

ASSESSING KNOWLEDGE, ATTITUDE, AND BARRIERS TOWARD CARDIOPULMONARY RESUSCITATION AMONG RESIDENTS IN SAN ISIDRO, TAGBILARAN CITY

LAYNA B. OPACO ^{ID}, KRISTAL JANE M. SIOCO, JAY A. PAYPA,
KYLE NICHOLE C. YANA, GLYDEL L. BARCIAL, JAMAICAH
REACH P. DAGOHOY, ARBE MAET T. MADRONA,
NASH BENZL F. SANDIGAN

¹College of Allied Health Sciences, University of Bohol,
Tagbilaran City, Philippines

Corresponding Author: lbopaco@universityofbohol.edu.ph

ABSTRACT

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Cardiopulmonary resuscitation (CPR) is a procedure that can save lives and is an essential component of efforts to improve survival rates in the event of a cardiovascular emergency. The purpose of this descriptive-correlational study was to evaluate the residents of Barangay San Isidro, Tagbilaran City, Bohol, regarding their knowledge, attitudes, and perceived impediments to cardiopulmonary resuscitation (CPR). A total of 368 randomly selected residents aged 18–60 years old participated in the study. A validated researcher-made questionnaire was used to gather data. The research used descriptive statistics, the Chi-square test, and Spearman's Rank Correlation. During the study, ethical norms were adhered to, informed



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consent was obtained, and confidentiality was maintained. The majority of respondents were between the ages of 20 and 24, predominantly female, and had a college education. Respondents who participated in the survey demonstrated a moderate level of awareness of cardiopulmonary resuscitation (CPR) (mean = 2.72), indicating they recognized its relevance. This exemplifies the influence of community participation on the development of confidence. Although interest in formal cardiac resuscitation training was moderate, views were generally favorable (mean = 3.66). Among the perceived obstacles, fear of being harmed, lack of self-confidence, and lack of training were all considered moderate (mean = 2.995). Knowledge and attitude were significantly related ($p = .000$), and knowledge and perceived barriers were significantly associated ($p = .004$). There was also a correlation between age, educational attainment, and knowledge and attitude. The study's results indicate a need for community-based cardiopulmonary resuscitation (CPR) training programs and health campaigns to improve survival rates and foster collective disaster preparedness.

INTRODUCTION

Particularly in pre-hospital settings, when urgent medical care is frequently unavailable, cardiac arrest continues to be one of the major causes of mortality around the world. The survival rates from cardiac arrest continue to be dangerously low, mostly as a result of delayed recognition and response rates, despite the technological breakthroughs that have been made in emergency treatment. Performing cardiopulmonary resuscitation (CPR) is one of the most important life-saving techniques in such circumstances. This skill has the potential to dramatically increase the likelihood of survival if delivered promptly and accurately. In the event that the heart stops beating, cardiopulmonary resuscitation (CPR) is an essential emergency procedure. Compressions of the chest and rescue breathing are the two components of cardiopulmonary resuscitation (CPR) (Merchant et al., 2020). The goal of CPR is to keep the circulation and oxygenation going during a cardiac arrest. The expertise and skill of the person administering cardiopulmonary resuscitation (CPR) are significant determinants of the procedure's effectiveness.

It is estimated that cardiovascular diseases (CVDs) are the major cause of death in the Philippines, accounting for around twenty percent of all deaths and thirty-five percent of deaths that occur at an early age. In the year 2022, ischemic heart disease was responsible for 18.3 percent of all deaths. Heart disease continues to be the leading cause of mortality in the Central Visayas region, with heart attacks accounting for 18.5% of fatalities and strokes accounting for 10.3% of deaths. A 2022 study aimed at assessing the cardiovascular risk among personnel of the Department of Education was conducted in Bohol. According to the study's findings, the probability that these workers will have a heart attack or stroke over the next 10 years was assessed. This underscores the critical need for preventive measures, such

as cardiopulmonary resuscitation (CPR) training and rapid-intervention procedures.

Having trained personnel in cardiopulmonary resuscitation (CPR) available at home can dramatically improve outcomes in emergencies, particularly in regions with delayed emergency response times (Merchant et al., 2020). The authorities responsible for public health in the Philippines believe that the ability to perform cardiopulmonary resuscitation (CPR) is essential for preparedness for public health emergencies. To meet this demand, the Philippine Red Cross, particularly its Bohol Chapter, provides cardiopulmonary resuscitation (CPR) training to a diverse range of individuals. These individuals include students, hospitality industry workers, and medical professionals. During 2023 to 2024, the number of individuals who completed cardiopulmonary resuscitation (CPR) training increased from 1,724 to 1,830. This growth was directly attributable to the steady increase in participation. Awareness of cardiopulmonary resuscitation (CPR) in the Philippines is increasing through various government initiatives and programs. In an effort to cultivate a culture of readiness, the Department of Education and other organizations are currently promoting the implementation of cardiopulmonary resuscitation (CPR) training across communities and educational institutions. Because students, educators, and community responders are more likely to be involved in emergencies, these groups receive specific emphasis.

The research was conducted in compliance with a range of national and international directives. The United Nations Sustainable Development Goals (SDGs) 3 and 11, which aim to enhance health and strengthen community resilience, were acknowledged by the United Nations General Assembly (2015) and support this document. In addition, it complies with Republic Act No. 10871, which requires all educational institutions to provide cardiopulmonary resuscitation (CPR) training, and Republic Act No. 10121, which emphasizes increasing disaster preparedness by teaching various skills essential to saving lives.

RESEARCH METHODOLOGY

To assess citizens' knowledge, attitudes, and perceived barriers to cardiopulmonary resuscitation (CPR) in San Isidro, Tagbilaran City, this study employed a descriptive correlational design. This particular design was chosen because it efficiently identifies associations between variables without modification, thereby enabling researchers to study patterns already present in the community context. The selection of Barangay San Isidro was based on the fact that it has a high prevalence of hypertension cases, which increases the likelihood of cardiac emergencies occurring.

Residents of Barangay San Isidro, Tagbilaran City, aged 18 to 60, participated in this survey. According to barangay data, the total population of this age group was 4,447. A sample of 368 participants was selected through

stratified random sampling. This sample may be considered representative of the population with 95% confidence and 5% margin of error. The purok was responsible for carrying out stratification to ensure proportional representation. A single participant was assigned to each home to ensure a diverse range of responses while avoiding duplication.

To assess their knowledge, attitudes, and impediments, a modified questionnaire based on the standard tool developed by Huiming Gao et al. (2024) was used. Four distinct sections were included in the questionnaire's configuration. Section 1 collected demographic information, including age, gender, and educational attainment.

Section 2. This section assesses respondents' knowledge of Cardiopulmonary Resuscitation (CPR). This was adopted from Huiming Gao et al. (2024), who used a 4-point Likert scale. Reliability coefficients were based on pilot testing of the adapted instrument, as reported by Gao et al. (2024), which yielded a Cronbach's alpha of .941, indicating acceptable reliability.

Scale	Symbol	Description	Meaning	Interpretation
4	SA	Strongly Agree	The statement is very true	High Level of Knowledge
3	A	Agree	The statement is mostly true	Moderate Level of Knowledge
2	D	Disagree	The statement is not very true	Slight Level of Knowledge
1	SD	Strongly Disagree	The statement is not true at all	Low Level of Knowledge

Section 3 identifies the respondents' attitudes that may influence their willingness to learn or perform CPR. This section explores beliefs, perceptions, and the importance of CPR. It includes a 7-item Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree).

Scale	Symbol	Description	Meaning	Interpretation
4	SA	Strongly Agree	The statement is very true	Very Positive Attitude
3	A	Agree	The statement is mostly true	Positive Attitude
2	D	Disagree	The statement is not very true	Less Positive Attitude
1	SD	Strongly Disagree	The statement is not true at all	Negative Attitude

Section 4 aims to identify the challenges individuals may face in learning and performing cardiopulmonary resuscitation (CPR). The instrument was

adapted from previously validated tools from Megan Lynn Turnage (2018). It includes a 10-item Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree).

Scale	Symbol	Description	Meaning	Interpretation
4	SA	Strongly Agree	The statement is very true	High Perceived Barrier
3	A	Agree	The statement is mostly true	Moderately Perceived Barrier
2	D	Disagree	The statement is not very true	Low Perceived Barrier
1	SD	Strongly Disagree	The statement is not true at all	No Perceived Barrier

The instrument was modified from previously validated tools (e.g., Gao et al., 2024; Turnage, 2018) and pilot-tested outside the study area. There was a high level of internal consistency and reliability, as evidenced by the Cronbach's alpha scores (.941 for knowledge, .963 for attitude, and .950 for barriers).

Prior to data collection, authorization was obtained from the College of Nursing, the University of Bohol Ethics Review Committee, and the local authorities in San Isidro. All respondents agreed after being fully informed. Participants were chosen for the study based on their availability and presence at the time of data collection. The questionnaires were translated into the local Visayan vernacular and disseminated through house-to-house visits conducted by the researchers. To protect the confidentiality of the responses, they were tagged and used only for academic purposes. The researchers maintained strict adherence to ethical standards. They highlighted the importance of anonymity and voluntary participation and notified respondents that they had the right to withdraw from the study at any time. We have supplied the principal researcher's contact details in case you have any questions or concerns.

After an initial analysis, the Shapiro-Wilk test was used to assess the normality of the data. The results of this test revealed that the distributions were not normal ($p < 0.05$), prompting the use of nonparametric statistical approaches. To provide a concise summary of the demographic profile and levels of knowledge, attitudes, and perceived barriers, descriptive statistics were used. These statistics, including frequencies, percentages, and weighted means, were utilized. To investigate possible correlations between categorical variables, such as gender and educational level, chi-square tests were used. While this was going on, Spearman's rho was used to analyze correlations among continuous or ordinal variables, such as knowledge, attitudes, and barriers. These analytical methods enabled a comprehensive evaluation of variable relationships without violating the assumptions required for parametric testing.

RESULTS AND DISCUSSIONS

Table 1 provides the respondents' profiles, including age, sex, and highest educational attainment. The research engaged 368 participants from Barangay San Isidro, Tagbilaran City. Among them, the largest group (26%) was in the 20–24 age range, followed by those aged 30–34 and 25–29, each representing 11%. This youthful demographic may be attributable to their availability during daytime data collection and a general willingness to participate. Females marginally outnumbered males, accounting for 50.8% of the overall sample. Regarding education, a sizeable proportion of respondents had completed college (36.4%), while 23.1% had graduated from college. As a result of greater exposure to health-related procedures through school-based training and social media initiatives, this demographic profile is consistent with earlier research, such as the one carried out by Birkun et al. (2021), which indicates that younger individuals with higher levels of education are generally more aware of health-related procedures thanks to increased exposure.

Respondent's Level of Knowledge on Cardiopulmonary Resuscitation. Findings revealed that when respondents were asked about their level of knowledge of cardiopulmonary resuscitation. As indicated by their weighted mean scores on 10 questions, the participants demonstrated an average level of understanding of cardiopulmonary resuscitation (CPR). The statement that received the highest level of agreement was "CPR must be started immediately when there is no breathing or heartbeat," with 74.4% of respondents either agreeing or strongly agreeing. On the other hand, only 42.4% of respondents correctly identified the optimal compression-to-ventilation ratio. These results are consistent with international tendencies. By way of illustration, Baldi et al. (2019) observed that although there is a widespread awareness of cardiopulmonary resuscitation (CPR), crucial technical knowledge is usually lacking among the general population. In a manner analogous to this, Sasson et al. (2013) emphasized the importance of rapid response in the event of cardiac crises. However, misunderstandings of technical aspects, such as compression depth or breath ratios, can make it more difficult to provide an effective response. According to the findings, 58.1% of respondents had a moderate-to-high level of knowledge of cardiopulmonary resuscitation (CPR), whereas 42.6% had a limited or incorrect understanding of the subject, particularly regarding technical aspects such as the breath-to-compression ratio and hand positioning.

Respondent's Level of Attitude on Cardiopulmonary Resuscitation. Regarding the respondents' attitudes toward cardiopulmonary resuscitation, they showed a highly favorable attitude toward CPR. Both the statement "It is crucial to learn CPR" (weighted mean: 3.77) and the statement "CPR is a vital skill everyone should acquire" (mean: 3.76) received a significant amount of support from the individuals who participated in the survey. However, there was a discernible decline in enthusiasm for participating in training sessions,

highlighting a mismatch between the value generally regarded as important and individuals' self-motivation. In accordance with the findings of Baldi et al. (2020), who found that a positive attitude does not, on its own, lead to action without practical training, this observation aligns with theirs.

The weighted averages for attitude questions ranged from 3.53 to 3.77, indicating strong agreement. Although the willingness to practice cardiopulmonary resuscitation (CPR) remains low, this suggests that the local population values CPR.

Respondents' Perceived Barriers to Cardiopulmonary Resuscitation.

The answers provided by each of the respondents when they were asked about the obstacles they believed to be in the way of cardiopulmonary resuscitation. The participants reported perceiving a moderate number of difficulties. Anxiety over the possibility of causing harm and potential legal implications followed closely behind the top concern, the absence of training. The worry about disease transmission was the least concerning problem. The European Resuscitation Council (ERC Education and Implementation Group, 2015) recommends that addressing legal and psychological concerns through public education can help alleviate these obstacles.

Relationship Between the Profile of the Respondents and Level of Knowledge on Cardiopulmonary Resuscitation. Table 1 presents the associations between respondents' sociodemographic characteristics and their level of cardiopulmonary resuscitation (CPR) knowledge. A weak but statistically significant negative association was observed between age and cardiopulmonary resuscitation (CPR) knowledge ($\rho = -0.116$, $p = .026$). This suggests that younger responders tend to have stronger CPR knowledge. This pattern may reflect more recent exposure to health education campaigns or greater engagement with contemporary information and communication platforms.

Table 1. *Relationship Between Respondents' Profile and Level of Knowledge on Cardiopulmonary Resuscitation (n = 368)*

Variable	Statistical Test	Test Statistic	p-value
Age × Level of Knowledge	Spearman's ρ	-0.116	.026*
Sex × Level of Knowledge	χ^2	2.256	.521
Educational Attainment × Level of Knowledge	χ^2	42.294	.001**

Note. $p < .05$; $p < .01$.

The results of the study indicated that there was no significant association between sex and cardiopulmonary resuscitation (CPR) knowledge ($\chi^2 = 2.256$, $p = .521$), indicating that male and female respondents had equivalent levels of CPR knowledge. The results of this study indicate a strong, statistically significant correlation between educational attainment and knowledge of

cardiopulmonary resuscitation (CPR) ($\chi^2 = 42.294, p = .001$). There is a correlation between higher educational achievement and a greater likelihood of displaying moderate-to-high levels of CPR expertise.

Several studies across diverse populations support the conclusion that younger respondents have greater knowledge of cardiopulmonary resuscitation. Younger people tend to have a better understanding of cardiopulmonary resuscitation (CPR), as indicated by research by Birkun et al. (2021) and Baldi et al. (2019). This can often be linked to more recent exposure to cardiopulmonary resuscitation (CPR) instruction, school-based training, and digital health information. According to this research, a decrease in cardiopulmonary resuscitation (CPR) knowledge among older people may result from gradual knowledge loss over time and fewer opportunities for education and training refreshers. Research by Roshana et al. (2012) found no significant association between age and comprehension of cardiopulmonary resuscitation (CPR) among healthcare workers. According to this study's findings, continuing one's professional development may help prevent the decline in knowledge that generally occurs with advancing age. The existence of this gap underscores the importance of continuing to educate people about cardiopulmonary resuscitation (CPR), particularly in community settings, where participants often do not receive regular refresher training.

The findings of Baldi et al. (2019) and Aroor et al. (2014), who underlined that individuals with higher educational attainment are likely to have a better understanding of CPR ideas and procedures, were corroborated by the findings of this study, which revealed that educational attainment emerged as a key influencer of CPR knowledge. However, research indicates that higher education does not necessarily translate into practical competence. These studies emphasize that formal education must be supplemented with CPR training that emphasizes hands-on experience. These findings lend credence to this nuanced perspective, which positions education as an enabling but not necessary factor for effective readiness for cardiopulmonary resuscitation (CPR).

Overall, our findings suggest that age and educational level are major predictors of CPR knowledge, whereas gender is not a significant factor. The findings underscore the importance of implementing targeted CPR training programs, particularly for individuals with lower educational attainment and older adults, to enhance community preparedness for cardiac emergencies.

Relationship Between the Respondent's Profile and the Respondent's Level of Attitude on Cardiopulmonary Resuscitation. The correlations between the respondents' sociodemographic variables and their attitudes toward cardiopulmonary resuscitation (CPR) are presented in Table 2. A weak but statistically significant negative relationship between age and attitude was observed ($\rho = -0.129, p = .013$). This association indicates that younger respondents tend to have more favorable attitudes towards cardiopulmonary resuscitation than older respondents. This trend may reflect greater exposure

to recent health education initiatives and fewer psychological barriers among younger individuals.

Table 2. *Relationship Between Respondents' Profile and Level of Attitude on Cardiopulmonary Resuscitation (n = 368)*

Variable	Statistical Test	Test Statistic	p-value
Age × Level of Attitude	Spearman's ρ	-0.129	.013*
Sex × Level of Attitude	χ^2	0.878	.645
Educational Attainment × Level of Attitude	χ^2	12.932	.374

Note. $p < .05$.

Younger respondents had more positive attitudes toward cardiopulmonary resuscitation (CPR), as indicated by the current study's outcomes. Both Matsuyama et al. (2020) and Bouamor et al. (2021) reported that younger individuals expressed greater interest and openness to receiving cardiopulmonary resuscitation (CPR) training. This finding is consistent with their findings. Younger respondents had more positive attitudes toward cardiopulmonary resuscitation (CPR), as indicated by the current study's outcomes. Both Matsuyama et al. (2020) and Bouamor et al. (2021) reported that younger individuals expressed greater interest and openness to receiving cardiopulmonary resuscitation (CPR) training. This finding is consistent with their findings.

According to these studies, younger populations may be more likely to encounter fewer psychological barriers and to have higher levels of confidence when learning new emergency skills. On the other hand, Meissner et al. (2012) observed that older adults frequently have favorable attitudes toward cardiopulmonary resuscitation (CPR), yet report higher levels of worry and fear of causing injury. This phenomenon suggests that good attitudes may coexist with hesitancy. In light of this, the weaker but still significant association between age and attitude observed in the current study can be better understood. According to the current study's findings, there were no significant associations among sex, educational attainment, and CPR attitude. This contrasts with findings from several earlier studies, which demonstrated that individuals with higher levels of education held more positive attitudes toward cardiopulmonary resuscitation (CPR). Recent research, by contrast, has shown that attitudes toward cardiopulmonary resuscitation (CPR) are influenced more by experiential factors, such as prior exposure to emergencies or participation in CPR training, than by demographic characteristics alone. This growing viewpoint is strongly supported by the findings presented here.

Correlation Between Level of Knowledge and Attitude on Cardiopulmonary Resuscitation. Table 3 presents the correlation between knowledge and attitudes toward cardiopulmonary resuscitation. After

applying the Spearman rank correlation test, the obtained p-value is 0.000, which is below the 0.05 significance level, thereby rejecting the hypothesis. This further indicates a significant relationship between the variables. An individual's knowledge of CPR is significantly associated with their attitude toward performing it.

Table 3. *Correlation Between Level of Knowledge and Attitude on Cardiopulmonary Resuscitation (n = 368)*

Variables	Spearman's ρ	p-value
Knowledge \times Attitude	0.250	< .001**

Note. $p < .01$.

This relationship supports behavioral theories such as the Theory of Planned Behavior, which postulates that knowledge shapes attitudes, which in turn shape behavioral intentions. One of the most important findings of the study is the positive association between cardiopulmonary resuscitation (CPR) knowledge and attitude. This finding aligns with the research by Liu et al. (2018) and Cho et al. (2010), who demonstrated that greater knowledge is associated with more favorable attitudes and stronger intentions to perform CPR.

Correlation between Level of Knowledge and Perceived Barrier on Cardiopulmonary Resuscitation. Perceived obstacles and CPR knowledge showed a small but statistically significant negative association ($\rho = -0.150$, $p = .004$; see Table 4). This implies that the barriers respondents perceive—such as fear of injury, lack of confidence, or uncertainty about procedures—tend to diminish as their understanding of CPR grows. Increased understanding is likely to reduce psychological and practical resistance to performing CPR by boosting self-efficacy and dispelling myths. This research emphasizes the importance of education and information sharing in reducing hesitancy and enhancing community preparedness to handle cardiac emergencies.

Table 4. *Correlation Between Level of Knowledge and Perceived Barriers on Cardiopulmonary Resuscitation (n = 368)*

Variables	Spearman's ρ	p-value
Knowledge \times Perceived Barriers	-0.150	.004**

Note. $p < .01$.

Furthermore, the negative association between CPR knowledge and perceived barriers observed in the current study is strongly supported by prior research. It has been found by Sasson et al. (2013) and Lim et al. (2019) that a lack of knowledge increases the levels of anxiety, legal concerns, and lack of confidence, but education and training considerably reduce the levels of these barriers. The findings of this research support the hypothesis that knowledge

increases individuals' sense of self-efficacy and reduces psychological resistance, thereby enhancing their readiness to respond to emergencies.

Correlation between Level of Attitude and Perceived Barrier on Cardiopulmonary Resuscitation. As shown in Table 5, there is no statistically significant correlation between respondents' attitudes toward cardiopulmonary resuscitation (CPR) and perceived barriers ($\rho = -0.021$, $p = .693$). Based on this data, it appears that having a favorable attitude toward cardiopulmonary resuscitation (CPR) does not necessarily lead to fewer obstacles to performing it. Despite the positive perspectives, some people may still be hesitant due to inadequate training, fear of making mistakes, or concerns about legal ramifications. It is essential to have hands-on training, repeated practice, and confidence-building interventions in order to convert positive attitudes into actual CPR performance. This result is consistent with previous research that demonstrated that attitudinal readiness alone is not sufficient to overcome practical and psychological barriers.

Table 5. *Correlation Between Level of Attitude and Perceived Barriers on Cardiopulmonary Resuscitation (n = 368)*

Variables	Spearman's ρ	<i>p</i> -value
Attitude × Perceived Barriers	-0.021	.693

Taken together, the findings demonstrate that knowledge plays a central role in shaping both attitudes and perceived barriers to CPR, whereas attitudes alone do not significantly correlate with perceived barriers. These results underscore the importance of community-based, skill-oriented CPR training programs that go beyond awareness-building and focus on strengthening technical competence and self-confidence to improve bystander response during cardiac emergencies.

In contrast, the study found no significant association between attitude and perceived barriers, a finding that agrees with Roshana et al. (2012) and Baldi et al. (2020). These studies emphasize that although individuals may express positive attitudes toward CPR, they often remain hesitant to intervene due to inadequate skills, fear of mistakes, or legal concerns. This divergence between attitude and action highlights a critical gap in CPR preparedness and underscores the limitation of awareness-based interventions alone.

CONCLUSIONS

This research was conducted to determine the levels of knowledge, attitudes, and perceived barriers of the people of Barangay San Isidro, Tagbilaran City, regarding cardiopulmonary resuscitation (CPR). Important discoveries were made as a result of the findings, which align with the research objectives and the leading theoretical framework, specifically Ajzen's Theory of

Planned Behavior. A significant number of participants had a moderate level of comprehension of cardiopulmonary resuscitation (CPR), indicating that they were aware of the technique's relevance but lacked knowledge of critical technical specifics, such as compression depth and ventilation ratio. Although general knowledge exists, it does not necessarily translate into abilities that can save lives, as this gap demonstrates.

Responders had a very favorable attitude toward cardiopulmonary resuscitation (CPR). A sense of social obligation and a willingness to learn were reflected in the majority's perception that cardiopulmonary resuscitation (CPR) is an essential skill not only for those working in the medical field but for everyone. On the other hand, the fact that they only participated in a small amount of formal CPR instruction made their passion somewhat less intense. Another finding was a moderate impression of the obstacles. Insufficient training, fear of causing injury to the patient, and a lack of self-assurance were the top issues raised. These studies highlight the psychological and educational barriers that prevent the application of cardiopulmonary resuscitation (CPR) knowledge in real-world settings. One thing that stands out is that the fear of disease transmission was rated lowest, indicating that public attitudes are shifting.

Statistical studies revealed significant connections between knowledge and attitudes, as well as between knowledge and perceived obstacles. These findings highlight that higher levels of education are associated with improved attitudes and reduced psychological barriers. This study found that demographic factors, such as younger age and higher levels of education, were positively associated with improved cardiopulmonary resuscitation (CPR) knowledge and more positive attitudes. No discernible gender disparities were found, indicating that knowledge of cardiopulmonary resuscitation (CPR) is equally accessible to people of both sexes. In conclusion, although the people of San Isidro recognize the value of cardiopulmonary resuscitation (CPR) and demonstrate good attitudes, many are unable to take effective action because they lack the necessary technical knowledge and psychological preparation. According to the findings, there is an urgent need for community-based, hands-on training programs and public education initiatives to improve readiness for life-saving measures.

RECOMMENDATIONS

- It is strongly recommended that a sustainable, grassroots CPR teaching program be implemented in order to improve community preparedness and increase survival rates after cardiac arrest. The City Disaster Risk Reduction and Management Office (CDRRMO) should be the driving force behind this attempt. They should work in conjunction with local authorities and community health representatives, such as Barangay Health Workers (BHWs).

- Adults 35 years of age and older, who usually exhibit lower levels of CPR awareness, should be the target audience for these ongoing community-centered CPR workshops. Training must contain aspects that refute myths, such as emphasizing that cardiopulmonary resuscitation (CPR) does not spread viruses and that cardiac arrest is a noncommunicable disorder. In addition to specific skills, training must include elements that dispel myths. This approach is consistent with the Health Promotion Model developed by Nola Pender. This model emphasizes the need to provide individuals with knowledge and to establish environments that promote health, thereby enhancing the likelihood that they will engage in behaviors beneficial to their health.
- Hands-Only CPR should be promoted globally as a more realistic and approachable alternative to traditional CPR. To allay concerns about disease spread, training programs should emphasize infection-prevention techniques such as wearing gloves and face shields. This approach aligns with the Health Belief Model (HBM), which emphasizes the importance of boosting self-efficacy and reducing perceived barriers. Furthermore, by fostering a culture of compassionate action based on empathy and trust, Jean Watson's Theory of Human Caring enhances the strategy. As a result, teaching CPR becomes a community-driven moral obligation rather than just a technical competence.
- Laws such as Republic Act 10871 (CPR Act of 2016) should be fully enforced in order to ensure that CPR literacy is firmly established. It is important for companies and educational institutions to incorporate compression-only cardiopulmonary resuscitation (CPR) into their instructional programs and to conduct frequent CPR drills. These campaigns should include clear, crystal-clear health education to address any ambiguities, thereby increasing public trust and the desire to take action. To broaden public outreach, multilingual instructional resources that are visually appealing and written in Filipino, Visayan (or other local languages) should be developed.
- These materials should be displayed in everyday environments—such as markets, transportation hubs, and community boards—to maximize their exposure and accessibility. This approach aligns with Social Cognitive Theory (SCT), which advocates the use of culturally appropriate resources to enhance observational learning and model health behaviors.
- Collaborations with organizations such as the Philippine Red Cross, Department of Health, and local disaster councils should be utilized to offer CPR training at the barangay level, integrated with community health events and school programs.

- Lastly, future research should broaden to encompass larger and more diverse communities, evaluating not just theoretical knowledge but actual CPR performance. This will yield a comprehensive understanding of community preparedness and guide scalable interventions tailored to different regions and countries.

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