

# Basic Life Support for Elderly Caregivers at Griya Lansia Jannati, Gorontalo Province

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**Abstract.** This service aims to serve as an understanding for the community in carrying out basic life support to reduce the occurrence of deaths caused by delays and inaccuracies in first aid. The service was carried out at Griya Lansia Jannati, Gorontalo Province. The sample amounted to 16 respondents. Techniques and Methods of Implementation using Pre-Test and Post-Test. pre-test and post-test questionnaires given to training participants to determine community understanding before and after being given Basic Life Support training. Analysis of the data obtained an assessment of the increase in knowledge before and after treatment using the Descriptive Static test. The results at the pre test were in the good category 37.5%, and the less category was 62.5% and the results at the post test were in the good category 68.8% and less category 31.3%. Based on the results of the training, it was shown that most of the elderly caregivers stated that this training was very useful because they gained knowledge and understanding of Basic Life Support. The results of the study there was an increase in knowledge before and after counseling, Conclusion: There was an increase in knowledge after counseling about Basic Life Support.

**Keywords:** Training, Basic Life Assistance (BHD), Elderly

Received: September 2, 2021

Received in Revised: September 23, 2021

Accepted: October 24, 2021

## INTRODUCTION

Cardiac arrest is an electrical malfunction in the heart that can cause an abnormal heart rate known as an arrhythmia (de Luna et al., 1989). This situation can interfere with blood flow to the brain, lungs and other organs. Many people who experience cardiac arrest at home, work or in public places are not saved or die because they did not receive Cardio Pulmonary Resuscitation (CPR) from someone at the scene (AHA, 2017). Cardiac arrest is the leading cause of death both in the world, including Indonesia (Pane et al., 2013).

Due to the high incidence of cardiac arrest and the actual rescue technique is simple and can be done by anyone, it is necessary for the community members to be introduced and taught about what and how to recognize someone who has had a cardiac arrest and how to do help with Hands-Only CPR, so that many human souls will be saved. As a manifestation of the implementation of the Catur Dharma College, the UMGo Faculty

of Health Sciences was called upon to provide introductions and lessons regarding assistance to cardiac arrest victims in the community by learning CPR with compression only or Hands-Only CPR. Because we believe, even if someone who has studied cannot remember all the steps of help perfectly, it is important for someone to want to help. Help, although imperfect, is better than no help at all (Lee et al., 2019)

Increasing community knowledge and skills in first aid measures is very important considering that the community is the first person at the scene of the incident. People who do not have the knowledge in performing first aid will act modestly without thinking about whether the action they are taking is appropriate or not. In addition, people who do not understand this will usually only wait for the right time to come to treat patients, while patients really need help quickly.

Other supporting data occurred in Talumelito village and statements from local residents that there was an incident of a person who had a motorized accident and was unconscious, then before being brought under the health center the person died. Due to delays in mobilizing health facilities and lack of knowledge in doing help, the person died.

The provision of basic life training (BHD) is one strategy to educate and train the public or ordinary people to increase knowledge and skills in providing first aid to accident victims. BHD training consists of several activities, namely securing the victim, assessing consciousness, assessing pulse and heart compression, assessing airway and respiratory resuscitation, and recovery position (Basri et al., 2019)

Based on the formulation of the problem, we can determine the priority scale of the problem, namely the lack of community knowledge and skills in performing first aid, this is the main problem that we must solve. Therefore, there is a need for basic life support training for the community to respond to these problems.

The purpose of this service is to serve as an understanding for the community in carrying out Basic Life Support Reducing the occurrence of deaths caused by delays and inaccuracies in first aid.

## **RESULTS AND DISCUSSION**

This service has been carried out at Griya Lansia Jannati, Gorontalo Province. Techniques and Methods of Implementation: The pre-test was carried out using the classical method, namely presenting the community in a meeting. The pre-test questions are adapted to the language of ordinary people which consist of 10 questions and the answers only contain "true" and "false" related to Basic Life Support. The results of this pre test aim to determine the extent to which the community understands before the Basic Life Support training is carried out. The training begins with the provision of material from experts in each discipline. The material provided in this training is the importance of basic life support training and the steps in providing basic life support. The material is presented in the form of power pins and also with live demonstrations to facilitate the understanding of the training participants. After giving the material, it will be continued with training. The stages carried out are: Preparing the training site, Preparing the Phantom, Demonstration of Basic Life Support, Forming small groups, Conducting supervision and guidance to each of the small groups in practicing Basic Life Support.

The post test was carried out after the training ended. The post-test questions are adjusted to the language of ordinary people with a total of 20 questions containing "right"

and "wrong" answers. The results of this post test aim to determine the extent of community understanding after being given Basic Life Support training.

Data were collected using pre-test and post-test questionnaires given to training participants to determine community understanding before and after being given Basic Life Support training. The data from the pre-test and post-test were then analyzed using paired sample t-test analysis. After being analyzed, it will be known whether this Basic Life Support training can affect the understanding and skills of the community.

### Training Implementation

This service is carried out at Griya Lansia Jannati, Gorontalo Province. Lecturers and students held a meeting with the Head of Griya Lansia Jannati to prepare for the placement of service students. This training was attended by the Head of the Jannati Griya for the Province of Gorontalo, the Elderly Caregivers (Respondents), and several elderly people. The activity ran in an orderly and enthusiastic manner, the respondents were very good so that this training ran safely and smoothly until the activity was finished.

### Characteristics of Respondents

Table 1. Distribution of Respondents by Age, Gender, and Education

Variable	Characteristics of Respondents	Total (n)	Percentage (%)
Age	30 – 40 Years	5	31,3
	41 – 50 Years	6	37,5
	>50 Years	5	31,3
Gender	Male	7	43,8
	Female	9	56,3
Education	junior high school	4	25,0
	senior High School	11	68,8
	Bachelor Degree	1	6,3
<b>Total</b>		<b>16</b>	<b>100</b>

Source: Primary Data 2021

Based on table 1, the distribution of the most respondents at the age of 41 to 50 years amounted to 5 respondents (37.5%), based on gender, there were 9 respondents (56.3%), the most respondents were high school education status, amounting to 11 respondents (68.8 %).

Table 2. Distribution of Respondents Based on Pre-Test

Pre Test	Total (n)	Percentage (%)
Good	6	37,5
Not enough	10	62,5
<b>Total</b>	<b>16</b>	<b>100</b>

Source: Primary Data 2021

Based on table 2, the distribution of the most respondents based on the Pre Test was in the less category, totaling 10 respondents (62.5%) and the few in the good category, amounting to 6 respondents (37.5%).

Table 3. Distribution of Respondents Based on Post Test

Post Test	Total (n)	Percentage (%)
Good	11	68,8
Not enough	5	31,3
<b>Total</b>	<b>16</b>	<b>100</b>

Source: Primary Data 2021

Based on table 3, the distribution of the most respondents based on the Post Test is in the good category, totaling 11 respondents (68.8%) and the least being the less category, totaling 5 respondents (31.3%).

### Age, Gender, and Education

From the results of the training that has been carried out, the majority of respondents are 6 respondents (37.5%) in the range of 41-50 years. Meanwhile, if it is related to age according to the Ministry of Health (2009), respondents are included in the category of late adulthood. Based on the opinion of the researcher that such as the conditions in the research area, it is true that the majority of respondents are those who are still in late adulthood, where they still have a strong physique, high enough spirit and also the ability to remember and absorb when given new knowledge or skills, they are easier to master. than older respondents. This is in line with the theory of Saragih and Rumapea (2011) in Septiani, D. (2016) that age affects a person's mindset. The older a person is, the more mature they will think and act.

In terms of gender, the majority of respondents are women with a total of 9 respondents (56.3%). Researchers also have the same opinion where gender does not always have a good relationship or lack of knowledge about Basic Life Support (BHD). Based on the theory of Robbins (2008) in Ningsih, E.W (2013) suggests there is no consistent difference between men and women in problem-solving ability, analytical skills, competitive drive, motivation, sociability, or learning ability. This is also supported by research from Anita Riau Chandra (2016) that age is not proven in this study but the environmental conditions in which a person works if it supports respondents to continue to develop themselves to increase knowledge.

Most respondents are those with high school education with a total of 11 respondents (68.8%). As for the theory of Nursalam (2013) in Septiani D. (2016) that the level of education is the level or level of a process related to developing all aspects of the human personality, which includes knowledge, values, and attitudes and skills.

### Pre-Test

The results in table 2 show that respondents with good knowledge are 6 respondents (37.5%) and respondents with less knowledge are 10 respondents (62.5%).

At the time of the pre test the results of the most respondents were those who had less knowledge, namely 10 respondents (62.5%). According to our assumption, this result is influenced because the respondent has not had prior knowledge about Basic Life Support (BHD).

The theory that supports the results of this study is Notoadmodjo (2010), respondents' knowledge, both high and low, is likely to be influenced by age, place of residence, socioeconomic, culture, education, experience, and sources of information obtained. According to Robbins (2007) that education greatly affects the ability and

insight in carrying out their work. The level of education is also an experience that functions to develop the abilities and qualities of a person's personality where the higher the education, the greater the opportunity to utilize knowledge and skills.

### **Post Test**

The results in table 3 show that there are 11 respondents (68.8%) with good attitudes and 5 respondents (31.3%).

At the time of the post test the results of the most respondents were those who had good knowledge, namely 11 respondents (68.8%). According to the researcher's assumption, this result is influenced because respondents have been given new knowledge through Basic Life Support (BHD) training. This is in line with the theory (Notoadmodjo, 2010) that knowledge is something that is known after people have sensed a certain object. Knowledge is obtained from one's efforts to find out in advance about stimuli in the form of objects from outside through sensory processes and interactions between themselves and the social environment so as to obtain new knowledge about an object.

From the results above, it can be concluded that respondents with good handling will have a good impact on personal and patient safety. Meanwhile, respondents who fall into the less category are expected to increase their awareness of how important it is to implement their knowledge of Basic Life Support.

This statement is also supported by Notoadmodjo (2007) which states that behavior occurs starting with a person's experiences and factors outside the person (environment), both physical and non-physical. Then the experience and the environment are known, perceived, believed and so on, giving rise to motivation, the intention to act and finally the realization of these intentions in the form of behavior occurs.

### **Pre-Test and Post Test Results**

After getting the results of the pre-test which amounted to both 6 respondents and less than 10 respondents. The results of this pre test were influenced because the respondents had not received prior knowledge about Basic Life Support (BHD). After the post test, the results were both 11 respondents and 5 respondents. The post test results are influenced because respondents have been given new knowledge through Basic Life Support (BHD) training. After the training there was an increase between the pre test and post test, from the pre test 10 respondents who were still lacking and then were given training with the post test results 11 respondents who had good knowledge. There is an effect of providing training on the level of knowledge of respondents about Basic Life Support (BHD).

### **CONCLUSION**

Based on the results of the training, it was shown that most of the elderly caregivers stated that this training was very useful because they gained knowledge and understanding of Basic Life Support. The results of the study there was an increase in knowledge before and after counseling.

## REFERENCES

- Basri, Ahmad H, (2019). Pelatihan Bantuan Hidup Dasar (Bhd) Meningkatkan Pengetahuan Dan Kesiapan Menolong Korban Kecelakaan Pada Tukang Ojek. *Journal of Ners Community*, PSIK, FIK, Universitas Gresik.
- Basri, M. C., Felix, M., Hanna, R., & Olken, B. A. (2019). *Tax Administration vs. Tax Rates: Evidence from Corporate Taxation in Indonesia* (No. w26150). National Bureau of Economic Research.
- de Luna, A. B., Coumel, P., & Leclercq, J. F. (1989). Ambulatory sudden cardiac death: mechanisms of production of fatal arrhythmia on the basis of data from 157 cases. *American heart journal*, 117(1), 151-159.
- Lee, Y., Ha, M., Kwon, S., Shim, Y., & Kim, J. (2019). Egoistic and altruistic motivation: How to induce users' willingness to help for imperfect AI. *Computers in Human Behavior*, 101, 180-196.
- Pane, M., Imari, S., Alwi, Q., Nyoman Kandun, I., Cook, A. R., & Samaan, G. (2013). Causes of mortality for Indonesian Hajj Pilgrims: comparison between routine death certificate and verbal autopsy findings. *PLoS One*, 8(8), e73243.
- Pemerintah Desa Talumelito. 2021. *Profil Desa Talumelito Kecamatan Telaga Biru Kabupaten Gorontalo*