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Level of Confidence in Administering Cardiopulmonary Resuscitation among Public Health Nurses, Midwives, and Barangay Health Workers in Selected Health Centers in Metro Manila

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ABSTRACT:

Out-of-hospital cardiac arrests are among the most common emergencies with severe consequences, but timely and effective CPR can significantly improve survival outcomes. This study aimed to determine the self-reported confidence, attitude towards and willingness to perform cardiopulmonary resuscitation (CPR) among public health nurses, midwives, and Barangay Health Workers (BHWs) in selected health centers in Metro Manila. The findings of the study will serve as the basis for a proposed action plan. Using a quantitative descriptive design, the study evaluated the confidence in CPR, attitude towards performing CPR, and willingness to perform the procedure among the targeted healthcare professionals. Specifically, a descriptive correlational approach was employed to identify relationships between self-efficacy and attitude, and self-efficacy and willingness. This method allows for an objective comparison and correlation of the data in a formal and systematic process. The results indicate that the levels of confidence, attitudes, and willingness to perform CPR among public health nurses, midwives, and BHWs are not significantly influenced by their demographic profiles. This finding implies that interventions aimed at improving CPR performance can be designed without major consideration for these demographic factors, focusing instead on enhancing overall training and support. Consequently, tailored CPR training programs and support mechanisms should be developed to bolster the readiness and effectiveness of these healthcare professionals in emergency situations. This study highlights the critical need for ongoing education and training to ensure that all healthcare providers are well-prepared to perform CPR, ultimately improving patient outcomes in out-of-hospital cardiac arrest scenarios.

Keywords: *Public health nurses, midwives, barangay health workers, skills, confidence, cardiopulmonary resuscitation*

Introduction:

Cardiac arrests and accidents are the most common type of emergencies with grave consequences, but simple maneuvers and skills can improve the outcome, and immediate cardiopulmonary resuscitation (CPR) can double or triple the chances of survival. Health care professionals are expected to be adept in performing this procedure. Nurses are often the first responders in clinical emergencies that require effective training to ensure high-quality resuscitation and patient safety. Public health nurses, midwives, and BHWs are also expected to respond to such kinds of emergencies. Because of this, nurses are trained to accordingly respond, even as students. Their training on CPR is given during their student days. Most nurses would also pay for additional training on this light.

The Philippine Heart Association Inc., found that a primary cause of natural death that frequently happens suddenly and has a profound emotional and psychological impact on families is sudden cardiac arrest. Moreover, delays in resuscitation efforts of even one minute reduce life chances by over ten percent (10%). This is due to untrained and or hesitant witness to perform CPR.

Discussions about these life-saving procedures among colleagues seldom happen, and incidents in the community somehow bring in feelings of panic and anxiety, making the nurses doubt their confidence in their knowledge and skills. Given that retention of knowledge and skills deteriorates through time affects the confidence of nurses on performing the life-saving procedure in the community setting. The idea that the health care workers might not know what to do looms from time to time, specially upon hearing from the field that a person has just had a heart attack and was brought to the hospital.

Thus, the study's objective was to investigate the level of confidence among public health nurses, midwives, and barangay healthcare workers in administrating cardiopulmonary resuscitation. Furthermore, to understand the state of CPR skill, the research utilized a quantitative descriptive correlational design to determine the relationship level in terms of perceived confidence, attitude, and willingness.

The topic of the confidence of public health nurses, midwives, and BHWs in conducting cardiopulmonary resuscitation (CPR) has several important implications for nursing managers. Nursing managers play a crucial role in ensuring the competence and preparedness of their nursing staff, and in addressing some implications on better patient care and staff performance including healthcare delivery in the community setting.

Through the study's findings, the researcher aims to develop and propose an intervention program that could highlight the importance of learning the administration of CPR and as well as to increase the level of confidence of study's beneficiaries.

Over time, there have been substantial changes to the vital lifesaving method known as cardiopulmonary resuscitation (CPR). In an out-of-hospital cardiac arrest (OHCA) is an international health issue, and the reported survival rates after OHCA vary greatly. The survival of patients with OHCA can be improved by reduction of response times, including early cardiopulmonary resuscitation (CPR), early defibrillation, and early advanced care. CPR and the use of automated external defibrillators (AEDs) are core-training components in all life-support courses, including basic life-support (BLS) provider training (Abolfotouh, 2017).

Further, in the study of Roshana, et al. (2012), it explored the knowledge of and attitude towards basic life support (BLS) among medical/paramedical professionals was conducted among medical/paramedical staffs in Kist Medical College Hospital in Nepal. The findings of the study revealed that those who had received cardiopulmonary resuscitation (CPR) training within 5 years obtained a highest mean score of 8.62±2.49, whereas those who had the training more than 5 years back or no training obtained a mean score of 5.54±2.38 and 6.1±2.29 respectively (P=0.001). Those who were involved in resuscitation frequently had a higher median score of 8 in comparison to those who were seldom involved or not involved at all.

Moreover, a similar study was conducted in Nigeria, among medical practitioners in Osun state during an annual general meeting using a self-administered questionnaire. Only 40% of respondents had attended a basic and an advanced life support-training program while 30% knew how to operate an automated external defibrillator (AED), seventy percent knew the meaning of AED. Most of the respondents that had attended a basic and an advanced life support program were residents (80%) while 16% were consultants and the remaining 4% were general practitioners (Olajumoke, et. al., 2012).

A study explored the retention of basic life support knowledge, self-efficacy, and chest compression performance among Thai nursing students at a university in Thailand. A one-group, pre-test and post-test design time series was used. Participants were 30 nursing students undertaking basic life support training as a care provider. Study findings have shown that training had an immediate significant effect on the knowledge, self-efficacy, and skill of chest compression; however, the knowledge and self-efficacy significantly declined after post-training for three (3) months (Partiprajak & Thongpo, 2016).

Similarly, in a study conducted among 48 rural health care providers in Montana showed mixed results. Written exam scores decreased, but none of these dropped to baseline but statistically indicated some knowledge retention. Confidence ratings for performing six BLS skills increased. Manikin feedback indicated participants from the extra practice session-maintained chest compression skills, but not ventilation skills. Manikin feedback also indicated EMTs had scores more consistent with AHA recommendations. EMTs reported more practice and exposure which may account for some of this difference (Birkeland, 2014).

Another study by Chandrasekaran et. al, (2010) on the awareness of Basic Life Support (BLS) among students, doctors and nurses of medical, dental, homeopathy and nursing colleges. Were a cross-sectional study was conducted by assessing responses to 20 selected basic questions regarding BLS among students, doctors and nurses of medical, dental, homeopathy and nursing colleges. After excluding the incomplete response forms the data was analysed on 1,054 responders. The results were analysed using an answer key prepared with the use of the Advanced Cardiac Life Support manual. Out of 1,054 responders 345 were medical students, 75 were medical interns, 19 were dental students, 59 were dental interns, 105 were homeopathy interns, 319 were nursing students, 72 were doctors, 29 were dentists, 25 were nursing faculty and six were homeopathy doctors. No one among them had complete knowledge of BLS. Only two out of 1054 (0.19%) had secured 80 – 89% marks, 10 out of 1054 (0.95%) had secured 70 – 79% marks, 40 of 1054 (4.08%) had secured 60 – 69% marks and 105 of 1054 (9.96%) had secured 50 – 59% marks. A majority of them, that is, 894 (84.82%) had secured less than 50% marks. Awareness of BLS among students, doctors and nurses of medical, dental, homeopathy and nursing colleges is very poor.

Cardiopulmonary resuscitation (CPR) increases the probability of survival of a person with cardiac arrest. Repeating training helps staff retain knowledge in CPR and in use of automated external defibrillators (AEDs). Retention of knowledge and skills during and after training in CPR is difficult and requires systematic training with appropriate methodology. The aim of this study was to determine the effect of basic life-support (BLS) training on the attitudes of health-care providers toward initiating CPR and on use of AEDs, and to investigate the factors that influence these attitudes. Along this light, a quasi-experimental study was conducted in two groups: health-care providers who had just attended a BLS–AED course (post-BLS group, n = 321), and those who had not (pre-BLS group, n = 421). All participants had previously received BLS training. Overall positive attitudes were seen in 53.4% of pre-BLS respondents and 64.8% of post-BLS respondents ($\chi 2 = 9.66$, $p = 0.002$). Positive attitude was significantly predicted by the recent completion of BLS training, the number of previous BLS training courses and previous exposure to cardiac-arrest cases, as well as by low concern scores. Physicians had significantly lower concern scores than nurses. Concern scores decreased as the duration of work experience increased (Abolfotouh, 2017).

The effect of training in CPR and AED on the self-perceived attitudes of health-care professionals to performing resuscitation was the subject of a study in two Swedish hospitals. The results showed that health-care professionals—particularly nurses—had improvements in their attitudes to performing CPR and knowledge of CPR after training (Kallestedt, et. al., 2012). Factors that negatively influence the attitudes of nursing staff toward administration of CPR include fear of contracting a contagious illness and lack of training, which might reduce confidence in performing CPR (Kozamani et. al., 2012). Similarly, health-care workers can be reluctant to provide mouth-to-mouth ventilation without the appropriate means because of anxiety that they might

contract an illness that they might cause trauma or that the AED might not work properly (Giammaria, et. al., 2012). Fear of infection, legal consequences, and fear of harming the patient were the most frequently cited reasons for not intervening.(Hubble et.al., 2003).

Similar study was conducted in Finland to analyze the effect of cardiopulmonary resuscitation (CPR) education on attitudes towards defibrillation during arrests (CPR-D). A total of 297 and 199 responded in 2003 and 2007, respectively. Education increased positive attitudes towards CPR-D (scale mean: 4.40 vs. 3.61, 95% confidence interval (CI): 3.9–4.2, P < 0.001). Nevertheless, 27% of nurses hesitated to perform defibrillation because of fear of injuring patient and 64% because of anxiety. After education, negative attitudes towards guidelines increased (scale mean 2.94 vs. 3.92, 95% CI: 3.2–3.6, P < 0.001) and nurses were more unsure about their role than before education (scale mean: 4.84 vs. 3.42, 95% CI: 4.1–4.4, P < 0.001). Intensive education increased self-confidence regarding CPR-D skills but did not reduce anxiety. CPR-D education should include a focus on reducing anxiety, and negative attitudes.(Makinen et.al., 2009)

On a study on the willingness of the final year of medical and dental students to perform bystander cardiopulmonary resuscitation was conducted. The study found that only 51.4% of the medical and 45.5% of the dental students are willing to perform bystander CPR. When analyzed under different hypothetical scenarios, they found that, except for the scenario where the victim is their own family member, all other scenarios showed a dismally low rate of positive responses in the category of CC + MMV, but their willingness was significantly improved under the CC + PMV and CC categories. The study shows that there are unique sociocultural factors that contribute to the reluctance of our students to perform CC + MMV. (Chew et. al, 2008). Reluctance to perform mouth-to-mouth ventilation without barrier devices is frequent and may reduce the number of potential BLS providers. Because of the concern about disease transmission between victim and rescuer, rescuers with a duty to respond such as healthcare providers should follow precautions including the use of barrier device also outside their workplace. When barrier devices are unavailable first responders should consider chest compression alone instead of not performing any BLS maneuvers (Giammaria et.al., 2005). Thus, reinforcing knowledge and awareness and increasing willingness to perform bystander CPR contributes to a better outcome after cardiac arrest (Smedta et.al., 2018).

A study by Olateju and Amoran, (2014) assessed the knowledge and attitudes towards Basic Cardiopulmonary Resuscitation (CPR) among Community Nurses in Remo Area of Ogun State, Nigeria with the purpose of improving emergency care at primary health care delivery system. A total of 70 nurses with mean age of 40.2±7.7 years were studied. Majority 58 (82.9%) have heard about CPR mostly at School of Nursing. Only four (5.7%) knew the correct approach to a person with cardiac arrest. Eight (11.4%) had certified CPR training out of which none of those certified had the training within the last two years. Only 13 (18.6%) had correct theoretical knowledge of 2005 guidelines for compression: ventilation ratio. None of the respondents who were unwilling to do mouth-to-mouth rescue breathing knew that compression alone could be life saving for a stranger or relative. There was a better performance in the younger age group p=0.04 and those with less than five years of experience p=0.09.

In addition, another study form Al-Turki et.al (2008) assessed the knowledge and attitudes towards cardiopulmonary resuscitation among the student of King Saud University. Out of a study sample of 2250 students, 31% did not have prior CPR information. Of those with previous knowledge, 85% feel that it is inadequate. The most common sources of information were television and movies. The 12.7% of individuals encountered a situation that required the use of CPR. However, only 14% of them performed it. This was mostly due to lack of knowledge (48.2%). Eighty eight percent of students would like to learn how to perform CPR. Out of all King Saud University students, 45% believe that CPR training should be a graduation requirement. It was found that the overall attitude towards CPR was positive. However, the knowledge on the topic was insufficient. Thus, more focus should be placed on the improvement of CPR skills.

Another study was conducted among 310 nurses from both urban and rural Greek hospitals to determine their knowledge regarding CPR and the use of an AED and their willingness to perform CPR and to operate an AED in the out-of-hospital setting. 71.4% of the participants had a basic life support and AED training. Only 37.8% of the nurses reported that they would use the

AED. The reasons for unwillingness to perform CPR were the lack of systematic training in the AED device and the lack of legal coverage of the state (Kozamani, et. al., 2017).

Similarly, a study was conducted to assess the degree of willingness or reluctance in performing mouth to mouth a survey including 17 hypothetical scenarios was created. In each scenario health hazards for the rescuer needed to be balanced against the patient's need for mouth to mouth. Respondents were recruited from health care workers attending courses at a medical simulation center. Respondents reported their willingness or reluctance to perform mouth to mouth for each scenario using a 4 point scale. The study conclude that Bag-valve-mask devices for mechanical ventilation should be available in all locations where health care workers may be called upon to resuscitate apneic patients making the decision to perform mouth to mouth resuscitation.(Boucek et. al, 2009).

Meanwhile, in the Philippines, stated in an article by Montemayor (2019) that leading cause of death, with a significant contribution from cardiac arrest. A sudden heart stoppage that can happen to anyone, anywhere, often outside hospital. Based on the article “Cardiac Arrest and CPR”, cardiac arrest occurs and cardiopulmonary resuscitation (CPR) is not administered within five minutes, the risk of brain damage increases significantly. Furthermore, if the cardiac arrest continues beyond eight minutes without intervention, it can lead to a fatal outcome. Therefore, it is critical to initiate CPR immediately in the event of cardiac arrest (Schlesinger, 2023).

Thus, CPR-Ready Philippines program was started by the Philippine Heart Association (PHA) in 2015 to urge Filipinos to learn how to perform cardiopulmonary resuscitation (CPR). The goal is for 60-70% of community members to know how to perform hands-only chest compressions (Moises, 2021) and the department of Health (DOH) is pushing for universal CPR training, highlighting the criticality of this life-saving ability.

In addition to the 500,000 first responders trained over the previous five years, 80,000 more had received training as of mid-2024. However, only 23% of Filipinos are proficient in CPR, which emphasizes the need for more instruction and assurance in bystander CPR. Hence, the Philippine Red Cross (PRC) wants to teach 20,000 Filipinos how to perform CPR on themselves (Serquiña, 2024). The Philippine Red Cross and the Department of Education are working with the DOH to offer free CPR training classes across the country (Montemayor, 2019). Apart from campaigns, the Republic Act No. 10871 which is celebrated every 17th of July as the National CPR Day was also approved to emphasize the value of CPR education by requiring K–12 students to complete CPR training (True, 2024).

Synthesis:

Cardiopulmonary resuscitation (CPR) and automated external defibrillators (AEDs) are essential in improving survival rates in out-of-hospital cardiac arrest (OHCA) scenarios. Training in these techniques significantly enhances knowledge and chest compression skills, fostering self-efficacy among medical personnel. However, the awareness and understanding of Basic Life Support (BLS) vary widely across different healthcare fields and educational institutions, indicating a need for standardized and widespread BLS education and training.

Moreover, cardiac arrest is a leading cause of death in the Philippines, and immediate CPR is crucial to increase survival chances. Recognizing this, the Philippine Heart Association launched the CPR-Ready Philippines program to educate the public on performing CPR, aiming for widespread community knowledge including approval of training for K–12 students, highlighting the importance of this life-saving skill.

METHOD:

To ensure credible findings, the study employed a quantitative descriptive correlational design alongside cluster sampling to assess the respondents' confidence, attitude, and willingness to administer CPR. Furthermore, the research divided the survey into four distinct sections to thoroughly explore each category. This chapter outlines the study's design, setting, subjects, instruments, data collection procedures, study limitations, data analysis, and ethical considerations. The descriptive quantitative part of the study allowed the researcher to answer the question ‘what’ in order to understand the respondents’ attitude and experience. Additionally, the quantitative correlational examined the relationship between variables. It is an approach to research where the main goal is to comprehend and characterize the interactions between variables without changing them. Because of its ease of use, adaptability, and usefulness in a variety of healthcare settings, this kind of research design is frequently employed in disciplines like nursing and healthcare (Creswell et.al, 2017).

The study used adapted survey questionnaires in collecting and examining the respondents’ opinions. The comprehensive steps in gathering data was divided into four parts. In part I, the demographic profile of the respondents was collected using the following variables: age, gender, profession, and years of service. The public health nurses, midwives, and barangay health workers then proceeded to part II – this section dealt about the level of perceived confidence. Followed by part III which was composed of questions regarding the level of attitude, and finally, the level of willingness in part IV.

The study was conducted in Metro Manila, specifically focusing on selected health centers within the area. There were 37 public health nurses, midwives, and BHWs assigned in Metro Manila that were chosen as respondents of the study. Metro Manila, the National Capital Region of the Philippines, serves as the political, economic, and cultural hub of the country. Comprised of 16 cities and one municipality, it is home to over 13 million residents, making it the most populous region in the Philippines. Its diverse urban landscape, featuring a mix of commercial centers, residential areas, and historical sites, makes it an ideal setting for a wide range of research studies (PhilAtlas, nd). The three health centers (health center 1, 2 and 3) included in the study are within the heart of Metro Manila

Inclusion criteria include public health nurses, midwives, and BHWs who were actively working and assigned in Metro Manila. Respondents who had been retrenched from service at the time of data gathering were excluded from the study.

RESULTS:

Demographic Profile

Among the respondents, the age distribution shows that the majority are aged between 45-54 years (34.4%), followed by those aged 55 and above (31.3%). The age groups 25-34 and 35-44 are represented by 18.8% and 15.6% of the respondents, respectively. In terms of gender, there is a significant predominance of females, who comprise 90.6% of the respondents, while males make up only 9.4%. This suggests that medical profession is a female dominated discipline.

Professionally, the respondents are divided into three categories: Barangay Health Workers (31.3%), midwives (43.8%), and public health nurses (25.0%). This distribution indicates a diverse professional background among the study participants. Regarding years of service, a substantial proportion of respondents (46.9%) have been serving for more than 10 years. Those with 1-3 years and 4-6 years of service each account for 18.8%, while respondents with less than 1 year and those with 7-10 years of service constitute 9.4% and 6.3%, respectively.

The demographic data provides a comprehensive overview of the respondents' backgrounds, which is essential for interpreting their self-reported confidence, attitudes, and willingness to perform cardiopulmonary resuscitation. The findings of this study will serve as a basis for developing an action plan to enhance CPR training and implementation among public health workers in Metro Manila.

LEVEL OF PERCEIVED CONFIDENCE TOWARDS PERFORMING CPR:

The mean scores for each item indicate a generally low level of confidence across all tasks. For instance, confidence in recognizing that a person is not breathing or not breathing normally has a mean score of 2.56 (SD = 0.80), which, although slightly higher than other items, still falls into the low category. Similarly, confidence in providing mouth-to-mouth resuscitation to make the chest rise has a mean score of 2.00 (SD = 0.92), and confidence in operating an AED is 2.09 (SD = 1.00), both indicating low confidence.

Other tasks, such as delivering rescue breaths to an infant (mean = 2.19, SD = 0.97), locating the area for chest compressions for both infants and adults (mean = 2.31, SD = 0.86), and providing chest compressions with the correct depth (mean = 2.19, SD = 0.86), also reflect low confidence levels. The overall mean score across all items is 2.25 (SD = 0.78), consistently indicating a low level of perceived confidence in performing CPR among the respondents.

These results highlight the need for improved CPR training programs to boost the confidence of public health nurses, midwives, and BHWs in handling emergencies effectively. Enhanced training could potentially lead to better preparedness and responsiveness in real-life scenarios, ultimately improving patient outcomes. . Results conform to the study of Bae and Hong (2021) which specified that creating individualized, progressive education plans with training simulators to boost CPR performance confidence is vital. In addition, result aligns to the study of Veettil et al. (2023) wherein higher levels of CPR understanding necessitate training that is more frequent and ongoing CPR certification renewal, particularly for healthcare workers with limited work experience.

LEVEL OF ATTITUDES TOWARDS PERFORMING CPR:

The mean scores for each item indicate a generally high level of concern and reluctance towards performing CPR. For instance, the concern that performing CPR might do more harm than good has a mean score of 2.63 (SD = 0.71). Similarly, uncertainty about performing mouth-to-mouth resuscitation with a stranger or someone with unknown medical history has a mean score of 2.75 (SD = 0.80). The tendency to prefer calling an ambulance rather than performing CPR is reflected in a mean score of 3.09 (SD = 0.69).

Additionally, the fear of contracting a disease from performing mouth-to-mouth resuscitation has a mean score of 2.97 (SD = 0.54), while the discomfort of performing CPR in front of an audience or bystanders has a mean score of 2.31 (SD = 0.74). On a more positive note, the willingness to improve performance through training is high, with a mean score of 3.38 (SD = 0.75). The overall mean score across all items is 2.85 (SD = 0.40), indicating a high level of attitudes towards performing CPR.

These results suggest the significant apprehension and reluctance among public health workers to perform CPR. This supports the study of Dobbie at al. (2020) where lack of self-assurance, information, and consciousness, in addition to external elements like safety worries and retaliation fears were seen as factors to why even a bystander deprived an individual receiving a CPR. Hence, it would be sufficient to create and provide tailored initiatives to enhance readiness.

Furthermore, in alignment to the study's finding, it is crucial to address these concerns through comprehensive training programs that can alleviate fears of public health nurses, midwives, and BHWs to perform CPR effectively.

LEVEL OF WILLINGNESS TOWARDS PERFORMING CPR:

The mean scores indicate a generally high level of willingness among the respondents. Specifically, the willingness to perform CPR in real-life situations has a mean score of 2.75 (SD = 0.92), suggesting a high readiness to act in emergency situations. The willingness to volunteer at rescue units is reflected in a mean score of 2.88 (SD = 0.66), also indicating a high level of commitment to contributing to emergency responses. Notably, the willingness to undergo training to enhance CPR practice and knowledge has a very high mean score of 3.44 (SD = 0.56), highlighting a strong desire for improvement and skill development.

The overall mean score of 3.02 (SD = 0.51) suggests a high level of willingness to perform CPR among the respondents. This indicates that while there is a notable readiness to participate in CPR-related activities and training, there is also a significant commitment to enhancing skills and knowledge through formal training. These findings emphasize the importance of providing effective training programs to support and capitalize on the respondents' willingness to improve their CPR capabilities. Having completed practical training, one's readiness to perform resuscitation on any kind of victim—strangers included—benefits greatly (Jaskiewicz et al. 2022). However, it is also crucial to consider concentrating on spreading awareness of CPR, reaching out to individuals who are reluctant to administer it, and assisting them in overcoming their challenges (Jiang, et al., 2020).

SIGNIFICANT RELATIONSHIP OF LEVEL OF CONFIDENCE, ATTITUDES, AND WILLINGNESS TO PERFORM CPR BASED ON DEMOGRAPHIC PROFILE:

The analysis reveals that none of the demographic variables shows a significant relationship with the levels of confidence, attitudes, or willingness to perform CPR. Specifically, the chi-square tests for age, gender, profession, and years of service all yielded p-values greater than 0.05 for each of the three aspects being measured. For instance, the relationship between age and the level of confidence had a chi-square value of 63.3 with a p-value of 0.361, indicating no significant correlation. Similarly, the p-values for gender, profession, and years of service in relation to confidence, attitudes, and willingness all exceeded the 0.05 significance threshold.

These results suggest that the levels of confidence, attitudes, and willingness to perform CPR among public health nurses, midwives, and BHWs are not significantly influenced by their demographic profiles. This implies that interventions aimed at improving CPR performance can be designed without major consideration for these demographic factors, focusing instead on enhancing overall training and support

DISCUSSION/ CONCLUSION:

Public health nurses, midwives, and BHWs in Metro Manila have low level of confidence in performing CPR, despite demonstrating a high level of positive attitudes and willingness towards performing CPR. The performance of CPR among public health nurses, midwives, and BHWs is not significantly influenced by their demographic profiles. This suggests that interventions to improve CPR performance can be designed without major consideration of these demographic factors, focusing instead on enhancing overall training and support. Such interventions should be developed as an outcome of this study.

CONCLUSION:

The level of confidence among health workers is low, attitude is high and willingness is high. The study suggests that the levels of confidence, attitudes, and willingness to perform CPR among public health nurses, midwives, and BHWs are not significantly influenced by their demographic profiles. This implies that interventions aimed at improving CPR performance may be designed without major consideration for these demographic factors, focusing instead on enhancing overall training and support and it shall be formulated as an offshoot of this study.

RECOMMENDATION:

First, in order to improve the low level of confidence in CPR performance, thorough training programs that prioritize regular practice and immediate feedback must be put in place. It is advised that healthcare professionals take refresher training to reaffirm knowledge and build confidence so they can respond appropriately in an emergency.

Therefore, it is advised to put in place thorough training programs that are adapted to the unique anxieties and learning requirements of public health workers in order to allay their worries and improve their performance when performing CPR.

Furthermore, it is imperative to grant access to thorough training programs considering the respondents' high degree of willingness to participate in CPR-related activities. The ability to conduct CPR in emergency situations can be maintained and improved by interacting with organizations such as the Philippine Heart Organization and other organizations or institutes that have provided courses.

Lastly, it is recommended that rather than catering to certain demographic groups, training programs for CPR should be created with an emphasis on universal tactics that advance knowledge and practical skills for everyone. It might be more advantageous to prioritize thorough instruction and assistance that tackles typical obstacles and reaffirms CPR basic practices in order to improve healthcare providers' general level of readiness.

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