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Knowledge, Attitude, and Readiness towards Basic Life Support among Healthcare Workers, Medical Students, and the Public in Malaysia.

Abry Farah Hanim Anuar, Roswati MN, Osman Ali*.

Faculty of Medicine, Royal College of Medicine Perak, Universiti Kuala Lumpur, Ipoh, Malaysia.

Corresponding Author
Osman Ali
Department of Community-Based, Faculty of Medicine, Royal College of Medicine Perak, Universiti Kuala Lumpur, 30450 Ipoh, Perak, Malaysia.
Email: osmanali@unikl.edu.my

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Abstract

Introduction: Basic Life Support (BLS) is a vital emergency procedure that improves survival outcomes following sudden cardiac arrest**. Methods:** This cross-sectional study evaluated knowledge, attitude, and readiness to perform BLS among healthcare workers, medical students, and the public in Malaysia. A total of 297 respondents (128 healthcare workers, 100 medical students, 69 members of the public) were recruited via convenience sampling from Ampang Hospital and Universiti Kuala Lumpur Royal College of Medicine Perak. All participants were aware of BLS and completed a structured self-administered questionnaire. Data were analyzed using SPSS with chi-square and Fisher's exact tests. **Results:** Healthcare workers demonstrated significantly higher knowledge scores (82.8% high knowledge) compared to medical students (49.0%) and the public (7.2%) ($p<0.001$). Attitudes toward BLS were positive across all groups 89.6% demonstrating a high attitude level. However, readiness to perform cardiopulmonary resuscitation (CPR) was critically low among the public, with 100% classified as having low readiness. Prior training, perceived competence, and frequency of practice influenced readiness levels. Despite positive attitudes, lack of hands-on experience, particularly among non-healthcare respondents, emerged as a key barrier. **Conclusion:** Targeted BLS education and practical training programs are urgently needed. To improve community responsiveness in emergencies, it is recommended that BLS training be incorporated into educational curricula, workplace training, and community program.

Keywords: *Attitude, basic life support (BLS), CPR, knowledge, readiness.*

Introduction

Cardiac arrest continues to be a major contributor to global mortality. Early intervention through Basic Life Support (BLS) is vital in minimizing fatalities and related health complications, prompting efforts to make BLS training more widely available to the public. BLS is a fundamental aspect of cardiopulmonary resuscitation (CPR), focusing on the maintenance of airway, breathing, and circulation during emergencies involving respiratory or cardiac arrest [1]. Having sufficient knowledge and awareness of BLS and CPR is crucial to empower individuals to respond effectively during life-threatening emergencies [2,3]. For healthcare professionals, a strong grasp of BLS is especially important, given the likelihood of encountering critical situations in their daily practice [4]. Despite its importance, gaps in BLS awareness, confidence, and skill retention remain challenging across many populations. Factors such as limited training access, poor knowledge retention, and psychological barriers to performing CPR (e.g., fear of legal repercussions or harming the victim) contribute to low rates of bystander intervention [5].

Given the growing number of out-of-hospital cardiac arrests and the time-sensitive nature of such emergencies, members of the community need to possess basic life-saving skills. A lack of knowledge about BLS can lead to delays in providing help, which may reduce the chances of saving lives and weaken the overall emergency response. However, there is limited research in Malaysia that directly compares BLS knowledge, attitude, and readiness across healthcare workers, medical students, and the public within a single study. This study aims to evaluate the knowledge, attitude, and readiness among healthcare providers, medical trainees, and the public in providing the BLS in Malaysia.

Methodology

Study design and setting

This research is a cross-sectional study involving the medical health staff of Ampang Hospital, medical students from the Universiti Kuala Lumpur, Royal College of Medicine Perak, and members of the public aged 18-60 years old present in Ampang Hospital during the study period (April to June 2024).

Sample size and sampling

A minimum sample size calculated using Openepi software was 384. It was based on an infinite total population, an anticipated percentage of 50%, and a confidence limit of 5%. However, after data collection and exclusion of respondents who were unaware of BLS, the final analytical sample comprised 297 respondents (128 healthcare workers, 100 medical students, and 69 members of the public). All participants were recruited via convenience sampling. Prospective and eligible candidates were approached personally by the researcher.

Inclusion Criteria

Participants were included if they were:

- Healthcare workers employed at Ampang Hospital
- Medical students enrolled at Universiti Kuala Lumpur Royal College of Medicine Perak
- Members of the public aged 18-60 years at Ampang Hospital during the study period
- Aware of BLS

Data collection instrument

All participants completed a structured, self-administered questionnaire. The questionnaire consisted of four sections:

Section 1: Sociodemographic data (age, gender, race, educational level, occupation, socioeconomic status, and marital status)

Section 2: Knowledge on BLS – 10 multiple-choice questions

Section 3: Attitude toward BLS – 7 items rated on a 5-point Likert scale
Section 4: Readiness to perform CPR – 6 yes/no items
The questionnaire was adapted from guidelines developed by the Emergency Basic Life Support (BLS) Unit of Selangor and was pretested before use.

Data analysis
Data were analysed using the Statistical Package for Social Sciences Program (SPSS) version 23.0. Simple frequency distributions (absolute numbers and percentages) were used to describe demographic factors. The knowledge level of Basic Life Support (BLS) was categorized into two levels: 'Low' and 'High'. This section consisted of ten (10) multiple-choice questions, each with one correct answer. Respondents scoring 8-10 correct were classified as having high knowledge; those scoring 0-7 were classified as having low knowledge. The attitude level towards Basic Life Support (BLS) was assessed using a set of seven (7) items on a 5-point Likert scale (1 = Strongly disagree, 5 = Strongly agree). Overall attitude was categorised as: Low (1.00 – 2.33), Moderate (2.34 – 3.66), and High (3.67 – 5.00). For readiness in performing cardiopulmonary resuscitation (CPR), two levels were set, low and high. This section comprised six (6) items, with either 'Yes' or 'No' response for each statement (Yes = 1, No = 0). The total readiness score for each respondent was calculated based on the number of 'Yes' responses. Respondents answering 'Yes' to all six items were classified as having high readiness; those answering 'Yes' to five or fewer items were classified as having low readiness. Differences between groups were assessed using the chi-square test for overall comparisons. For pairwise group comparisons, Fisher's exact test was utilized. A p-value of < 0.05 was considered statistically significant.

Ethical considerations
An ethical clearance was obtained from UniKL Ethical Committee, Medical Research and Ethics Committee (MREC), and the Hospital Director of Ampang Hospital. Informed consent was sought from the eligible participants before data collection.

Results

Demography of respondents
A total of 297 participants were aware of BLS completed the questionnaire. This sample comprised 128 healthcare workers, 100 medical students, and 69 members of the public. Among all respondents, 119 respondents were male (40.1%) and 178 respondents were female (59.9%). In terms of age, 142 (48.7%) respondents were aged 21 - 30 years, 103 (34.7%) were aged 31 - 40 years, 38 (12.8%) were aged 41 - 50 years, and 14 (4.7%) were aged 51 years and above. According to the ethnic group, 266 (89.6%) were Malay, 17 (5.7%) were Indian, 13 (4.4%) were Chinese, and 1 (0.3%) was from other ethnic groups. In terms of marital status, 130 respondents (43.8%) were married. The majority (n = 274, 92.3%) had tertiary education, while 23 (7.7%) had secondary education.

Prior BLS training and Experience
Among the 297 respondents, 206 individuals (69.4%) had previously attended a BLS course; 249 (83.8%) reported that they knew how to perform CPR; and 203 (68.4%), had performed CPR in the past.

The knowledge level of Basic Life Support (BLS)
Table 1 presents the proportion of correct answers for each knowledge item across the three groups. Healthcare workers demonstrated the highest proficiency, achieving 100% accuracy in identifying signs of cardiac arrest (Q2) and the purpose of an AED (Q7). However, notable weaknesses were identified in technical parameters, such as compression depth for children (70.3%) (Q9). Medical students matched the proficiency of healthcare workers in

identifying cardiac arrest and AED purpose (100%), but scored significantly lower in most other categories, particularly in the initial action for an unconscious victim (23.0%, Q1) and child CPR ratios (64.0%, Q8). While the public exhibited the lowest knowledge levels overall. Critical deficiencies were found in identifying the correct compression rate (11.6%, Q4) and child-specific CPR ratios (7.2%, Q8).

As shown in Table 2, most of the public had low knowledge (92.8%); while healthcare workers demonstrated high knowledge (82.8%). The results indicated a statistically significant association between group and knowledge level ($\chi^2 = 104.46$, $p < 0.001$).

The attitude toward Basic Life Support (BLS)

Table 3 shows the overall attitude levels between the three groups. The study revealed a universally high level of positive attitude toward BLS across all groups. The healthcare workers exhibited the highest overall mean score (M = 4.53, SD = 0.386), followed by medical students (M = 4.39, SD = 0.638). Although the public recorded the lowest overall mean (M = 4.16, SD = 0.465), their score remained within the "High" bracket. Notably, the public reported only moderate level of confidence in performing CPR (M = 2.86, SD = 1.386), which was significantly lower than healthcare workers (M = 4.50) and medical students (M = 4.05). Despite the lower confidence, public showed an exceptionally high desire to be trained or retrained (M = 4.75, SD = 0.553) and a strong belief that acquiring CPR skills is necessary (M = 4.87, SD = 0.339). Automated external defibrillator (AED) attitudes and confidence in utilizing an AED (Statement 6) represented the lowest scoring area for all groups relative to other BLS components. The public scored within the moderate range (M = 2.87, SD = 1.282). While healthcare workers remained in the high range (M = 4.13), their confidence in AED use was lower than their confidence in manual CPR (M = 4.50).

Table 4 shows the attitude level of basic life support (BLS) among healthcare workers, medical students, and the public. All respondents demonstrated high attitude level (89.6%). All healthcare workers (100%) had a high attitude, compared to 76.0% of medical students and 89.9% of the public.

Readiness in performing CPR

The comparative analysis of CPR readiness reveals a significant disparity in training and confidence levels between healthcare professionals and the public (Table 5). While HCW demonstrated 100% proficiency in formal training, confidence, and real-world experience, the P represented a critical gap in emergency response capability.

Only 20.3% of the P felt confident to perform CPR in an emergency, and none (0.0%) had received AED training or had ever performed CPR on a real person. Among MS, less than half (48.0%) had received formal CPR training or felt confident in emergency situation.

Table 6 shows that 52.2% (n = 155) of respondents demonstrated low readiness, while 47.8% (n = 142) had high readiness. The association between group and readiness level was statistically significant ($\chi^2 = 156.73$, $p < 0.001$). Among healthcare workers, a high percentage (87.5%) demonstrated high readiness, followed by medical students (30.0%). In contrast, none of the public reported high readiness (0.0%); all 69 (100%) were classified as having low readiness. These findings suggest a significant gap in readiness between professional and non-professional groups. The likelihood ratio test further supported this result ($\chi^2 = 192.534$, $p < 0.001$).

Discussion

This study explored the knowledge level, attitudes, and readiness towards Basic Life Support among 297 healthcare workers, medical students, and members of the public in Malaysia.

The findings reveal significant differences across the three groups, demonstrating superior knowledge and readiness compared to medical students and public.

Knowledge of Basic Life Support

Healthcare workers demonstrated the highest knowledge levels (82.8% high knowledge), followed by medical students (49.0%), and the public (7.2%). These variations were statistically significant and align with previous studies conducted both in Malaysia and internationally.

A study among Malaysian health science students similarly found that despite favourable attitudes towards BLS, actual knowledge levels were lacking [6]. Likewise, structured BLS training has been shown to significantly boost knowledge scores among medical students, supporting the call for practical, recurrent BLS education in the academic curriculum [7]. This gap between theoretical awareness and applied knowledge among medical students signals a need for more experiential, simulation-based teaching methods.

Among the public, the finding that 92.8% fell into the "low knowledge" category is alarming but consistent with other studies. A lack of exposure, absence of mandatory training, and insufficient public health campaigns likely contribute to this knowledge deficit [8]. Studies in Nepal [9] and Saudi Arabia [10] also found that BLS knowledge was significantly lower among the public and medical trainees compared to practicing clinicians. This reinforces the idea that structured, formal training is a primary factor influencing BLS competency. Without it, even educated individuals may lack the confidence or technical proficiency required to respond in an emergency.

It is also worth noting that knowledge acquisition is deeply tied to opportunity. Healthcare workers, by virtue of their professional responsibilities and routine exposure to emergencies, are more likely to undergo repeated BLS training sessions, leading to skill reinforcement. On the contrary, the public typically only gains access to such training through infrequent community initiatives or elective programs, if at all. The timely initiation of CPR by bystanders is one of the most critical determinants of survival following out-of-hospital cardiac arrest [11]. Without a knowledgeable public, the chances of early intervention are severely diminished. Therefore, there is an urgent public health imperative to democratize BLS knowledge. Strategies may include integrating CPR training into school curricula, organizing nationwide training events, and leveraging digital platforms for accessible skill-building. Moreover, cultural and psychological barriers such as fear of performing CPR incorrectly, legal liability, or hesitancy in approaching strangers during emergencies further inhibit public engagement. Addressing these concerns through awareness campaigns, legal protection policies like the "Good Samaritan Law," and accessible training modules could help improve public readiness.

In this study, it underscores the strong association between formal training and BLS knowledge and highlights the critical need for targeted interventions aimed at the general population. Increasing public access to hands-on BLS training could significantly bridge the existing knowledge gap, enhance bystander intervention rates, and ultimately improve emergency response outcomes nationwide.

Attitude Towards BLS

Attitudinal analysis revealed universally positive attitudes across all groups, with 89.6% of respondents demonstrating high attitude levels. Healthcare workers showed the most favourable attitudes (100% high) followed by public (89.9%) and medical students (76.0%). This result aligns with findings from other studies that observed strong enthusiasm and receptiveness toward BLS training even among individuals with limited exposure [12] [13]. These positive attitudes are encouraging, as they suggest a strong motivational foundation for future interventions and policy implementation.

The Theory of Planned Behaviour provides a relevant theoretical framework, asserting that

attitudes, subjective norms, and perceived behavioural control influence intention and behaviour [14,15]. In this study, the more favourable attitudes observed among healthcare professionals and students can be attributed to prior training, greater awareness, and perceived ability to perform CPR effectively. Despite limited knowledge, the public still demonstrated relatively positive attitudes toward BLS, which indicates a readiness to learn and participate in life-saving efforts. However, specific fears such as harming the victim or performing CPR incorrectly remain prominent and must be addressed. Targeted awareness campaigns and simulation-based public training could bridge this gap by boosting confidence.

This study also found that many respondents across all groups supported mandatory BLS certification for healthcare professionals and expressed willingness to attend future training or refresher courses, echoing the findings of a recent study in Italy [14]. This consensus supports the development of structured, mandatory BLS programs in both academic and healthcare institutions [14 -16].

Nonetheless, confidence in using automated external defibrillators (AEDs) and performing CPR was notably lower among the public. This mirrors previous findings [14 - 16] and emphasizes the need for accessible and repeated practical training to increase familiarity with life-saving equipment. Therefore, to sustain and enhance these positive attitudes, BLS education efforts must address not only knowledge transfer but also psychological barriers such as fear of causing harm or performing CPR incorrectly.

Readiness in Performing CPR

Readiness to perform CPR reflected similar trends observed in knowledge and attitude domains, but with a critical finding: 100% of the public demonstrated low readiness. It is troubling that bystander CPR is a key determinant of survival following out-of-hospital cardiac arrest [11]. Despite positive attitudes, the public's inability or lack of confidence to act in real-life situations represents a major public health gap.

Medical students in this study showed moderate readiness (30.0% high), which is lower than expected given their healthcare-oriented training. This may indicate insufficient emphasis on practical CPR sessions in medical curricula. Simulation-based CPR training has been shown to boost readiness and technical competence among students. Without such immersive exposure, students may retain theoretical knowledge but lack the motor confidence needed to respond under pressure [17]. The public's complete lack of high readiness (0.0%) suggests a systemic problem. Many respondents cited fear of causing harm, legal repercussions, or lack of knowledge as reasons for hesitancy, similar to findings in other Malaysian studies [8] [18]. These concerns can be alleviated through repeated, community-level hands-on training and public education on the Good Samaritan law, which protects bystanders offering emergency assistance in many jurisdictions.

The finding that less than half of the respondents had ever performed CPR also reflects the rarity of real-life exposure and possibly the low incidence of CPR drills in both community and institutional settings. Given that only 48% of medical students in this study had received formal CPR training, the findings suggest a pressing need to institutionalize BLS certification within healthcare education pathways and provide periodic refresher courses.

To bridge the readiness gap, particularly among the public, future efforts must prioritize not only training but also retention strategies. This includes periodic refresher sessions, community simulations, peer-led demonstrations, and wider access to AEDs in public places. By normalizing CPR performance and making it a part of community culture, readiness levels may significantly improve.

In summary, while positive attitudes are encouraging, they do not automatically equate to readiness. Readiness to perform CPR requires a combination of knowledge, confidence, training,

and environmental support. Policy makers, educators, and health institutions must therefore move beyond awareness and focus on experiential learning to enhance public and professional preparedness in life-threatening emergencies.

Limitations of the Study and Recommendations

Several limitations should be acknowledged. First, convenience sampling limits the generalizability of findings. Second, self-reported data may introduce social desirability bias. Third, the cross-sectional design captures data at a single point in time, which limits the ability to assess changes over time or post-training. Fourth, the study was geographically limited to participants from a single hospital and one university, which may not reflect the broader Malaysian context.

Fifth, the study did not include any direct practical assessment of CPR skills, which could have provided a more objective measure of competency beyond perceived readiness or knowledge. Sixth, the readiness scoring criterion (requiring "Yes" to all six items for high readiness) is very strict and may have underestimated true readiness, particularly among the public who lack real-life experience but might still act appropriately in an emergency. Lastly, the absence of qualitative data, such as personal narratives or cultural insights, limited the depth of understanding around psychological, social, and cultural influences that may shape attitudes and willingness to perform CPR.

Recommendations

Based on these findings, the following recommendations are made:

1. For the public: Implement community-based hands-on BLS training programs, public awareness campaigns, and education on Good Samaritan laws to bridge the readiness gap.
2. For medical students: Integrate simulation-based learning and recurrent practical CPR sessions into core curricula to transform theoretical knowledge into actionable skills.
3. For healthcare workers: Mandate continuing professional development and annual BLS refresher courses to maintain high competency levels.
4. For policymakers: Incorporate BLS training into secondary and tertiary education curricula, workplace training programs, and national community health initiatives.

Conclusion

This study has provided critical insights into the knowledge level, attitudes, and readiness towards Basic Life Support (BLS) among healthcare workers, medical students, and the public. The findings reveal a clear disparity; while healthcare workers exhibit relatively high levels of knowledge (82.8% high) and readiness (87.5% high), medical students show moderate knowledge (49.0% high) and lower readiness (30.0% high), and the public demonstrates critically low knowledge (7.2% high) and no high readiness (0.0%). Nevertheless, a consistent strength across all groups was a generally positive attitude toward BLS, suggesting an underlying openness to learning and participation in emergency response training. However, positive attitudes alone do not translate into readiness. Among the public, lack of hands-on experience, absence of formal training, and psychological barriers (e.g., fear of causing harm) emerged as key obstacles to action.

These findings emphasize the pressing need for comprehensive, accessible, and sustained BLS education across Malaysian society. Incorporating BLS training into secondary and tertiary education curricula, workplace training programs, and community initiatives would foster early preparedness and normalize lifesaving skills from a young age. Without such targeted interventions, the chain of survival in out-of-hospital cardiac arrests will remain broken, and the willingness to help will not translate into effective action.

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Conflict of interest
The authors declare that no conflict of interest may arise from the research publications

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Authors' contributions
AF contributed to the study design, data collection, statistical analysis, and manuscript drafting. OA supervised the research and was responsible for editing and journal publication. RMN handled the analysis, as well as the editing and review of the manuscript.

Table 1. Knowledge of Basic Life Support (BLS)

	Statements	Correctly answered			
		General public	Healthcare worker	Medical student	Total
1	What should you do if you find an unconscious person who is not breathing?	4 (5.8)	76 (59.4)	23 (23.0)	103 (34.7)
2	Which of the following is a sign of cardiac arrest?	28 (40.6)	128 (100.0)	100 (100.0)	256 (86.2)
3	Use the head-tilt chin-lift if you suspect a head or neck injury.	42 (60.9)	125 (97.7)	68 (68.0)	235 (79.1)
4	During CPR, what is the recommended compression rate for adults?	8 (11.6)	94 (73.4)	41 (41.0)	143 (48.1)
5	How should you position the victim's head to open the airway during BLS?	49 (71.0)	119 (93.0)	72 (72.0)	240 (80.8)
6	How often should you reassess the victim's condition during CPR?	58 (84.1)	123 (96.1)	76 (76.0)	257 (86.5)
7	What is the purpose of an automated external defibrillator (AED)?	53 (76.8)	128 (100.0)	100 (100.0)	281 (94.6)
8	The BLS compression-ventilation ratio for 2 rescuer CPR in the child is?	5 (7.2)	105 (82.0)	64 (64.0)	174 (58.6)
9	You are providing CPR for a 5-year-old child. As you began chest compressions, you remember that the compression depth should be?	9 (13.0)	90 (70.3)	43 (43.0)	142 (47.8)
10	When performing chest compression on an adult which of the following factors are important?	57 (82.6)	108 (84.4)	70 (70.0)	235 (79.1)

Footnote: Analysis based on respondents aware of BLS (N = 297: Healthcare worker (HCW), n = 128; Medical student (MS), n = 100; Public, n = 69)

Table 2. Knowledge Level of Basic Life Support (BLS) status

Status level	General public (%)	Healthcare worker (%)	Medical student (%)	Total (%)
Low (0 - 7)	64 (92.8)	22 (17.2)	51 (51.0)	137 (46.1)
High (8 - 10)	5 (7.2)	106 (82.8)	49 (49.0)	160 (53.9)
Total	69 (100.0)	128 (100.0)	100 (100.0)	297 (100.0)

Footnote: Analysis based on respondents aware of BLS (N = 297: HCW, n = 128; MS, n = 100; Public, n = 69)

Table 3. The Attitude Level of Basic Life Support.

No	Statements	General public Mean (SD)	Healthcare worker Mean (SD)	Medical student Mean (SD)	Total Mean (SD)
1	Do you confident enough to performed CPR?	2.86 (1.386)	4.50 (0.502)	4.05 (1.009)	3.97 (1.141)
2	Do you think that acquiring CPR skill is necessary?	4.87 (0.339)	4.79 (0.410)	4.76 (0.429)	4.80 (0.402)
3	Given the fact that CPR is a life-saving technique, would you like to be trained/ retrained on CPR skills?	4.75 (0.553)	4.66 (0.551)	5.00 (0.000)	4.80 (0.472)
4	I am willing to undergo regular BLS refresher training to maintain my skills.	4.46 (0.698)	4.49 (0.753)	4.57 (0.700)	4.51 (0.722)
5	I believe that BLS certification should be a requirement for all healthcare professionals.	5.00 (0.000)	4.66 (0.605)	4.21 (0.946)	4.59 (0.740)
6	I am confident in my ability to use an automated external defibrillator (AED) in an emergency.	2.87 (1.282)	4.13 (0.797)	3.70 (1.193)	3.69 (1.170)
7	I feel motivated to refresh my BLS knowledge and skills regularly.	4.32 (0.737)	4.50 (0.640)	4.45 (0.702)	4.44 (0.686)
	Overall	4.16 (0.465)	4.53 (0.386)	4.39 (0.638)	4.40 (0.520)

(Note: All items used a 5-point Likert Scale, with interpretation level is: Low = 1.00 – 2.33, Moderate = 2.34 – 3.66, High = 3.67 – 5.00). Analysis based on respondents aware of BLS (N = 297: HCW, n = 128; MS, n = 100; Public, n = 69)

Table 4. Attitude Level Status of Basic Life Support (BLS)

Status	General public (%)	Healthcare worker (%)	Medical student (%)	Total (%)
Low (1.00 - 2.33)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
Moderate (2.34 - 3.66)	7(10.1)	0(0.0)	24(24.0)	31(10.4)
High (3.67 - 5.00)	62(89.9)	128(100.0)	76(76.0)	266(89.6)
Total	69(100.0)	128(100.0)	100(100.0)	297(100.0)

Footnote: Analysis based on respondents aware of BLS (N = 297: HCW, n = 128; MS, n = 100; Public, n = 69)

Table 5. The readiness in performing CPR.

No	Statements	General public (%)	Health care worker (%)	Medical student (%)	Total
1	Do you feel confident to perform CPR in emergency?	14 (20.3)	128 (100.0)	48 (48.0)	190 (64.0)
2	Have you received formal training in CPR?	18 (26.1)	128 (100.0)	48 (48.0)	194 (65.3)
3	Have you received training in using an automated external defibrillator (AED)?	0 (0.0)	112 (87.5)	62 (62.0)	174 (58.6)
4	If you witnessed a person collapse and they are unresponsive, what would be your immediate response?	54 (78.3)	128 (100.0)	100 (100.0)	282 (94.9)
5	Are you able to be recognizing signs of cardiac arrest promptly?	27 (39.1)	122 (95.3)	62 (62.0)	211 (71.0)
6	Have you ever performed CPR on a real person before?	0 (0.0)	128 (100.0)	44 (44.0)	172 (57.9)

Footnote: Analysis based on respondents aware of BLS (N = 297: HCW, n = 128; MS, n = 100; Public, n = 69)

Table 6. Readiness in Performing CPR Levels.

Variables	**General public (%)**	**Healthcare Worker (%)**	**Medical Student (%)**	**Total**
Low (0 - 5)	69 (100.0)	16 (12.5)	70 (70.0)	155 (52.2)
High (6)	0 (0.0)	112 (87.5)	30 (30.0)	142 (47.8)
Total	69 (100.0)	128 (100.0)	100 (100.0)	297 (100.0)

Footnote: Analysis based on respondents aware of BLS (N = 297: HCW, n = 128; MS, n = 100; Public, n = 69)

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