

TRIAGE COMPETENCY AND DECISION-MAKING SKILLS AMONG EMERGENCY ROOM NURSES IN SELECTED GOVERNMENT HOSPITALS IN CARAGA REGION

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Abstract

This study examined the relationship between triage nurse competency and decision-making skills among emergency room nurses in selected government hospitals in CARAGA Region. Employing a predictive-correlational research design, the study involved 115 nurses selected through purposive sampling. Standard instruments were utilized, adopted from Moon's (2011) Triage Competency Scale and Cone's (2010) Triage Decision-Making Inventory. Results revealed that nurses possess a very high level of triage competency ($M = 4.41$, $SD \pm 0.46$), particularly in managing medical resources ($M = 4.51$, $SD \pm 0.47$), but less so in terms of clinical judgment ($M = 4.34$, $SD \pm 0.48$). Similarly, the level of decision-making skills was very high ($M = 4.35$, $SD \pm 0.48$), with the cognitive domain obtaining the highest mean ($M = 4.41$, $SD \pm 0.47$) and the intuition domain scores the lowest ($M = 4.23$, $SD \pm 0.58$). A significant positive relationship exists between triage nurse competency and decision-making skills ($p < .05$), suggesting that higher levels of competency are associated with improved decision-making performance among nurses. Furthermore, timely decision-making ($\beta = 0.262$, $p < 0.05$) and effective communication ($\beta = 0.354$, $p < 0.05$) were found to have a significant influence on the decision-making skills of the respondents. The study recommends to conduct regular triage training programs that focus on rapid patient assessment, prompt clinical decision-making, and clear communication to strengthen triage efficiency and optimize patient care outcomes.

Keywords: *Emergency Nursing, Triage, Clinical Decision-Making, Competency Assessment, Philippines*

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Introduction

The emergency triage nurse (ETN) is often the first healthcare provider a patient encounters upon entering the emergency department (ED). As a frontline responder, the triage nurse rapidly conducts a focused evaluation to determine the urgency of the patient's condition and prioritizes care accordingly (Smithline et al., 2022). This critical role requires knowledgeable and skilled emergency nurses capable of making swift and accurate decisions to ensure timely and effective interventions (Ghazali et al., 2020). However, in rural areas, such as the CARAGA Region—particularly in public hospitals—triage nurses face challenges including limited resources, high patient volumes, variable training, and staffing constraints, which may compromise the

consistency and accuracy of triage decisions (Charan et al., 2025).

Globally, emergency departments in countries like Australia also contend with increased patient demand, overcrowding, and resource constraints (Darraj et al., 2023). In such environments, triage nurses must make rapid, autonomous decisions under significant time pressure—decisions that directly impact patient outcomes and ED efficiency. Formal training in emergency triage is therefore essential to minimize errors in patient care and optimize decision-making (Yancey et al., 2023). To maintain the quality, safety, and efficacy of nursing care in emergency settings, triage competency must be evaluated through dynamic, periodic assessments for all nurses performing this high-risk function (Wolf et al., 2024).

In the Philippines, where nurses often face complex situations despite limited resources, their ability to make quick and sound decisions is crucial for delivering high-quality care (Madayag et al., 2024). A study in Lipa City, Batangas, found that triage nurses make better decisions when they possess strong critical thinking skills. Age and experience play a significant role in the development of these abilities (Comia et al., 2023). The knowledge, experience, and performance of nurses are instrumental in executing accurate triage, which is central to ensuring the effective functioning of the ED (Soola et al., 2022).

Despite the indispensable role triage nurses play in delivering timely, life-saving care, their decision-making competencies remain underexplored in certain regions, particularly in rural and resource-limited areas, such as the CARAGA region. Few studies have examined both triage competency and decision-making skills among ER nurses in government hospitals in CARAGA Region. This region faces unique challenges—including limited healthcare infrastructure, high patient acuity, and constrained access to continuing professional development—which can hinder nurses' ability to perform effective triage. The lack of regular competency evaluations and refresher training can lead to outdated practices that negatively impact patient outcomes (Rahmah et al., 2021). This study aims to address the under-explored competency and decision-making skills of triage nurses in selected government hospitals in the CARAGA region. The findings will inform evidence-based recommendations for enhancing triage training programs and standardizing competency assessments, ultimately contributing to improved emergency care delivery in rural and resource-constrained settings.

Methods

A quantitative, descriptive–predictive research design was utilized in this study. The descriptive component was used to determine the existing levels of triage nurse competency and decision-making skills, providing a clear depiction of nurses' performance in actual emergency department settings. The predictive–correlational component examined the relationship between these variables and determined whether triage

competency could significantly predict decision-making performance among emergency room nurses. This design is appropriate as it allows the use of correlational and regression analyses to examine associations and predictive influence without manipulation of variables.

The study systematically collected and analyzed numerical data to describe triage nurse competency and decision-making skills and to evaluate the significance and influence of these variables on one another. The results of the data analysis were used to test the study hypotheses through correlation and regression analyses and to determine whether variations in triage competency significantly influenced decision-making skills among emergency room nurses.

The study was conducted in four government hospitals in the CARAGA region, referred to as Hospital A, Hospital B, Hospital C, and Hospital D, which serve as primary referral centers across the region. Hospital A is a Level III hospital with an authorized bed capacity of 500 and a functional emergency department with a designated triage nurse. Hospital B is a Level II hospital providing a comprehensive range of services, including emergency care. Hospital C is a Level I hospital with 50 authorized beds, offering initial medical, maternity, and emergency services. Hospital D is a Level II hospital serving as a referral center with specialized care including emergency services. All hospitals use structured triage protocols in their emergency departments, commonly operationalized through the Emergency Severity Index (ESI), a five-level system based on patient acuity and anticipated resource needs. The CARAGA region includes geographically isolated and disadvantaged areas, making it an appropriate setting for examining triage nursing competencies and decision-making skills in resource-limited healthcare environments.

The respondents of the study were emergency room nurses employed in the four selected government hospitals in the CARAGA region. The sample size of 115 participants was determined using G*Power for correlational and regression analyses, with parameters set at a medium effect size = 0.3, alpha = 0.05, power =

0.95. The respondents were distributed as follows: Hospital A (45), Hospital B (30), Hospital C (15), and Hospital D (25), providing sufficient representation across all sites for the analyses.

A purposive sampling technique was used to select respondents, as this method allowed the inclusion of nurses who met specific criteria relevant to the objectives of the study. The inclusion criteria were as follows: nurses must be of legal age, employed as staff nurses in the selected hospitals, assigned to the emergency room and triage area, and willing to participate in the study. Nurses who were primarily engaged in administrative functions, those not directly involved in triage activities, those on leave during the data collection period, and those who declined participation were excluded.

For data collection, the researchers utilized structured and validated survey questionnaires. Triage nurse competency was measured using Moon's Triage Competency Scale (MTCS), which assesses nurses' clinical judgment, expert assessment, resource management, timely decision-making, and communication in triage situations. The instrument demonstrated high reliability, with a Cronbach's alpha of 0.97, indicating excellent internal consistency. Responses were measured using a five-point Likert scale ranging from 5 (Strongly Agree) to 1 (Strongly Disagree).

Triage decision-making skills were assessed using the Triage Decision-Making Inventory (TDMI), which measures cognitive characteristics, experience, critical thinking, and intuition related to triage decision-making. The instrument has a reported Cronbach's alpha of 0.95, indicating excellent reliability. A five-point Likert scale was similarly used, with higher scores reflecting higher levels of decision-making skills.

Prior to data collection, approval was obtained from the appropriate ethics review bodies and hospital authorities. The researchers coordinated with emergency department supervisors and nurse managers to facilitate participant recruitment. Eligible respondents were

informed of the purpose, procedures, and voluntary nature of the study, and informed consent was obtained before administering the questionnaires. Upon approval, data collection was conducted from September to October 2025 using an online questionnaire unsupervised, administered via Google Forms.

In line with the quantitative and predictive–correlational nature of the study, data were analyzed using descriptive and inferential statistics. Frequency, percentage, mean, and standard deviation were used to describe the levels of triage nurse competency and decision-making skills. Spearman rho (r_s) was utilized to determine the relationship between Triage Competency and Decision-Making Skills, and to assess the association between age and years of experience with both Triage Nurse Competency and Triage Decision-Making Skills. Eta Correlation was used to assess the association of the sex of the respondents with both Triage Nurse Competency and Triage Decision-Making Skills. Kernel Regression measures the influence of Triage Nurse Competency on triage decision-making skills. Kernel Regression was used since data was tested to be not normal. This implies that one of the assumptions for parametric test was not satisfied. Thus, non parametric was used which is Kernel Regression. Statistical consultation was sought to ensure the accuracy and validity of the analyses.

Ethical standards were strictly observed throughout the conduct of the study. Confidentiality and anonymity were maintained by coding responses and restricting data access to the researchers only. Participation was voluntary, and respondents were informed of their right to decline or withdraw from the study at any time without penalty.

Results and Discussion

1. What is the demographic profile of the respondents in terms of age, sex, and experience?

Table 1. The Demographic Profile of the Respondents

Profile	n	Percentage
Age		
23-27	21	18.3
28-32	37	32.2
33-37	34	29.6
38-42	20	17.4
43-47	1	0.9
48-52	2	1.7
Total	115	100
Sex		
Male	51	44.3
Female	64	55.7
Total	115	100
Years of Experience		
1-4	39	33.9
5-8	29	25.2
9-12	28	24.3
13-16	16	13.9
17-20	1	0.9
21-24	2	1.7
Total	115	100

Table 1 presents the demographic profile of the respondents. The largest group belonged to the 28–32-year-old category (37 respondents, 32.2%), while the smallest group was the 43–47-year-old category (1 respondent, 0.9%). These results suggest that most nurses in the study were in their late twenties to early thirties, a period associated with active professional growth and development of clinical expertise. Studies conducted in emergency settings also reflect this trend; for instance, Daba et al. (2024) reported that the

majority of ER nurses were within the 25–35 age range.

Regarding sex, out of the 115 nurse respondents, 51 were males (44.3%), and 64 were females (55.7%). It indicates that the majority of respondents were female, consistent with the global trend where women continue to dominate the nursing profession, comprising approximately 85% of the global nursing workforce (WHO, 2025).

In terms of years of experience, the most significant proportion of respondents had 1–4 years of service (39 respondents, 33.9%), while the smallest group had 17–20 years of experience (1 respondent, 0.9%), indicating that many nurses

were early-career professionals, reflecting the recruitment of newly graduated nurses into government hospitals to address workforce shortages (DOH, 2023).

2. What is the level of triage competency among the respondents in terms of clinical judgement, expert assessment, management of medical resources, timely decision, and communication?

Table 2. The Level of Triage Competency Among Emergency Room Nurses

Variables	Mean (M)	Std. Dev. (SD)	Descriptive Level
Clinical Judgement	4.34 L	0.48	Very High
Expert Assessment	4.35	0.55	Very High
Management of Medical Resources	4.51 H	0.47	Very High
Timely Decision	4.38	0.52	Very High
Communication	4.48	0.46	Very High
Over-all Mean	4.41	0.46	Very High

Legend: 1.00-1.79 (Very Low); 1.80-2.59 (Low); 2.60-3.39 (Moderate); 3.40-4.19 (High); 4.20-5.00 (Very High)

Table 2 shows that emergency room nurses demonstrated a very high level of triage competency, with an overall mean of 4.41 (SD ± 0.46). This indicates that nurses often or consistently display triage competencies with minimal supervision, reflecting strong clinical ability and professional performance in emergency care. This finding is consistent with a recent study by Cho and Han in 2022, which emphasizes that triage competency among emergency nurses is generally high and can be further enhanced through targeted education and training. Similarly, Oh and Jung (2024) found that higher perceived triage competency, coupled with strong clinical reasoning skills, contributed to improved emergency nursing competency, reinforcing the link between self-perceived competence and practical performance.

Among the competency areas, Management of Medical Resources obtained the highest mean score (M = 4.51, SD ± 0.47). It suggests that they are highly capable of managing available equipment, supplies, and workforce efficiently to ensure timely and appropriate patient care in the emergency setting. This finding aligns

with previous studies by Moon and Cho (2022) and Calimlim and Diego (2025), which reported that emergency nurses tend to perform strongest in procedural and observable domains, such as resource management, as these skills are frequently practiced and directly applied in clinical settings.

In contrast, Clinical Judgment recorded the lowest mean score (M = 4.34, SD ± 0.48). Although this is the lowest value among the domains, it still falls within the “Very High” range (4.20–5.00), indicating that nurses frequently apply sound clinical judgment with minimal supervision. Oh and Jung (2024) similarly observed that clinical judgment often lags behind other domains of triage competency among emergency nurses, as it requires more advanced critical thinking, experience, and cognitive reasoning that are less tangible and harder to measure in routine practice.

The findings indicate that emergency room nurses demonstrated a very high level of triage competency, reflecting consistent clinical performance and effective decision-making. Management of Medical Resources scored highest,

highlighting nurses’ proficiency in practical and operational skills, while Clinical Judgment scored lowest, though still within the very high range, suggesting areas for continued development through experience and critical thinking. Competency was consistently strong across domains, but these self-reported, cross-sectional results may not fully reflect actual clinical

performance. Higher scores in resource management likely reflect frequent practice and observable skills, whereas lower scores in clinical judgment reflect the complexity of higher-order cognitive processes—such as rapid assessment, critical thinking, and context-dependent decision-making—which are less tangible and harder for nurses to self-assess.

3. What is the level of decision-making skills among the respondents in terms of cognitive, experience, and intuition?

Table 3. The Level of Decision-Making Skills Among Emergency Room Nurses

Variables	Mean (M)	Std. Dev. (SD)	Descriptive Level
Cognitive	4.41 H	0.47	Very High
Experience	4.40	0.52	Very High
Intuition	4.23 L	0.58	Very High
Over-all Mean	4.35	0.48	Very High

Legend: 1.00-1.79 (Very Low); 1.80-2.59 (Low); 2.60-3.39 (Moderate); 3.40-4.19 (High); 4.20-5.00 (Very High)

Table 3 illustrates that the overall level of decision-making skills among the respondents is very high, with a mean score of 4.35 (SD ± 0.48). This indicates that nurses frequently or consistently demonstrate strong decision-making abilities, effectively applying cognitive, experiential, and intuitive skills when managing patients in emergency situations. This finding aligns with the study of Abu Arra et al. (2023), which revealed that emergency nurses often exhibit high levels of decision-making competence due to their constant exposure to acute and time-sensitive clinical environments. Similarly, Santos et al. (2022) emphasized that nurses’ ability to synthesize clinical information rapidly and act decisively is enhanced by experience and continuous professional development in emergency settings.

Among the subdomains, Cognitive decision-making scored the highest (M = 4.41, SD ± 0.47), reflecting nurses’ consistent use of analytical thinking to evaluate patient conditions and determine appropriate interventions. This finding aligns with the study by Kavaklı (2024), which shows that nurses excel in cognitive decision-making in structured triage settings, where systematic evaluation supports the accurate prioritization of patient needs. Similarly, Zhang et al. (2023) emphasized that cognitive reasoning—rooted in clinical knowledge, situational

assessment, and adherence to protocols—significantly enhances nurses’ accuracy in triage and treatment prioritization. Abu Arra et al. (2023) further noted that decision-making performance is strengthened when nurses combine cognitive analysis with evidence-based clinical judgment, particularly in high-pressure environments like the emergency department.

In contrast, Intuition scored the lowest among all subdomains (M = 4.23, SD ± 0.58). Although it still falls within the “Very High” range, this indicates that nurses applied intuitive judgment less consistently compared to cognitive and experiential decision-making. This aligns with recent findings of Yang et al. in 2023, which report that intuition often ranks lower because it is highly dependent on clinical experience, rapid pattern recognition, and exposure to diverse emergency scenarios. Intuitive decision-making is less observable, more challenging to measure, and influenced by standardized protocols and high-pressure situations, making it a more variable skill among emergency nurses.

The findings indicate that emergency room nurses demonstrated a high level of decision-making skills, reflecting consistent analytical reasoning and clinical judgment. Cognitive decision-making scored highest, highlighting nurses’ ability to systematically

evaluate patient conditions and determine appropriate interventions, while intuitive decision-making scored slightly lower, though still within the high range, suggesting areas for continued development through experience and reflective practice. Decision-making skills were consistently strong across domains, but these self-reported, cross-sectional results may not fully reflect actual

performance in real-time clinical situations. Higher scores in cognitive decision-making likely reflect structured reasoning and systematic clinical processes, whereas lower scores in intuitive judgment may result from the complex, context-dependent nature of intuition, which is less observable and more difficult for nurses to self-assess.

4. Is there a significant association between the demographic profile and level of triage competency of the respondents?

Table 4: Test of Association Between the Demographic Profile and the Triage Competency Among Emergency Room Nurses

Variables	Correlation Coefficient	p-value	Decision	Remarks
Clinical Judgment				
Age	0.338	0.000	Reject H ₀	Significant
Sex	0.061	0.518	Accept H ₀	Not Significant
Years of Experience	0.419	0.000	Reject H ₀	Significant
Expert Assessment				
Age	0.248	0.007	Reject H ₀	Significant
Sex	0.036	0.699	Accept H ₀	Not Significant
Years of Experience	0.295	0.001	Reject H ₀	Significant
Management of Medical Resources				
Age	0.347	0.000	Reject H ₀	Significant
Sex	0.079	0.401	Accept H ₀	Not Significant
Years of Experience	0.386	0.000	Reject H ₀	Significant
Timely Decision				
Age	0.345	0.000	Reject H ₀	Significant
Sex	0.075	0.425	Accept H ₀	Not Significant
Years of Experience	0.427	0.000	Reject H ₀	Significant
Communication				
Age	0.238	0.011	Reject H ₀	Significant
Sex	0.075	0.425	Accept H ₀	Not Significant
Years of Experience	0.300	0.001	Reject H ₀	Significant
Over-all Triage Competency				
Age	0.332	0.000	Reject H ₀	Significant
Sex	0.048	0.609	Accept H ₀	Not Significant
Years of Experience	0.398	0.000	Reject H ₀	Significant

Legend: 0.00 (No Correlation); ≤ 0.20 (Very Weak); ≤ 0.40 (Weak); ≤ 0.60 (Moderate); ≤ 0.80 (Strong); < 1.00 (Very Strong); 1.00 (Perfect);

Table 4 presents the test of association between the demographic profile and triage competency among the respondents. The findings reveal a significant positive association between age and years of experience, as well as the overall level of triage competency. Specifically, age showed a weak but significant positive association with triage competency ($r_s = 0.332$, $p < 0.05$), indicating that older nurses tend to have higher competency levels compared to younger ones. Similarly, years of experience also demonstrated a weak but significant positive association with triage competency ($r_s = 0.398$, $p < 0.05$), suggesting that competency improves as nurses gain more professional experience. These results imply that both age and accumulated clinical experience contribute to the enhancement of triage skills, as older and more experienced nurses tend to demonstrate more decisive clinical judgment, prioritization, situational awareness, and resource management, which are key components of effective triage practice. This finding is consistent with previous studies by Yoon and Cho (2024), Seo et al. (2024), and Moon and Cho (2022), which indicate that age and professional

experience enhance triage competency through repeated exposure to diverse emergencies.

However, sex ($p > 0.05$) showed no significant association, indicating that both male and female nurses perform equally well in triage. The result aligns with the study of AlShatarat et al. (2022), which found that clinical performance in triage is not influenced by gender but rather by training, exposure, and professional competence.

Results indicate that age ($r_s = 0.332$, $p = 0.00$) and years of experience ($r_s = 0.398$, $p = 0.00$) are significantly associated with decision-making skills, while sex ($p = 0.609$) remains nonsignificant. Therefore, the null hypothesis is rejected for age and years of experience but accepted for sex. This reinforces the idea that triage competency is shaped primarily by experiential learning and continuous professional development rather than by biological or gender differences. This finding aligns with the results of Turen and Cetinkaya (2025), who reported that clinical judgment and decision-making maturity improve with increasing clinical exposure, regardless of gender.

5. Is there a significant association between the demographic profile and the level of decision-making skills of the respondents?

Table 5: Test of Association Between the Demographic Profile and Decision-making Skills among the Respondents

Variables	Correlation Coefficient	p-value	Decision	Remarks
Cognitive				
Age	0.338	0.000	Reject H_0	Significant
Sex	0.031	0.743	Accept H_0	Not Significant
Years of Experience	0.369	0.000	Reject H_0	Significant
Experience				
Age	0.188	0.044	Reject H_0	Significant
Sex	0.069	0.467	Accept H_0	Not Significant
Years of Experience	0.345	0.001	Reject H_0	Significant
Intuition				
Age	0.224	0.016	Reject H_0	Significant
Sex	0.033	0.726	Accept H_0	Not Significant
Years of Experience	0.357	0.000	Reject H_0	Significant

Over-all Decision-Making Skills

Age	0.249	0.007	Reject H ₀	Significant
Sex	0.021	0.823	Accept H ₀	Not Significant
Years of Experience	0.367	0.000	Reject H ₀	Significant

Legend: 0.00 (No Correlation); ≤0.20 (Very Weak); ≤0.40 (Weak); ≤0.60 (Moderate); ≤0.80 (Strong); <1.00 (Very Strong); 1.00 (Perfect); p≤0.05 (Significant)

Table 5 presents the association between the demographic profile and the decision-making skills of emergency room nurses. The findings reveal a significant positive association between age and years of experience, as well as the overall level of decision-making skills among emergency room nurses. Specifically, age showed a weak but significant positive association with decision-making skills ($r_s = 0.249$, $p < 0.05$), indicating that older nurses tend to demonstrate stronger decision-making abilities compared to younger ones. Similarly, years of experience also demonstrated a weak positive association with decision-making skills ($r_s = 0.367$, $p < 0.05$), suggesting that decision-making competence improves as nurses gain more clinical experience. These results imply that both age and accumulated professional experience enhance nurses' ability to make accurate and timely clinical decisions in high-pressure situations. Older and more experienced nurses are often more adept at recognizing subtle patient cues, anticipating complications, and integrating analytical and intuitive reasoning in their clinical judgment. This finding supports previous studies by Soola et al. (2022) and Reay et al. (2024), indicating that age

and experience foster improved cognitive processing, situational awareness, and confidence in decision-making among emergency nurses.

In contrast, sex ($p > 0.05$) showed no significant association with decision-making skills, indicating that both male and female nurses perform equally well in triage decision-making. This supports the acceptance of the null hypothesis for this variable. The result aligns with the findings of Seo et al. (2024), who emphasized that decision-making performance in triage is not determined by gender, but rather by training, experience, and exposure to critical scenarios.

Results indicate that age ($r_s = 0.249$, $p = 0.007$) and years of experience ($r_s = 0.367$, $p = 0.000$) are significantly associated with decision-making skills, while sex remains not significant ($p = 0.823$). Therefore, the null hypothesis is rejected for age and years of experience but accepted for sex. This finding suggests that as nurses age and gain experience, they develop enhanced clinical insight and adaptability in making accurate and timely decisions, consistent with the study by Soola and Mehri in 2022.

6. Is there a significant relationship between the level of triage competency and the level of decision-making skills of the respondents?

Table 6: Test of Relationship Between the Level of Triage Competency and the Level of Decision-Making Skills Among the Respondents

Variables	r_s	p-value	Decision	Remarks
Decision-making Skills				
Clinical Judgement	0.844	0.000	Reject H ₀	Significant
Expert Assessment	0.786	0.000	Reject H ₀	Significant
Management of Medical Resources	0.770	0.000	Reject H ₀	Significant
Timely Decision	0.831	0.000	Reject H ₀	Significant
Communication	0.862	0.000	Reject H ₀	Significant

Legend: p≤0.05 (Significant)

Table 6 presents the relationship between triage competency and decision-making skills among the respondents. The results revealed a significant and robust positive correlation between the two variables ($p < 0.05$), indicating that as nurses' triage competency increases, their decision-making skills also improve. This suggests that nurses with stronger abilities in patient assessment, resource management, and effective communication are more capable of making timely and accurate clinical decisions during emergencies. These results align with the findings of Soolah et al. (2022), who reported that triage decision-making among emergency nurses is significantly influenced by clinical competence and professional experience. Similarly, Oh and

Jung (2024) highlighted that triage competency and clinical reasoning are vital predictors of overall nursing performance in emergency care. Furthermore, Song and Park (2025) found that critical thinking disposition, clinical judgment, and effective collaboration between nurses and physicians contribute to improved triage competency, which in turn enhances nurses' decision-making ability. The rejection of the null hypothesis suggests that triage competency and decision-making skills are closely interconnected, highlighting the importance of continuous professional development, simulation-based training, and reflective practice in enhancing nurses' clinical decision-making and improving the overall quality of emergency care.

7. Does triage competency significantly influence the decision-making skills of the respondents?

Table 7. Test of Influence of Triage Competency on the Decision-making Skills of the Respondents

	β	SE	z	p-value	Decision	Remarks
Mean	4.353	0.0561	77.59			
Decision-Making Skills						
Clinical Judgement	0.259	0.155	1.670	0.094	Accept H_0	Not Significant
Expert Assessment	-0.024	0.090	-0.260	0.793	Accept H_0	Not Significant
Management of Hospital Resources	0.165	0.137	1.200	0.229	Accept H_0	Not Significant
Timely Decision	0.262	0.103	2.530	0.011	Reject H_0	Significant
Communication	0.354	0.107	3.320	0.001	Reject H_0	Significant

Legend: $R^2 = 0.9138$; $p < 0.05$ (Significant)

The Kernel regression analysis showed that Timely Decision ($\beta = 0.262$, $p = 0.011$) and Communication ($\beta = 0.354$, $p = 0.001$) significantly predicted decision-making skills. This means that timely decisions and communication significantly influence the decision-making skills of the respondents. Specifically, for every one-unit increase in the timely decision domain score of triage competency, nurses' decision-making skills increase by 0.262 units. In other words, the level of triage competency in making timely decisions plays a crucial role in enhancing nurses' decision-making abilities. This finding is supported by Oh and Jung (2024), who emphasized that rapid clinical reasoning and timely judgment are

essential components of triage competency, directly influencing overall decision-making ability in emergency care.

The analysis also revealed that communication has a statistically significant influence on the decision-making skills of emergency room nurses ($p = 0.001$). For every one-unit increase in the communication score, decision-making skills increase by 0.354 units, indicating that effective communication has a direct contribution to nurses' clinical decision-making. Nurses who can clearly exchange information, coordinate with the healthcare team, and communicate effectively with patients are more capable of making accurate and confident clinical decisions. This finding aligns with

previous studies by Kwame & Petrucka (2021) and Meneses-La-Riva (2025), which highlight that effective communication enhances teamwork, reduces errors, and promotes sound clinical judgment, particularly in high-pressure emergency situations.

On the other hand, the domains of Clinical Judgment, Expert Assessment, and Management of Medical Resources did not show statistically significant influence on decision-making skills, as their p-values exceeded 0.05. Although these domains are fundamental to triage competency, their non-significant association suggests that they function more as supportive or contextual competencies rather than as direct predictors of decision-making effectiveness. According to Wolf et al. (2024), competencies such as clinical judgment and expert assessment are shaped by situational context, experience, and workload dynamics. Similarly, the management of medical resources often depends on external factors such as hospital policy, staff availability, and logistics, making it less directly reflective of individual nurses' decision-making abilities. Therefore, while these domains remain indispensable to effective triage practice, their influence on decision-making skills may be indirect or mediated by factors such as experience, time pressure, team communication, and organizational environment.

The R^2 value of 0.9138 indicates that approximately 91.38% of the variation in decision-making skills can be explained by triage competency, particularly in the domains of timely decision-making and communication. This demonstrates the strong predictive power of these two domains in influencing decision-making skills. Based on these findings, the null hypothesis is rejected for the domains of timely decision and communication, as both showed statistically significant effects ($p < 0.05$), and accepted for clinical judgment, expert assessment, and management of medical resources, as these domains did not demonstrate a statistically significant influence ($p > 0.05$). This indicates that nurses' ability to make rapid, appropriate decisions and communicate effectively directly contributes to higher decision-making skills in emergency settings, aligning with a previous study of Seo et al. (2024) that found prompt decision-making and effective communication to be

strongly associated with enhanced triage accuracy and improved patient safety in emergency departments. While all triage competencies are important, timely decision-making and effective communication are essential for competent clinical decision-making in emergency care, enabling nurses to respond promptly and coordinate care effectively, thereby improving patient safety and outcomes.

Conclusion and Recommendation

The findings of the study indicate that most emergency room nurses in selected government hospitals in the CARAGA Region were young adults, predominantly female, and early in their professional careers. Despite limited years of experience, the respondents demonstrated a high level of triage competency and decision-making skills, reflecting their capability to perform accurate patient assessment, prioritize care appropriately, and deliver timely emergency interventions.

The nurses showed excellent triage competency, particularly in the management of medical resources, while clinical judgment, although rated slightly lower, remained at a high level, indicating the need for continued professional growth. Decision-making skills were likewise rated as high, highlighting the nurses' ability to integrate analytical and experience-based reasoning in emergency situations. However, the intuitive component of decision-making obtained the lowest score, suggesting that nurses rely more on objective data and clinical experience than on instinctive judgment.

Age and years of experience were significantly associated with both triage competency and decision-making skills, emphasizing the role of professional maturity and clinical exposure in enhancing emergency nursing performance. Sex was not a significant factor. A strong positive relationship between triage competency and decision-making skills was also identified, confirming that effective triage performance is closely linked to sound clinical judgment and timely decision-making. Notably, timely decision-making and communication emerged as the strongest predictors of decision-making skills among triage nurses.

This study was subject to several limitations. First, the geographic focus on four government hospitals in the CARAGA region may restrict the generalizability of the findings to other regions or healthcare settings with differing resources, patient populations, and staffing conditions. Second, the use of purposive sampling, while appropriate for targeting specific emergency room nurses, may introduce selection bias and limit representativeness. Third, reliance on self-reported instruments, including the Moon Triage Competency Scale and the Triage Decision-Making Inventory, may not fully capture actual clinical performance, as responses could be influenced by social desirability or individual perception. Additionally, the cross-sectional design provides a snapshot of competencies and decision-making skills at a single point in time, preventing the establishment of causal relationships. Variations in nurses' educational backgrounds, professional experience, and hospital resources may also have influenced responses.

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