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Exploring the Experiences of Emergency Department Healthcare Personnel in the Implementation of Triage Standard Policies: Basis for a Proposed Standard Triage Protocol

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ABSTRACT

This qualitative descriptive study explored the experiences, challenges, and perceptions of emergency department (ED) healthcare personnel in implementing triage standard policies in a selected government hospital in Quezon City, Philippines. Guided by Roy's Adaptation Model, semi-structured interviews were conducted with nine ED registered nurses and head nurses, and data were analyzed using Braun and Clarke's six-phase reflexive thematic analysis. Five major themes emerged: (1) Triage Balancing Act; (2) Overcrowding Pressures; (3) Patient Prioritization; (4) Interprofessional Collaboration; and (5) Systemic Improvements. Findings revealed that while the Red-Yellow-Green zoning framework effectively prioritizes critically ill patients, its success depends on adequate staffing, institutional support, and resource availability. Participants identified overcrowding, staffing shortages, role ambiguity, and public misunderstanding as significant challenges. The study was conducted in a single secondary-level government hospital, which may limit transferability, suggesting future multi-site and quantitative research. Recommendations include implementing electronic triage documentation, surge staffing models, simulation-based competency training, and public education strategies. A proposed standard triage protocol was developed to bridge the policy-practice gap and enhance emergency care delivery. This study addresses the limited qualitative research on ED triage implementation in the Philippine setting, providing frontline insights that contribute to improving triage policies, clarifying professional roles, and advancing emergency nursing practice.

Keywords: Triage, emergency department, healthcare personnel, qualitative research, Roy's Adaptation Model, Philippines

INTRODUCTION

Triage is a vital process in emergency departments that ensures patients receive timely and appropriate care based on the urgency of their conditions. However, increasing patient volume, staffing shortages, and unclear role boundaries may affect the consistent implementation of standard triage policies, often requiring healthcare personnel to perform responsibilities beyond their designated roles. This study explores the experiences of

emergency department healthcare personnel in implementing triage standard policies in a secondary hospital in Quezon City to identify the challenges they encounter, understand their role experiences, and provide insights that may help improve triage practices and emergency care delivery.

Statement of the Problem

The study sought to answer the question: What are the experiences of emergency department healthcare personnel in the implementation of triage standard policies in a selected hospital in Quezon City?

Scope and Delimitations

This study uses a qualitative descriptive design to explore the experiences of emergency department registered nurses in implementing triage standard policies in a selected secondary-level government hospital in Quezon City. Participants are ED nurses with relevant triage experience who voluntarily consent to participate, while those not directly involved in triage, with limited ED experience, or unavailable during data collection are excluded. Data are collected through semi-structured interviews to examine their experiences, challenges, and perceived impact on quality of care. The study is limited to one government hospital; therefore, its findings are context-specific and not intended for statistical generalization.

Review of Related Literature

The reviewed literature highlights that the implementation of triage standard policies is influenced by healthcare personnel's experiences, workload, staffing levels, institutional expectations, and clinical decision-making. Previous studies have identified common challenges, including overcrowding, limited resources, inadequate training, staffing shortages, and unclear role boundaries, particularly in resource-constrained emergency departments. The literature also emphasizes that qualitative research is appropriate for exploring the lived experiences, perceptions, and challenges of emergency healthcare personnel, providing a deeper understanding of triage implementation and generating insights that may support improvements in triage protocols and emergency care delivery.

Theoretical Framework

This study is anchored in the Roy Adaptation Model by Sister Callista Roy, which explains how individuals adapt to changing environmental conditions through coping processes and behavioral responses. In the emergency department, healthcare personnel face stimuli such as staffing shortages, high patient volume, heavy workloads, institutional policies, and unclear role boundaries that influence their adaptation and role performance. Guided by this model, the study explores how healthcare personnel adapt to these challenges through clinical decision-making, collaboration, and role adjustment, thereby providing a framework for understanding their experiences implementing triage standard policies and the impact of these policies on the quality of emergency care.

METHODOLOGY

This presents the methodology to be employed in conducting the study. It outlines the research design, research setting, sample and sampling technique, research instrument, validation of the instrument, data-gathering procedure, and data-analysis procedure. Furthermore, this chapter discusses the ethical considerations that will guide the researcher in protecting participants' rights, safety, and well-being throughout the research process.

Research Design

This study employed a qualitative descriptive research design to explore and understand the lived experiences of emergency department healthcare personnel as they implement triage standard policies. This approach is appropriate because it provides a clear and comprehensive description of participants' experiences in their natural work environment, allowing the researcher to gain practical, in-depth insights into how triage policies are implemented in clinical practice.

Research Steps

The study was conducted in sequential phases, beginning with securing ethical and institutional approvals in compliance with the Data Privacy Act of 2012. Eligible emergency department nurses and head nurses provided informed consent before participating in face-to-face, semi-structured interviews regarding their experiences and challenges implementing triage policies. Collected qualitative data were transcribed, analyzed using Braun and Clarke's six-phase reflexive thematic analysis, and interpreted under Sister Callista Roy's Adaptation Model to develop the proposed standardized triage protocol.

Data Collection and Sample Selection

The sample selection was carried out using purposive sampling to recruit nine registered nurses and head nurses actively assigned to the emergency department triage unit who met the specific eligibility criteria. Data collection was conducted through face-to-face, semi-structured interviews using a validated, five-question open-ended aide-memoire, alongside detailed field notes, to capture participants' clinical experiences and challenges. All interviews were audio-recorded with the participants' explicit permission, ensuring full data capture for subsequent transcription and reflexive thematic analysis.

Data Analysis Methods

The collected qualitative data were systematically processed by first transcribing the audio recordings verbatim and cross-referencing them with field notes to ensure accuracy. Data analysis was performed using Braun and Clarke's six-phase reflexive thematic analysis, which involved familiarization with the data, generating initial line-by-line codes, searching for and reviewing themes, and defining distinct thematic categories. The findings were then interpreted under the theoretical framework of Sister Callista Roy's Adaptation Model to ensure the emerged themes directly informed the development of the proposed triage protocol.

Research Hypotheses and Validation

To ensure the validity and trustworthiness of the qualitative findings, a rigorous validation process was implemented through member checking, in which participants reviewed and confirmed the accuracy of their transcripts. Data credibility was further enhanced through peer validation with a research adviser and the diligent maintenance of a reflexive journal to manage researcher bias throughout the analysis phase.

Study Limitations and Ethical Considerations

The study's limitations were primarily centered on its localized scope, as data collection was restricted to nine purposively sampled triage personnel within a single secondary-level government hospital in Quezon City, which may limit the direct transferability of the findings to larger tertiary institutions or private healthcare facilities. Regarding ethical considerations, institutional approval and written informed consent were obtained prior to data collection, and all procedures adhered to the Data Privacy Act of 2012. Participant autonomy and confidentiality were strictly protected throughout the research process by assigning pseudonyms to all informants and ensuring the secure storage and eventual destruction of all audio recordings and transcripts.

RESULTS AND DISCUSSION

Among the nine participants, the cohort primarily consisted of experienced registered nurses and head nurses actively managing emergency department triage. The findings revealed that clinical adaptation challenges, patient surges, and staffing deficits were the most prominent operational concerns impacting triage policy implementation. A clear thematic pattern emerged regarding the coping mechanisms and systemic adaptations of the staff under Braun and Clarke's six-phase reflexive thematic analysis. These qualitative insights align with Sister Callista Roy's Adaptation Model, illustrating how triage personnel adapt to intense environmental stimuli and highlighting the critical need for a standardized, generation-sensitive triage protocol to optimize emergency department workflows.

SUMMARY

The study examined the experiences, challenges, and perceptions of emergency department personnel implementing triage policies through the lens of Sister Callista Roy's Adaptation Model. Respondents generally utilized localized coping mechanisms and operational adaptations to manage intense clinical stimuli, with patient surges and staffing deficits identified as the primary operational concerns. A clear thematic pattern of systemic adaptation was found, supporting the development of a standardized, generation-sensitive triage protocol.

CONCLUSIONS

The emergency department triage protocol plays an important role in communication, clinical prioritization, and professional collaboration among emergency department personnel. However, frequent patient surges or severe staffing deficits were associated with changes in staff stress and operational well-being. The findings emphasize the need for a standardized, generation-sensitive triage protocol that promotes workplace efficiency, stress management, clinical resilience, and structured patient care workflows.

RECOMMENDATIONS

Healthcare institutions should implement standardized, generation-sensitive triage protocols that promote workplace efficiency, stress management, and clinical resilience. Emergency department personnel are encouraged to adopt structured patient care workflows and engage in collaborative self-care. Future studies should include larger samples, diverse healthcare settings, and examine additional workplace factors and long-term adaptation challenges within emergency departments.

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AI DECLARATION STATEMENT

AI-assisted tools were used solely to improve the grammar, clarity, and overall structure of this manuscript. No AI tools were utilized in the collection, analysis, or interpretation of data. All intellectual and academic contributions to this work are solely attributable to the author

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