triage response-time attitudes through self-report instruments rather than direct behavioral observation, meaning that the actual clinical behavior of students under real emergency conditions remains unverified. Attitude is a necessary but not sufficient predictor of behavior, and future studies should incorporate simulation-based performance assessments or structured clinical observation tools to validate attitudinal findings against observable conduct. Second, the sample was drawn from a single cohort at one institution, limiting the generalizability of the results to other anesthesiology programs with different curricula, clinical exposure patterns, or institutional cultures. Multi-site studies comparing self-efficacy and triage attitude profiles across institutions with varying pre-clinical preparation models would significantly strengthen the evidence base. Third, the cross-sectional design captures a static snapshot of the variables at one point in time, preventing any conclusion about causal direction or developmental change. Longitudinal research tracking self-efficacy and attitudinal trajectories across multiple clinical rotations would provide a more nuanced understanding of how these constructs develop and interact over the course of professional training.

Notwithstanding these limitations, this study makes a meaningful contribution by being among the first to examine the relationship between self-efficacy and triage response-time attitude in anesthesiology students, a population previously overlooked in the emergency clinical education literature. The findings provide actionable evidence that strengthening self-efficacy through structured pre-clinical simulation training is a viable and necessary strategy for improving student attitudes toward triage response time, with downstream benefits for clinical team performance and, ultimately, patient safety in emergency settings.

5. CONCLUSION

The higher a student's self-efficacy, the better their attitude toward triage response time, a finding that is both statistically compelling and practically meaningful for emergency clinical education. The psychological preparedness, as reflected in self-efficacy, is not a peripheral concern in clinical training but a central determinant of how students engage with the urgent demands of emergency care. Students who enter the ED

with strong self-belief are more disposed to act promptly, remain focused under pressure, and internalize the professional responsibility that triage response time carries for patient safety outcomes.

For educational institutions, this conclusion carries a clear directive: pre-clinical training programs for anesthesiology and nursing students must deliberately and systematically build self-efficacy through structured simulation, supervised clinical exposure, mentoring, and reflective feedback before students undertake real ED rotations. Treating self-efficacy development as an incidental byproduct of clinical training, rather than an intentional educational outcome, risks producing graduates who are technically equipped but psychologically underprepared for the demands of emergency care.

Future research is encouraged to extend these findings through longitudinal designs, multi-institutional samples, and the inclusion of direct behavioral performance measures to further establish self-efficacy as a foundational competency target in emergency clinical education curricula.

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AUTHOR CONTRIBUTIONS

RFZ was responsible for conceptualizing the study, conducting the literature review, collecting and analyzing data, and preparing and revising the manuscript. TSP provided research supervision, contributed to the methodological framework, interpreted the findings, and critically reviewed the manuscript. VP provided research supervision, validated the study findings, reviewed the manuscript, and gave final approval for submission.

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose in relation to the content of this manuscript. No financial compensation, sponsorship, or external funding was received in connection with the design, conduct, data collection, analysis, or reporting of this study. The findings and conclusions presented are those of the authors alone and do not represent the views of any institution or organization.

DATA AVAILABILITY STATEMENT

Access to the data is restricted due to privacy considerations and ethical obligations.

REFERENCES

Abusubhiah, M., Walshe, N., Creedon, R., Noonan, B., & Hegarty, J. (2023). Self-efficacy in the context of nursing education and transition to practice as a registered practitioner: A systematic review. Nursing Open, 10(10), 6650–6667. https://doi.org/10.1002/nop2.1931

Afifah, R., Wreksagung, H., & Sari, R. P. (2022). Relationship of Nurse Workload with Response Time in Handling of Patients In ER (Emergency Room) General Hospital of Tangerang Regency in 2021. Nusantara Hasana Journal, 1(9), 35–40. https://nusantarahasanajournal.com/index.php/nhj/article/view/234

Agusni, W. (2024). Perbandingan Tingkat Akurasi Triase Dengan Lama Triase Berdasarkan Metode Triase ATS (Australasian Triage Scale) Dengan Metode Triase ATS Modifikasi ESI (Emergency Severity Index) Di IGD RS Immanuel Bandung. 25–34. https://repository.bku.ac.id/id/eprint/2237

Amar, M. I. (2024). Faktor-Faktor Yang Mempengaruhi Self Efficacy Perawat Dalam Melaksanakan Triase Di Instalasi Gawat Darurat RSUD Beriman Balikpapan. Jurnal Ilmiah Kesehatan (JIKP), 13(2), 18–30. https://jurnal.itkesmusidrap.ac.id/JIKP/article/view/644

Amini, L., & Puspito, H. (2022). Hubungan Efikasi Diri Dengan Tingkat Kecemasan Mahasiswa DIV Keperawatan Anestesiologi Dalam Menghadapi Uji Kompetensi Nasional Di Universitas 'Aisyiyah Yogyakarta. Universitas 'Aisyiyah Yogyakarta. https://digilib.unisayogya.ac.id/6788/

Bandura, A. (1986). Social Foundations of Thought and Action: A Social Cognitive Theory. Prentice-Hall.

Fajri, R. C., Prikurnia, A. K., & Agustina, M. (2022). Pengaruh Model Sikap Tiga Komponen Terhadap Keputusan Pembelian Pada Produk Buds Organics. Jurnal Aktual Akuntansi Keuangan Bisnis Terapan (AKUNBISNIS), 5(2), 266–272. https://doi.org/10.32497/akunbisnis.v5i2.4158

Fauzi, A. K. A., & Purnamasari, V. (2024). Pengaruh Edukasi Menggunakan Video Balut Bidai Terhadap Efikasi Diri Mahasiswa Keperawatan Anestesiologi Universitas 'Aisyiyah Yogyakarta. Seroja Husada: Jurnal Kesehatan Masyarakat, 1(6), 73–84. https://jurnal.kolibi.org/index.php/husada/article/view/2028

Gunarto, S. T., Rondhianto, & Wijaya, D. (2024). Pengaruh Pelatihan dan Penghargaan terhadap Perilaku Response Time melalui Self Efficacy Perawat IGD. JI-KES (Jurnal Ilmu Kesehatan), 8(1). https://journal.unhasa.ac.id/index.php/jikes/article/view/786

Irman, O., Wijayanti, A. R., & Rangga, Y. P. P. (2021). Pelatihan Kecerdasan Emosional Terhadap Self-Efficacy Mahasiswa Praktik Klinik Keperawatan Gawat Darurat. Jurnal Health Sains, 2(6), 829–837. https://doi.org/10.46799/jhs.v2i6.175

Januarista, A., Indriyani, S., & Siauta, V. A. (2024). Hubungan Kategori Triase dengan Tingkat Kecemasan Keluarga di Instalasi Gawat Darurat Di RSUD Kabelota Donggala. Indonesian Journal of Professional Nursing, 5(1), 16–26. https://doi.org/10.30587/ijpn.v5i1.6384

Kereh, H. F., & Rochmawati, E. (2022). Pengalaman Belajar Mahasiswa Keperawatan Dalam Praktik Klinik. Journal of Telenursing (JOTING), 4(1), 279-288. https://doi.org/10.31539/joting.v4i1.2745

Lugo, R. G., Hjelmeland, I., Hansen, M. T., Haug, E., Sütterlin, S., & Grønlien, H. K. (2021). Impact of Initial Emotional States and Self-Efficacy Changes on Nursing Students' Practical Skills Performance in Simulation-Based Education. Nursing Reports, 11(2), 267–278. https://doi.org/10.3390/nursrep11020026

Mahshunah, N. R., Padmaningrum, D., & Widiyanti, E. (2023). Pengaruh Vicarious Experience Dan Social Persuasion Terhadap Self-Efficacy Petani Milenial. Jurnal Sosial Ekonomi Pertanian, 20(3), 307-315. https://doi.org/10.20956/jsep.v20i3.36666

Mulya, M., Sahrudi, S., Said, M. I., & Chotimah, C. (2025). Gambaran Pengetahuan dan Penerapan Triage Oleh Perawat di Instalasi Gawat Daruruat Metro Hospitals Cikupa.

MAHESA : Malahayati Health Student Journal, 5(2), 464–476. https://doi.org/10.33024/mahesa.v5i2.16609

Mutiara, E. K., Muhaji, M., & Dewi, R. K. (2024). Hubungan tingkat pengetahuan tenaga kesehatan dengan sikap response time instalasi gawat darurat di Rumah Sakit PKU Muhammadiyah Kota Yogyakarta. Prosiding Seminar Nasional Penelitian Dan Pengabdian Kepada Masyarakat LPPM Universitas 'Aisyiyah Yogyakarta, 2, 865–870. https://proceeding.unisayogya.ac.id/index.php/prosemnaslppm/article/view/231

Nursanti, D. M. Y., & Dinaryanti, R. S. (2022). Hubungan Tingkat Pengetahuan Tentang Triage Dengan Pelaksanaan Respon Time Perawat Dalam Pelaksanaan Triage Di IGD Rumah Sakit Dr Suyoto Correlation. Jurnal Ilmiah Keperawatan, 8(1), 193–199. https://doi.org/10.33023/jikep.v8i1.979

Pebriyanti, E., & Syakurah, R. A. (2022). Analisis Manajemen Praktik Klinik Keperawatan Gawat Darurat Prodi D3 Keperawatan Universitas Bengkulu Management Analysis of Emergency Nursing Clinic Practices D3 Nursing. 11(1), 49–61. https://jurnal.fk.uisu.ac.id/index.php/ibnunafis/article/view/383/255

Purwacaraka, M., Hidayat, S. A., & Farida. (2022). Hubungan Tingkat Kegawatdaruratan (Triase) Dengan Tingkat Kecemasan Keluarga Pasien Di Instalasi Gawat Darurat RSUD dr. Iskak Tulungagung. Jurnal Ilmiah Pamenang-JIP, 4(1), 39–47. https://doi.org/10.53599/jip.v4i1.91

Roza, A., & Wulandini, P. (2018). Kontribusi pengetahuan dan sikap mahasiswa D III keperawatan di Pekanbaru tentang respon time triage sebelum praktek klinik di ruang gawat darurat Tahun 2018. Menara Ilmu, 12(9), 193–203. https://doi.org/10.33559/mi.v12i11.1049

Sensi, G. N., W, Y. T., & Nur'aeni, A. (2023). Faktor-Faktor Yang Berhubungan Dengan Pelaksanaan Triase Di Unit Gawat Darurat Rumah Sakit Advent Bandung. Jurnal Keperawatan Silampari, 6(1), 2070–2082. https://doi.org/10.31539/jks.v6i2.6527

Sidaria, Murni, D., Maisa, E. A., & Nelwati. (2024). Korelasi Antara Self-Efficacy dengan Kompetensi Klinik Pada Mahasiswa Keperawatan Dalam Praktik Klinik. REAL in Nursing Journal. 7(2). 83–95. https://ojs.ufdk.ac.id/index.php/Nursing/article/view/3010

Simangunsong, N. G. M., Wariky, W. M. V., & Rombot, D. V. (2023). Korelasi antara self-efficacy dengan tingkat kesiapsiagaan mahasiswa Program Studi Pendidikan Dokter Fakultas Kedokteran Universitas Sam Ratulangi dalam menghadapi Bencana Alam. Jurnal Kedokteran Komunitas Tropis. 11(2). 471-6. https://ejournal.unsrat.ac.id/v3/index.php/JKKT/article/view/53263

Subandi, A., & Noerjoedianto, D. (2021). Analisis Overcrowded di Instalasi Gawat Darurat Rumah Overcrowded Analysis in the Installation of Emergency. 10(2), 475–480. https://doi.org/10.31289/perspektif.v10i2.4616

Suciana, F., Rizkianti, A., Rusminingsih, E., & Kristanto, A. (2025). Analisis Faktor Karakteristik Perawat yang Berhubungan dengan Respon Time: Uji Korelasi. TRIAGE Jurnal Ilmu Keperawatan, 12(1), 59–66. https://doi.org/10.61902/triage.v12i1.1608

Sugiharno, R. T., Susanto, W. H. A., Ardiansa, Wospakrik, F., & Ester. (2022). Faktor-Faktor Yang Mempengaruhi Kecemasan Mahasiswa Dalam Menghadapi Praktik Klinik Keperawatan. Jurnal Keperawatan Silampari. 6(1), 717–724. https://doi.org/10.31539/jks.v6i1.4698

Sugiyono. (2019). Metode Penelitian Kuantitatif, Kualitatif, dan R&D. Alfabeta.

Wahyuningsiha, I., & Putri Wafa Pradita, A. (2024). Gambaran Pengetahuan & Sikap Perawat Tentang Penggunaan Triage Di Igd Rs Tipe B Kota Malang. Professional Health Journal, 5(2), 671–679. https://doi.org/10.54832/phj.v5i2.728

Wijayanti, E. T., & Salsabila, S. A. (2024). Efikasi Diri Mahasiswa Perawat Tingkat Pertama dalam Menghadapi Praktik Klinik Keperawatan. Prosiding Seminar Nasional Kesehatan, Sains Dan Pembelajaran, 3(1), 6-10. https://doi.org/10.29407/seinkesjar.v3i1.4474

Volume 5 Issue 2, August 2026, Pp 153-168
https://ebsina.or.id/journals/index.php/jkmi
EISSN 2502-2717

Yuan, Y., Sun, R., Zuo, J., & Chen, X. (2023). A New Explanation for the Attitude-Behavior Inconsistency Based on the Contextualized Attitude. Behavioral Sciences, 13(3), 223. https://doi.org/10.3390/bs13030223