

*Save a Life Cymru: CPR and
Defibrillation Tracking
Survey*

January 2022 Wales Omnibus Study



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Save a Life Cymru: CPR and Defibrillation Tracking Survey – January 2022 Wales Omnibus

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1. Executive summary

Introduction

Save a Life Cymru commissioned Beaufort Research to conduct a survey exploring public knowledge, attitudes and behaviours towards bystander CPR (Cardiopulmonary Resuscitation) and Defibrillation in circumstances of Out-of-Hospital Cardiac Arrest (OHCA). The research largely repeated questions asked in a baseline study conducted in June 2019. Data was collected on the January 2022 Wales Omnibus survey. A representative sample of 1,000 adults aged 16+ across Wales was surveyed using an online panel¹, with fieldwork conducted between 17 January and 6 February 2022.

CPR and Defibrillator training

- Just over half of those interviewed in 2022 (53%) reported having been trained in CPR – slightly lower than in 2019 (56%).
- The proportion of respondents trained to use an Automated External Defibrillator (AED) was much lower – at 20%. As with CPR, this has decreased since 2019 (23%). This might be linked to the impact of COVID-19 on access to training.
- Those in the more affluent ABC1² socioeconomic groups, people aged 54 and under and women were more likely than C2DEs, the over 55s and men to have been trained in giving CPR and using an AED.
- Looking at the recency of training, almost half of those CPR trained (47%) had last undergone training more than five years ago. 27% had received training within the past 2 years (down from 37% in 2019).
- Those who had received Defibrillator training had done so more recently, with 47% having been AED trained within the past 2 years. Fewer participants had received training within the past 6 months than in 2019, however.
- As in 2019, almost two thirds of those who were CPR trained (64%) attributed their training to their employment – 29% had received mandatory training as part of their job, 24% had opted to take a course or session organised through their work and 11% said they were a nominated First Aider at their workplace.
- The same was true of Defibrillator training, where an even higher proportion (79%) reported their AED training was linked to their work.

¹ Until March 2020 interviewing on the Wales Omnibus was conducted face-to-face using CAPI (Computer Aided Personal Interviewing). As a result of the COVID-19 public health crisis, interviewing switched to an online panel approach. The 2022 survey was therefore conducted online, while the baseline survey was carried out by interviewers in participants' homes. The change in data gathering approach to online self-completion interviews may have resulted in some changes in findings, due to mode effect, and these are highlighted where applicable in the report.

² A social classification system used in market research and other sectors. The classification assigns every household to a grade (A, B, C1, C2, D, E), usually based upon the occupation and employment status of the Chief Income Earner. Social grades are defined as follows:

AB: Higher and intermediate managerial, administrative and professional occupations

C1: Supervisory, clerical and junior managerial, administrative and professional occupations

C2: Skilled manual workers

DE: Semi-skilled and unskilled manual workers, state pensioners, casual and lowest grade workers, unemployed with state benefits only

- Almost all those who were CPR-trained (95%) had received face-to-face training with hands on experience of CPR on a training dummy. 84% of those with Defibrillator training had received their training in the same way, with the opportunity of practising on a training dummy.
- This was the preferred mode of training for the great majority of those already trained (95% in the case of CPR and 91% in the case of Defibrillation).
- Interest in receiving CPR and AED training was high among those not already trained – 62% would like to receive CPR training, an increase from the 2019 level (50%), while 66% would like to receive Defibrillator training (up from 53% in 2019).
- Support for universal training in CPR and Defibrillation was high, as in 2019, with around three-quarters overall (77%) agreeing that *everyone should be trained in CPR* and a similar proportion (74%) agreeing that *everyone should be trained to use a Defibrillator*.
- Among the minority who did not want to be trained in CPR (19% overall) or in the use of Defibrillators (18%), their main unprompted reasons focused round lack of confidence and fear of causing harm.
- When prompted, 55% overall agreed that they *would be worried that I might make matters worse if I gave someone CPR*, as did 52% in the case of using a Defibrillator.
- The most common prompted reasons among participants who had not received CPR training were never having had the opportunity, never having thought about it and not knowing where to find a course.

Administering CPR and Defibrillators

- Almost one in four respondents in 2022 (24%) had witnessed someone collapse and possibly need bystander CPR.
- While almost one in ten (9%) had given someone CPR in a real-life situation and another two in ten (19%) had seen someone else do so, the great majority of those interviewed (72%) had no real-life experience at all of CPR.
- Familiarity with the symptoms of an Out of Hospital Cardiac Arrest were high – 83% were able to name some sign that might require CPR to be administered, with the most common symptom mentioned spontaneously being *not breathing / breathing difficulties*.
- Confidence in giving CPR and using a Defibrillator on someone were not high, however. Fewer than four in ten overall (39%) stated they would be confident in performing CPR, while slightly fewer (35%) said they would be confident about using a Defibrillator.
- Confidence levels were higher among those with prior training, but, even so, 38% of those with CPR training and 16% of those with Defibrillator training stated they would not feel confident in putting this training into action.
- Confidence has fallen since 2019 – from 48% saying they would feel confident in giving CPR to 39% and from 38% saying they would feel confident using a Defibrillator to 35%. This may be partly due to the change in interviewing method between the 2019 and 2022 surveys (from interviewer-administered in-home

interviews to online self-completion interviews) and partly to the impact of COVID-19 on access to training.

- However, confidence both in giving CPR and in using a Defibrillator on someone increased sharply in the scenario that, after dialling 999, the call handler talked you through how to do it.
- Despite lower confidence levels in 2022, the great majority of respondents (76%) would be likely to intervene and give CPR in an emergency OHCA situation if they were the only bystander, as in 2019.
- Similarly, the great majority overall (80% and 81%) agreed that they would *rather try giving CPR / using a Defibrillator than do nothing*.
- When prompted with a list of potential reasons why they might not intervene, over four in ten (44%) reported they would be *afraid of causing injury / making things worse*. Other barriers to giving CPR were lack of confidence (endorsed by 35%) and lack of skills (32%).
- Endorsement of all the barriers to giving CPR was higher than in 2019, possibly linked to the different data gathering approach in 2022 and to the impact of the COVID-19 pandemic.
- Emphasising the concern about causing injury, 55% agreed that they would be *worried I might make matters worse if I gave someone CPR*, as did 52% in the case of using a Defibrillator.
- Opinions were divided on the risk of facing legal action, however. Similar proportions of participants agreed as disagreed that they *would be worried that I might be sued if I gave someone CPR / used a Defibrillator*.
- Around half of those interviewed (53%) said they knew where their nearest public Defibrillator was located. Awareness of the location of the closest AED has risen from 2019 (43%) and was higher among those with CPR and Defibrillator training.

Advertising, communications and marketing awareness

- One in five overall (20%) reported they had seen advertising or marketing about CPR and Defibrillator training.
- Those aware of it were most likely to say they had seen it either in a medical setting (at their GP surgery / hospital) or on social media.

2. Introduction and objectives

Save a Life Cymru commissioned Beaufort Research in early 2022 to conduct a survey exploring public knowledge, attitudes and behaviours towards bystander CPR (Cardiopulmonary Resuscitation) and Defibrillation in circumstances of Out-of-Hospital Cardiac Arrest (OHCA). Data was collected on the January 2022 Wales Omnibus survey. The research largely repeated questions asked in a baseline study conducted in June 2019 on the Wales Omnibus, with the addition of a few extra questions.

The aims of the study were to assess public knowledge, attitudes and behaviour towards CPR and Defibrillation and to understand the perceived barriers to receiving training and intervening in the event of an OHCA. Future waves of the survey will also evaluate the effectiveness of the planned public awareness and education campaign to improve the rate of bystander CPR and use of Defibrillators in Wales.

3. Methodology

The survey was conducted on the Beaufort Wales Omnibus survey, which interviews a representative sample of 1,000 adults across Wales each wave. Until March 2020 interviewing on the Wales Omnibus was conducted face-to-face via CAPI (Computer Aided Personal Interviewing). As a result of the COVID-19 public health crisis, interviewing switched to an online approach using the Cint™ online panel exchange platform. The 2022 survey was therefore conducted online, while the baseline survey in June 2019 had been carried out by interviewers in participants' homes. The change in data gathering approach to online self-completion interviews may have resulted in some changes in findings, due to mode effect, and these are highlighted where applicable in the report.

The Cint™ platform and its products comply with ESOMAR, MRS, ARF, MRIA, AMA, AMSRO and Insights Association standards. Cint™ also complies with ISO 20252. Multiple data quality checks are built into the Cint™ system including GEO IP check and CAPTCHA at registration, unique respondent identification and fraudulent behaviour checks. On top of this Beaufort builds in its own quality control questions and measures within the survey and excludes respondents who fail these checks.

The survey was subject to interlocking demographic quota controls of age within gender. A further separate quota control was set on social grade and questionnaires were completed by residents of every local authority in Wales. At the analysis stage, the data was weighted by age group, gender, local authority grouping and social grade to match Census 2011 figures and ensure it was representative of the Wales population.

The questions for the 2022 survey largely replicated those asked in the baseline survey so that any changes over time could be assessed (subject to the caveat above). The original 2019 questions were supplied to Beaufort by the Welsh

Government.³ See Appendix 1 for the questionnaire. Demographic questions are also included as standard in the Wales Omnibus survey. The questionnaire was available in English or Welsh at the participant's choice.

Explanations of CPR and Defibrillation were provided to respondents in the survey questionnaire to enable them to answer the questions. In the 2022 survey reference was made to the COVID-19 pandemic and to changes in the recommended procedures due to the pandemic. The wording was as follows:

CPR

Now some questions about out of hospital cardiac arrest and CPR. CPR stands for cardiopulmonary resuscitation, which is an emergency procedure that can be used if someone's heart stops working. Chest compressions and mouth to mouth rescue breaths (under normal circumstances, but not in the pandemic) keep blood and oxygen circulating in the person until help arrives. In a pandemic mouth to mouth rescue breaths are not recommended for anyone over 8 years old.

Please think about incidents that have happened or could happen outside a hospital setting. This could be at home, in a nursing care home or in a public place.

Defibrillators

Now some questions about Automated External Defibrillators (AED). A Defibrillator is used to apply an electric shock to re-start the heart – this can help the heart to start beating properly again.

Fieldwork for the January 2022 survey took place between 17 January and 6 February 2022. A total of 1,000 interviews were completed and analysed.

Full data tabulations from the survey have been provided to the Welsh Government in a separate technical report.

³ The Wales Omnibus Surveys include questions replicated and adapted from those developed for a similar survey commissioned by Scottish Government in 2015 ([The Scottish Government, 2016](#); [Dobbie et al., 2018](#)).

4. Research findings

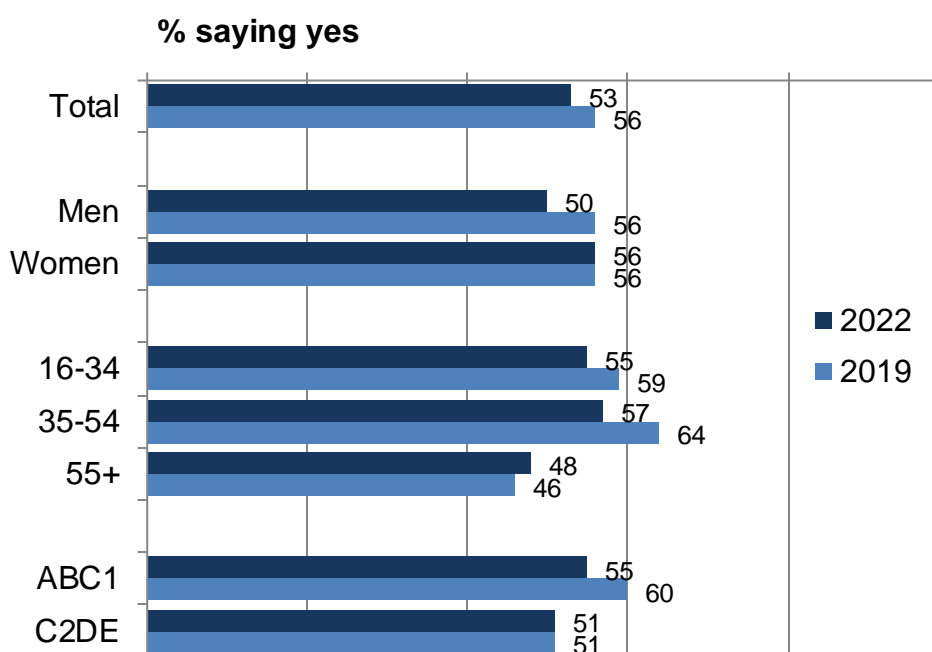
4.1 Cardiopulmonary Resuscitation (CPR) and Defibrillator training

CPR training

Just over half those interviewed in 2022 (53%) reported having been trained in CPR. This proportion has decreased slightly from the 2019 level (56%) possibly due to the impact of the COVID-19 pandemic on access to CPR training.

Those in the more affluent ABC1 socioeconomic groups, people aged 54 and under and women were more likely than C2DEs, the over 55s and men to have received CPR training (see Figure 1 below). The pattern of differences by age and social grade was similar to 2019, although the differences in 2022 between these groups were less marked.

Figure 1: Have you ever been trained in CPR?

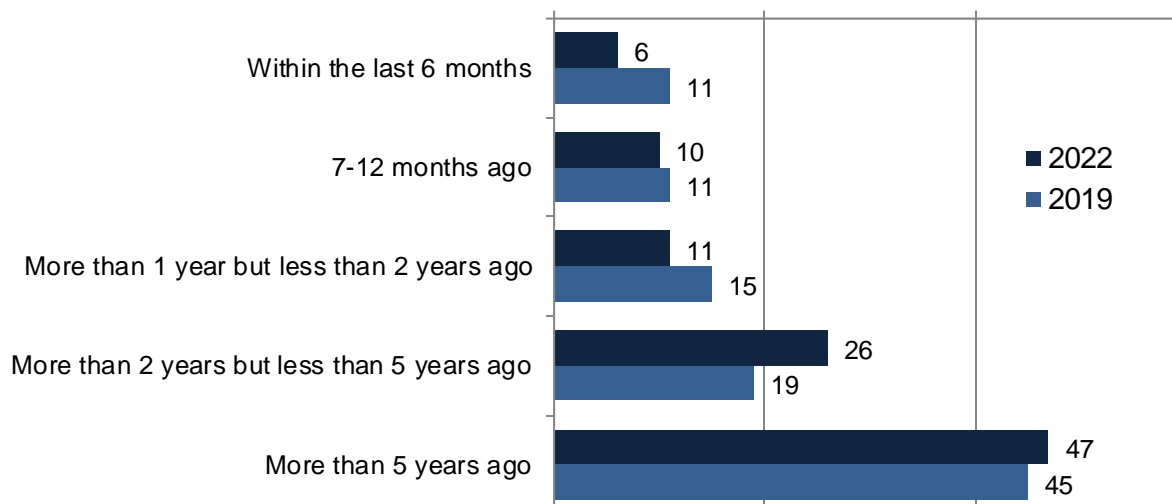


Base: all respondents (2022 – 1,000; 2019 – 1,025)

Almost half of those who had received training (47%) reported having done so, or having refresher training, more than five years ago. A further 26% reported that their last training was between two and five years ago.

Only around one in four (27%) had received CPR training or refresher training within the last 2 years, therefore. This level has dropped from 2019, when 37% of those trained reported their training was within the previous 2 years. Again, this is likely to be related to the pandemic.

Figure 2: When were you trained or when did you last have a refresher in CPR? (%)

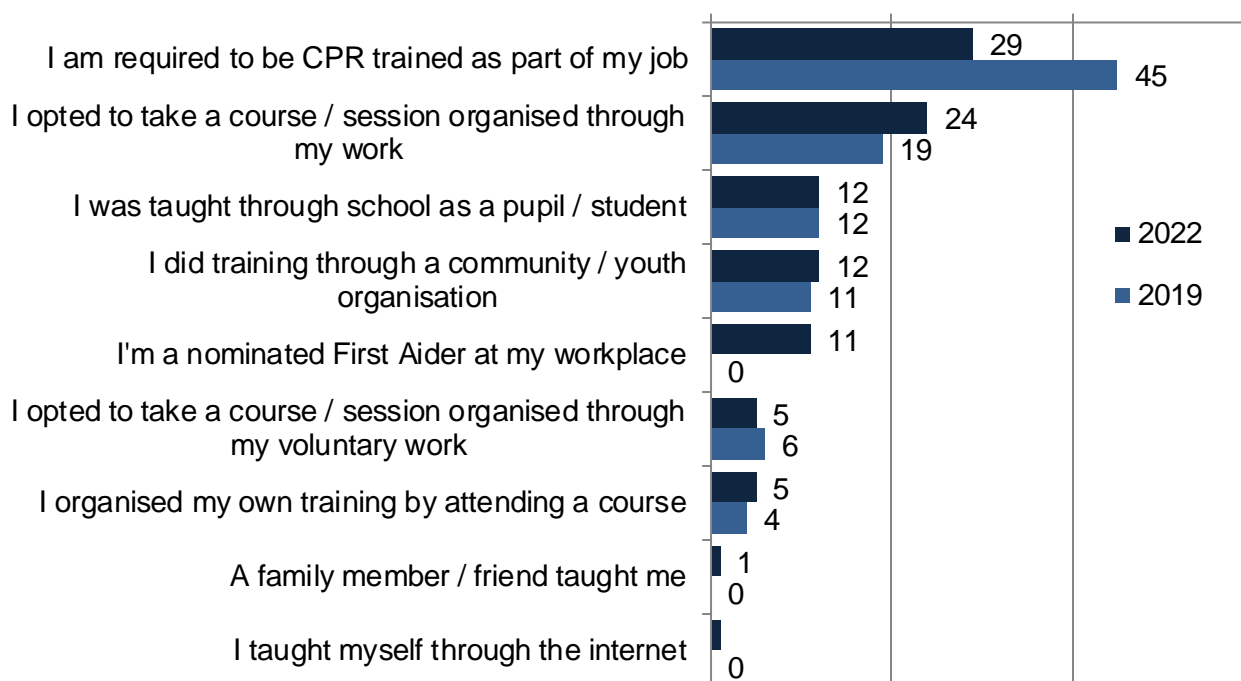


Base: those who have received CPR training (2022 - 531; 2019 - 572)

Of those who had received CPR training, just under three in ten (29%) had received mandatory training as part of their job. Another 24% had opted to take a course or session organised through their work, while 11% said they were a nominated First Aider at their workplace. **Almost two thirds of those who were CPR trained in 2022 (64%) attributed their training to their employment, therefore.** Older people were much more likely than younger people to have been trained through or because of work (at 78% of those aged 55 and over, compared to 45% of those aged 16 to 34 years).

Another one in eight of those trained had received CPR training either through a community or youth organisation such as the Scouts or St John's Ambulance or through school (at 12% for each). The proportions of young people who had received training in these ways was particularly high (at 18% and 24% respectively of 16-34s) (see Figure 3 overleaf).

Comparing the 2022 results with those from 2019, the proportion reporting they were required to be CPR trained as part of their job has fallen from 45% to 29%. A new option related to training through employment was introduced in 2022, however, (*I'm a nominated First Aider at my workplace*) which may partly account for this decrease. Overall, the proportion of those interviewed saying their training was linked to their employment was identical in both years (at 64%).

Figure 3: Which best describes how you received your CPR training? (%)

Base: those who have received CPR training (2022 - 531; 2019 – 572)

Almost all those trained (95%) had received their training face-to-face with hands on experience of CPR on a training dummy. Only very small proportions had their training delivered in other ways, namely face-to-face training without experience of CPR on a training dummy (2%), watching a training video online (2%) and real-time training delivered online by an instructor (1%).

When asked how they would prefer to have had their CPR training delivered, the great majority overall (95%) and of those who had been trained in other ways (19 out of the 23 individuals interviewed) opted for face-to-face training with hands-on experience of CPR on a training dummy. These were new questions introduced in the 2022 survey so there is no trend data.

Interest in receiving CPR training was high – over six in ten (62%) of those not already CPR trained said they would like to receive training. Conversely, just under two in ten either said they were not interested or were not sure (19% in each case).

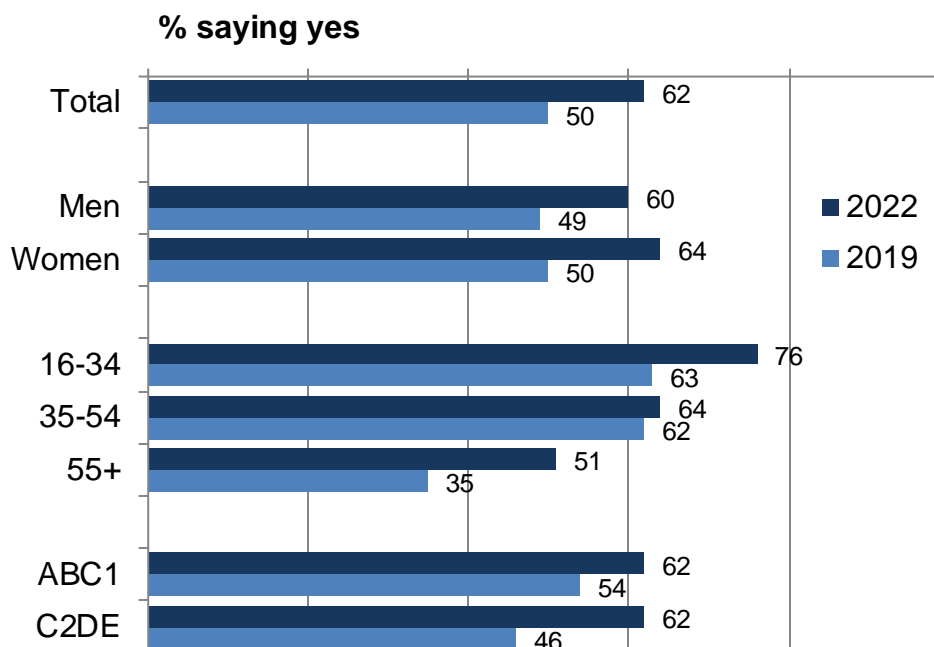
Interest in being CPR trained has increased from 2019 (50%), while the proportion saying they were not interested has fallen sharply (from 47% in 2019 to 19%). At the same time the proportion answering 'don't know' has risen, from 3% in 2019 to 19%.

Women were slightly more likely than men in 2022 to be interested in receiving CPR training (at 64% cf. 60%) but there was no difference by socioeconomic group.

Marked differences in interest in training were evident by age group, however, as in 2019. Younger people aged 16 to 34 were most likely to want to receive CPR

training, with 76% of those in this age group not already trained expressing interest in 2022. This proportion has risen from 63% in 2019. Older people aged 55 and over were least likely to want to receive CPR training (at 51% of those in this age group not already trained) but this is higher than in 2019 (35%) (see Figure 4 below).

Figure 4: Would you like to be trained in CPR?



Base: those not already trained in CPR (2022 – 469; 2019 – 453)

The 19% who did not want to be trained in CPR were asked why. **The main spontaneous reasons given related to lack of confidence** (with 23% of this group saying they were *not confident they'd be able to do it / would be no good in an emergency*) **and concern they might cause harm** (mentioned by 20% of this group). A full list of the reasons given is provided in Figure 10 later in the report.

All those who had not received CPR training were provided with a list of reasons why people are not trained in CPR and asked which if any applied to them. **The most common reasons were never having had the opportunity (53%), it never occurring to them to get trained in CPR (35%) and not knowing where to find a course (33%).**

Other reasons selected by at least one in ten of those not trained were *not being able to afford it* (16%), *being more worried about the risks in the COVID-19 pandemic* (12%), *having physical or mental health issues* (11%) and *COVID-19 having made it difficult to get CPR training* (11%).

Lack of time, no interest and *access issues* were smaller barriers, mentioned by 7% to 8% of those not already CPR trained (see Figure 5).

Lack of opportunity and uncertainty about how to find a course were more significant barriers in 2022 than in the previous survey in 2019. These, together with the lack of

saliency of CPR training generally, were much more likely to be selected in 2022 than either of the new potential barriers directly linked to the COVID-19 pandemic.

Figure 5: Here are some of the reasons people are not trained in CPR. Which if any apply to you? (%)



Base: those not already trained in CPR (2022 – 469; 2019 – 453)

Support for universal training in CPR was high, with almost eight in ten overall (77%) agreeing that *everyone should be trained in CPR*. While still high, this has fallen back from the 2019 level (84%) which may be linked to the change in interviewing approach. The fall in overall agreement is due to fewer participants in 2022 answering 'agree' and more answering 'neither agree nor disagree', rather than to an increase in negative responses. This difference is likely to be a result of the change in methodology between the 2019 and the 2022 surveys.

In a self-completion survey there is less social desirability bias, i.e. participants are arguably more able to answer honestly and without fear of being judged by an interviewer⁴, so may be more likely to choose an answer on the mid-point of the scale. This effect is also seen in other places in the 2022 results.

Defibrillator training

As in 2019 the proportion of survey participants trained to use an Automated External Defibrillator (AED) was much lower than the proportion who reported being

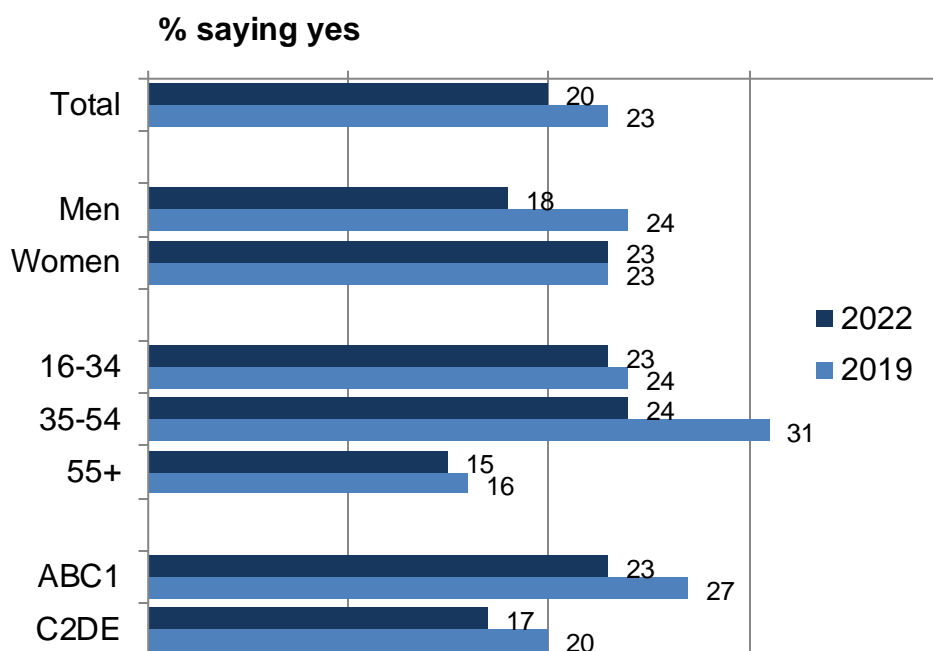
⁴ Participants tend to assume that an interviewer expects them to have opinions, rather than have no strong opinion or knowledge of topics, therefore participants can feel more comfortable in answering 'neither agree or disagree' when there is no interviewer present to 'judge' their answers.

CPR trained – at 20% overall, compared to 53% for CPR. The 2022 level has fallen slightly from 2019 (23%).

Women, those in the ABC1 socioeconomic groups and those aged 16-54 were most likely to have received Defibrillator training, as was the case with CPR training (see Figure 6).

37% of those who had received CPR training were also trained to use a Defibrillator.

Figure 6: Have you ever been trained to use a Defibrillator?

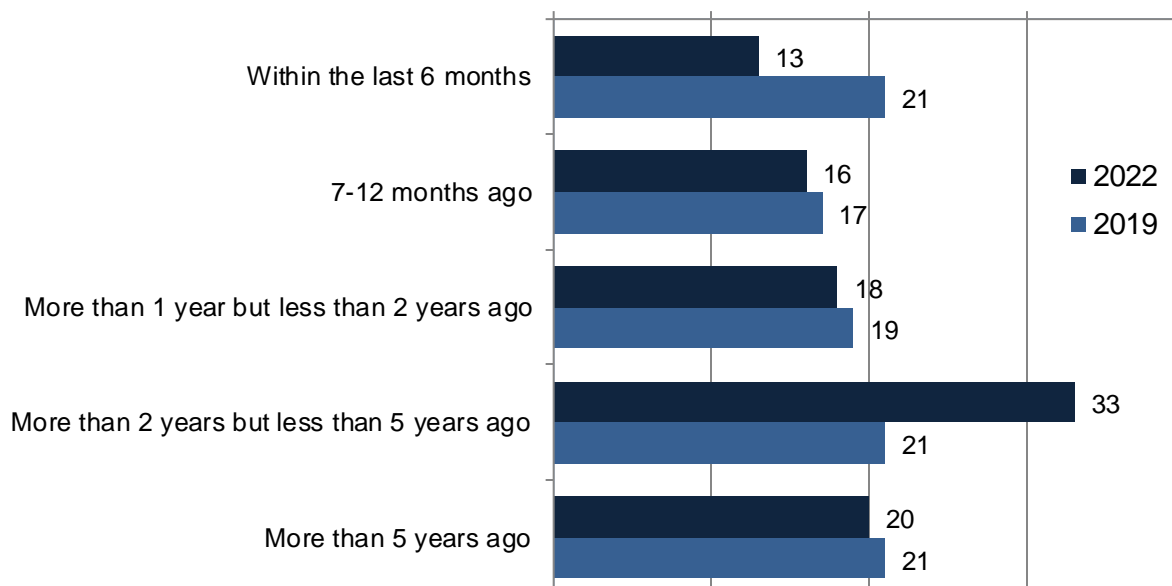


Base: all respondents (2022 – 1,000; 2019 – 1,025)

Just under half (47%) had received their last training within the past two years, while the remainder reported being last trained over two years ago (53%). 20% of these said their Defibrillator training or refresher training took place more than five years ago. **Defibrillator training was therefore more recent than CPR training** – 47% of those who had received CPR training reported their last training was over five years ago.

Comparing the 2022 results with those from the 2019 survey, fewer respondents in 2022 had received Defibrillator training with the past six months (13% cf. 21%), while more had last been trained between two to five years ago (33% cf. 21%). This is likely to be linked to the impact of COVID-19 on access to training (see Figure 7 overleaf).

Figure 7: When were you trained or when did you last have a refresher in Defibrillator use? (%)



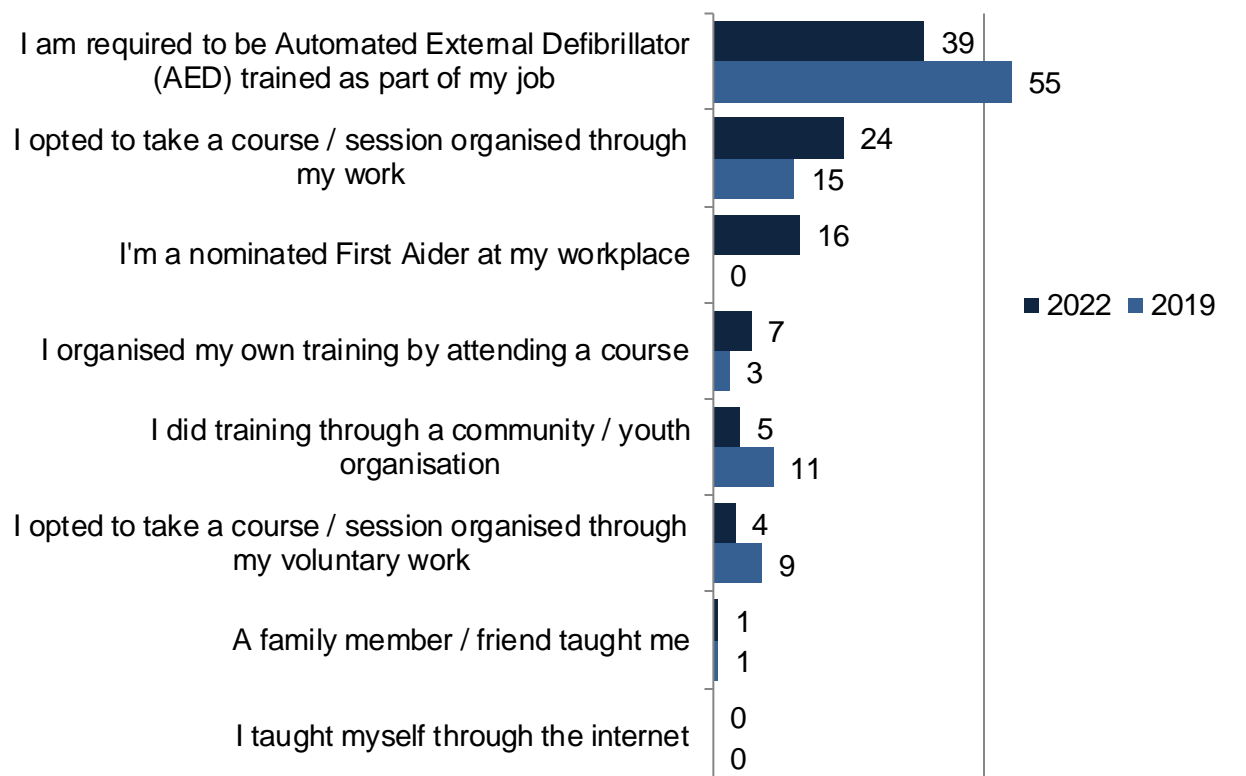
Base: those who have received Defibrillator training (2022 - 205; 2019 - 239)

As with CPR training, most of those with Defibrillator training (79%) had received their training through their employer or workplace. Nearly four in ten (39%) reported they were required to be AED trained as part of their job, while another 16% said they were a nominated First Aider in their workplace, and a further 24% had chosen to take part in a course or session organised by their employer (see Figure 8 overleaf).

A slightly higher proportion had received mandatory training as part of their job than was the case with CPR training (39% cf. 29% with CPR). The same decline was recorded in 2022 on this measure as with CPR training. Again, this may be linked to the introduction of an additional workplace category for the 2019 survey (*I'm a nominated First Aider at my workplace*) but also to the impact of home / hybrid working patterns on employer requirements.

Those AED trained were less likely to have received their Defibrillator training through a community or youth organisation or through school than was the case with CPR training.

Figure 8: Which best describes how you received your Defibrillator training? (%)



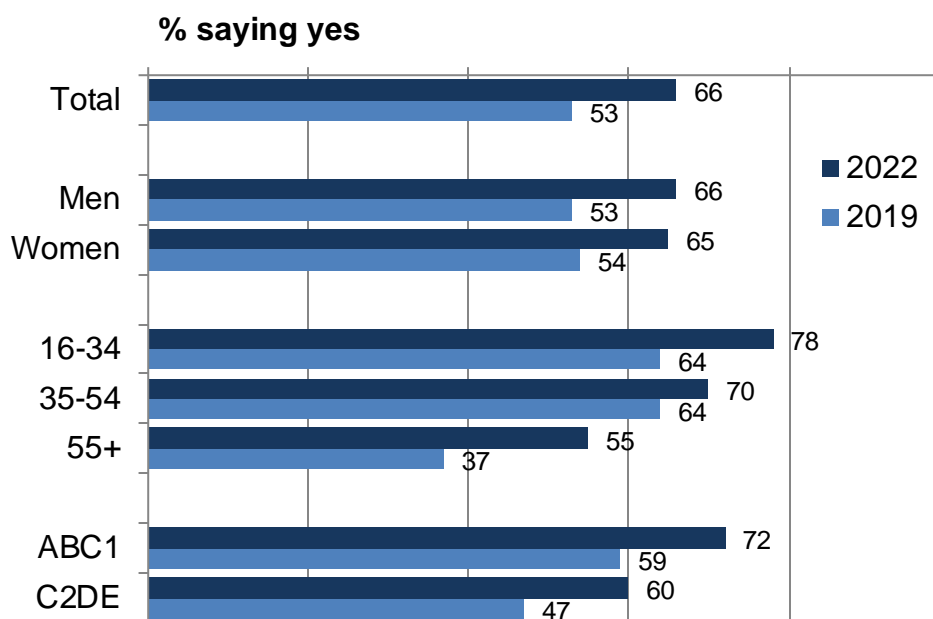
Base: those who have received Defibrillator training (2022 - 205; 2019 - 239)

As with CPR training, **the great majority (84%) had received their Defibrillator training in a face-to-face setting offering hands-on experience of using an AED on a training dummy.** Slightly more of those who had been Defibrillator trained than those with CPR training reported their training was delivered face-to-face but without the opportunity to practise on a dummy, however (11% cf. 2%). Another 3% had watched a training video online and 1% had real time training delivered online by a trainer.

When asked how they would prefer to receive Defibrillator training, 91% opted for face-to-face with the opportunity to use a Defibrillator on a training dummy. Almost half of those whose training was delivered in other ways (15 of 32) would choose this option.

Two thirds of respondents without Defibrillator training were keen to have the opportunity, with 66% of those interviewed in 2022 saying they would like to receive training. This is slightly higher than the level of interest in being CPR trained (at 62%).

Like CPR training, **interest in Defibrillator training has risen from 2019** (from 53% to 66%). ABC1s and younger and middle-aged respondents were more likely to be interested in being trained than C2DEs and the over 55s (see Figure 9 overleaf).

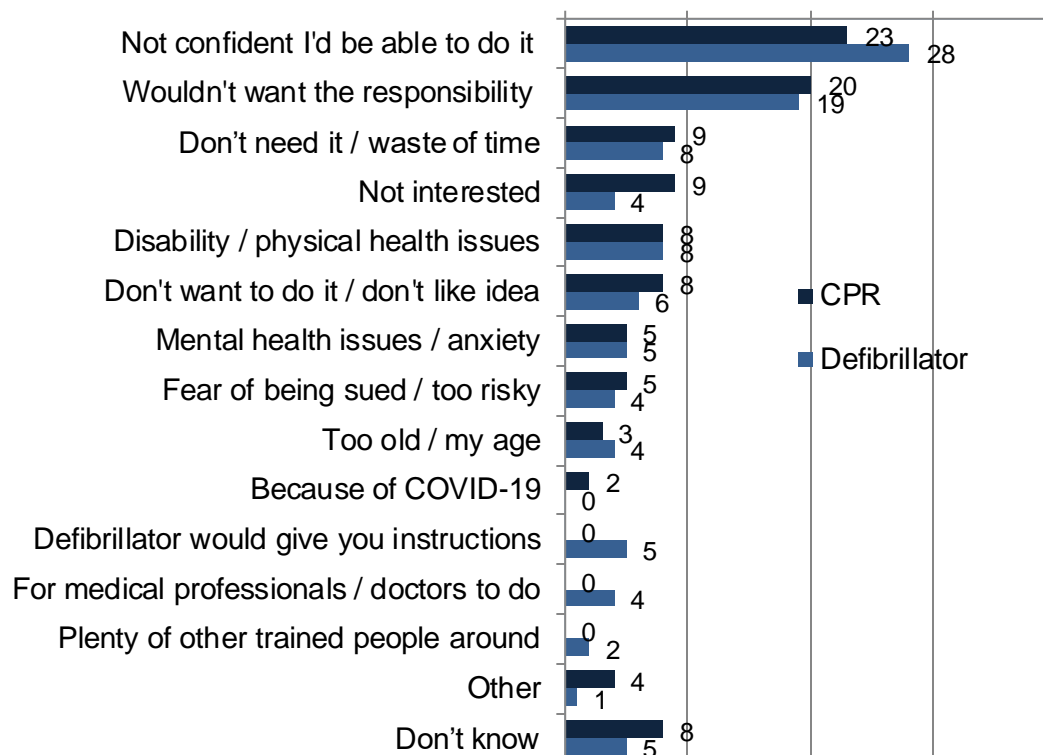
Figure 9: Would you like to be trained to use a Defibrillator?

Base: those not already trained in CPR (2022 – 795; 2019 – 786)

The main reasons given for **not** being interested in Defibrillator training were related to confidence (*I'm not confident I'd be able to do it / I'd be no good in an emergency*) and fear of causing harm (*I wouldn't want the responsibility / I'd be afraid of doing harm*), with each mentioned spontaneously by 28% and 19% of this group.

These were also the main reasons given by those not interested in CPR training. Generally, the pattern of responses was very similar (although slightly fewer mentioned lack of confidence in the case of CPR) (see Figure 10 overleaf).

Figure 10: Why do you not want to be trained in CPR / using a Defibrillator? (%)



Bases: those who do not want to receive CPR / Defibrillator training 2022 (CPR - 91; Defibrillator - 145)

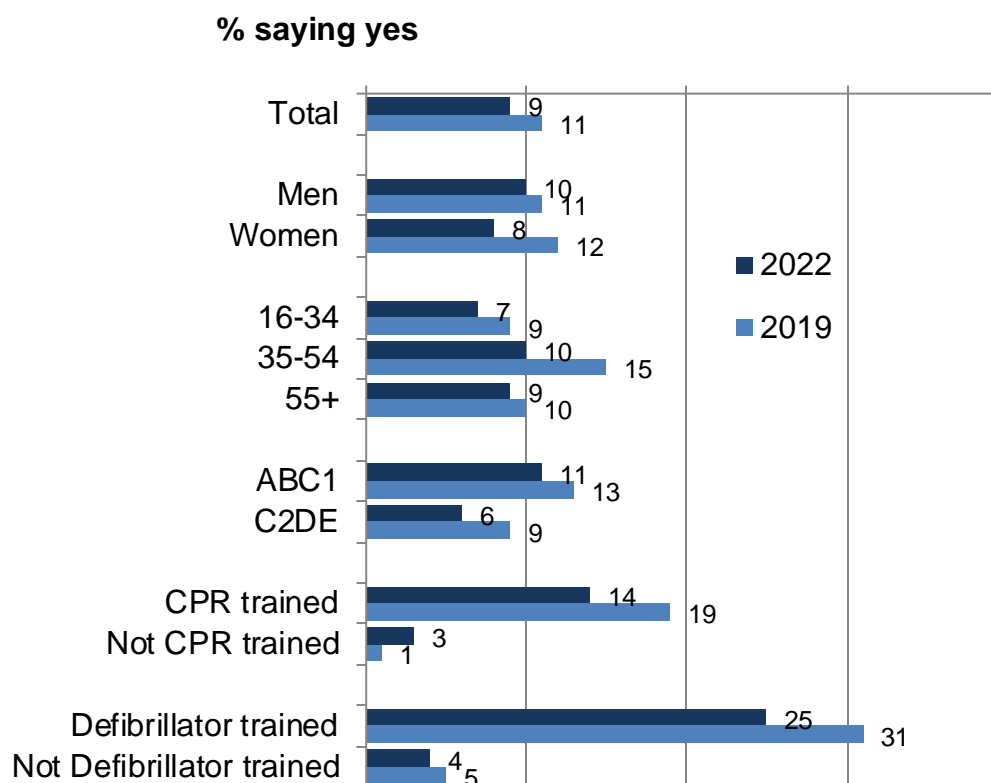
4.2 Administering CPR and Defibrillators

CPR

Around one in four of those interviewed in 2022 (24%) had witnessed someone collapse and possibly need bystander CPR. This figure has fallen since 2019 (28%), possibly because of COVID-19 and people being out and about in public less over the past two years.

Just under one in ten (9%) said they had given CPR to someone in a real-life situation (slightly down from 2019 – 11%). Almost two in ten (19%) had seen someone else give CPR in real life but had not done it themselves, while **the great majority of respondents (72%) had no experience at all of CPR in real life.**

Those with CPR or Defibrillator training were much more likely to have first-hand experience of administering CPR – at 14% and 25% respectively, compared to 9% of the population overall. Those in professional, managerial and non-manual occupations (the ABC1 socioeconomic groups - who were also more likely to have been CPR trained) were more likely to have given CPR in real life than those in manual, unskilled occupations and those not working or on benefits (the C2DE socioeconomic groups) at 11% cf. 6% (see Figure 11).

Figure 11: Whether ever given CPR to someone else in real life

Base: all respondents (2022 – 1,000; 2019 – 1,025)

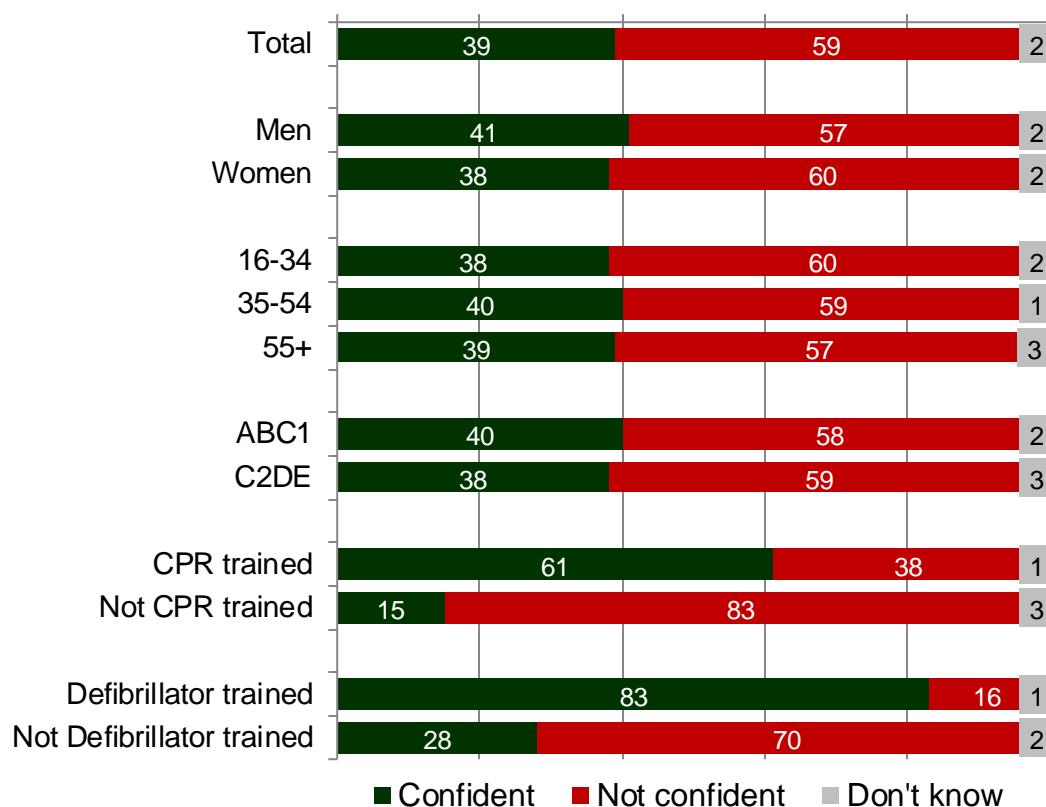
The great majority of those interviewed (83%) were able to name a sign of an Out-of-Hospital Cardiac Arrest that might require CPR to be administered.

When asked how they would know if someone required CPR, **the most common symptom mentioned spontaneously was *not breathing / breathing difficulties***, mentioned by over half those interviewed (54%). Other common symptoms given were *no pulse / weak pulse* (25%), *collapsed / fainted / passed out* (19%) and *unconscious / unresponsive* (14%). Other signs were mentioned by much smaller proportions of respondents. 10% said they *wouldn't know / wouldn't be sure*, however, and another 6% answered *don't know*.

Confidence about giving someone CPR was not high, however, with fewer than four in ten overall (39%) stating they would be confident. Very few differences in confidence levels were evident by demographics (see Figure 12).

While those who had received CPR training were much more likely to feel confident about administering CPR than those who had not been trained, a sizeable minority of those with CPR training (38%) stated they would not feel confident about administering CPR to someone if the situation called for an intervention.

**Figure 12: How confident, if at all, would you be about giving someone CPR?
2022 (%)**

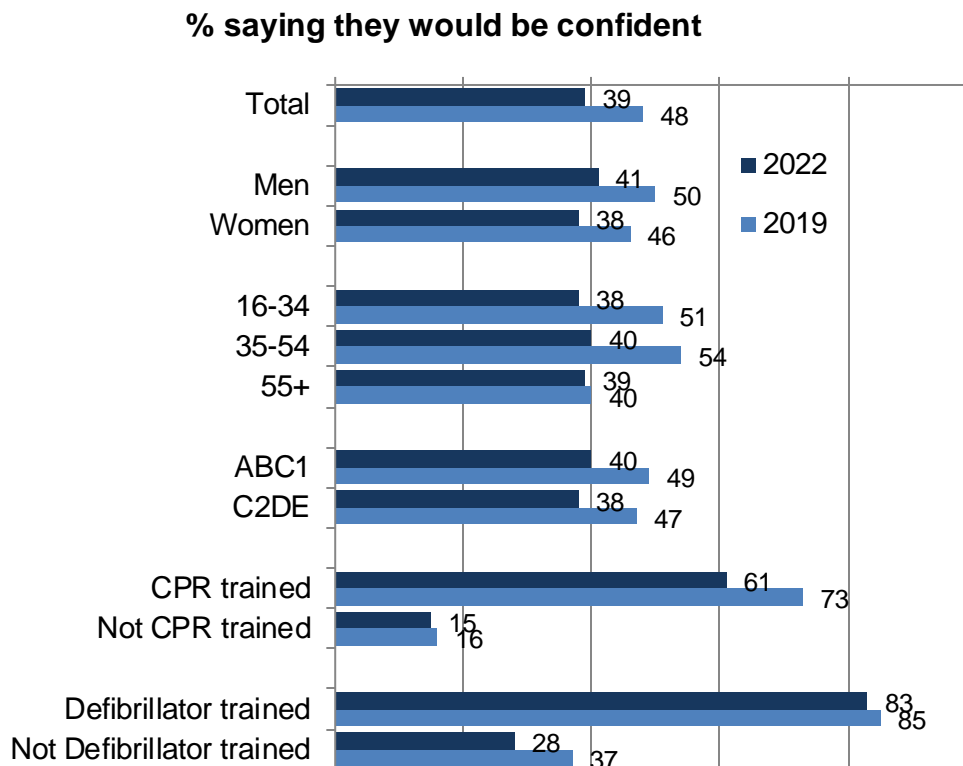


Base: all respondents (2022 – 1,000; 2019 – 1,025); Confident = aggregate of 'very' / 'fairly confident'; Not confident = aggregate of 'not very' / 'not at all confident'

Confidence has fallen since 2019, when 48% of those interviewed overall stated they would be confident to give someone CPR.

This could be partly the result of lower levels of CPR training among the sample and partly linked to the change in interviewing approach, as discussed above.

Figure 13: Confidence in giving someone CPR

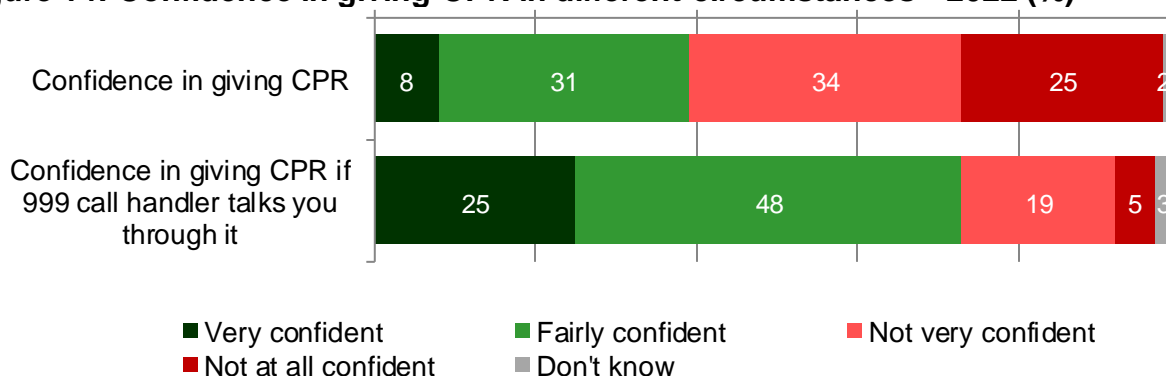


Base: all respondents (2022 – 1,000; 2019 – 1,025); Confident = aggregate of ‘very’ / ‘fairly confident’

Confidence in giving CPR rose when respondents were asked how confident they would be if, after dialling 999, the call handler talked them through it.

In this scenario, almost three-quarters of those interviewed (73%) said they would be confident to give CPR, compared to fewer than four in ten (39%) saying this without receiving instructions from a call handler. The proportion who would still not feel confident decreased to 24% from 59% (see Figure 14).

Figure 14: Confidence in giving CPR in different circumstances - 2022 (%)



Base: all respondents (2022 – 1,000; 2019 – 1,025)

Respondents were presented with the following scenario to understand willingness to give bystander CPR in an emergency:

I'd like you to imagine that you are walking down the street and you see an average person collapse. They are unconscious, not breathing and have no pulse. If you were the only person there, how likely or unlikely is it that you would give this person CPR?

Around three-quarters of those interviewed (76%) indicated they would be likely to intervene and give CPR in this situation, even though respondents' confidence in their ability to perform CPR was much lower, as seen above. The 2022 level (76%) is very similar to the 2019 level (75%), despite confidence decreasing over the last few years.

In these circumstances, 89% of those with prior CPR training and 93% of those with Defibrillator training said they would be likely to intervene. Younger and middle-aged respondents were more likely to state they would give CPR in this situation than those aged 55 and over (at 76% of 16-34s and 81% of 35-54s, compared with 72% of over 55s). Women and ABC1s would be more likely to intervene than men and C2DEs (at 78% cf. 74% of each group).

Similarly, **the great majority of respondents (80%) strongly agreed or agreed that they would rather try giving CPR than do nothing**. Only 6% disagreed with this statement.

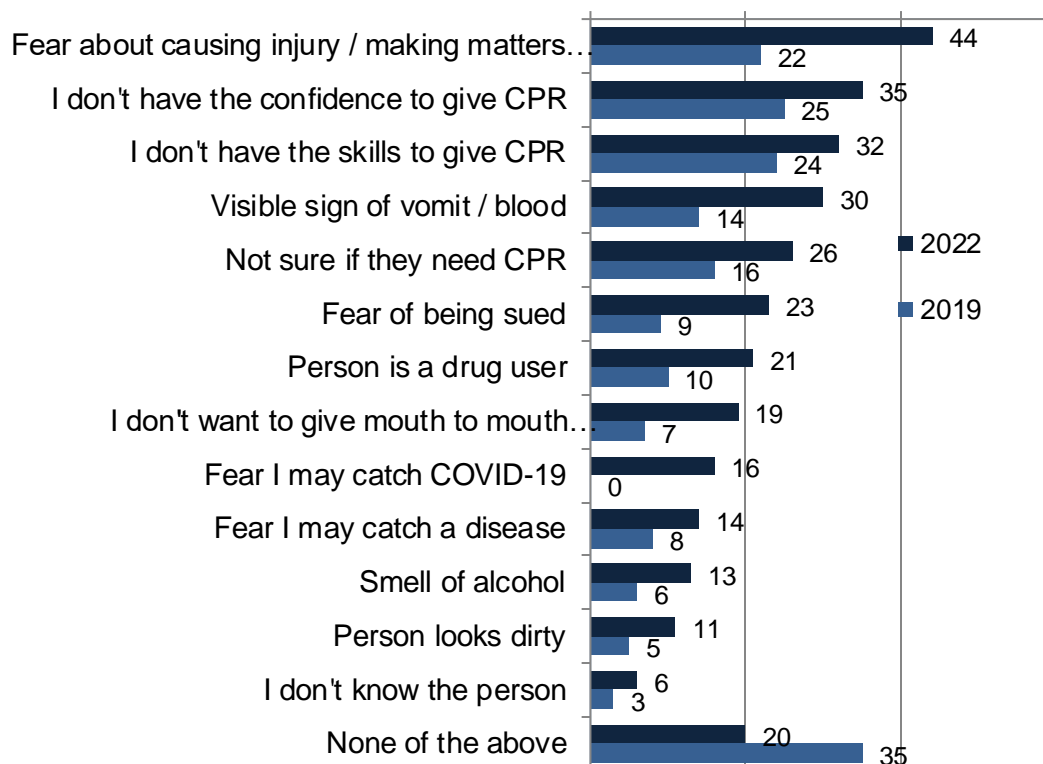
When provided with a list of potential reasons why they might not intervene, **over four in ten of those interviewed (44%) reported that they would be afraid of causing injury / making things worse**. Around a third stated they *don't have the confidence to give CPR* (35%) or *don't have the skills to give CPR* (32%). Three in ten (30%) would be put off by *visible signs of vomit / blood*. Around a quarter would be *not sure if they need CPR* (26%) or *would be afraid of being sued* (23%). 16% agreed that *fear I may catch COVID-19* would deter them from giving CPR.

In contrast, two in ten (20%) said none of the reasons would apply to them, rising to almost three in ten (28%) of those who had received CPR training. A full list of responses is provided in Figure 15.

Endorsement of all the barriers to giving CPR has risen in 2022 from 2019 while, at the same time, the proportion saying none of the reasons apply has fallen from 35% to 20%. Twice as many respondents expressed concerns about *causing injury / making matters worse* in 2022 than in 2019, for example (44% cf. 22%), and there were also marked increases in endorsement of other barriers, for instance *not having the confidence to give CPR* and *not having the skills to give CPR* (from 25% to 35% and from 24% to 32% respectively).

This may be a result of the changed interviewing approach in 2022, with greater honesty in a self-completion interview, as discussed above. It may also be linked to the impact of the COVID-19 pandemic.

Figure 15: Here is a list of some of the reasons people would not give CPR, which if any apply to you? (%)



Base: all respondents (2022 – 1,000; 2019 – 1,025)

When presented with statements and asked about the extent to which they agreed (or disagreed), **almost six in ten (55%) agreed (strongly agree or agree) that they would be worried I might make matters worse if I gave someone CPR.** The proportion agreeing with the statement has increased from 47% in 2019.

As in 2019, while having training in CPR or using a Defibrillator reduced this concern, it did not remove it completely, with 34% of those trained in CPR and 16% of those with AED training saying this would be a concern.

Opinions were divided on the statement I would be worried that I might be sued if I gave someone CPR – 38% overall agreed while almost the same proportion (34%) disagreed. This was a concern for 36% of those with CPR training and 31% of those with Defibrillator training.

Defibrillators

Overall levels of confidence about using a Defibrillator on someone were lower than for giving CPR. Just over a third of those interviewed (35%) said they would be confident about doing so, compared to 39% saying this for CPR.

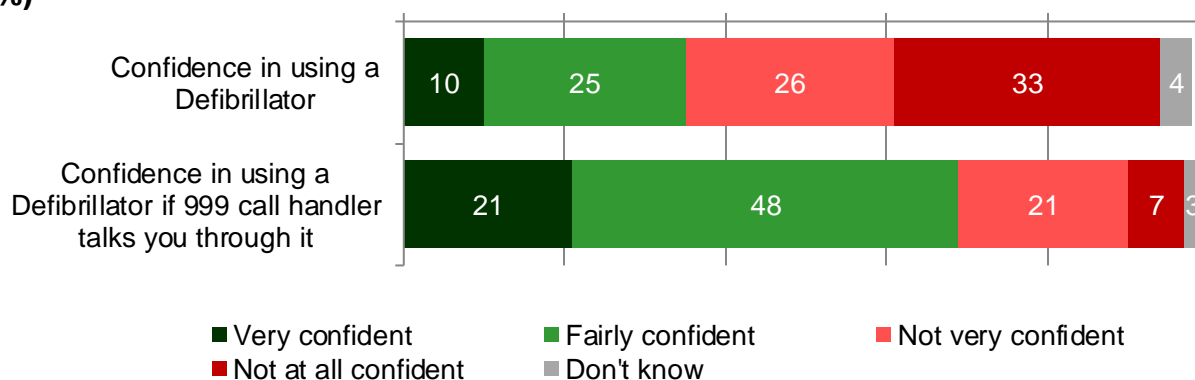
Confidence levels rose to 50% among those with CPR training and to 83% of those with Defibrillator training. However, 16% of those with Defibrillator training reported they would not be confident about doing so.

Men and people aged 35 and over were more likely to feel confident about using a Defibrillator on someone than women and younger people (at 39% of men cf. 32% of women; 38% of 35-54s and 36% of the 55+ age group cf. 21% of 16-34s).

As with CPR, **confidence in using a Defibrillator increased sharply when respondents were asked how confident they would be if, after dialling 999, the call handler talked them through how to use it.**

In this scenario, the proportion saying they would be confident about doing so doubled (from 35% to 70% of respondents). At the same time the proportion who would not feel confident decreased from 59% to 28% (see Figure 16).

Figure 16: Confidence in using a Defibrillator in different circumstances - 2022 (%)



Base: all respondents (2022 – 1,000; 2019 – 1,025)

As with CPR, **there were high levels of agreement that everyone should be trained to use a Defibrillator and I would rather try to use a Defibrillator than do nothing**, with agreement with each statement (strongly agree and agree) at 74% and 81% respectively.

Around half overall (52%) agreed that *I would be worried that I might make matters worse if I used a Defibrillator* – at a similar level to CPR (55%) and higher than in 2019 (47%).

Views were divided on *I would be worried that I might be sued if I used a Defibrillator* (as with CPR), with 36% agreeing and 34% disagreeing with this statement. Concern about the possibility of facing legal action has increased from 2019, when only 22% agreed. Even among those with prior training in CPR and AEDs, between a quarter to a third expressed some concern (with 32% and 23% of each group agreeing).

Just over half of those interviewed (53%) said they knew where their nearest public Defibrillator was located. Awareness rose to 60% of those with prior CPR training and 74% of those with Defibrillator training. 22% of those trained to use an AED would not know the location of their nearest Defibrillator, however.

Awareness of the location of the nearest Defibrillator has risen since 2019
(from 43% to 53%).

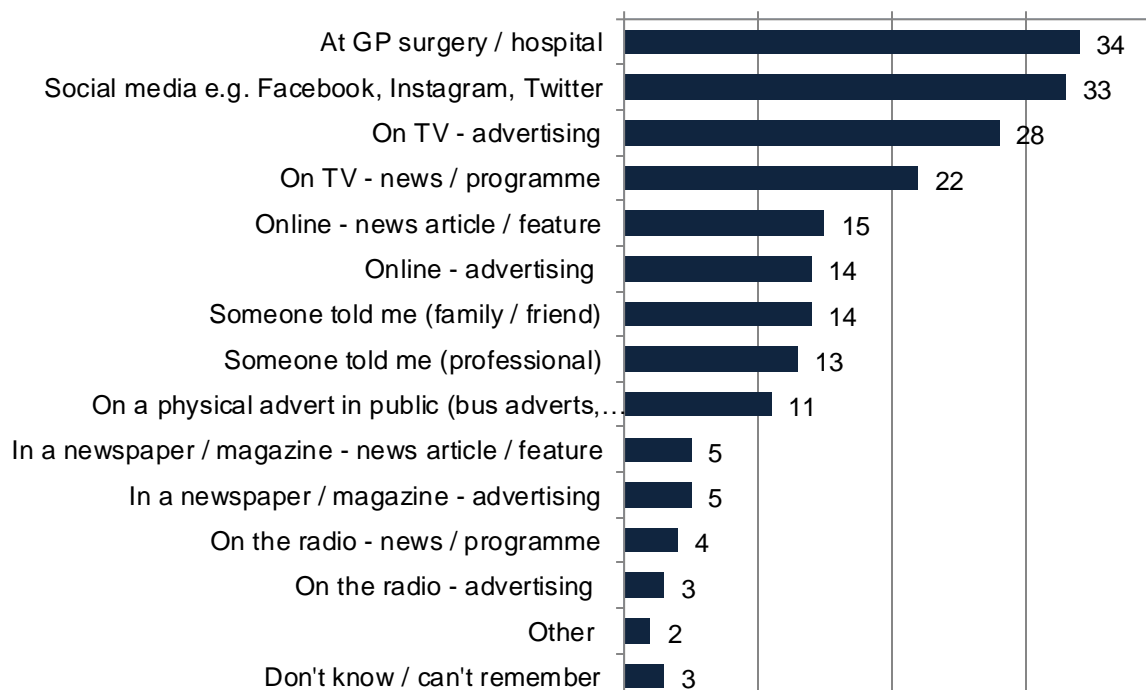
4.3 Advertising, communications and marketing awareness

To establish a baseline awareness measure before a new public awareness and education campaign to increase the rate of bystander CPR and use of Defibrillators was launched, a new question was asked in 2022 - *Before today, had you seen or heard any advertising, marketing or communications about CPR and Defibrillator training?*

20% of respondents reported they had seen some advertising or marketing about CPR and Defibrillator training, rising to 29% and 39% of those with CPR and AED training respectively.

Respondents were **most likely to have seen this advertising, communications or marketing either at their GP surgery / hospital or on social media** (each mentioned by around a third of this group – 34% and 33% respectively).

Figure 17: Where did you see or hear this advertising, communications or marketing? (%)



Base: those who have seen advertising, communications or marketing about CPR and Defibrillator training (2022 - 202)

5. Conclusions

The proportion of the public interviewed in 2022 who had received training in giving CPR and in using a Defibrillator has fallen back from 2019. Training was also less recent – fewer had received training in the past two years than in the previous survey. These changes are likely to be due to the impact of the COVID-19 pandemic on access to training. They may also be linked to the rise in hybrid and home working and its effect on employer requirements for CPR and AED-trained workers.

Since CPR and defibrillator training is so strongly linked to the workplace and employment, this change in working patterns may have a long-term impact on take-up of training in future. It suggests there is a need to consider promoting other routes for CPR and Defibrillator training to reach those who no longer are prompted to undergo training via their employment and who are not members of a community or youth organisation or involved in volunteering.

Although experience of training has decreased slightly, interest in receiving CPR and Defibrillator training is high and has risen since 2019, which shows that there is a willingness to be trained among the public. That said, interest in training is highest among younger people and ABC1s and lowest among the over-55s and C2DEs. Older people and those in the less affluent C2DE socioeconomic groups should therefore be targeted in the new campaign.

While interest in training is high, confidence in giving CPR and in using a Defibrillator on someone is relatively low and has fallen since 2019. This is worrying and suggests there is work to be done to improve confidence levels and bring them back to their pre-COVID-19 level. That said, willingness to attempt bystander CPR in an emergency if there were nobody else available to help remains much higher and has not changed since 2019. Around three in four people would be likely to give CPR in this scenario, suggesting that most people are willing to help in an emergency even if they do not feel particularly confident in their abilities.

There is a strong relationship between training and confidence levels, but, although having undertaken CPR training markedly increases confidence and willingness to give bystander CPR in an emergency, one-off training by itself is not enough. Almost four in ten of those trained say they would not feel confident to administer CPR, which suggests that regular refresher training is required to increase confidence.

In terms of campaign messages, having instructions from a 999 call handler on how to give CPR (and use a Defibrillator) in an emergency greatly increases the public's confidence in doing so. This is a message that needs to be included in campaign communications therefore, to encourage people to intervene in an emergency OHCA situation.

Lastly, it is encouraging that more people are now aware of the location of their nearest public Defibrillator but there is still room for improvement, with only just over half of the public aware where the nearest AED is located.

Appendix 1 – Research Questionnaire

B02210-1 January Wales Omnibus

Exploring the general public's knowledge, attitudes, and behaviour to responding to out-of-hospital cardiac arrest – REVISED FINAL 10.01.22

CPR

Now some questions about out of hospital cardiac arrest and CPR. CPR stands for cardiopulmonary resuscitation, which is an emergency procedure that can be used if someone's heart stops working. Chest compressions and mouth to mouth rescue breaths (under normal circumstances, but not in the pandemic) keep blood and oxygen circulating in the person until help arrives. In a pandemic mouth to mouth rescue breaths are not recommended for anyone over 8 years old.

Please think about incidents that have happened or could happen outside a hospital setting. This could be at home, in a nursing care home or in a public place.

1) Have you ever witnessed someone collapse and in need of CPR?

- a) Yes
- b) No
- c) Not sure/ Don't know

2) Have you ever been trained in CPR?

- a) Yes Go to Q3
- b) No Go to Q5
- c) Not sure / Don't know Go to Q5

IF CPR TRAINED

3) Which of these best describes how you received your CPR training?
SINGLE CODE ONLY

- a) I am required to be CPR trained as part of my job
- b) I'm a nominated First Aider at my workplace
- c) I opted to take a course or session organised through my work
- d) I opted to take a course or session organised through my voluntary work
- e) I did training through a community or youth organisation, such as the Scouts or St John's Ambulance
- f) I was taught through school as a pupil / student
- g) I organised my own training by attending a course
- h) I taught myself through the internet (e.g. YouTube, other website) or another self-learning tool (self-directed learning kit, DVD, leaflet)

- i) A family member or friend taught me
- j) Other (please specify) _____
- k) Not sure / can't remember

IF CPR TRAINED**3b) How was your CPR training delivered? Was it....? Select one**

- Face-to-face training with hands on experience of CPR on a training dummy
- Face-to-face training but no hands on experience of CPR on a training dummy
- Real time training delivered online by a trainer
- Watching a training video online
- Other (please specify) _____
- Not sure / Don't know

IF CPR TRAINED**3c) How would you prefer to have had CPR training? Select one**

- Face-to-face training with hands on experience of CPR on a training dummy
- Face-to-face training but no hands on experience of CPR on a training dummy
- Real time training delivered online by a trainer
- Watching a training video online
- Other (please specify) _____
- Not sure / Don't know

IF CPR TRAINED**4) When were you trained or when did you last have a refresher in CPR?
Select one**

- a) Within the last 6 months
- b) 7- 12 months ago
- c) More than one year but less than 2 years
- d) More than 2 years but less than 5 years
- e) More than 5 years Go to Q7

IF NOT CPR TRAINED**5) Would you like to be trained in CPR?**

- a) Yes, I would like to be trained in CPR Ask Q5b then go to Q6
- b) No, I would not like to be trained in CPR Go to Q5c
- c) Not sure / Don't know Go to Q6

IF WOULD LIKE TO BE TRAINED IN CPR**5b) How would you prefer to have CPR training? *Select one***

Face-to-face training with hands on experience of CPR on a training dummy

Face-to-face training but no hands on experience of CPR on a training dummy

Real time training delivered online by a trainer

Watching a training video online

Other (please specify) _____

Not sure / Don't know

IF WOULD NOT LIKE TO BE TRAINED IN CPR**5c) Why do you not want to be trained in CPR? *Write in***

IF NOT CPR TRAINED**6) Here are some of the reasons people are not trained in CPR. Which if any apply to you? *Select all that apply***

- a) It's never occurred to me to get trained in CPR
- b) I've never had the opportunity
- c) I don't have time
- d) I'm not interested
- e) It's not convenient (e.g. I'd have to leave the house, it's too far to travel)
- f) I can't afford it / it's too expensive
- g) I don't know where to find a course
- h) Because I have mental or physical health issues
- i) I would never give CPR so there is no point
- j) Because Covid-19 has made it difficult to get CPR training
- k) Because I'm more worried about the risks in the Covid-19 pandemic
- l) Other (please specify) _____ Go to Q7

ASK ALL**7) How would you know if someone required CPR? *Write in***

8) How confident, if at all, would you be about giving someone CPR?

- a) Very confident
- b) Fairly confident
- c) Not very confident
- d) Not at all confident
- e) Not sure / Don't Know

9) How confident would you be giving CPR if, after dialling 999, the call handler talked you through giving CPR?

- a) Very confident
- b) Fairly confident
- c) Not very confident
- d) Not at all confident
- e) Not sure / Don't Know

10) What is your experience of administering CPR, if any?

- a) I have given CPR to someone else in real life
- b) I have seen someone else give CPR in real life but never done it myself
- c) I have never seen anyone give CPR in real life

11) I'd like you to imagine that you are walking down the street and you see an average person collapse. They are unconscious, not breathing and have no pulse. If you were the only person there, how likely or unlikely is it that you would give this person CPR?

- a) Extremely likely
- b) Somewhat likely
- c) Somewhat unlikely
- d) Extremely unlikely
- e) Not sure/don't know

12) Here is a list of some of the reasons people would not give CPR, which if any apply to you? *Select all that apply*

- a) Fear I may catch a disease
- b) Fear I may catch Covid-19
- c) Person looks dirty
- d) Visible sign of vomit / blood
- e) Smell of alcohol
- f) Person is a drug user
- g) I don't have the skills to give CPR
- h) I don't have the confidence to give CPR
- i) Fear of being sued
- j) Fear about causing injury / making things worse
- k) I don't want to give mouth to mouth resuscitation
- l) I don't know the person
- m) Not sure if they need CPR
- n) None of these

13) People have different views about CPR. Please tell us how much you agree or disagree with each of these statements.

Strongly agree / agree / neither agree nor disagree / disagree / strongly disagree / don't know

- a) Everyone should be trained in CPR
- b) I would rather try giving CPR than do nothing
- c) I would be worried that I might make matters worse if I gave someone CPR
- d) I would be worried that I might be sued if I gave someone CPR

Defibrillators

Now some questions about Automated External Defibrillators (AED). A Defibrillator is used to apply an electric shock to re-start the heart – this can help the heart to start beating properly again.

14) Have you ever been trained to use a Defibrillator?

- a) Yes Go to Q15
- b) No Go to Q17
- c) Not sure / Don't know Go to Q17

IF AED TRAINED

15) Which of these best describes how you received your Defibrillator training? *Select one*

- a) I am required to be Automated External Defibrillator (AED) trained as part of my job
- b) I'm a nominated First Aider in my workplace
- c) I opted to take a course or session organised through my work
- d) I opted to take a course or session organised through my voluntary work
- e) I did training through a community or youth organisation, such as the Scouts or St John's Ambulance
- f) I was taught through school as a pupil / student
- g) I organised my own training by attending a course
- h) I taught myself through the internet (e.g. YouTube, other website) or another self-learning tool (self-directed learning kit, DVD, leaflet)
- i) A family member or friend taught me
- j) Other (please specify)
- k) Not sure / can't remember

IF AED TRAINED

15b) How was your Defibrillator training delivered? Was it....? *Select one*

Face-to-face training with hands on experience of using a Defibrillator on a training dummy

Face-to-face training but no hands on experience of using a Defibrillator on a training dummy

Real time training delivered online by a trainer
 Watching a training video online
 Other (please specify) _____
 Not sure / Don't know

IF AED TRAINED

15c) How would you prefer to have had Defibrillator training? Select one

Face-to-face training with hands on experience of using a Defibrillator on a training dummy
 Face-to-face training but no hands on experience of using a Defibrillator on a training dummy
 Real time training delivered online by a trainer
 Watching a training video online
 Other (please specify) _____
 Not sure / Don't know

IF AED TRAINED

16) When were you trained or when did you last have a refresher in Defibrillator use?

- a) Within the last 6 months
- b) 7- 12 months ago
- c) More than one year but less than 2 years
- d) More than 2 years but less than 5 years
- e) More than 5 years

Go to Q17

ASK ALL

17) Do you know where your nearest public Defibrillator is located?

- a) Yes
- b) No
- c) Not sure / Don't know

ONLY ASK IF NOT ALREADY TRAINED AT Q14

18) Would you like to be trained to use a Defibrillator?

- a) Yes, I would like to be trained to use a Defibrillator
- b) No, I would not like to be trained to use a Defibrillator
- c) Not sure / Don't Know

IF WOULD LIKE TO BE TRAINED TO USE A DEFIBRILLATOR

18b) How would you prefer to have Defibrillator training? Select one

Face-to-face training with hands on experience of using a Defibrillator on a training dummy
 Face-to-face training but no hands on experience of using a Defibrillator on a training dummy
 Real time training delivered online by a trainer

Watching a training video online

Other (please specify) _____

Not sure / Don't know

IF WOULD NOT LIKE TO BE TRAINED IN USING A DEFIBRILLATOR

18c) Why do you not want to be trained in using a Defibrillator? Write in

ASK ALL

19) How confident, if at all, would you be about using a Defibrillator on someone?

- a) Very confident
- b) Fairly confident
- c) Not very confident
- d) Not at all confident
- e) Not sure / Don't Know

20) How confident would you be using a Defibrillator if, after dialing 999, the call handler talked you through how to use it?

- a) Very confident
- b) Fairly confident
- c) Not very confident
- d) Not at all confident
- e) Not sure / Don't Know

21) People have different views about using Defibrillators. Please tell us to how much you agree or disagree with these statements.

Strongly agree / agree / neither agree nor disagree / disagree / strongly disagree / don't know (not on showcard)

- a) Everyone should be trained to use a Defibrillator
- b) I would rather try to use a Defibrillator than do nothing
- c) I would be worried that I might make matters worse if I used a Defibrillator
- d) I would be worried that I might be sued if I used a Defibrillator

22) Before today had you seen or heard any advertising, marketing or communications about CPR and Defibrillator training?

- Yes
- No
- Don't know

IF YES

23) Where did you see or hear this advertising, communications or marketing? *Select all that apply*

- At GP surgery / hospital
- In a newspaper / magazine – news article / feature
- In a newspaper / magazine – advertising
- On TV – news / programme
- On TV - advertising
- On the radio – news / programme
- On the radio – advertising
- On a physical advert in public (bus adverts, posters, etc.)
- Online – news article / feature
- Online – advertising
- Social media e.g. Facebook, Instagram, Twitter
- Someone told me (professional)
- Someone told me (family/ friend)

Other (please specify) _____

Don't know / can't remember