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Providing Basic Life Support Training on Improving Knowledge and Skills of Police Personnel in The Brimob Work

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	ABSTRACT
Keywords: training, basic life assistance, knowledge, skills Conflict of Interest Statement: The author(s) declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. Copyright © 2024 AHR. All rights reserved.	Purpose: This research aims to determine the effect of providing basic life support training on increasing knowledge and skills among police personnel in the East Kalimantan Regional Police Mobile Brigade Unit. Research Design and Methodology: The research method employed is a quantitative experimental design with a quasi-experimental approach, which allows for some flexibility in randomization while also controlling validity threats. The design used in this study is a non-equivalent control group design, which involves a comparison group (control) (Notoatmodjo, 2010). Findings and Discussion: Basic Life Support (BLS) training improves police knowledge and skills. This quasi-experimental study, conducted among 546 Brimob officers, demonstrated significant gains in the intervention group following training. Knowledge and skill scores rose significantly, demonstrating the effectiveness of training. Brimob members are encouraged to apply BLS and share their experience with fellow officers. Implications: It is hoped that the East Kalimantan Regional Police Mobile Brigade work unit environment can provide BLS education in stages to all member personnel and conduct personal tests to assess the skills they have acquired.

Introduction

Emergency conditions that can be life-threatening and require immediate treatment are cardiac arrest (Pusbankes 118, 2013). This condition can occur anywhere and at any time. This condition can occur outside the hospital, making it difficult for health workers to reach, and thus, the role of security officers, such as the Brimob Unit, becomes crucial. Brimob is a security officer who is always in the community when a dangerous event occurs or when a disaster occurs, so that Brimob members can help victims who experience cardiac arrest before being found by health workers; therefore, the Brimob unit must have sufficient knowledge and ability to handle victims who experience cardiac arrest (Sarton, 2011). Brimob's duties in the field, as it carries out its roles and functions, make it possible to encounter emergency cases that require basic life support (BLS). For example, when Brimob members are tasked with pursuing terrorists or armed rebels and an emergency event occurs, either to one of the members or to the surrounding community, far from the health post, members need to have the ability to provide basic life support (BLS).

However, the lack of training in health makes Brimob members unsure about performing basic life support (BLS). If anyone volunteers to perform Cardiopulmonary Resuscitation (CPR), it is not done according to Cardiopulmonary Resuscitation (CPR) procedures. Therefore, Brimob members

need to have good knowledge and skills in handling cardiac arrest victims so that they can help save the lives of victims who experience cardiac arrest (Kusumawati, 2019). World Health Organization (WHO) data. Heart attacks are the number one cause of death in developed and developing countries (Pusbankes 118, 2013). In America and Canada, it is predicted that around 350,000 people die each year from cardiac arrest (AHA, 2015).

The incidence of cardiac arrest is also estimated at 24,500, with a range of 79.9% -84.3% experiencing death in Spain (Villalobos, 2019). The prevalence of cardiac arrest sufferers in Indonesia each year has not been obtained with valid data. However, it is estimated to be around 10 thousand, so around 30 people per day experience cardiac arrest. Most cases are caused by coronary heart disease. According to Riskesdas 2018, the highest heart disease rate in North Kalimantan is approximately 2.2%, while the lowest rate is found in East Nusa Tenggara, at around 0.7% (Riskesdas, 2018). Heart disease data in East Kalimantan reached 1.2% (Prabawati, 2021).

Based on a preliminary study that was conducted at the East Kalimantan Police Mobile Brigade Unit in March 2022. The results of interviews with 10 personnel from the East Kalimantan Police Mobile Brigade Unit revealed that eight individuals had received training. However, when observed, only five personnel correctly performed BLS, while three were unable to perform BLS according to SOP. Two other personnel stated that they had never received BLS training and only knew how to perform BHD via video; when observed, they were also unable to perform BLS properly. Based on the background above, the author is interested in researching "The Effect of Providing Basic Life Support Training on Increasing Knowledge and Skills of Police Personnel in the Brimob Work Unit of the East Kalimantan Regional Police."

Literature Review

The literature review used in this research journal uses theories from previous research on related topics: (1) police; (2) the concept of knowledge theory; (3) the concept of skills theory; (4) the concept of training theory; (5) the theory of basic life support (BLS); (6)

Research Design and Methodology

In general, this section outlines the methodology used in conducting the study. The subject matters of this section are: 1) The research method used is a quantitative experimental design with a quasi-experimental design that does not have strict limitations on randomization, and at the same time, can control validity threats. It is called a quasi-experiment because this experiment does not possess the characteristics of a proper experimental design, as the variables that should be controlled or manipulated cannot be or are difficult to control (Notoatmodjo, 2010). The type of design used in this study is a non-equivalent control group design, namely a design in which the study uses a comparison group (control) (Notoatmodjo, 2010); (2) this study is planned to use 20 respondents, namely 20 for the intervention group and 20 respondents for the control group; (3) the data collection technique used in this study uses a questionnaire and a skills checklist; (4) After the data is collected, it is then tabulated in a table according to the variables to be measured using univariate and bivariate statistical analysis using computerization, namely SPSS version 22.

Findings and Discussion

Findings

Research results on the influence of Basic Life Support Training on Increasing Knowledge and Skills of Police Personnel in the Brimob Work Unit of the East Kalimantan Regional Police, with details of the experimental group of 20 respondents and the control group of 20 respondents. The results obtained are as follows.

Table 1. Distribution by age of police personnel in the Brimob work unit of the East Kalimantan Regional Police, June 2022

Age	Frequency (f)	Percentage (%)
late teens (17-25 years)	15	37.5
early adulthood (26-35 years)	25	62.5
total	40	100.00

Source: Data Primer, 2022

Based on the table above, it can be seen that the frequency distribution of the respondents' ages is mostly in early adulthood (26-35 years), with 25 respondents (62.5%).

Table 2. Distribution based on the length of service of police personnel in the Brimob work unit of the East Kalimantan Regional Police in June 2022

Length of Working	Frequency (f)	Percentage (%)
≤ 3 years	19	47.5
> 3 years	21	52.5
total	40	100.0

Source: Data Primer, 2022

Based on Table 2, it can be seen that the frequency distribution of the respondents' length of service is mostly more than 3 years, with 21 respondents (52.5%).

Table 3. Frequency distribution of knowledge before being given basic life support training to police personnel in the Brimob work unit of the East Kalimantan Regional Police in June 2022

Pretest Knowledge	Intervention Group		Control Group	
	Frequency (F)	Percentage (%)	Frequency (F)	Percentage (%)
not enough	12	60.0	10	50.0
Enough	4	20.0	6	30.0
Good	4	20.0	4	20.0
total	20	100.0	20	100.0

Source: Data Primer, 2022

Based on Table 3, it can be seen that before basic life support training was given to police personnel in the Brimob work unit of the East Kalimantan Regional Police, the majority of respondents in the intervention group had the least knowledge, with 12 respondents (60%). While in the control group, most respondents fell into the less knowledgeable category, with 10 respondents (50%) in this category.

Table 4. Central tendency of knowledge before being given basic life support training to police personnel in the Brimob work unit of the East Kalimantan Regional Police in June 2022

Knowledge	Mean	SD	Median	Minimal	Maksimal
Intervention Group	8.70	2.364	7.00	6	13
Kelompok Kontrol	9.15	2.346	8.50	7	13

Source: Data Primer, 2022

Based on Table 4, the central tendency in the intervention group yielded an average score of 8.70 with a standard deviation of 2.364, corresponding to a mean value of 7.00, with the lowest score of 6 and the highest score of 13. Meanwhile, in the control group, an average score of 9.15 was obtained, with a standard deviation of 2.346, a mean value of 8.50, and a range from 7 to 13.

Table 5. Knowledge after basic life support training was given to police personnel in the Brimob work unit of the East Kalimantan Regional Police in June 2022

Posttest Knowledge	Intervention Group		Control Group	
	Frekuensi (F)	Presentase (%)	Frekuensi (F)	Presentase (%)
Not enough	0	0	9	45.0
Enough	6	30.0	7	35.0
Good	14	70.0	4	20.0
Total	20	100.0	20	100.0

Source: Data Primer, 2022

Based on Table 5, it can be seen that after receiving basic life support training for police personnel in the Brimob work unit of the East Kalimantan Regional Police, the majority of respondents in the intervention group demonstrated good knowledge, with 14 respondents (70%) showing proficiency. In the control group, most participants had poor knowledge (45%).

Table 6. The central tendency of knowledge, following basic life support training provided to police personnel in the Brimob work unit of the East Kalimantan Regional Police in June 2022, was assessed.

Knowledge	Mean	SD	Median	Minimal	Maksimal
Intervention Group	12.65	1.461	12.50	11	15
Control Group	9.30	2.296	9.00	7	13

Source: Data Primer, 2022

Based on Table 6, the central tendency of the intervention group yielded an average score of 12.65 with a standard deviation of 1.461 and a median knowledge score of 12.50, ranging from a low of 11 to a high of 15. In the control group, an average knowledge score of 9.30 with a standard deviation of 2.296 was obtained, corresponding to a median score of 9.00, with the lowest score of 7 and the highest score of 13.

Table 7. Skills before being given basic life support training to police personnel in the Brimob work unit environment of the East Kalimantan Regional Police in June 2022

Prettest Ketramampilan	Intervention Group		Control Group	
	Frekuensi (F)	Presentase (%)	Frekuensi (F)	Presentase (%)
Less Skilled	12	60.0	12	60.0
Skilled	8	40.0	8	40.0
Total	20	100.0	20	100.0

Source: Data Primer, 2022

Based on Table 7, it can be seen that before receiving basic life support training, most police personnel in the Brimob Polda East Kalimantan work unit in the intervention group had BHD skills in the less skilled category, with 12 respondents (60%). In the control group, most of the BLS skills fell into the less skilled category, with 12 respondents (60%) categorized as such.

Table 8. Central tendency of knowledge after being given basic life support training to police personnel in the Brimob work unit of the East Kalimantan Regional Police in June 2022

knowledge	mean	SD	median	minimal	maksimal
intervention group	26.75	5.766	24.00	20	39
control group	26.95	5.844	24.00	20	39

Source: Data Primer, 2022

Based on Table 8, the central tendency in the intervention group was an average knowledge score of 26.75 with a standard deviation of 5.766 and a median score of 24.00, with the lowest score of 20 and the highest score of 39. In the control group, an average knowledge score of 26.95 with a standard deviation of 5.844 and a median score of 24.00 was obtained, ranging from a low of 20 to a high of 39.

Table 9. Skills after being given basic life support training to police personnel in the Brimob work unit of the East Kalimantan Regional Police in June 2022

post_test	intervention group		control group	
skills	frekuensi (f)	presentase (%)	frekuensi (f)	presentase (%)
unskilled	5	25.0	11	55.0
skills	15	75.0	9	45.0
Total	20	100.0	20	100.0

Source: Data Primer, 2022

Based on Table 9, after receiving basic life support training for police personnel in the Brimob work unit of the East Kalimantan Regional Police, most of the BHD skills in the intervention group fell into the skilled category, with 15 people (75%). In the control group, most of the BLS skills fell into the less skilled category, affecting as many as 11 people (55%).

Table 10. Central Tendencies of Knowledge After Basic Life Support Training for Police Personnel in the Brimob Work Unit of the East Kalimantan Regional Police in June 2022

knowledge	mean	SD	median	minimal	maksimal
intervention group	31.30	5.939	30.00	24	41
control group	27.10	5.767	24.00	21	39

Source: Data Primer, 2022

Based on Table 10, it is evident that the central tendency in the intervention group yielded an average knowledge score of 31.30, with a standard deviation of 5.939 and a mean value of 30.00. The lowest score was 24, and the highest score was 42. In the control group, an average knowledge score of 27.10 was obtained, with a standard deviation of 5.767, a mean value of 24.00, and a range of 21 to 39.

Table 11. The Effect of Providing Basic Life Support Training on Increasing knowledge and skills of police personnel in the Brimob Polda East Kalimantan work unit, June 2022

Group	n	Mean Rank	p-value
Knowledge	Intervensi	20	29.28
	Kontrol	20	11.72
Skills	Intervensi	20	29.12
	Kontrol	20	11.88

Source: Data Primer, 2022

Based on Table 11, it can be seen that in the intervention group, the difference in knowledge scores before and after basic life support training was given to police personnel in the East Kalimantan Regional Police Mobile Brigade work unit was 29.28, while in the control group, the average score difference was 11.72.

Discussion

The results of the study in the intervention group obtained an average knowledge before training of 8.70 with the lowest knowledge score range of 6 and the highest knowledge score of 13 with the majority having a category of less knowledge as many as 12 respondents (60%), with the results of the questionnaire the respondents' answers were correct as many as 85% BHD is first aid performed on someone who is experiencing cardiac arrest, 30% CAB stands for circulation, airway and blood is a wrong answer, 30% BHD actions consist of clearing the airway and providing basic life support is a wrong answer, 20% When finding an unconscious victim the first thing we do is measure the victim's blood pressure and provide breathing assistance is a wrong answer, 20% the victim is unconscious then the action taken is to clear the airway is a wrong answer, 20% the implementation of cardiac massage is carried out with a depth of 5-8 cm is a wrong answer, 25% the recovery position is to help the victim uncovered is a wrong answer, 20% CPR actions can be stopped if the rescuer feels injured because CPR is a wrong answer, 20% practical breathing assistance is done with the mouth and mouth to nose is a wrong answer.

In the control group, the average knowledge was 9.15 with the lowest score of 7 and the highest of 13, where most respondents had less knowledge 10 respondents (50%) and the results of the correct answers of respondents 85% BHD is first aid performed on someone who is experiencing cardiac arrest, 35% CAB stands for circulation, airway and blood is a wrong answer, 35% BHD actions consist of clearing the airway and providing basic life support is a wrong answer, 20% When finding an unconscious victim, the first thing we do is measure the victim's blood pressure and provide breathing assistance is a wrong answer, 20% The victim is unconscious, then the action taken is to clear the airway is a wrong answer, 25% Implementation of cardiac massage is carried out with a depth of 5-8 cm is a wrong answer, 35% The recovery position is to help the victim uncover is a wrong answer, 30% CPR actions can be stopped if the rescuer feels injured because CPR is a wrong answer, 30% Effective breathing assistance is done with the mouth and mouth to nose is a wrong answer.

The most incorrect statement items were on the actions and steps of BHD in the intervention and control groups. Knowledge of BHD is crucial for carrying out the actions and steps of BHD, as incorrect actions can render the assistance given unsuccessful. Knowledge is often associated with education, which can be obtained through training. Training will provide respondents with information and

increase their knowledge. BHD training is beneficial in emergencies. Brimob members must have a basis for BHD actions. Most respondents have a high school education. Factors that influence knowledge are age, intelligence, experience, interest, education, sources of information, and environment (Notoatmodjo, 2015). Knowledge can be obtained through training, where information is delivered during the training process. This allows someone to acquire new information that replaces previously held knowledge, thereby refining it (Zarnila, 2014). Knowledge in performing BHD actions is related to circulation with compression. If there is a patient with cardiac arrest, heart compression must be performed by using the correct technique; if not, then the efforts made will be in vain (Hardisman, 2014).

Knowledge in the intervention group increased after training, with an average of 12.65. The lowest knowledge score was 11, and the highest was 15. The majority of respondents (70%, or 14 out of 20) fell into the category of mostly good knowledge, while six respondents had sufficient knowledge. The intelligence of each respondent can influence this. Intelligence is a person's ability to learn and think abstractly, which affects the results of the learning process. Someone whose knowledge increases due to the stimulus or information received; in addition, a person's ability to grasp also affects the increase in their knowledge. In the control group where this group was not given BHD training, the average was 9.30 with the lowest knowledge score of 7 and the highest 13 with the category of mostly having less knowledge as many as nine respondents (45%), there was one respondent who experienced an increase in knowledge from the category of less to sufficient, this can happen because of information sources such as books and electronic media read by respondents. In addition, the majority of respondents had worked for more than 3 years, with as many as 52.5% having gained sufficient experience in their field. The results of this study are supported by research (Priokusilo, 2019), which found that knowledge after training was in the good category. Similar results were found in research (Basri, 2019), which showed that after BHD training, knowledge was generally good, with the training conducted through demonstrations, questions, and answers.

The results of the study in the intervention group showed an average pretest score of 0.75, with the lowest score of 20 and the highest score of 39. Most of the respondents were in the less skilled category, with 12 respondents (6.0%), where in all action items, most could do it, but not perfectly. The same thing in the control group pretest had an average of 29.95, with the lowest score of 20 and the highest of 39. Most respondents fell into the less skilled category, with 12 respondents (55%). Skills can be influenced by knowledge, experience, desire, or motivation. Respondents with good knowledge can perform the correct BLS actions. The knowledge possessed by the intervention and control groups was mainly in the category of less knowledge before the training was conducted, due to the respondents' limited knowledge and experience. However, if someone has good knowledge but lacks expertise, then the skills possessed will also be lacking. This study is supported by the results of Khalilati (2020), which indicate that the skills prior to training were largely inadequate. Due to the lack of simulation, using a phantom can provide a real-time picture without requiring prior experience, as noted in the study by Vina (2020), where the mean value was lower after training.

The results of the study in the intervention group yielded a mean value of 31.30, with a range of 24 to 42. Notably, 15 respondents (75%) fell into the skilled category, while five (25%) were in the less skilled category. There was a change in skills due to the training that had been given. This training stimulated respondents to improve their skills by observing, hearing, and demonstrating BHD, which could enhance the skills possessed by respondents. In the control group, the average was 27.10, with a range of 21 to 39; most respondents fell into the less skilled category, with 11 (55%) in this category. In this control group, no training was provided, and the skills possessed by respondents remained unchanged because they did not acquire any new information or knowledge to improve their skills. This study aligns with research (Purnomo, 2021) that found most students' skills improved after receiving training. Additionally, this aligns with existing research (Safitri, 2020). shows that skills acquired after training are primarily in the skilled category, where training is provided using the simulation method. Simulation in the form of games (role-playing) has a specific end goal of improving BLS skills.

The study's results yielded a p-value of 0.000, indicating a significant effect of providing BHD training on increasing knowledge and skills. The training provided enables respondents to increase

their knowledge and skills. A person's knowledge and skills are factors that influence their ability to acquire knowledge and skills, one of which is age. The age of the respondents is mostly in early adulthood, with 62.5% falling within the range of 22 to 35 years. The work period of most respondents is greater than 3 years (52.4%), with a range of 1 to 12 years. When viewed from the perspective of age and work period, respondents can gain a significant amount of experience, which can be obtained from direct experiences or other media, such as books and the internet. The training provided consists of lectures, demonstrations, and direct practice, making it easier for respondents to acquire knowledge as they can see and apply it, which can accelerate their learning and skill development. This result is supported by Suharyanto (2019), who states that BHD training has an influence on the level of knowledge and skills of non-medical employees at Wonosari Hospital. In addition, research (Riyani, 2016) supports the finding of a significant difference in knowledge and skills between individuals before and after basic life support training.

Conclusion

The level of knowledge of respondents before being given basic life support training in the intervention group was mainly in the less category as many as 12 respondents (60%) with a mean value of 8.70 with SD 2,364, median seven and minimum value of 6, maximum 13, in the control group most knew the less category 10 respondents (50%) with a mean value of 9.15, SD 2,345, median 8.50 and minimum value of 7, maximum 13. The level of knowledge after being given basic life support training in the intervention group, most of them knew the good category as many as 14 respondents (70%) with a mean value of 12.65 with SD 1,461, median 12.50 and a minimum value of 11, maximum 15, in the control group most of them knew the poor category as many as nine respondents (45%) with a mean value of 9.30, SD 2,296, median nine and a minimum value of 7, maximum 13.

The skills before being given basic life support training in the intervention group were mainly in the less skilled category as many as 12 respondents (60%) with a mean value of 26.75, SD 5,766, median 24 and minimum value of 20, maximum 39, in the control group most were in the less skilled category as many as 12 respondents (60%) with a mean value of 26.95, SD 5,844, median 24 and minimum value of 20, maximum 39. The skills after being given basic life support training in the intervention group were mainly in the skilled category as many as 15 respondents (75%) with a mean value of 31.30, SD 5.939, median 30 and minimum value of 24, maximum 42, in the control group most were in the less skilled category as many as 11 respondents (55%) with a mean value of 27.10, SD 5.767, median 24 and minimum value of 21, maximum 39. Based on the Man U Whitney test, a p-value of $0.000 < \alpha < 0.05$ was obtained, which indicates that there is a significant effect of providing basic life support training on increasing knowledge and skills among police personnel in the Brimob Work Unit of the East Kalimantan Regional Police.

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