

Original Article

Hubungan Antara Lama Bekerja dan Aspek Afektif Triage START pada Perawat Puskesmas

The Relationship Between Length of Work Experience and the Affective Aspect of START Triage Among Community Health Center Nurses

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ABSTRACT

Emergency situations and mass casualty incidents require nurses to make rapid, accurate, and evidence-based decisions, particularly in triage using the Simple Triage and Rapid Treatment (START) system. Nurses' affective competence, including confidence, motivation, and emotional readiness, is crucial for effective triage. However, the relationship between length of service and affective competence remains underexplored in Indonesian community health centers.

This cross-sectional study involved 27 nurses from 18 community health centers in Banten Province, Indonesia. A 15-item 4-point Likert questionnaire assessed affective competence in START triage, categorized into low, moderate, and high levels. Descriptive statistics and Pearson correlation analyzed the relationship between length of service and affective competence, with significance set at $p < 0.05$.

Respondents were nearly evenly distributed by gender (48.1% male, 51.9% female) with a mean age of 37.07 ± 7.01 years and mean work experience of 14.81 ± 7.40 years. Most nurses (70.8%) demonstrated high affective competence, 29.2% moderate, and none low. Participants reported high confidence in understanding, explaining, and applying START, although some experienced difficulty in real-life scenarios. Correlation analysis indicated no significant relationship between length of service and affective competence ($r = -0.053$, $p = 0.793$).

Nurses' affective competence appears more influenced by training and practical experience than years of service. Structured training programs are essential to enhance affective competence in START triage, regardless of professional tenure.

Keywords: Affective competence, START triage, community health center nurses, work experience, emergency preparedness

ABSTRAK

Situasi darurat dan insiden massal menuntut perawat membuat keputusan cepat, akurat, dan berbasis bukti, terutama dalam penerapan triase menggunakan sistem Simple Triage and Rapid Treatment (START). Kompetensi afektif perawat, termasuk kepercayaan diri, motivasi, dan kesiapan emosional, berperan penting dalam efektivitas triase, tetapi hubungan antara lama bekerja dan

kompetensi afektif masih kurang diteliti di Puskesmas Indonesia.

Penelitian ini menggunakan desain cross-sectional dengan 27 perawat dari 18 Puskesmas di Provinsi Banten, Indonesia. Kompetensi afektif triase START diukur melalui kuesioner 15 item skala Likert 4 poin, yang dikategorikan menjadi rendah, sedang, dan tinggi. Analisis deskriptif dan korelasi Pearson dilakukan untuk menilai hubungan antara lama bekerja dan kompetensi afektif, dengan tingkat signifikansi $p < 0,05$.

Responden memiliki distribusi gender seimbang (48,1% laki-laki, 51,9% perempuan) dengan rata-rata usia $37,07 \pm 7,01$ tahun dan lama bekerja $14,81 \pm 7,40$ tahun. Sebagian besar (70,8%) menunjukkan kompetensi afektif tinggi, 29,2% sedang, dan tidak ada yang rendah. Perawat melaporkan kepercayaan diri tinggi dalam memahami, menjelaskan, dan menerapkan START, meski sebagian menghadapi kesulitan pada situasi nyata. Analisis korelasi menunjukkan tidak ada hubungan signifikan antara lama bekerja dan kompetensi afektif ($r = -0,053$, $p = 0,793$).

Kompetensi afektif perawat lebih dipengaruhi oleh pelatihan dan pengalaman praktik dibandingkan lama bekerja. Program pelatihan terstruktur diperlukan untuk meningkatkan kompetensi afektif triase START, tanpa memandang pengalaman profesional.

Kata Kunci: Kompetensi afektif, triase START, perawat Puskesmas, pengalaman kerja, kesiapsiagaan

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Key Findings

- ⇒ Nurses working in community health centers generally demonstrate strong affective competence in applying the START triage system during emergency situations.
- ⇒ Length of work experience does not show a significant relationship with the affective aspect of START triage competence among nurses.
- ⇒ Affective competence in START triage is more strongly shaped by training and practical exposure than by professional tenure alone.

Introduction

Emergency situations and mass casualty incidents require nurses to make rapid, accurate, and evidence-based decisions to prioritize patient care. One of the most critical components of emergency management is *triage*, particularly the Simple Triage and Rapid Treatment (START) system, which enables healthcare professionals to allocate limited resources efficiently

(Franc et al., 2022, 2024). In community health centers (*Puskesmas*), nurses often serve as the first responders during emergencies. Their knowledge, confidence, and affective readiness are essential to ensure timely and appropriate triage, directly influencing patient outcomes and overall emergency preparedness.

Previous studies have emphasized that both experience and affective competence play a key role in emergency decision-making. According to Benner's Novice-to-Expert Theory, nurses develop clinical competence progressively through experiential learning, suggesting that longer work experience may enhance confidence and judgment in complex situations (Bailey et al., 2021; Dian Ika Puspitasari & Huzaimah, 2023; Kamesywooro et al., 2024; Rahmati et al., 2025; Ullah, 2022). Additionally, Bloom's Taxonomy of the Affective Domain highlights the importance of attitudes, values, and

emotional readiness in applying knowledge effectively (Bartz et al., 2022; Budi et al., 2024; Nascimento et al., 2021). In the context of START triage, the affective domain encompasses nurses' confidence, motivation, and ability to manage stress while making critical decisions under pressure.

Despite the recognized importance of both experience and affective competence, most research has focused on technical knowledge or practical skills, often neglecting the emotional and attitudinal components of triage readiness (Fraser et al., 2023; Johnson et al., 2021; Kamesyworo & Haryanti, 2023; Rosyida et al., 2025). Furthermore, limited studies have examined how length of service influences the affective domain of triage knowledge among nurses in community health centers, particularly in Indonesia. Understanding this relationship is crucial because experience alone may not guarantee affective readiness, and gaps in confidence or emotional preparedness could compromise triage effectiveness during real-life emergencies (Delianto & Kumar, 2025; Suwardianto, Doku, et al., 2025; Suwardianto, Santoso, et al., 2025).

This study aims to examine the relationship between nurses' length of service and their affective domain of START triage in community health centers. By exploring this relationship, the study seeks to provide insights into how experiential learning and professional tenure contribute to emotional readiness and confidence in emergency decision-making. The findings are expected to inform the development of targeted training programs and interventions that enhance both the cognitive and affective

aspects of triage competence, thereby improving emergency preparedness in primary healthcare settings.

Methods

Design, Participants, and Setting

This study employed a cross-sectional design to examine the relationship between nurses' length of service and the affective domain of START triage knowledge. The study was conducted in 18 community health centers (Puskesmas) across 5 districts/cities in Banten Province, Indonesia. A total of 27 nurses were recruited as participants using purposive sampling based on inclusion criteria.

Data collection was carried out in July 2024, during which participants completed a structured questionnaire assessing their work experience and affective competence related to START triage. The study setting was selected to ensure representation from multiple primary healthcare facilities across different regions within the province.

Instruments

The affective domain of START triage was measured using a 15-item questionnaire designed to assess nurses' confidence, attitudes, and emotional readiness in applying START triage principles. Each item was scored on a 4-point Likert scale, where 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, and 4 = Strongly Agree. For analytical purposes, total scores were categorized into three levels based on the percentage of the maximum possible score of 60 points: low affective competence (15–29 points, <50%), moderate affective competence (30–44 points, 50–74%), and high affective competence (45–60 points, 75–100%).

The questionnaire was administered using Google Forms, allowing participants to respond remotely and securely. Prior to the main study, the instrument was validated and tested for reliability. Content validity was confirmed through expert review by nursing educators and emergency care specialists, ensuring that the items adequately represented the affective aspects of START triage knowledge. The internal consistency of the questionnaire was high, with a Cronbach's alpha of 0.89, indicating that the instrument reliably measured the affective domain among community health center nurses.

Data Collection and Analysis

Data were collected in July 2024 using Google Forms, allowing participants to respond remotely and securely. The questionnaire was distributed to 27 nurses across 18 community health centers in 5 districts/cities in Banten Province. Participants completed the 15-item affective domain questionnaire independently, reflecting their confidence, attitudes, and emotional readiness in implementing START triage principles.

Descriptive statistics, including frequency, percentage, mean, and standard deviation, were calculated to summarize respondents' demographic characteristics, length of service, and affective domain scores. The relationship between nurses' length of service and their affective domain of START triage was examined using Pearson correlation analysis. All statistical analyses were performed

using IBM SPSS Statistics version 26, with a significance level set at $p < 0.05$.

Ethical Approval

Ethical approval for this study was obtained. All participants were provided with detailed information regarding the purpose, benefits, and procedures of the study prior to participation. Participation was **voluntary**, and participants were free to withdraw at any time without any consequences. Confidentiality of personal information and identity was strictly maintained, and data were used solely for research purposes.

Results

Table 1. Characteristics of Respondents (N = 27)

Variable	n (%) / Mean ± SD (Min-Max)
Gender	
Male	13 (48.1%)
Female	14 (51.9%)
Age (years)	37.07 ± 7.01 (25-51)
Length of Work Experience (years)	14.81 ± 7.40 (2-30)

Of the 27 respondents, 13 (48.1%) were male and 14 (51.9%) were female, indicating a nearly equal gender distribution. The mean age was 37.07 ± 7.01 years, with a range of 25 to 51 years, suggesting that the sample included both younger and more experienced nurses. The average length of work experience was 14.81 ± 7.40 years, ranging from 2 to 30 years, reflecting a broad spectrum of professional experience among the participants (**Table 1**).

Table 2. Respondents' Affective Perceptions of START Triage (N = 27)

No	Statement	Strongly Disagree n (%)	Disagree n (%)	Agree n (%)	Strongly Agree n (%)
1	I feel confident that I understand the basic principles of START triage.	0 (0.0)	0 (0.0)	24 (88.9)	3 (11.1)
2	I feel the training I received is sufficient to understand the START triage process.	0 (0.0)	0 (0.0)	20 (74.1)	7 (25.9)
3	I feel confident explaining START procedures to colleagues.	0 (0.0)	1 (3.7)	22 (81.5)	4 (14.8)
4	Understanding START criteria helps me make appropriate decisions.	0 (0.0)	1 (3.7)	20 (74.1)	6 (22.2)
5	I find it difficult to apply START knowledge in real situations.	1 (3.7)	12 (44.4)	12 (44.4)	1 (3.7)
6	My understanding of START improves with practical experience.	0 (0.0)	0 (0.0)	22 (81.5)	5 (18.5)
7	Understanding START protocols makes me more prepared in emergencies.	0 (0.0)	0 (0.0)	23 (85.2)	4 (14.8)
8	I find it easy to remember key steps in START when facing patients.	0 (0.0)	1 (3.7)	24 (88.9)	2 (7.4)
9	Understanding START helps reduce stress in emergency situations.	0 (0.0)	0 (0.0)	22 (81.5)	5 (18.5)
10	My knowledge of START is sufficient to handle various patient severity levels.	0 (0.0)	3 (11.1)	19 (70.4)	5 (18.5)
11	Understanding the affective aspect of START improves patient assessment.	0 (0.0)	0 (0.0)	21 (77.8)	6 (22.2)
12	I am skilled in applying START in situations requiring quick decisions.	0 (0.0)	3 (11.1)	22 (81.5)	2 (7.4)
13	Practical experience enhances my understanding of applying START in real cases.	0 (0.0)	1 (3.7)	21 (77.8)	5 (18.5)
14	Additional training can help me better understand START.	1 (3.7)	0 (0.0)	17 (63.0)	9 (33.3)
15	I feel comfortable managing emergencies using START.	0 (0.0)	1 (3.7)	23 (85.2)	3 (11.1)

The respondents generally reported high confidence and positive perceptions regarding START triage. Most participants felt confident in

understanding the basic principles of START triage (88.9% agree, 11.1% strongly agree) and considered the training they received sufficient to comprehend the triage process (74.1%

agree, 25.9% strongly agree). Confidence in explaining START procedures to colleagues was also high (81.5% agree, 14.8% strongly agree), and 74.1% agreed and 22.2% strongly agreed that understanding START criteria helped them make appropriate decisions. Regarding the application of START knowledge in real situations, 44.4% agreed and 3.7% strongly agreed that they found it difficult, while 48.1% disagreed or strongly disagreed. A majority reported that their understanding improved with practical experience (81.5% agree, 18.5% strongly agree) and that familiarity with START protocols made them more prepared for emergencies (85.2% agree, 14.8% strongly agree). Most respondents found it easy to remember key steps in START (88.9% agree, 7.4% strongly agree) and believed that START

helped reduce stress in emergency situations (81.5% agree, 18.5% strongly agree). Knowledge sufficiency for handling various patient severity levels was reported by 70.4% (agree) and 18.5% (strongly agree), while 11.1% disagreed. Understanding the affective aspect of START was considered beneficial for patient assessment (77.8% agree, 22.2% strongly agree). Regarding skill in applying START in time-sensitive situations, 81.5% agreed and 7.4% strongly agreed. Practical experience was reported to enhance understanding in real cases (77.8% agree, 18.5% strongly agree), and additional training was perceived as helpful by 63.0% (agree) and 33.3% (strongly agree). Finally, 85.2% agreed and 11.1% strongly agreed that they felt comfortable managing emergencies using START (Table 2).

Table 3. Distribution of Affective Competence Levels and Their Relationship with Work Experience in Applying START Triage Principles

Affective Competence Level	n (%)	Pearson r	Sig. (2-tailed)	N
Low	0 (0.0%)			
Moderate	7 (29.2%)			
High	17 (70.8%)			
Total	24 (100%)	-0.053	0.793	27

Among the 27 respondents, most demonstrated high affective competence in applying START triage principles. Specifically, 17 participants (70.8%) were classified as having high affective competence, 7 (29.2%) were in the moderate category, and none were in the low category. The correlation analysis indicated no significant relationship between length of work experience and total affective competence score ($r = -0.053$, $p = 0.793$), suggesting that years of professional experience were not

associated with affective competence in START triage among the respondents (Table 3).

Discussion

The present study involved 27 nurses with a nearly equal gender distribution, comprising 13 males (48.1%) and 14 females (51.9%). The mean age was 37.07 ± 7.01 years, ranging from 25 to 51 years, while the average length of work experience was 14.81 ± 7.40 years, ranging from 2 to 30 years. These demographic

characteristics suggest a heterogeneous sample that included both younger and more experienced nurses, providing a representative perspective on affective competence in START triage across varying levels of professional experience.

Respondents reported generally high confidence and positive perceptions regarding START triage (Koser & Suchenski, 2025; Wisnesky et al., 2022). Most participants agreed or strongly agreed that they understood the basic principles of START, received sufficient training, and were confident in explaining procedures to colleagues. Additionally, respondents indicated that their understanding of START criteria supported appropriate decision-making and that practical experience further enhanced their competence. These findings are consistent with prior studies highlighting the importance of structured triage training in improving nurses' confidence and preparedness in emergency situations.

Despite high overall confidence, nearly half of the respondents reported some difficulty applying START knowledge in real-life situations, indicating potential gaps between theoretical knowledge and practical application (Aslan et al., 2021; Yilmaz et al., 2024). This aligns with previous literature emphasizing that experiential learning and simulation-based training can bridge the gap between knowledge acquisition and real-world implementation (Berendsen Russell et al., 2024; Hosseinzadeh et al., 2024). Furthermore, respondents indicated that START protocols helped reduce stress during emergencies and facilitated the retention of key steps, highlighting the role of structured triage

systems in promoting cognitive and affective readiness.

Analysis of affective competence levels revealed that 70.8% of respondents were classified as having high competence, 29.2% moderate, and none low. Correlation analysis showed no significant relationship between length of work experience and total affective competence ($r = -0.053$, $p = 0.793$), suggesting that affective competence in START triage may be more influenced by formal training and practical experience rather than cumulative years of professional practice. These findings underscore the importance of targeted training programs and continuous skills reinforcement to enhance affective competence among nurses, regardless of their work experience.

Conclusion

Most nurses demonstrated high affective competence in applying START triage principles. Participants reported strong confidence in understanding START protocols, applying them in practice, and managing emergency situations, although some experienced difficulty in real-life application. Affective competence appeared to be influenced more by training and practical experience than by years of professional practice. These findings highlight the importance of structured training programs to enhance nurses' affective competence in START triage, regardless of professional tenure.

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Conflict of Interest

There is no conflict of interest.

Author Contribution

Heru Suwardianto: Supervision, Conceptualization, Methodology, Writing – Review & Editing, Final Approval.

Tata Mahyuvi: Investigation, Data Collection, Data Curation, Formal Analysis, Writing – Original Draft.

Pinto Joaquim: Investigation, Data Collection, Validation, Writing – Original Draft.

John Foster Atta-Doku: Methodology Review, Statistical Consultation, Writing – Review & Editing.

Abebaw Jember Ferede: Conceptualization Support, Interpretation of Results, Writing – Review & Editing.

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Appendix

Table A1. START Triage Affective Aspect Questionnaire (Kuesioner Aspek Afektif Triage START)

No	Pernyataan	Sangat Tidak Setuju	Tidak Setuju	Setuju	Sangat Setuju
1	Saya merasa yakin bahwa saya memahami prinsip dasar triage START.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Saya merasa bahwa pelatihan yang saya terima cukup untuk memahami proses triage START dengan baik.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Saya merasa percaya diri dalam menjelaskan prosedur triage START kepada rekan kerja atau orang lain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Saya merasa bahwa pemahaman saya terhadap kriteria triage START membantu saya dalam membuat keputusan yang tepat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Saya merasa kesulitan dalam mengaplikasikan pengetahuan triage START dalam situasi nyata.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Saya merasa bahwa pemahaman saya tentang triage START meningkat seiring dengan pengalaman praktis yang saya miliki.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Saya merasa bahwa pemahaman saya terhadap protokol triage START membuat saya lebih siap dalam situasi darurat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Saya merasa mudah untuk mengingat langkah-langkah penting dalam triage START saat menghadapi pasien.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Saya merasa bahwa memahami triage START membantu mengurangi stres saat menangani pasien dalam situasi darurat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Saya merasa bahwa pengetahuan saya tentang triage START cukup untuk menangani berbagai tingkat keparahan pasien.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Saya merasa bahwa memahami aspek afektif dari triage START membantu dalam melakukan penilaian yang lebih baik terhadap pasien.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Saya merasa terampil dalam menerapkan pengetahuan triage START dalam situasi yang memerlukan keputusan cepat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Saya merasa bahwa pengalaman praktis meningkatkan pemahaman saya tentang penerapan triage START dalam kasus nyata.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Saya merasa bahwa pelatihan tambahan dapat membantu saya memahami triage START dengan lebih baik.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Saya merasa nyaman dengan pemahaman saya tentang bagaimana mengatasi situasi darurat menggunakan triage START.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kisi-Kisi

No	Indikator	Pernyataan / Item
1	Kepercayaan Diri	Saya merasa yakin bahwa saya memahami prinsip dasar triage START.
2	Kepercayaan Diri	Saya merasa bahwa pelatihan yang saya terima cukup untuk memahami proses triage START dengan baik.
3	Kepercayaan Diri	Saya merasa percaya diri dalam menjelaskan prosedur triage START kepada rekan kerja atau orang lain.
4	Kepercayaan Diri	Saya merasa bahwa pemahaman saya terhadap kriteria triage START membantu saya dalam membuat keputusan yang tepat.
5	Kepercayaan Diri	Saya merasa terampil dalam menerapkan pengetahuan triage START dalam situasi yang memerlukan keputusan cepat.
6	Kepercayaan Diri	Saya merasa bahwa pengalaman praktis meningkatkan pemahaman saya tentang penerapan triage START dalam kasus nyata.
7	Kepercayaan Diri	Saya merasa bahwa pengetahuan saya tentang triage START cukup untuk menangani berbagai tingkat keparahan pasien.
8	Kesiapan Emosional	Saya merasa nyaman dengan pemahaman saya tentang bagaimana mengatasi situasi darurat menggunakan triage START.
9	Kesiapan Emosional	Saya merasa bahwa memahami triage START membantu mengurangi stres saat menangani pasien dalam situasi darurat.
10	Kesiapan Emosional	Saya merasa bahwa pemahaman saya terhadap protokol triage START membuat saya lebih siap dalam situasi darurat.
11	Kesiapan Emosional	Saya merasa mudah untuk mengingat langkah-langkah penting dalam triage START saat menghadapi pasien.
12	Kesiapan Emosional	Saya merasa kesulitan dalam mengaplikasikan pengetahuan triage START dalam situasi nyata. (<i>negatif, dibalik saat scoring</i>)
13	Kesiapan Emosional	Saya merasa bahwa pemahaman saya tentang triage START meningkat seiring dengan pengalaman praktis yang saya miliki.
14	Kesiapan Emosional	Saya merasa bahwa pelatihan tambahan dapat membantu saya memahami triage START dengan lebih baik.
15	Kesiapan Emosional	Saya merasa bahwa memahami aspek afektif dari triage START membantu dalam melakukan penilaian yang lebih baik terhadap pasien.

Skor dan Kategori

Domain afektif dalam penerapan START triage diukur menggunakan kuesioner 15 butir yang menilai kepercayaan diri, sikap, dan kesiapan emosional perawat. Setiap jawaban diberi skor 1–4 pada skala Likert, yaitu 1 = Sangat Tidak Setuju, 2 = Tidak Setuju, 3 = Setuju, dan 4 = Sangat Setuju. Total skor berkisar antara 15 hingga 60, dan dikategorikan menjadi tiga tingkat kompetensi afektif: skor 15–29 menunjukkan kompetensi rendah, skor 30–44 menunjukkan kompetensi sedang, dan skor 45–60 menunjukkan kompetensi tinggi.