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Validity and Reliability of Basic Life Support Intention Questionnaire for Nurses at Dr. Soebandi Hospital Jember

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Abstract:
Based On the Theory of Planned Behaviour perspective, basic life support intention is determined by attitudes, perception of a social norm, perceived self-efficacy, and control ability in performing basic life support. This study analyzed the validity and reliability of the basic life support intention questionnaire, designed to measure basic life support intention among nurses. A total of 48 items were developed based on literature reviews encompassing four main constructs: attitude, social norms, self-efficacy, and control ability. The questionnaire then underwent a validation process, including construct and content validity (CVI) and reliability analysis. This study was conducted on nurses in Dr. Soebandi Hospital Jember. The questionnaire was distributed to 160 nurses, of whom only 80 questionnaires were returned. The results of the CVI test on 36 questionnaire statements found that the CVI value was in the range 0,85-1. In comparison, the results of the construct validity test on 48 questionnaire statements were found to be valid and obtained 21 statement items. Reliability test-retest results obtained a coefficient correlation value of 0,75 and an alpha value of 0,669, which means it is reliable. The final set of basic life support intentions consisted of 21 items measuring attitude (four items), social norms (seven items), self-efficacy (six items), and control ability (four items) of practicing basic life support intention. The basic life support intention questionnaire was shown to be valid and reliable.

Keywords:
attitude; control ability; basic life support; intention; self-efficacy; social norms; questionnaire

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INTRODUCTION

An emergency is a situation that requires immediate treatment or action to prevent the victim from experiencing disability or losing his life. Handling must be done immediately so that the supply of oxygen to the organs and cells in the body is sufficient. If the circulation stops for a few minutes will result in hypoxia. Hypoxia causes the brain to be unable to coordinate to move organs in the body, such as heart rate and breathing (Musliha, 2010). This can also cause anxiety if the family is not immediately informed clearly (Putri et al., 2022).

Emergencies don't only happen in hospitals. Emergency conditions can happen to anyone, anywhere, and anytime (M.A. and Oktaviani, 2015). Cardiac arrest and respiratory arrest are cases that often occur in emergency patients and do not only occur in emergency wards but can occur in all parts of the hospital (Berglund et al., 2012). Cardiac arrest must be treated immediately because late or inappropriate treatment of patients with cardiac arrest can be fatal, namely death (Wiliastuti et al., 2018). Emergency treatment of patients must be carried out quickly by the Time

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Saving Life Saving philosophy because an emergency can threaten a person's life, so the actions taken must be effective and efficient (Sutawijaya, 2009).

Basic Life Support (BLS) is an action taken to sustain the lives of victims who experience life-threatening conditions (Juliana et al., 2018). One example of a life-threatening condition is someone who has had a heart attack and has stopped breathing. Basic Life Support (BLS) is first aid sustaining the victim's life (Kharisma et al., 2014).

American Heart Association (AHA) (2015) emphasizes three main focuses on basic life support: immediately recognizing cardiac arrest. Second, activation of the emergency response system. Third, performing cardiopulmonary resuscitation (CPR) as early as possible. CPR aims to restore and maintain organ function in cardiac and respiratory arrest victims (Khalilati et al., 2017). Resuscitation must be started as early as possible because the earlier CPR is performed, the more likely the victim will survive. The survival rate of up to 7-10% can be reduced if CPR is performed late (Kivungi and Njoroge, 2018).

Doctors, nurses, midwives, and other support staff are most often involved in assisting patients. Nurses are directly involved with patients for 24 hours and must provide fast and appropriate services (Asmadi, 2008). Therefore, nurses must know how to perform BLS because nurses often face situations such as cardiac arrest and/or respiratory arrest requiring immediate BLS action to reduce the risk of death in patients (Roshana et al., 2012). The community considers the nurse competent and prepared to perform effective BLS in an emergency. However, on the other hand, the situation of cardiac arrest is very stressful, and nurses are often afraid of the incident, which can affect the behavior of nurses in performing BLS (Dwyer and Mosel Williams, 2002).

The Theory of Planned Behavior approach or the theory of planned behavior can be used in analyzing a person's behavioral intentions. The determinants of intention to behave are attitudes towards behavior, subjective norms, and perceptions of behavior control. attitudes towards behavior, subjective norms, and perceptions of behavioral control can influence nurses' intentions to perform BLS (Ajzen, 2005). For example, the attitude of nurses towards doing BLS, whether favorable (support) or unfavorable (not support), whether beliefs that display one's perception of approval specifically for nurses to do or not do BLS, normative pressures that greatly affect intentions to perform behaviors such as their behavior in response to the expectations of colleagues, superiors, and the general public are subjective norms that emerge, and whether the nurse's perception of knowledge, confidence, skill, ability, and experience in performing BLS is a perception of behavioral control.

Individual intention to perform a behavior can be measured using a questionnaire (Francis et al., 2004). A valid and reliable questionnaire must be an absolute requirement for a measuring instrument. A valid questionnaire is a questionnaire that can be used to measure a variable that should be measured. Conversely, a questionnaire can be invalid if the variables measured are not by the objectives of the questionnaire. Validity relates to the feasibility of a measuring instrument. Meanwhile, reliability is related to the consistency of the test results of the measuring instrument (Sarini and Susanto, 2015). This study analyzed the validity and reliability of the basic life support intention questionnaire, designed to measure basic life support intention among nurses.

METHOD

The research design used is descriptive quantitative. The research was conducted at Dr. Soebandi Jember Hospital from 21 June 2019 to 07 July 2019. The sampling technique used probability sampling with the approach of simple random sampling. Sample calculations using the

G*Power program obtained a total of 160 respondents. As many as 80 respondents were stated to have dropped out of the study, so the number of respondents taken was 80 respondents. Collecting data using a questionnaire compiled based on the theory planned of behavior totaling 48 questions consisting of four indicators to be measured: attitudes towards basic life support, subjective norms, ability to control, and self-efficacy. Data analysis using Pearson test product moment to determine the validity and reliability test test-retest to test the reliability of the basic life support intention questionnaire using the Pearson test product moment and tested with Alpha Cronbach. This research was ethically tested by the Health Research Ethics Committee of the Faculty of Dentistry, University of Jember, with number 442/UN25.8/KEPK/DL/2019.

RESULT

The research results are presented in the form of narratives and tables. This study used univariate analysis in the form of respondent characteristics and analysis of the validity and reliability of the basic life support intention questionnaire.

Table 1. Description of the Characteristics of Nurses Working at Dr. Soebandi Hospital Jember (n=80)

Characteristics	Frequency (n)	Percentage (%)
Gender		
Man	17	21.3
Woman	63	78.8
Age		
17-25 years	0	0
26-35 years	46	57.5
36-45 years	28	35.0
46-55 years	6	7.5
56-65 years	0	0
Marital status		
Not married yet	5	6.3
Marry	74	92.5
Widowed	1	1.3
Last education		
Vocational (D3)	73	91.3
Bachelor (S1)	7	8.8
Master (S2)	0	0
Emergency Training		
PPGD	75	93.8
BTCLS	5	6.3
Length of Work		
≤5 years	14	17.5
≥5 years	66	82.5

The characteristics of the respondents based on table 1 show that 63 female respondents (78.8%) and the male respondents are 17 (21.3%). Respondents aged 26-35 years were 46 (57.5%), aged 36-45 years were 28 (7.5%), aged 46-55 years 6 (7.5%). As many as 92.5% of respondents are married. Respondents who participated in this study had vocational education (D3) totaling 73 (91.3%), and undergraduate (S1), totaling 7 (8.8%). Emergency training owned by respondents, namely PPGD totaling 75 (93.8%) and BTCLS totaling 5 (6.3%), with the length of service of the respondents namely ≤5 years totaling 14 (17.5%) and ≥ five years totaling 66 (82.5%).

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Table 2. Content Validity Test Results

Item	Expert in Agreement	Max item	CVI	Information
1	24	28	0.857143	Valid
2	24	28	0.857143	Valid
3	28	28	1	Valid
4	27	28	0.964286	Valid
5	27	28	0.964286	Valid
6	26	28	0.928571	Valid
7	26	28	0.928571	Valid
8	26	28	0.928571	Valid
9	26	28	0.928571	Valid
10	25	28	0.892857	Valid
11	24	28	0.857143	Valid
12	26	28	0.928571	Valid
13	25	28	0.892857	Valid
14	25	28	0.892857	Valid
15	25	28	0.892857	Valid
16	26	28	0.928571	Valid
17	27	28	0.964286	Valid
18	25	28	0.892857	Valid
19	27	28	0.964286	Valid
20	26	28	0.928571	Valid
21	26	28	0.928571	Valid
22	26	28	0.928571	Valid
23	27	28	0.964286	Valid
24	26	28	0.928571	Valid
25	25	28	0.892857	Valid
26	26	28	0.928571	Valid
27	27	28	0.964286	Valid
28	27	28	0.964286	Valid
29	27	28	0.964286	Valid
30	26	28	0.928571	Valid
31	26	28	0.928571	Valid
32	27	28	0.964286	Valid
33	27	28	0.964286	Valid
34	26	28	0.928571	Valid
35	25	28	0.892857	Valid
36	26	28	0.928571	Valid
		Mean	0.927579	

The score results were analyzed using assistance Microsoft Excel by adding up the scores 3 and 4 and then dividing by the number of items the total score. The results of the content validity test can be seen based on Table 2, with a total of 36 questions. Table 2 shows that the 36 tested questions were declared valid because the content validity test score was more than 0.80, with a value range of 0.85 – 1 and an average score of 0.92.

Table 3. Construct Validity Test Results

No.	Test results	Amount (n)	Inquiry number	Nilai r
1.	Valid	21	1, 5, 7, 8, 9, 11, 13, 19, 20, 21, 22, 23, 25, 31, 33, 36, 37, 43, 45, 46, 48	0,220 – 0,665
2.	Invalid	27	2, 3, 4, 6, 10, 12, 14, 15, 16, 17, 18, 24, 26, 27, 28, 29, 30, 32, 34, 35, 38, 39, 40, 41, 42, 44, 47	-0,060 – 0,205

The results of the construct validity test conducted on respondents based on table 3 show that of the 48 answer items, there are 21 valid answer items with a value range of 0.220-0.665, namely item 1, item 5, item 7, item 8, item 9, item 11, item 13, item 19. item 20, item 21, item 22, item 23, item 25, item 31, item 33, item 36, item 37, item 43, item 45, item 46, and item 48. The question is valid because it has an r count of more than 0.220. Meanwhile, the other 27 questions with a value range of -0.060-0.205 are invalid because they have a smaller r count than the r table below 0.220. Therefore, these question items cannot be used as a valid construct for the basic life support intention instrument. Then the questions that were not valid were excluded or were not used as part of the basic life support intention questionnaire.

Table 4. Basic Life Support Intention Questionnaire After Validity Test

Indicator	Valid	Invalid
Attitude	1,13,25,37	2,3,4,14,15,16, 26,27,28,38,39,40
Subjective Norm	5,7,8,19,20,31,43	6,17,18,29,30,32,41,42,44
Self-confidence	9,21,22, 33, 45,46	10,34,
Control ability	11,23, 36, 48	12,24,35,47
amount	21	27

Based on the results of data collection, 21 basic life support questionnaire questions that are valid can still represent each indicator of attitudes, subjective norms, self-confidence, and control abilities. This can be seen in Table 4 valid questions still represent four questions representing each questionnaire indicator, namely attitude indicators, seven questions representing subjective norms, and self-confidence is represented by 6 questions. Four questions represent the ability to control. These questions represent the compiled topics: basic life support, heart massage, artificial respiration, and AED.

Table 5. Blueprint Basic Life Support Intention Questionnaire

Indicator	Favorable	Unfavorable	Amount
Attitude	1,13,25,37		4
Subjective Norm	7,8,19,20,31,43	5	7
Self-confidence	9,21,33,45	22,46	6
Control ability	11,23,36, 48		4
			21

The basic life support intention questionnaire consists of questions favorable and unfavorable. Based on Table 5. favorable questions consist of 16 questions, namely attitude indicators, four questions, subjective norms, eight questions, four questions, self-confidence, and four questions, control ability. question unfavorable consists of 3 questions: subjective norm indicator 1 question, self-confidence two questions.

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The reliability test of the intention questionnaire used in this study was a retest or test-retest and Cronbach alpha. The reliability test of the test-retest questionnaire was given twice to 80 respondents willing to the distance between the first and second tests for five days. The data analyzed were obtained from the total score from completing the questionnaire on each item of the first and second test questions. Then the results of the total score of the first test are correlated with the results of the total score of the second test using the correlation coefficient formula product moment analysis assisted by a computer program. The data obtained is said to be valid, according to Polit and Beck (2009), if the correlation coefficient between the first and second test scores has a value of more than 0.70. While the Cronbach alpha test, if the alpha coefficient is close to 1 or more than 0.60, the instrument is reliable. The correlation result was 0.75, so the basic life support questionnaire is reliable because the correlation coefficient value is more than 0.70. While the Cronbach alpha test shows a result of 0.669, it can be said that the questionnaire is reliable and can be used to measure intention.

DISCUSSION

The Theory Planned Behavior or the theory of planned behavior is used as a framework for determining what factors are measured for the intention of a behavior. The basic life support questionnaire consists of 48 questions measuring four topics based on literature studies on basic life support: the intention to carry out basic life support, cardiac massage, artificial respiration, and using Automated External Defibrillator (AEDs). Each topic contains four intention-forming constructs: attitudes towards basic life support, subjective norms, self-confidence, and perceived ability to control.

The first step researchers take in conducting research is to test the validity. The content validity test was the first validity test conducted by the researcher. Based on the results of the content validity test, there were 36 questions tested, showing the results of 36 questions were said to be valid because the score content validity index (CVI) is more than 0.80, so each question is declared valid. The results are obtained based on calculations assisted by a computer program Microsoft Excel.

In the next step, the researcher conducted a construct validity test on 160 predetermined sample respondents. The statistical test used in the validity test in this study used statistical test Pearson product-moment, to find out the correlation coefficient between the score of the question items and the total score so that it shows the results of the validity of the questionnaire (Sugiyono, 2017). The correlation coefficient in the SPSS output table in this study can be seen based on the results of Pearson correlation in the correlation table of question item scores and total scores to determine the desired validity test results. Based on the results of the construct validity on the questionnaire, it shows that of the 48 questions asked, only 21 were declared valid because they had a correlation coefficient of more than the value of the r table.

Based on the construct validity test results, 21 valid questions still represent each measured topic, namely the intention to carry out basic life support, cardiac massage, rescue breaths, and use of AEDs. Each topic also still represents four indicators of intention, namely attitudes towards basic life support, subjective norms, self-confidence, and perceived ability to control. The attitude indicators for each of the four topics are described by question number one, with the harmful-benefit answers indicating a valid value. In contrast, with the same question, "In my opinion, giving (basic life support/heart massage/artificial respiration/AED) to people in need are actions that" with different answers such as comfortable-uncomfortable, good-bad, useless-useful of the four topics show an invalid value. One question with four answers allows the respondent to have a wrong

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perception so that the answer given is not in accordance with the respondent's current condition. Another thing that might happen is, based on research by Roshana et al. (2012), the attitude of not doing basic life support because basic life support is considered dangerous. Reluctance to do so is also influenced by discomfort in carrying out basic life support because they are reluctant to take risks.

According to Ajzen (2005), in the theory of planned behavior, attitudes toward behavior are determined by beliefs about the consequences of that behavior. According to Walgito (2010), attitude is an individual's belief in a situation accompanied by certain feelings so that it becomes the basis for individuals to carry out behavior in accordance with the method chosen in accordance with the goals to be achieved. Therefore, the researcher assumed the question "In my opinion, performing (basic life support/heart massage/artificial respiration/AED) for people in need is an appropriate action" is an attitude indicator question that can already be represented and can be used as a valid question in the questionnaire. Researchers also assume invalid questions on attitude indicators because individual beliefs about behavior are negative and can influence attitudes in determining whether to do or not to do that behavior. This belief is related to an individual's assessment of the behavior faced by connecting certain behaviors with the benefits or losses that might be obtained if the individual does or does not do that behavior.

Subjective norm indicators have different results from attitude indicators from the four topics with different questions. Subjective norm indicators are compiled with 16 questions with seven valid questions. There are nine invalid questions in all indicators and topics for making a questionnaire, namely, "I am expected to carry out basic life support measures for people in need," which represents basic life support. The questions "The majority of people who are important/meaningful to me think that I... do heart massage to people who need it" and "I feel that society demands me to do heart massage to people who need it" represent the topic of heart massage. Questions “The majority of people who are important to me think that I... perform rescue breathing on people who need it”, “I am expected to perform rescue breathing on people who need it,” and “People who are meaningful/important to me want me to perform rescue breathing to people in need” represents the topic of rescue breaths. Then the questions “The majority of people who are important to me think that I... perform AEDs on people who need them”, “I am expected to perform AEDs on people who need them,” and “People who are meaningful/important to me want me to perform AEDs on people who need” represents the AED topic.

Research conducted (Suprapto, 2017) social influence on reporting work is negative because people who influence performance negatively influence the individual concerned. The person in charge of the shift, the head of the room, and fellow nurses say that accidental needle sticks, injuries when opening ampoules, and exposure to patient fluids are normal things that nurses can experience, so there is no need to report this. This resulted in ineffective work reporting because negative social influences influenced individual behavior, so they did not report. Another study conducted by Drosten et al. (2016) showed that subjective norms for activating AED alerts could be motivated by social influence on agreeing to or not doing the behavior. Subjective norms can influence the specific behavior of activating an AED alert based on the assumption that the social environment of the individual concerned influences the decision to activate an AED alert.

According to Fausiah et al. (2013), Subjective norms are individual perceptions of the expectations of certain people or groups who have influenced their lives to do or not to do a behavior. Subjective norms are also a function of individual beliefs obtained from the views of certain people or groups regarding the attitude that will be carried out, agreeing or disagreeing in carrying out that behavior. According to Ajzen (2005), a subjective norm is an individual's belief in the benefits of this behavior, which raises the question of agreeing or not carrying out the behavior.

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The individual's trust is a belief in the expectations of other people or certain groups that influence their lives, whether they agree or not in carrying out this behavior. Groups or other people can influence the individual's behavior, namely parents, spouses, co-workers, or other people who can influence the individual's behavior.

The researcher assumes that the seven questions that have been said to be valid can represent indicators of subjective norms to measure social influence in carrying out individual behavior. The questions have described how social influences agree or not to carry out behavior for that individual. Invalid questions related to social influence may not influence individuals in carrying out a behavior, so there is no significant influence on the behavior to be carried out because subjective norms are influenced by individual beliefs obtained from the views of the surrounding environment toward attitudes related to related individual behavior.

The self-confidence indicator is compiled with eight questions. There are six valid questions. 2 questions are invalid because the calculated value is smaller than the r table. The following are invalid questions. Namely, the questions “for me to perform basic life support is” and “to me to perform rescue breathing” represent the topics of basic life support and rescue breathing, respectively.

Indicators of control ability are prepared with 8 questions; 4 questions are invalid. Questions that were invalid and deleted were the questions "The decision to do or not to do basic life support is up to my decision", and "The decision to do or not do heart massage is up to me" Each question represents the topic of basic life support and heart massage. The questions “the decision to perform or not perform rescue breaths is beyond my control”, and “the decision to perform or not use an AED is beyond my control” each question represent the topic of assisted breathing and the use of AEDs.

Research conducted by Drosten et al. (2016) one month after training, confidence in performing CPR has increased, and fear of performing CPR has decreased compared to individuals who did not receive training. Studies also show that increased confidence reduces the fear of performing CPR. Individual self-confidence cannot be applied properly if there is no belief in the abilities possessed by the individual himself. According to Ajzen (2005), perception of behavioral control is an individual's perception of whether it is easy or not to perform a behavior that is assumed to reflect past experiences, such as anticipating obstacles and obstacles to be faced. Perceptions of behavior control are based on individual beliefs about past experiences with the behavior at hand and factors that support or hinder perceptions of this behavior. According to Eileen and Mangoting (2014), perception of behavioral control refers to the extent to which an individual feels that the behavior is controlled. Perceived behavioral control is determined by two factors, namely self-confidence and the ability to control behavior. someone who has high self-confidence and the ability to control behavior, the perception of this behavior will be more positive. Conversely, if the self-confidence and ability to control behavior are low, then the perception of the behavior is negative, hindering the behavior.

Researchers can assume the questions "the decision to do or not to do cardiac massage is up to me" and "the decision to do or not to do rescue breathing is beyond my control" based on the results of validity tests on questions with indicators of self-confidence and control ability which are factors forming perceptions behavioral control can represent each indicator because it is in accordance with the conditions to be measured by researchers. Invalid questions are likely to occur because there is no individual confidence in their opportunities and abilities. Perceived behavioral control will be formed if the higher the individual's belief in the opportunity that is owned, the stronger the perception of individual behavioral control on the behavior to be carried out. Individuals with a high perception of control will be increasingly motivated to try to succeed

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because they will believe that the resources and opportunities that exist and the difficulties they face can be overcome.

The reliability test was carried out by researchers by retesting test-retest and Cronbach alpha. Test results Cronbach alpha produces an alpha coefficient of 0.669 which can be said that the questionnaire is reliable because the alpha coefficient is more than 0.60. The retest was done by giving the questionnaire twice, with the first and second test intervals not too close or far away. If the time is near, it is feared that the respondents will still remember the answers on the first test. However, if the time interval is too long, it is feared that symptoms or concepts will change because people or things can change at any time (Swarjana, 2016). Based on the reliability test results conducted by the researcher with an interval of the first and second tests, namely 5 days, the results showed a correlation value of 0.75. According to Polit and Beck (2009), the reliability test of the questionnaire was said to be reliable if the correlation value was more than 0.70. Therefore, the questionnaire's basic life support intention meets these requirements because it has a correlation value of more than 0.70. So that a reliable basic life support intention questionnaire can be used to measure basic life support intentions.

CONCLUSION

The results of the content validity test conducted by 7 expert lecturers with 36 questions indicate that the basic life support intention questionnaire is valid because the correlation coefficient value is more than 0.80. The results of the construct validity test by giving questionnaires to respondents show that 48 questions given 21 questions are said to be valid, consisting of questions favorable and unfavorable. Based on the results of the 21 valid questions, it still describes the determinants of intention, namely attitude, subjective norms, self-confidence, and ability to control. These valid questions still represent each topic in the questionnaire, namely basic life support, cardiac massage, artificial respiration, and AED use. Retest reliability test results or test-retest with the same questionnaire instrument between the first and second tests with an interval of 5 days from the first and second tests showed that the basic life support intention questionnaire was reliable. Then test Cronbach alpha The result shows that the questionnaire is reliable with an alpha coefficient of more than 0.60.

In conclusion, the content validity and construct validity tests carried out in this study showed different results. The content validity test showed that 36 questions were valid, while in the construct validity test of 48 questions, only 21 questions were said to be valid. The researcher assumes to use the results of the content validity test in future research to obtain valid results in measuring the intention of basic life support.

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CONFLICT OF INTEREST

There is no conflict of interest in this article.

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