Implementation of Knowledge Based Life Support Nursing in the Emergency Installation of Palaloi Hospital, Maros Regency

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Abstract

Basic life support is a series of emergency measures designed to save the life of a person experiencing a life-threatening medical condition. Basic life support can be used in any situation, from a heart attack to an accident. Basic life support is the first effort made to maintain life when a sufferer experiences a threatening situation. Emergency events cannot be predicted and can happen anywhere and to anyone. Delays and errors in handling them can have very fatal effects and cannot be corrected in subsequent actions. The aim of this research is to look for similarities, advantages and disadvantages regarding the description of knowledge and implementation of basic life support for emergency nurses in the emergency department. This research method uses a correlational descriptive method. This research uses a sample with inclusion and exclusion criteria. Data analysis is based on percentages and described in a frequency distribution table. The results of the research show a relationship between knowledge and skills of nurses in carrying out basic life support measures in the emergency department at Palaloi Hospital, Maros Regency. The level of relationship between the two variables is that the strength of the relationship is at a medium relationship level. Apart from that, this positive relationship means an increase in knowledge followed by an increase in nurses' skills in carrying out basic life support actions.

Keywords: Life Support Nursing, Knowledge, Emergency Room, Hospital

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1. Introduction

Basic life support is a series of emergency measures designed to save the life of a person experiencing a life-threatening medical condition. Basic life support can be used in any situation, from a heart attack to a car accident. Basic life support can be performed by anyone, not just medical personnel or first responders, and can make a big difference in saving someone's life. Some medical conditions, such as a heart attack or shortness of breath, require quick and effective action to ensure the victim lives until professional medical help arrives. Delays in providing basic life support can have fatal consequences, and that is why it is important to know and understand the appropriate actions during an emergency. The following are the basic basic life support steps that must be known and mastered: Call for medical help: The first step in basic life support is to call for medical help as quickly as possible. This can be done by calling the local emergency telephone number, such as 119 in Indonesia or 911 in the United States. When calling, provide clear information about the location of the incident, the victim's condition, and the actions that have been taken.

Evaluate the victim's condition: After calling for medical assistance, the next step is to evaluate the victim's condition. Note whether the victim is unresponsive or not breathing normally. If the victim is unresponsive, immediately begin Basic Life Support. Check the victim's heart rate and breathing: To find out whether the victim's heart rate is beating or not, place three fingers (index finger, middle finger and ring finger) about 3 fingers away from the middle of the neck. If there is no palpable pulse, immediately perform Cardiopulmonary Resuscitation.

Perform CPR: CPR or cardiopulmonary pumping technique, is an action that can be performed to pump blood throughout the victim's body when the heart is not beating. This step includes chest compressions and air ventilation with a ratio of 30 compressions and 2 ventilations, and ensures that the victim continues to receive oxygen.

Provide a defibrillator if available If a defibrillator is available, use it to help restore the victim's heartbeat. A defibrillator is a medical device that uses an electric current to restore an irregular or stopped heartbeat. Although a defibrillator must be
operated by a trained person, if you know how to use it, you can help save the victim's life. Do not stop basic life support until medical help arrives. Remember, basic life support must continue as much as possible until medical help arrives, unless the rescuer is no longer strong enough to perform basic life support.

Keep the victim safe: Always keep the victim's safety in mind when administering basic life support. Make sure the environment around the victim is safe and not dangerous. If there is imminent danger, such as a fire or gas explosion, immediately move the victim to a safe place before starting basic life support.

Basic life support according to training: Make sure to perform basic life support according to the training you have received. If you are unsure about the steps to take, follow the emergency operator's instructions or ask for help from someone with more experience. Continuously update basic life support knowledge and skills: Basic life support knowledge and skills need to be studied and updated regularly. There are many basic life support training programs available, both at the community level and in the workplace. Always try to update your knowledge and skills in performing basic life support so that you are ready to face emergency situations.

In carrying out basic life support, speed of action and accuracy of steps are very important. Therefore, it is important for everyone to know the basic life support steps, so as to provide proper and effective first aid in emergency situations. Apart from that, basic life support training and knowledge can also increase self-confidence and reduce fear when facing emergency situations.

Basic life support is not only the responsibility of people with medical training, but also everyone's responsibility. Every second can make a difference in an emergency situation and basic life support can make the difference between life and death. Therefore, let's learn and master basic life support together to save other people's lives and become heroes in other people's lives. An emergency is a situation that occurs suddenly and is very life-threatening, so immediate help must be given quickly, precisely and correctly. Emergency events cannot be predicted and can happen anywhere and to anyone. Delays and errors in handling them can have very fatal effects and cannot be
corrected in subsequent actions. In connection with the importance of providing first aid to emergency sufferers, everyone should be trained in carrying out basic life support measures, especially health workers. Emergency conditions include heart attacks, traffic accidents, drowning, poisoning, and others. Emergency conditions do not only occur outside the hospital, but in the inpatient room it is also possible that these emergencies can occur.

The Emergency Department is an integral unit in a hospital where all the experiences of patients who have come to the Emergency Department will have a big influence on the public's image of what the hospital really is. Its function is to receive, stabilize and manage patients who show varied and serious symptoms as well as conditions that are not serious in nature. The emergency unit also provides reception facilities for managing patients in disaster situations, this is part of its role in assisting disaster situations that occur in each region (Agung, 2014).

Basic life support is the first effort made to maintain life when a sufferer experiences a threatening situation (Guyton, in Juliana et al, 2018). The aim of basic life support is to provide effective emergency oxygenation to vital organs, such as the brain and heart, through artificial ventilation or artificial circulation, until the lungs and heart can provide oxygen with their own power normally (Latief, in Luthfi 2017).

Data from the World Health Organization (WHO) in 2018 shows that 17.5 million people in the world died from cardiovascular disease or 31% of the 56.5 million deaths worldwide. More than ¾ of deaths from cardiovascular disease occur in low to moderate income developing countries. Of all deaths due to cardiovascular disease, 7.4 million (42.3%) were caused by coronary heart disease and 6.7 million (38.3%) were caused by stroke (in Irma Sianturi, 2019).

Fatalities from various hospital emergencies can be reduced by having hospital emergency codes as reminders to staff. When an emergency occurs, such as heart and respiratory failure, one of the main procedures is to activate the code blue system. The code blue system is a system to help cases of cardiac respiratory arrest by quickly responding to restore action and stabilizing respiratory function or blood circulation in
emergency situations that occur in hospitals. The code blue system in hospitals is an important procedure to be accountable for. Patient safety is the most important part of medical services (Kaykisiz et al., 2017). From the background description above, the researcher is interested in conducting research with the title Overview of Knowledge and implementation of basic life support for emergency nurses in the Emergency Room.

The aim of this research is to look for similarities, advantages and disadvantages regarding the description of knowledge and implementation of basic suction assistance by emergency nurses in the emergency department.

2. Research Methods

The type of research used in this research is quantitative descriptive correlational research. This research uses a cross sectional design, which is a type of research where data collection on independent variables and dependent variables is carried out at the same time to determine the relationship between nurses’ knowledge and the implementation of basic life support at Dr. Hospital. Palaloi. This section contains the stages of implementing activities, techniques or forms of activities, as well as a description of their implementation. This research was conducted at Dr. Palaloi.

The population of this study were all nurses in the emergency unit of Dr. Hospital. Palaloi that meet the criteria. The sample in this study used a total sampling technique. The method for collecting data is by asking permission by explaining the research and research objectives to potential respondents, explaining informed consent and submitting a letter of request to become a respondent. After the respondent understands and if they agree, the respondent is asked to sign the informed consent. Researchers distributed questionnaires to respondents and made observations on the patient's medical records and recorded them on the observation sheet. In carrying out the collection using a questionnaire, the researcher will accompany the respondent in filling out the questionnaire given to the respondent. After being filled in by the respondent, the questionnaire was withdrawn. Questionnaires that meet the requirements will be subjected to data processing.

3. Results and Discussion
a. Results

Table 1  
Distribution Frequency Respondent Based on Data Nurse  
Dr. Palaloi Hospital

<table>
<thead>
<tr>
<th>No</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Range Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26-35 year</td>
<td>34</td>
<td>89.5</td>
</tr>
<tr>
<td></td>
<td>36-45 year</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Type Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Man</td>
<td>13</td>
<td>34.2</td>
</tr>
<tr>
<td></td>
<td>Woman</td>
<td>25</td>
<td>65.8</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>Years of service</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-5 Years</td>
<td>12</td>
<td>31.6</td>
</tr>
<tr>
<td></td>
<td>6-10 Years</td>
<td>23</td>
<td>60.5</td>
</tr>
<tr>
<td></td>
<td>11-15 Years</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D3</td>
<td>32</td>
<td>84.2</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38</td>
<td>100</td>
</tr>
<tr>
<td>5</td>
<td>Training BTCLS/PPGD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>13</td>
<td>34.2</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>25</td>
<td>65.8</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38</td>
<td>100</td>
</tr>
</tbody>
</table>

On table 1 on, in category range age that part big respondents aged 26-35 years old were 34 people (89.5%). In the gender category, mostly 25 respondents were female (65.8%). In the period category work shows that most respondents have worked for 6-10 years as much 23 person (60.5%). On category education part big respondents own Education Diploma as much 32 person (84.2%). On training category BTCLS/PPGD as many as 25 people (65.8%) not yet ever get training BTCLS/PPGD.
The table above describes nurses' knowledge in performing basic life support. From 38 respondents Which researched, 32 person (84.2%) among them own knowledge which is good, 5 person (13.2%) among them have knowledge which Enough, And 1 person (2.6%) of them have insufficient knowledge. This shows that some big respondents own knowledge which is good in do basic life support.

Table 3
Distribution Frequency Respondent Based on Skills Implementation Basic Life Support Nurse Dr. Palaloi Hospital

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>32</td>
<td>84.2</td>
</tr>
<tr>
<td>Enough</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>Not enough</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100</td>
</tr>
</tbody>
</table>

Of the 38 respondents studied, 18 people (47.4%) had skills Enough skilled, and 4 person (10.5%) among them own Skills not enough skilled. This shows that the majority of respondents have skilled skills in do action basic life support.

Table 4
Connection Knowledge Nurse with Implementation Basic Life Support in Dr. Palaloi Hospital

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sig.(2Tailed)</th>
<th>Correlation Coefficient Spearman Rho (r)</th>
<th>Information</th>
</tr>
</thead>
</table>

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Test Spearman Rho used for know connection knowledge nurse with life support at Dr. Palaloi Hospital. From table 8 it is known that the value of the correlation coefficient is $r = 0.458$ with sig. (2-tailed) is 0.004 $\alpha > 0.05$. This matter means H0 is rejected, which means there is a relationship between knowledge and implementation basic life support for nurses at Dr. Palaloi is (positive) 0.458, which means strength connection is at on level connection currently, besides that connection worth positive it means enhancement knowledge followed enhancement Skills nurse into action basic life support.

b. Discussion

Results study which describe knowledge nurse in perform basic life support. Of the 38 respondents studied, 32 people or 84.2% of them have good knowledge, 5 people or 13.2% of them own knowledge enough, and 1 person or 2.6% among them own knowledge not enough. Matter this show that part big respondents have good knowledge in carrying out basic life support. Knowledge is the result of knowledge carried out by humans regarding a particular object through process sensing which more dominant happen through process sensing vision with eye and hearing with ear. Knowledge or cognitive is a dominant factor that is very decisive in shape a person's habits or actions (Notoatmodjo, 2018).

Knowledge itself can be influenced by formal education factors. Knowledge is closely related to education, which is expected with education which high then person the will become more so wide also his knowledge. Knowledge no absolute obtained from education formal just, will but can obtained through education non formal. Knowledge somebody about an object contains two aspects, namely positive aspects and negative aspects. These two aspects will determine a person's attitude, the more aspects there are positive and known objects, it will give rise to increasingly positive attitudes positive towards certain objects. According to WHO (World Health
Organization) theory quoted by Notoatmodjo (2012), one form of health object can be explained by knowledge which obtained from experience alone (Wawan and Dewi, 2011).

Therefore, a nurse really needs knowledge about those related to the medical world such as every five years of action help life base always happen a little change so that all nurse must know about these changes. Apart from that, the more knowledge you have a nurse so service quality will become the more good.

The table above describes the skills of nurses in carrying out action help life base. From 38 respondents which researched, 18 person or 47.4% of them have skilled skills, 16 people or 42.1% of them own skills enough skilled, and 4 person or 10.5% among them have skills not enough skilled. Matter this show part big respondents have skilled skills in carrying out assistance actions life basic. Skill or Skills means something ability in operate and do activity in a way easy and carefully which requires basic abilities to do so (Robbins, 2010).

Whereas according to Justine (2018) Skills that is ability someone implements knowledge into the form act. Skills somebody influenced by education and exercise (Justine, 2018).

According to Robbins (2019), Skills shared become 4 category, that is: Basic Literacy Skills which is a basic skill or ability that must be possessed someone and most people like hearing, reading as well write. Technical Skills sublime skill in a way technique is skill somebody in development technique which he has through various learning from count in a way appropriate until do something activity with Correct. Interpersonal skill is a person's ability to interact with other people effectively and communicatively like being a good listener good, express opinions, and can work in groups, meanwhile Problem skill is a person's ability to overcome something problems using logic. Skills in knowing reason problem, analyze And develop alternative as well as solving problems well. Factors that can influence Skills according to Bertnus (2009) that is knowledge, experience, desire/motivation. A nurse must have certain factors that can influence Skills, matter This related with
those actions must done for build something skills which good. Nurse in the emergency unit must have professional skills and skills these special (competencies) can be obtained through education and training about emergency. Skills the must always improved/developed and maintained so that ensure nurse can carry out role and function professionally (Musliha, 2010).

Results study which done obtained that mark from correlation correlation coefficient as big as \( r = 0.458 \) with sig. (2- Matter This means Ho fail accept It means There is connection between knowledge with skills nurse in take action help life base in emergency installations emergency Dr. Palaloi. Level connection between second variable of (positive) 0.458, which means strength connection is at on level medium relationship, besides that connection positive value this means improvement knowledge followed increasing nurses' skills in carrying out basic life support actions. Help life base is a business which done for maintain life moment sufferer experience circumstances which threaten soul with method freeing road breath, help respiratory and maintain circulation blood without use tool help (Goiten, 2010). Help life base can done by power health nor which no power health. Help life base aim for maintain life man, where this is one of assignment or role from a nurse.

Grace and Simunati (2019) have differences in classification the level of knowledge and skills that the research results demonstrate a nurse's high level of knowledge influences skills or implementation which tall. So that for units terrible emergency knowledge and skills nurse very needed especially in taking decision clinical where skills very important in evaluation beginning, nurse must prioritize maintenance patient on base taking decision which right, for support matter the needed knowledge And Skills in do action nursing. Knowledge and Skills nurse very important in it because nurses are the main spearhead in a service especially service in room terrible emergency (Oman, 2019).

4. Conclusion
Based on results and discussion about connection knowledge with nurse skills in carrying out basic life support actions in emergency installations emergency, so can concluded:

1. Nurses' knowledge in performing basic life support. Of the 38 respondents who studied, 32 people (84.2%) of them had good knowledge, 5 people (13.2%) of them have sufficient knowledge, and 1 person (2.6%) of them has knowledge not enough.

2. Skills nurse in do action help life base. From 38 respondents which researched, 18 person (47.4%) among them own skills skilled, 16 people (42.1%) of them have quite skilled skills, and 4 people (10.5%) among them own skills not enough skilled.

3. Results study which there is connection between knowledge with skills nurse in carrying out basic life support measures in the emergency department of Dr. Hospital. Palaloi. Level connection between second variable as big as (+/positive) 0.458, Which means the strength of the relationship is at the level of medium relationship, other than that the relationship This positive value means an increase in knowledge followed by an increase in skills nurse in do action help life base.

5. Compliance with ethical standards

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Disclosure of conflict of interest
This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent
Every action we take as authors is a mutual agreement or consent.

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