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Save a Life Cymru: CPR and Defibrillation Tracking Survey

January 2023 Wales Omnibus Study

Prepared for:
Save a Life Cymru

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Save a Life Cymru: CPR and Defibrillation Tracking Survey – January 2023 Wales Omnibus

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Terms of Contract

This research was undertaken in accordance with ISO 20252

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Contents

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 which was repeated in January 2022. Data was collected on the January 2023 Wales Omnibus survey. A representative sample of 1,000 adults aged 16+ across Wales was surveyed using an online panel[1], with fieldwork conducted between 16 January and 5 February 2023.

CPR and Defibrillator training

- Over half of those interviewed in 2023 (56%) reported having been trained in CPR – slightly higher than in 2022 (53%) and now back to the pre-pandemic level of 2019 (56%).
- The proportion of respondents trained to use an Automated External Defibrillator (AED) was much lower – at 22%. As with CPR, this has increased slightly since 2022 (20%) and is now almost at the 2019 level (23%). The dip in 2022 is likely linked to the impact of COVID-19 on access to training.
- As in previous years, those in the more affluent ABC1[2] socioeconomic groups and people aged 54 and under were more likely than C2DEs and the over 55s to have been trained in giving CPR and using an AED.
- In 2023, unlike 2022, men were slightly more likely than women to be CPR trained (58% of men cf. 55% of women).
- Looking at the recency of training, half of those CPR trained (50%) had last undergone training more than five years ago. 28% had received training within the past 2 years. There was slight increase in the proportion receiving training in the last 6 months (9% up from 6% in 2022).
- Those who had received Defibrillator training had done so more recently, with 54% having been AED trained within the past 2 years (up from 47% in 2022). The largest increase was amongst participants who had received training within the past 6 months (21% cf. 13% in 2022).

[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 2023 and 2022 surveys were therefore conducted online, while the 2019 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 between 2019 and 2022 onwards, due to mode effect.

[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

- Six in ten of those who were CPR trained (60%) attributed their training to their employment. This is slightly lower than in 2022, when almost two thirds said they had been trained through their job (64%).
- The same was true of Defibrillator training, where an even higher proportion (70%) reported their AED training was linked to their work. Again, the proportion receiving training through their workplace had fallen since 2022 (79%).
- As in 2022, over nine in ten of those who were CPR-trained (92%) had received face-to-face training with hands on experience of CPR on a training dummy. 85% 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 (94% in the case of CPR and 93% in the case of Defibrillation).
- Interest in receiving CPR and AED training was high among those not already trained – 68% would like to receive CPR training, an increase from previous years (62% in 2022 and 50% in 2019), while 69% would like to receive Defibrillator training (up from 66% in 2022 and 53% in 2019).
- Support for universal training in CPR and Defibrillation was high, as in previous years, with eight in ten (80%) agreeing that *everyone should be trained in CPR* and three quarters (76%) agreeing that *everyone should be trained to use a Defibrillator.*
- Among the minority who did not want to be trained in CPR (16%) or in the use of Defibrillators (17%), their main unprompted reasons focused round lack of confidence and fear of causing harm, as in 2022.
- When prompted, 58% overall agreed that they *would be worried that I might make matters worse if I gave someone CPR,* as did 50% in the case of using a Defibrillator.
- As in 2022, 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

- One in four respondents in 2023 (26%) had witnessed someone collapse and possibly need bystander CPR, a similar level to 2022 (24%).
- As in 2022, while one in ten (10%) had given CPR in a real-life situation and another two in ten (19%) had seen someone else do so, the great majority of those interviewed (71%) had no real-life experience at all of CPR.
- Familiarity with the symptoms of an Out of Hospital Cardiac Arrest (OHCA) were high – 87% (up from 83% in 2022) 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 administering CPR had increased since 2022. Almost half (45%) stated they would be confident in performing CPR (up from 39% in 2022), while slightly fewer (37%) said they would be confident about using a Defibrillator (35% in 2022).

- Confidence levels were higher among those with prior training, but, even so, 34% of those with CPR training and 14% of those with Defibrillator training stated they would not feel confident in putting this training into action.
- However, confidence both in giving CPR and in using a Defibrillator increased sharply in the scenario that, after dialling 999, the call handler talked them through how to do it.
- Despite the relatively low confidence levels in 2023, three quarters of respondents (75%) would be likely to intervene and give CPR in an emergency OHCA situation if they were the only bystander, as in 2022 and 2019 (at 76% and 75% respectively).
- As in 2022, the great majority overall (78% in each case) 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 visible signs of vomit or blood (33%), lack of confidence (33%) and lack of skills (31%).
- 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.*
- Over half of those interviewed (55%) said they knew where their nearest public Defibrillator was located. Awareness of the location of the closest AED has risen steadily over the years, from 43% in 2019 to 53% in 2022 to 55% in 2023. Awareness was higher among those with CPR and Defibrillator training.

Advertising, communications, and marketing awareness

- Almost a quarter of those interviewed (23%) reported they had seen advertising or marketing about CPR and Defibrillator training. This has risen slightly since the pre-campaign baseline in 2022 (20%).
- Respondents were most likely to have seen the advertising, communications or marketing either at their GP surgery / hospital or on social media (each mentioned by around a third of this group – 36% and 35% respectively).
- The main messages taken out unprompted by those aware of the campaign were: *CPR saves lives / improves the chances of survival* (26%), *the importance of CPR/ importance of knowing what to do* (15%) and *everyone can be trained to use defibrillators* (15%).
- Around one in eight (13%) said they had heard of Save a Life Cymru before taking part in the survey. Awareness was highest amongst younger people (23%) and those who were CPR and Defibrillator trained (17% and 21% respectively).
- After being shown the TV advert for Save a Life Cymru, almost a quarter (23%) said they had seen the advert before. Older participants were most likely to report seeing the advert previously (26%).
- Almost six in ten respondents (58%) said they were more likely to perform CPR if they witnessed an out of hospital cardiac arrest after seeing the advert. Around a third (37%) said it made no difference, while only 3% said it would make them less likely to perform CPR.

2. Introduction and objectives

Save a Life Cymru commissioned Beaufort Research in early 2023 to repeat the survey conducted in January 2022 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 2023 Wales Omnibus survey and largely replicates the survey conducted in January 2022, but with the addition of a few extra questions . The questions were first asked as a baseline study in June 2019 on the Wales Omnibus.

The aim of the study was to track any changes in the public's 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. The 2023 survey also evaluated the effectiveness of the public awareness and education campaign aimed at improving the rate of bystander CPR and use of Defibrillators in Wales.

3. Methodology

As in previous years the 2023 survey was conducted on the Beaufort Wales Omnibus survey, which interviews a representative sample of 1,000 adults across Wales in 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 2023 and 2022 surveys were therefore conducted online, while the baseline survey in June 2019 was carried out by interviewers in participants' homes. The change in data gathering approach to online self-completion interviews between 2019 and 2022 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 2021 figures and ensure it was representative of the Welsh population.

The questions for the January 2023 survey largely replicated those asked in January 2022 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. The wording for both 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 keep blood and oxygen circulating in the person until help arrives. If you are unable or unwilling to provide mouth to mouth rescue breaths, you can just give continuous chest compressions. Mouth to mouth rescue breaths are recommended for children under 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 2023 survey took place between 16 January and 5 February 2023. 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

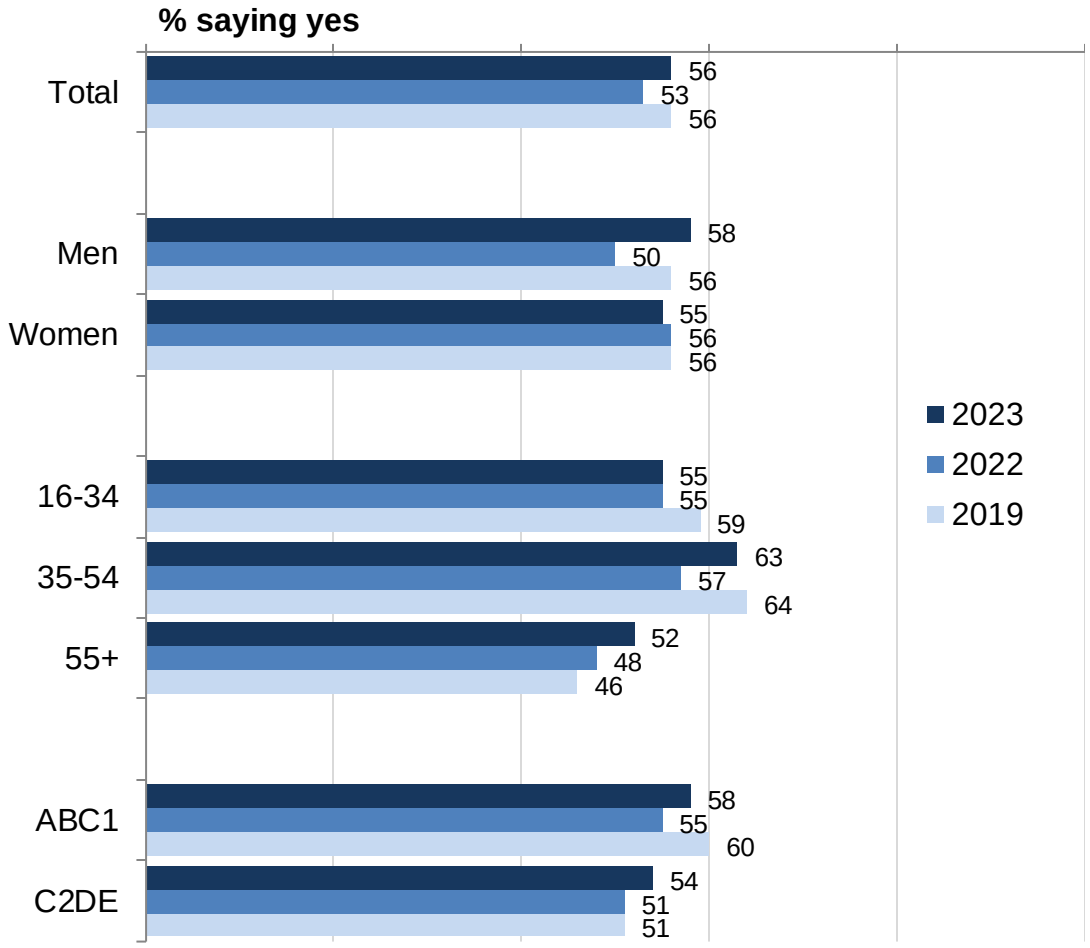
4.1 Cardiopulmonary Resuscitation (CPR) and Defibrillator training

CPR training

Over half those interviewed in 2023 (56%) reported having been trained in CPR. This proportion has increased to the pre-pandemic level seen in 2019 (56%). The slight dip in the proportion recorded in 2022 (53%) was likely due to the impact of the COVID-19 pandemic on access to CPR training.

As seen in previous years, those in the more affluent ABC1 socioeconomic groups and people aged 54 and under were more likely than C2DEs and the over 55s to have received CPR training (see Figure 1 below). Larger proportions of men and middle-aged people were CPR trained in 2023 (58% up from 50% in 2022 and 63% up from 57% in 2022 respectively). The differences in 2023 compared to previous years' data were less marked for other demographic categories.

Figure 1: Have you ever been trained in CPR?

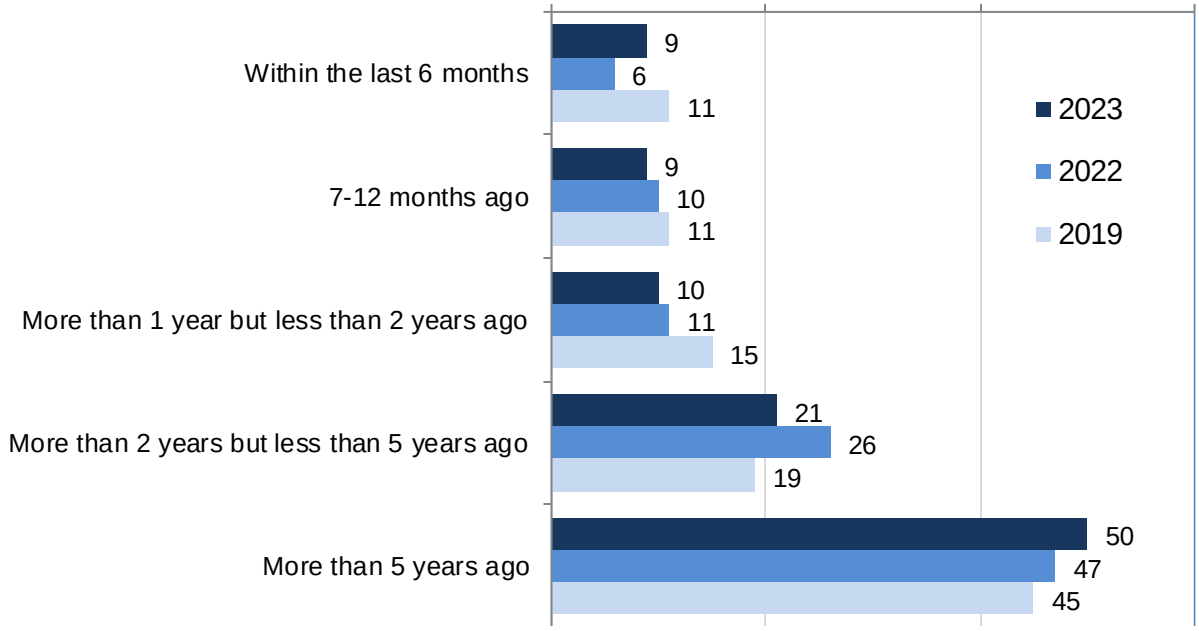


Base: all respondents (2023 – 1,000; 2022 – 1,000; 2019 – 1,025)

Half of those who had received training (50%) reported having done so, or having refresher training, more than five years ago. A further 21% reported that their last training was between two and five years ago.

Almost three in ten (28%) had received CPR training or refresher training within the last 2 years. This level was almost identical to 2022, although the proportion receiving training within the last six months was slightly higher in 2023 (9% up from 6% in 2022). Nevertheless, the proportion having been trained or received refresher training within the last two years has not returned to the same level as 2019 (37%).

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



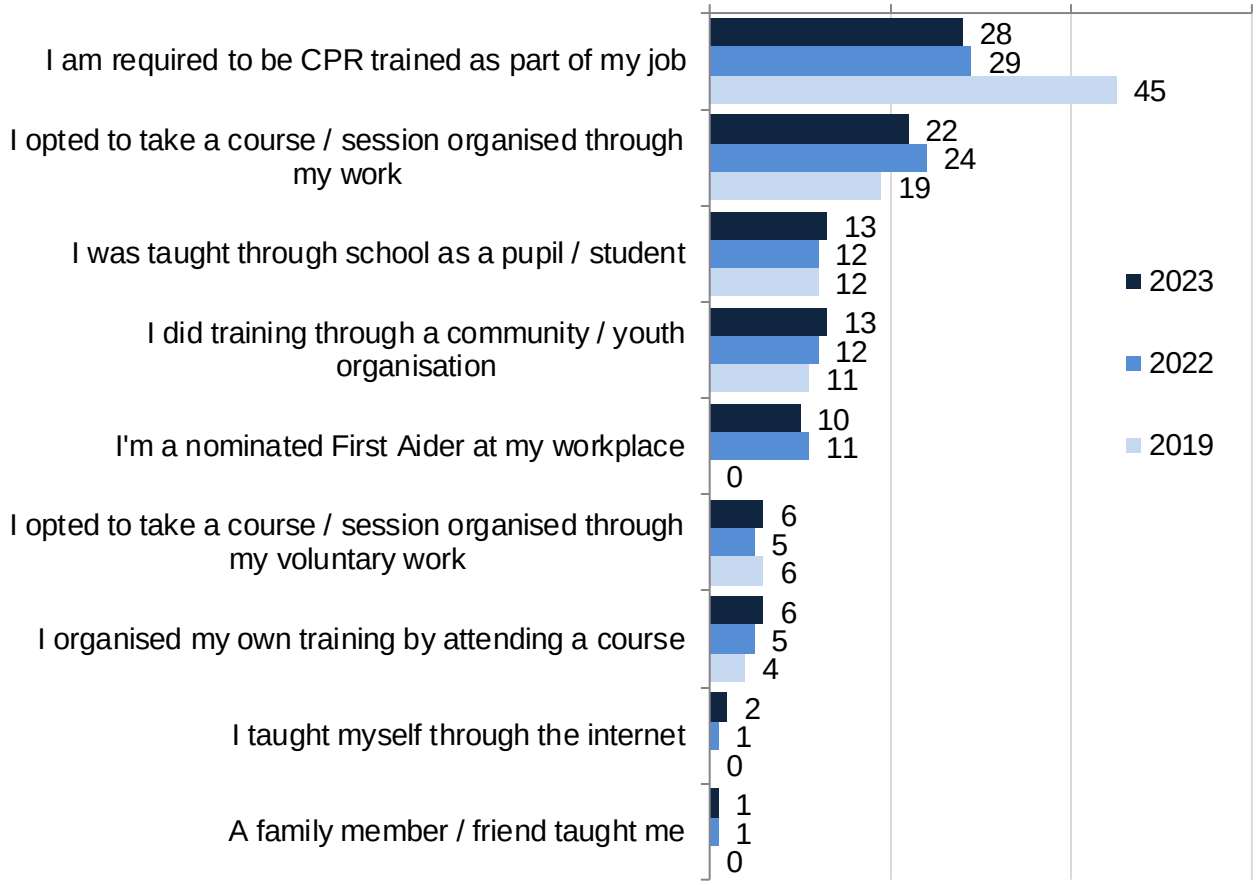
Base: those who have received CPR training (2023 – 573; 2022 - 531; 2019 – 572)

Of those who had received CPR training, just under three in ten (28%) had received mandatory training as part of their job. Another 22% had opted to take a course or session organised through their work, while 10% said they were a nominated First Aider at their workplace. **Six in ten of those who were CPR trained in 2023 (60%) attributed their training to their employment, therefore**. This is slightly lower than in 2022, when almost two thirds had been trained through their job (64%). As in 2022, older people were much more likely than younger people to have been trained through or because of work (at 70% of those aged 55 and over, compared to 43% 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 13% for each). As might be expected, the proportions of younger people receiving training through school was higher (at 27% of 16-34s) (see Figure 3 overleaf).

Overall, the different ways participants had been CPR trained remained fairly consistent in 2023 compared to 2022.

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



Base: those who have received CPR training (2023 – 573; 2022 - 531; 2019 – 572)

Over nine in ten of those trained (92%) had received their training face-to-face with hands on experience of CPR on a training dummy. Only small proportions had their training delivered in other ways, namely face-to-face training without experience of CPR on a training dummy (5%), watching a training video online (2%) and real-time training delivered online by an instructor (1%). This was also the case in 2022, although the proportion receiving training face-to-face with hands on experience on a dummy decreased slightly to 92% in 2023, from 95% in 2022.

When asked how they would prefer to have had their CPR training delivered, over seven in ten (72%) of those who had been trained in other ways (34 out of the 47 individuals interviewed) opted for face-to-face training with hands-on experience of CPR on a training dummy. This had decreased since 2022 when 83% of those who had received their training another way would have preferred to have had their training face-to-face with hands on experience with a dummy.

Interest in receiving CPR training was high – over two thirds (68%) of those not already CPR trained said they would like to receive training. Conversely, around a

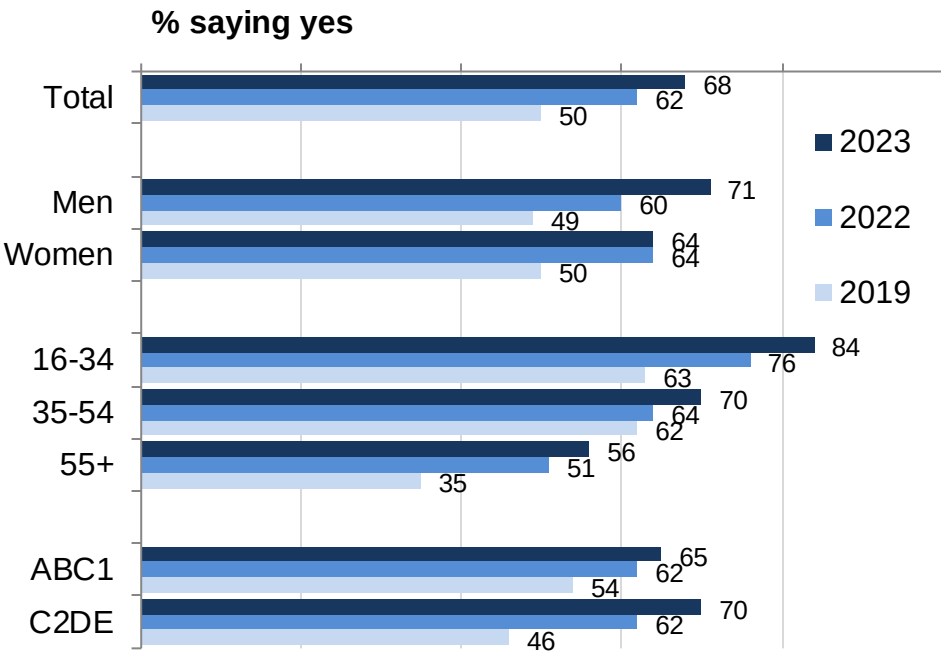
third either said they were not interested or were not sure (16% and 17% respectively).

Interest in being CPR trained has continued to increase since 2019 when 50% said they were interested, while 62% were interested in 2022 and 68% in 2023. The proportion of those not interested has continued to fall (from 47% in 2019 to 16% in 2023).

Unlike in 2022, men were more likely than women in 2023 to be interested in receiving CPR training (at 70% cf. 64%) and those in C2DE households were more interested than ABC1 individuals for the first time (70% cf. 65%).

Marked differences in interest in training were evident by age group, as in previous years. Younger people aged 16 to 34 were most likely to want to receive CPR training, with 84% of those in this age group not already trained expressing interest in 2023. This proportion has continued to rise from 63% in 2019 and 76% in 2022. Older people aged 55 and over were least likely to want to receive CPR training (at 56% of those in this age group not already trained) and this has also increased since 2019 and 2022 (35% and 51% respectively) (see Figure 4 below).

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



Base: those not already trained in CPR (2023 – 427; 2022 – 469; 2019 – 453)

The 16% who did not want to be trained in CPR were asked why. **The main spontaneous reasons given related to lack of confidence** (with 29% of this group saying they were *not confident they'd be able to do it / would be no good in an emergency)* **and not wanting the responsibility or being concerned they might cause harm** (mentioned by 26% of this group). A full list of the reasons given is provided in Figure 10 later in the report.

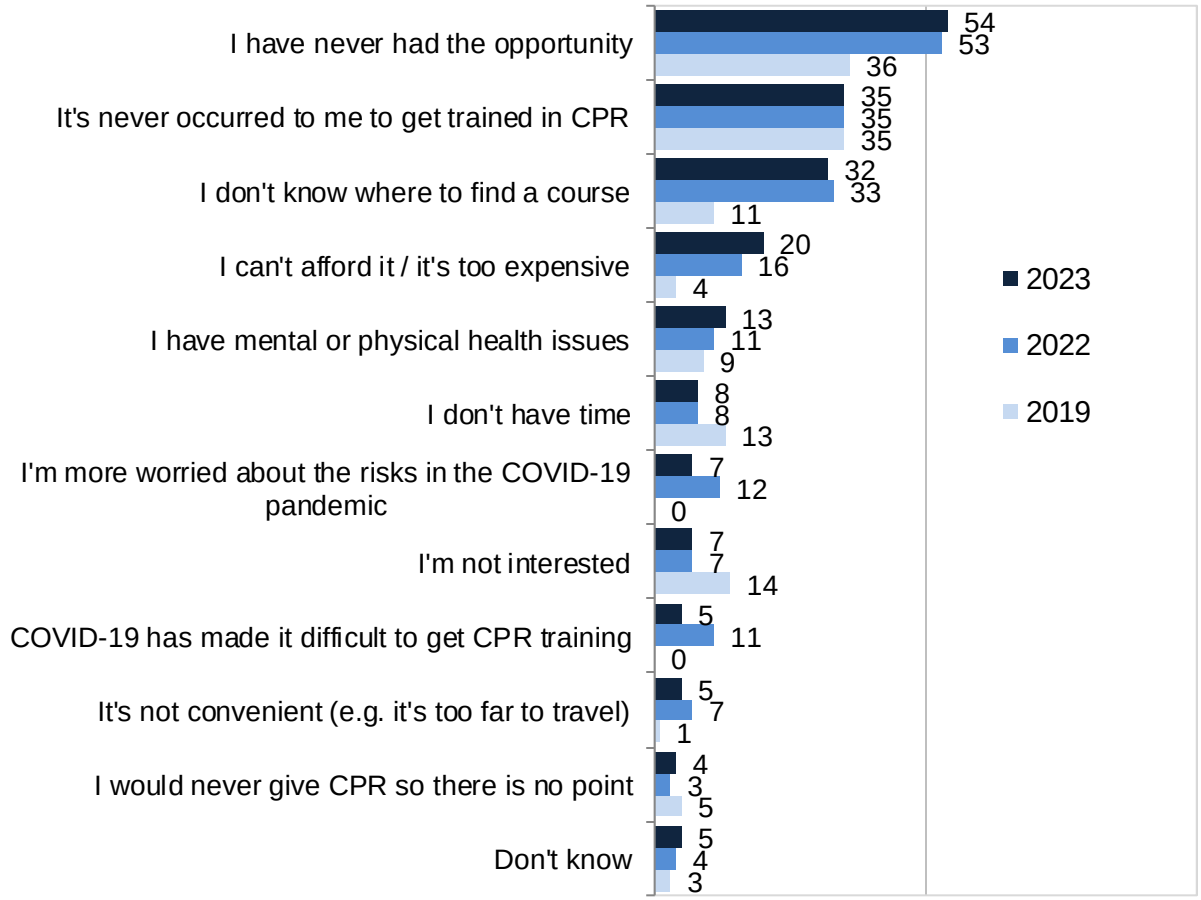
Those who had not received CPR training were provided with a list of reasons why people are not trained in CPR and asked which if any applied to them. **The most common reasons were *never having had the opportunity* (54%), it *never occurring to them to get trained in CPR* (35%) and *not knowing where to find a course* (32%).**

Other reasons selected by at least one in ten of those not trained were *not being able to afford it* (20%) and having *physical or mental health issues* (13%).

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

In 2023, being more worried about the risks in the COVID-19 pandemic (7%), and COVID-19 making it difficult to get CPR training (5%) were mentioned less frequently than in 2022 (12% and 11% respectively) when the pandemic was still impacting day-to-day life. Other barriers remained at similar levels to 2022.

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 (2023 – 427; 2022 – 469; 2019 – 453)

Support for universal training in CPR was high, with eight in ten overall (80%) agreeing that *everyone should be trained in CPR*. This is slightly higher than in 2022, when 77% agreed, but slightly lower than 2019 (when 84% agreed).

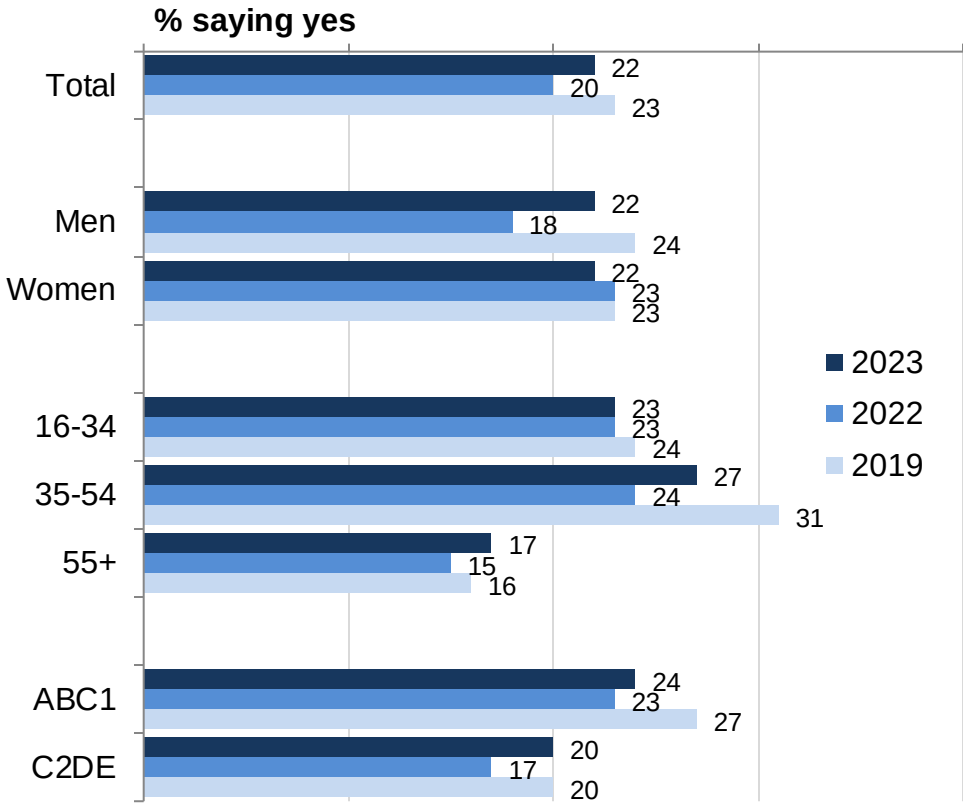
Defibrillator training

As in previous years the proportion of survey participants trained to use an Automated External Defibrillator (AED) was much lower than the proportion who reported being CPR trained – at 22% overall, compared to 56% for CPR. The 2023 level has increased marginally since 2022 (20%) and is now similar to the pre-pandemic level (22% cf. 23% in 2019).

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).

39% 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?



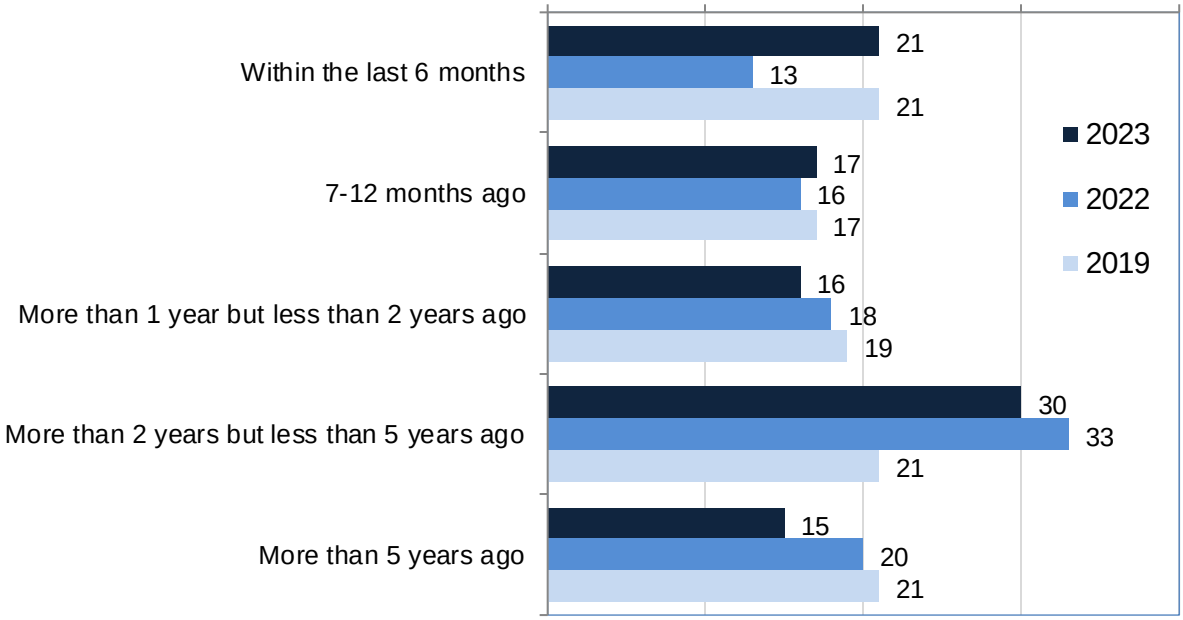
Base: all respondents (2023 – 1,000; 2022 – 1,000; 2019 – 1,025)

Over half (54%) had received their last training within the past two years, while the remainder reported being last trained over two years ago (45%). 15% 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** – 50% of those who had received CPR training reported their last training was over five years ago.

Comparing the 2023 results with those from the 2022 survey, more respondents in 2023 had received Defibrillator training within the past six months (21% cf. 13%) so

the proportion was back to the pre-pandemic level (21% in 2019). The dip in 2022 was likely linked to the impact of COVID-19 on access to training (see Figure 7 below).

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



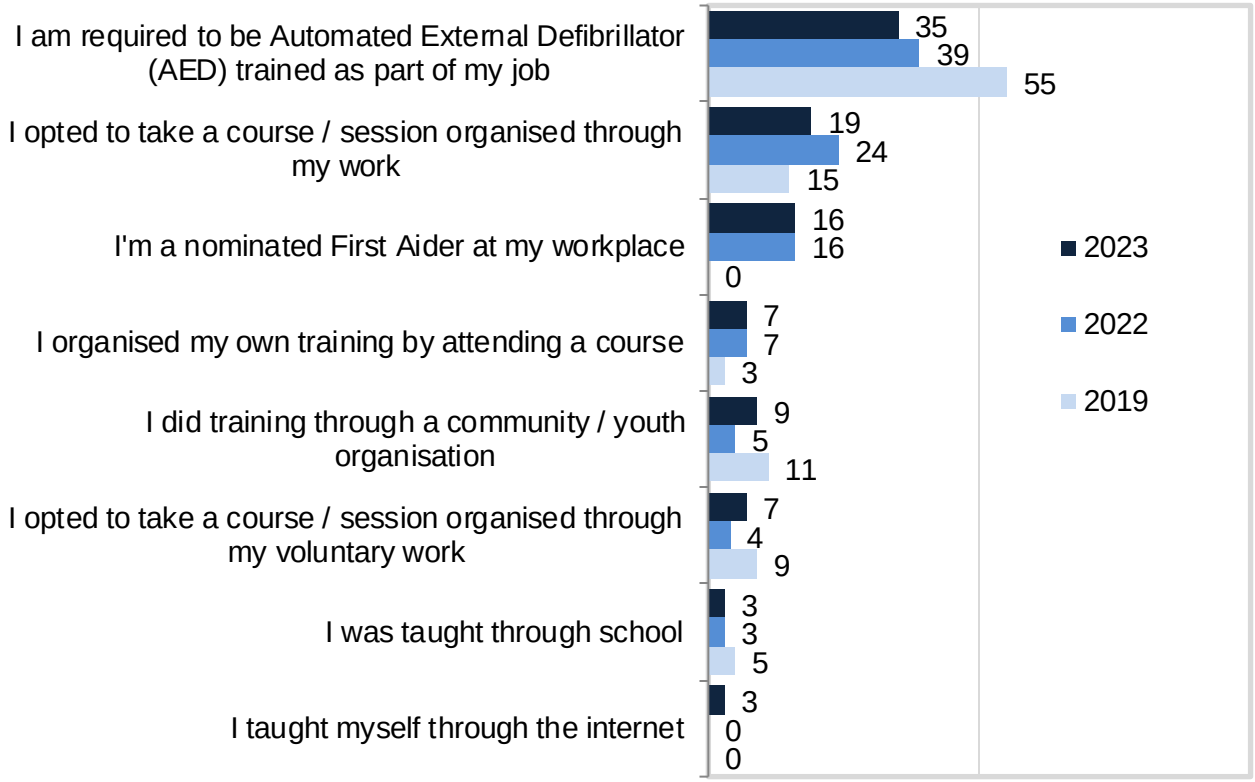
Base: those who have received Defibrillator training (2023 – 236; 2022 - 205; 2019 – 239)

As with CPR training, most of those with Defibrillator training (70%) had received their training through their employer or workplace. Over a third (35%) 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 19% 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 (35% cf. 28% with CPR). In 2022 the proportion receiving Defibrillator training through their workplace was higher (79%). However, the proportion opting to do the training themselves either through a community group, voluntary work or teaching themselves through the internet had increased. This might be due to increased awareness and opportunities since the pandemic.

Those AED trained were more likely to have received their Defibrillator training through a community or youth organisation or voluntary work 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 (2023 – 236; 2022 - 205; 2019 – 239)

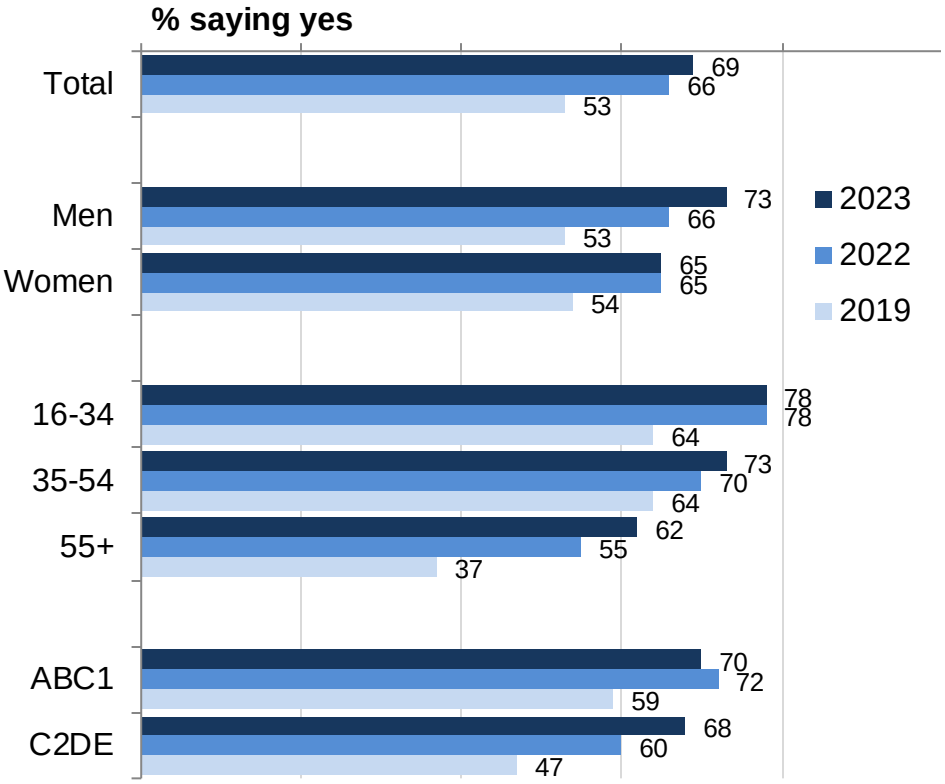
As with CPR training, **the great majority (85%) had received their Defibrillator training in a face-to-face setting offering hands-on experience of using an AED on a training dummy.** This was also the case in 2022 (84%). Slightly more of those who had been Defibrillator trained than those with CPR training reported their training was delivered face-to-face but without the opportunity to practise on a dummy, however (10% cf. 5%). Another 5% had watched a training video online and 1% had real time training delivered online by a trainer.

When asked how they would <u>prefer</u> to receive Defibrillator training, 93% opted for face-to-face with the opportunity to use a Defibrillator on a training dummy. Almost eight in ten of those whose training was delivered in other ways (26 of 33) would choose this option.

Almost seven in ten respondents without Defibrillator training were keen to have the opportunity, with 69% of those interviewed in 2023 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 continued to rise since 2019** (from 53% to 69% in 2023). Men and younger and middle-aged respondents were more likely to be interested in being trained than women and the over 55s (see Figure 9 overleaf).

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

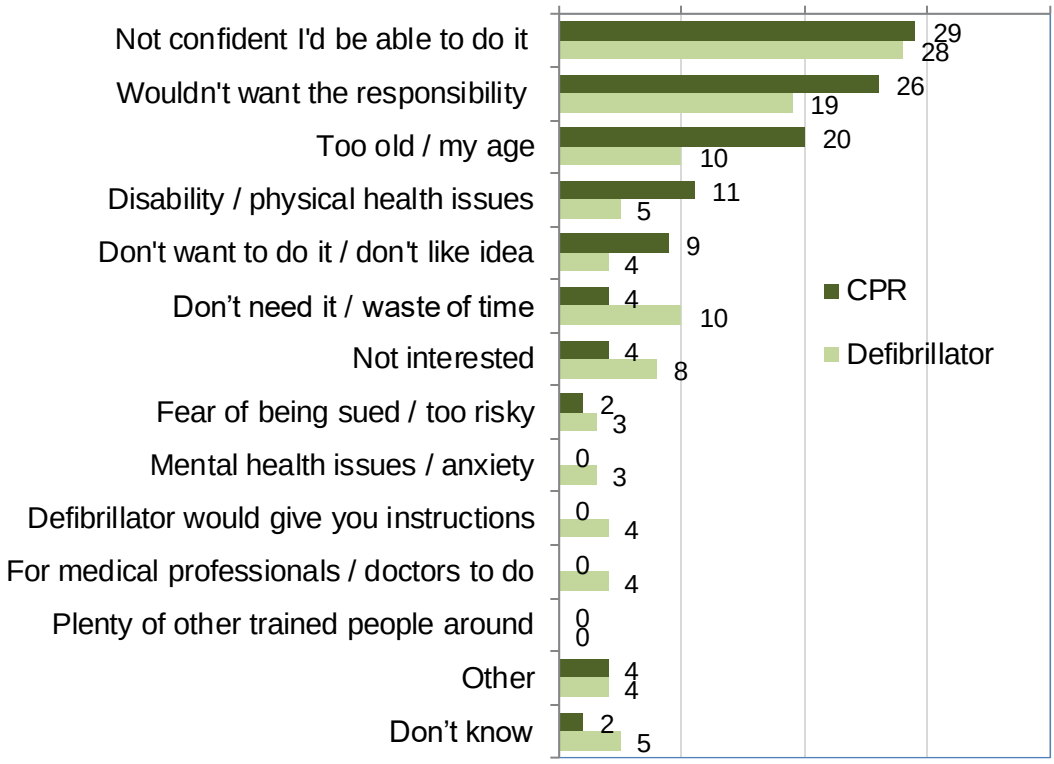


Base: those not already trained in CPR (2023 – 764; 2022 – 795; 2019 – 786)

As in 2022, **the main reasons given for <u>not</u> being interested in Defibrillator training in 2023 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. The proportions spontaneously mentioning these reservations were unchanged from 2022.

These were also the main reasons given by those not interested in CPR training. Generally, the pattern of responses was similar. However, respondents were more likely to believe their age or physical health were barriers to learning CPR, whereas respondents were more likely to see Defibrillator training as a waste of time or of no interest to them (see Figure 10 overleaf).

Figure 10: Why do you not want to be trained in CPR / using a Defibrillator? 2023 (%)



Bases: those who do not want to receive CPR / Defibrillator training 2023 (CPR - 64; Defibrillator – 129)

4.2 Administering CPR and Defibrillators

CPR

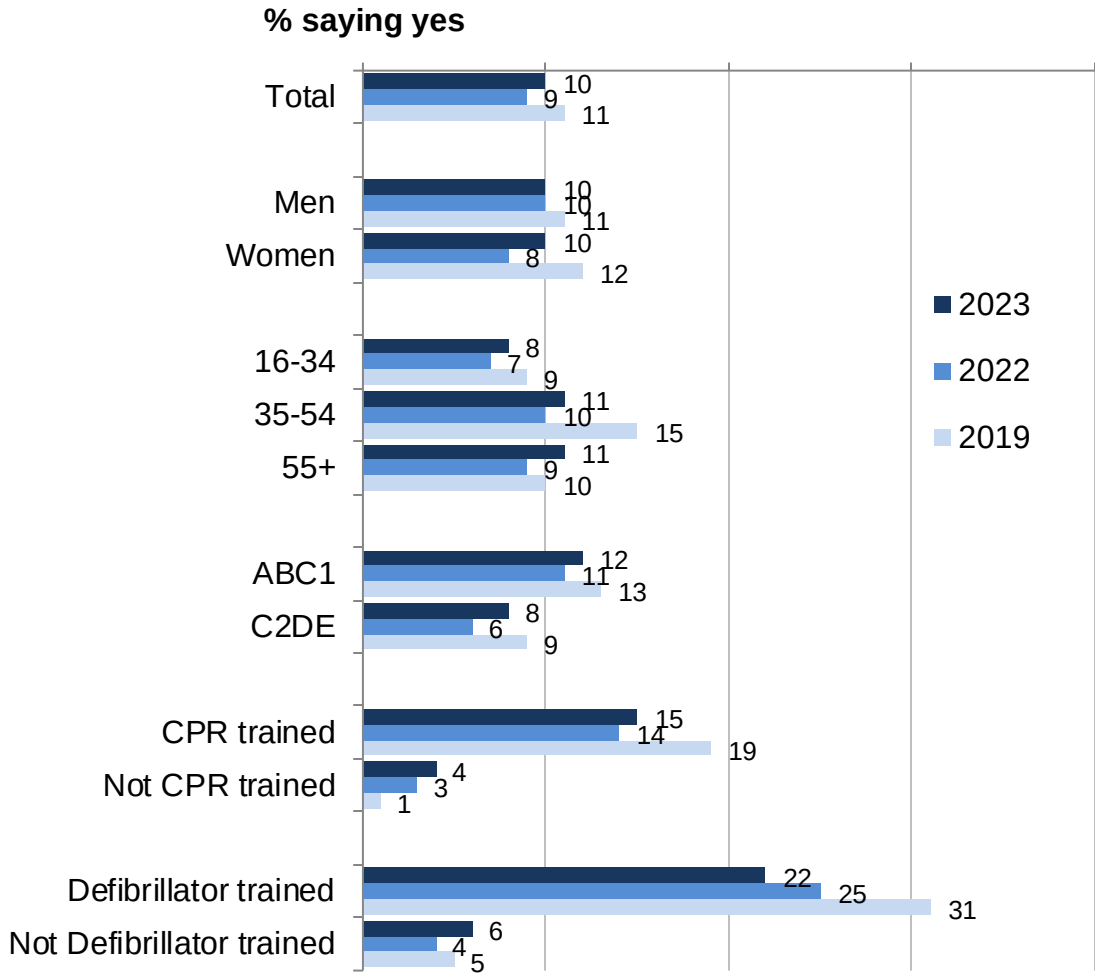
Over a quarter of those interviewed in 2023 (26%) had witnessed someone collapse and possibly need bystander CPR. This figure was slightly higher than in 2022 (24%) but was not as high as in 2019 (28%). This proportion is possibly rising as more people are out and about in public since the pandemic.

One in ten (10%) said they had given CPR to someone in a real-life situation (this has remained fairly consistent over the years: 11% in 2019 and 9% in 2022). Almost one in five (19%) had seen someone else give CPR in real life but had not done it themselves (the same proportion as in 2022), while **the great majority of respondents (71%) 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 15% and 22% respectively, compared to 10% 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 12% cf. 8% (see Figure 11).

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



Base: all respondents (2023 – 1,000; 2022 – 1,000; 2019 – 1,025)

The great majority of those interviewed (87%) were able to name a sign of an Out-of-Hospital Cardiac Arrest that might require CPR to be administered. This had increased slightly since 2022 when (83%) could name a sign of cardiac arrest.

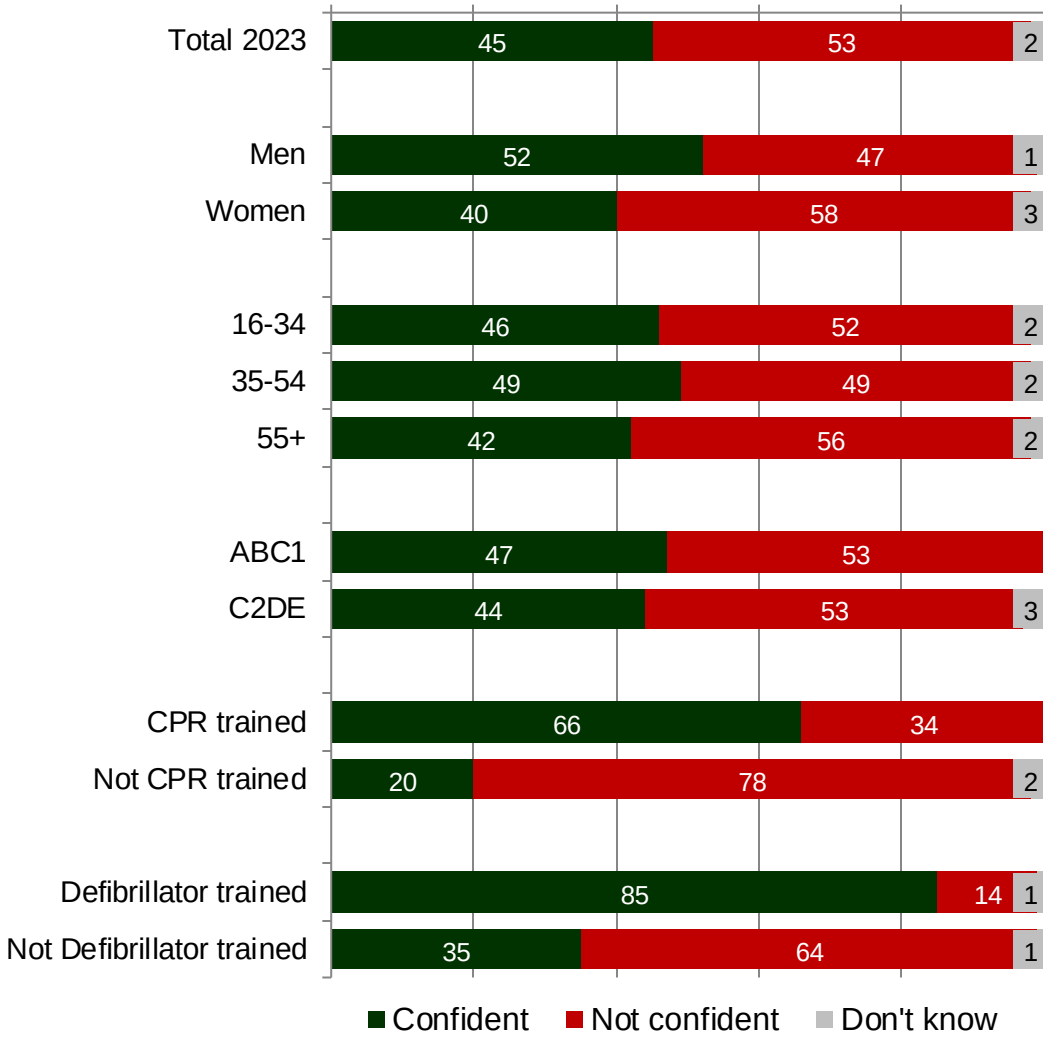
When asked how they would know if someone required CPR, **the most common symptom mentioned spontaneously was *not breathing / breathing difficulties***, mentioned by almost six in ten of those interviewed (59%). Other common symptoms given were *no pulse / weak pulse* (25%), *collapsed / fainted / passed out* (24%) and *unconscious / unresponsive* (17%). Other signs were mentioned by much smaller proportions of respondents. 9% said they *wouldn't know / wouldn't be sure*, however, and another 4% answered *don't know.*

Confidence about giving someone CPR was not high, however, with less than half overall (45%) stating they would be confident. Women and older people aged 55 and over were the least confident (40% and 42% respectively) while men

and middle-aged participants aged 35-54 were the most confident (52% and 49%) (see Figure 12 below).

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 third of those with CPR training (34%) 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? 2023 (%)



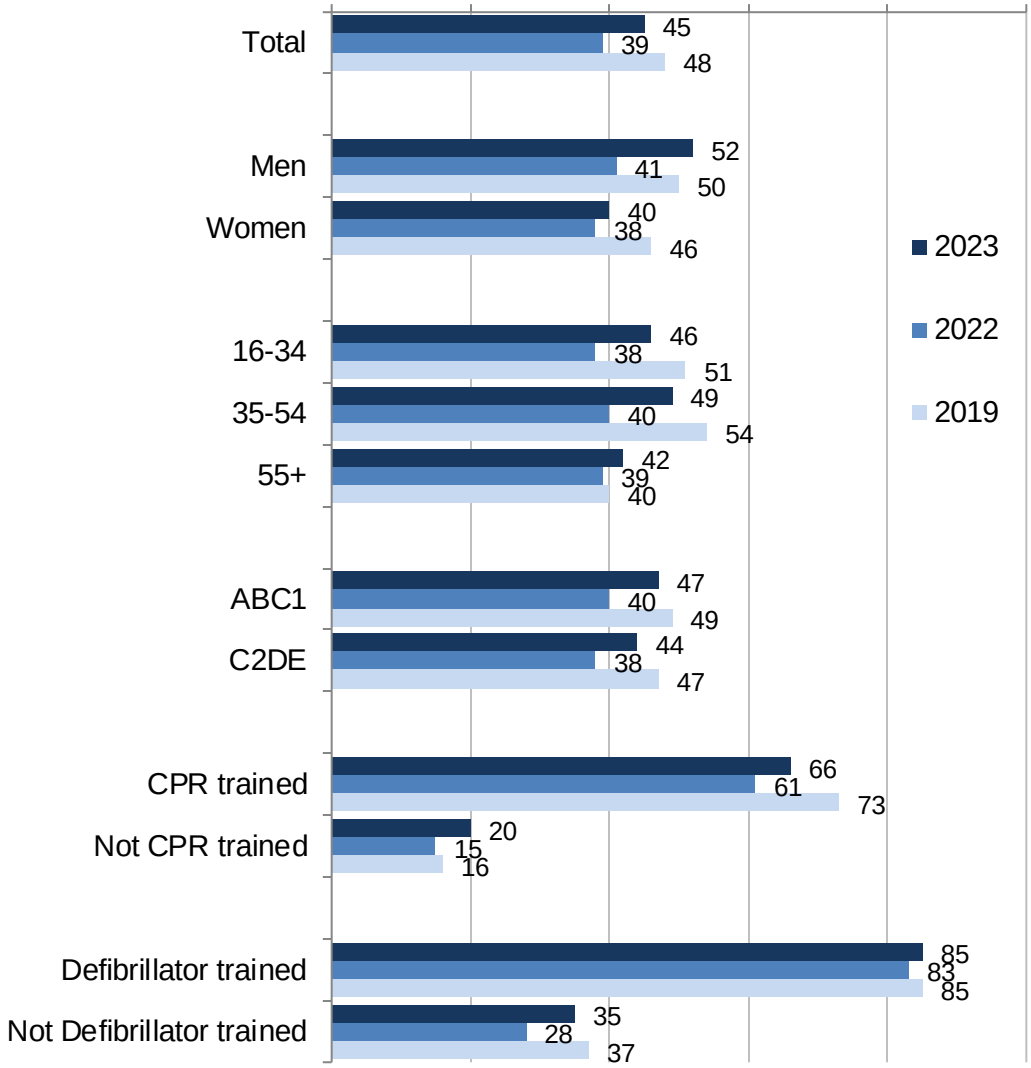
Base: all respondents (2023 – 1,000;); Confident = aggregate of 'very' / 'fairly confident'; Not confident = aggregate of 'not very' / 'not at all confident'

Confidence has risen since 2022, when 39% of those interviewed overall stated they would be confident to give someone CPR (cf. 45% in 2023).

This could be due to the slightly higher levels of CPR training among the sample, the slight increase in knowledge about symptoms and the increasing interest in being trained. However, confidence is still slightly below the pre-pandemic level (48% in 2019). This is possibly related to the change in methodology since 2019.

Figure 13: Confidence in administering CPR over time

% saying they would be confident

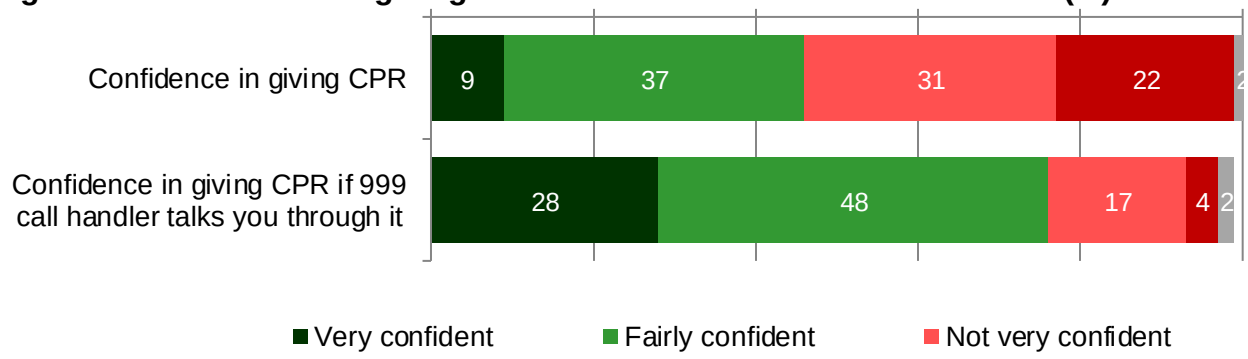


Base: all respondents (2023 – 1,000; 2022 – 1,000; 2019 – 1,025); Confident = aggregate of 'very' / 'fairly confident'

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, three-quarters of those interviewed (76%) said they would be confident to give CPR, compared to less than half (45%) saying this without receiving instructions from a call handler. The proportion who would not feel confident decreased to 22% from 53% (see Figure 14).

Figure 14: Confidence in giving CPR in different circumstances - 2023 (%)



Base: all respondents (2023 – 1,000)

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 and not breathing or not breathing normally. 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 (75%) 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 2023 level (75%) is very similar to the 2022 level (76%) and the 2019 level (75%), despite confidence fluctuating over the last few years.

In these circumstances, 88% of those with prior CPR training and 91% 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 78% of 16-34s and 79% of 35-54s, compared with 70% of over 55s). Men would be more likely to intervene than women (at 77% cf. 73% of each group). There were no differences by socio-economic groups (75% for both ABC1 and C2DE).

Similarly, **the great majority of respondents (78%) strongly agreed or agreed that they *would rather try giving CPR than do nothing***. Only 5% disagreed with this statement. This was similar to 2022, when 80% agreed it was better to try giving CPR than do nothing.

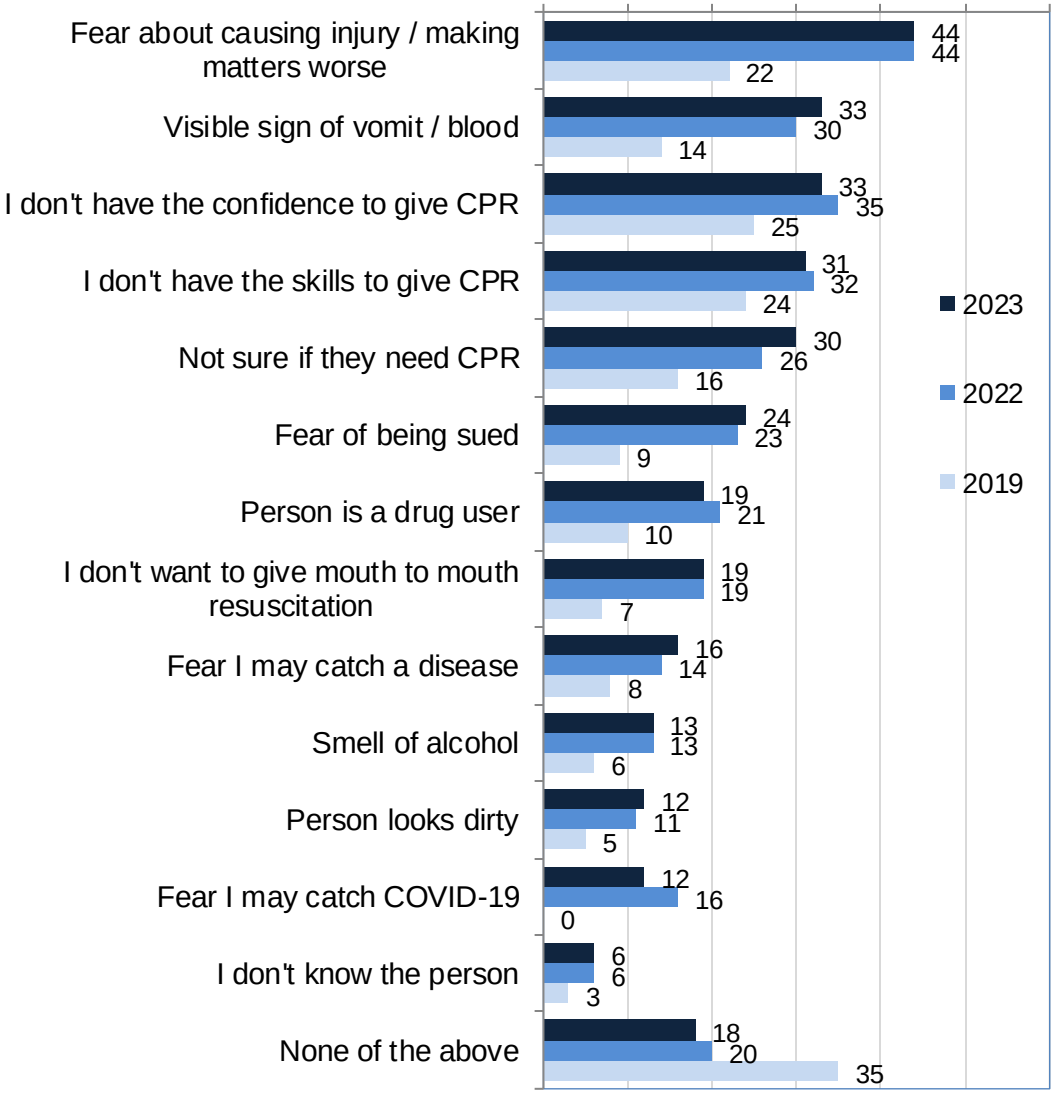
When provided with a list of potential reasons why they might not intervene, **over four in ten of those interviewed (44%) reported that they would be *afraid of causing injury / making things worse***. Around a third stated they would be put off by *visible signs of vomit / blood* (33%) or if they *don't have the confidence to give CPR* (33%). Three in ten would not intervene because they *don't have the skills to give CPR* (31%) or because they were *not sure if they needed CPR* (30%). Around a quarter would *fear being sued* (24%). Around one in five agreed the *person being a drug user* or *not wanting to give mouth to mouth resuscitation* would deter them from giving CPR (19% for each).

In contrast, almost one in five (18%) said none of the reasons would prevent them from performing CPR; this rose to 22% of those who had received CPR training and 30% of those who had received Defibrillator training. A full list of responses is provided in Figure 15.

Endorsement of all the barriers to giving CPR remains high in 2023 while, at the same time, the proportion saying none of the reasons apply continues to fall - from 35% in 2019 to 18% in 2023. The proportion agreeing with the reasons for not intervening in 2023 are similar to those selecting each barrier in 2022.

The proportion selecting each barrier in 2019 was much lower than those doing so in 2022 and 2023. This may be a result of the changed interviewing approach from 2022, with greater honesty in a self-completion interview. 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 (2023 – 1,000; 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 (58%) 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 and 55% in 2022.

As in previous years, while having training in CPR or using a Defibrillator reduced this concern, it did not remove it completely, with 45% of those trained in CPR and 32% of those with AED training agreeing with this statement.

Opinions were divided on the statement *I would be worried that I might be sued if I gave someone CPR* – 39% overall agreed while around a third (31%) disagreed. This was a concern for 37% of those with CPR training and for 34% of those with Defibrillator training. The level of concern about being sued has remained consistent since 2022 (38% cf. 39% in 2023).

Defibrillators

Overall levels of confidence about using a Defibrillator on someone were lower than for giving CPR. Just over a third of those interviewed (37%) said they would be confident about doing so, compared to 45% saying this for CPR.

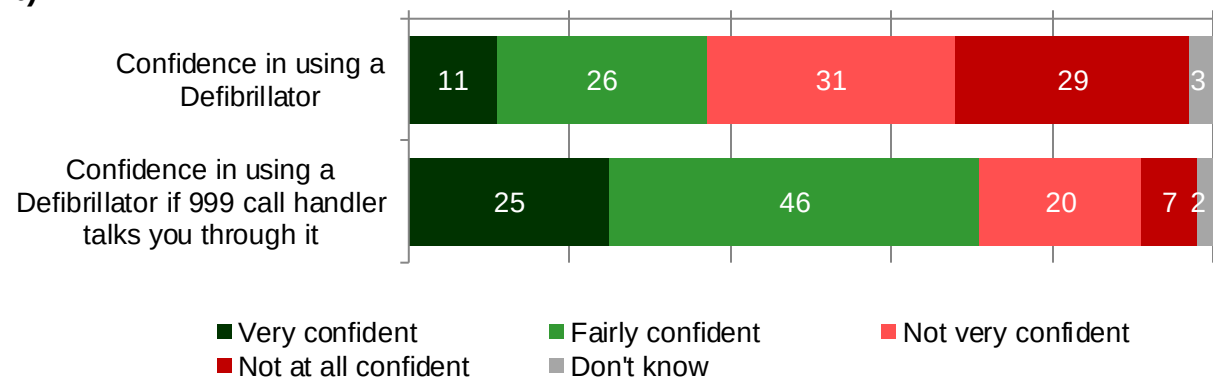
Confidence levels rose to 50% among those with CPR training and to 79% of those with Defibrillator training. However, 21% of those with Defibrillator training reported they would not be confident about doing so. This is higher than in 2022 when 16% of those with Defibrillator training said they would not feel confident.

As in 2022, men and people aged 35 and over were more likely to feel confident about using a Defibrillator than women and younger people (at 44% of men cf. 31% of women; 42% of 35-54s and 37% of the 55+ age group cf. 33% of 16-34s).

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 almost doubled (from 37% to 71% of respondents). At the same time the proportion who would not feel confident decreased markedly, from 60% to 27% (see Figure 16). This was also the case in 2022.

Figure 16: Confidence in using a Defibrillator in different circumstances - 2023 (%)



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 76% and 78% respectively. The levels agreeing with these two statements were similar in 2022 (74% and 81% respectively).

Half overall (50%) agreed that *I would be worried that I might make matters worse if I used a Defibrillator* – similar to the level in 2022 (52%) but lower than for CPR (58%).

Views were more divided on *I would be worried that I might be sued if I used a Defibrillator* (as with CPR), with 37% agreeing and 33% disagreeing with this statement. Concern about the possibility of facing legal action has remained consistent since 2022, when 36% 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 (55%) said they knew where their nearest public Defibrillator was located. This was also similar in 2022 (53%). Awareness rose to 61% of those with prior CPR training and 72% of those with Defibrillator training. 24% 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 55%).

4.3 Advertising, communications and marketing awareness

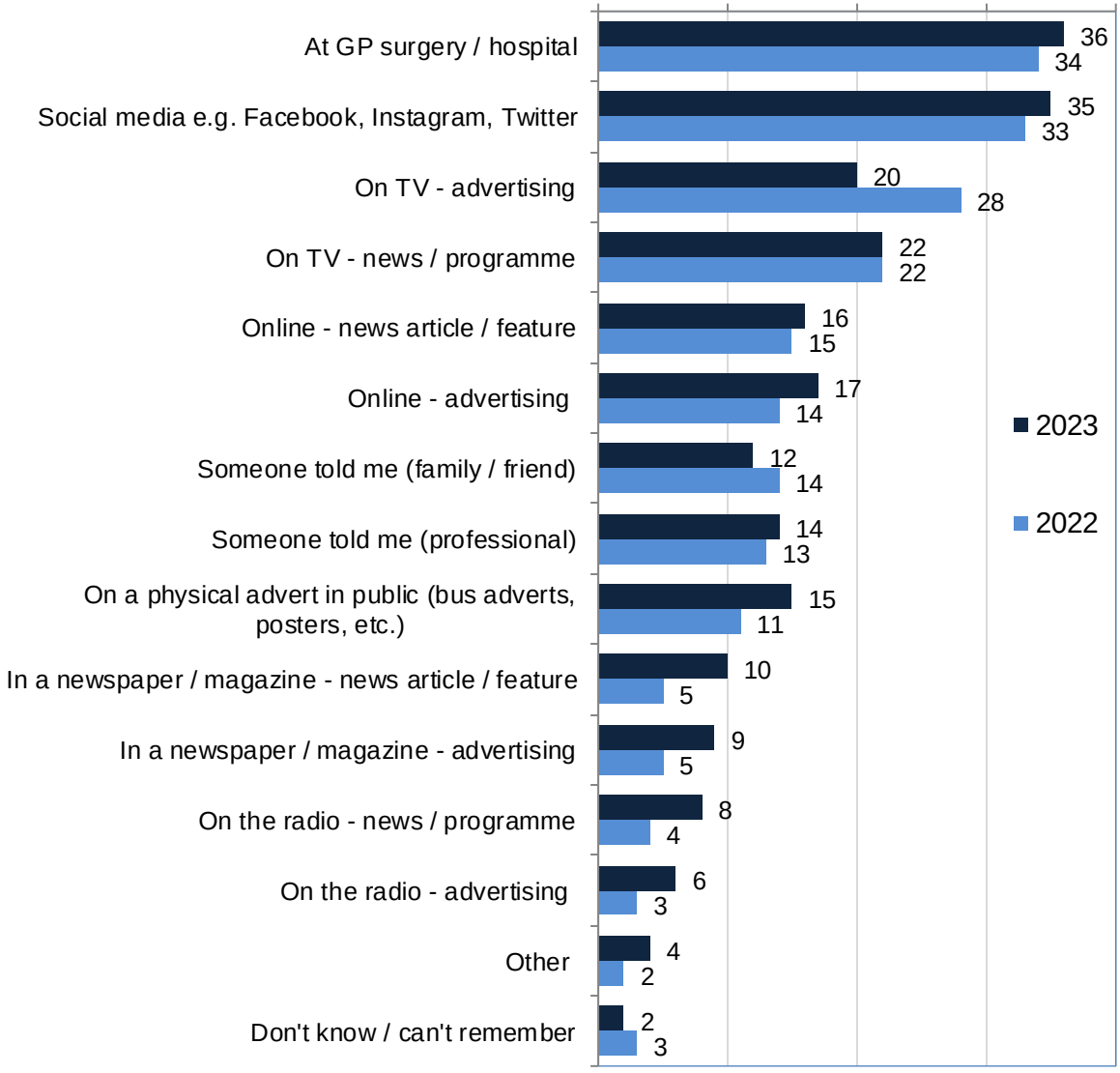
To establish a baseline awareness measure before a new public awareness and education campaign aimed at increasing the rate of bystander CPR and use of Defibrillators was launched, a new question was asked in 2022 - *Before today, had you seen or heard any advertising, marketing or communications about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

In January 2022, 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.

The marketing campaign for Save a Life Cymru launched in the Autumn of 2022. **In January 2023 23% of respondents reported they had seen some advertising or marketing about CPR and Defibrillator training,** rising to 27% and 44% of those with CPR or Defibrillator training.

Respondents were still **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 – 36% and 35% respectively cf. 34% and 33% in 2022).

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 (2023- 239; 2022 - 202)

In 2023 new questions were added to the survey to assess the impact of the marketing and communications campaign.

When asked what the main message of the marketing and communication campaign they had seen was, the main unprompted take-out were *CPR saves lives / improves the chances of survival* (26%), the *importance of CPR/ importance of knowing what to do* (15%) and *everyone can be trained to use defibrillators* (15%).

A further 14% said the main message was people *need to know where defibrillators are and how to access them*, while 11% stated people *needed to be trained to use defibrillators*. Other perceived messages were mentioned by less than one in ten.

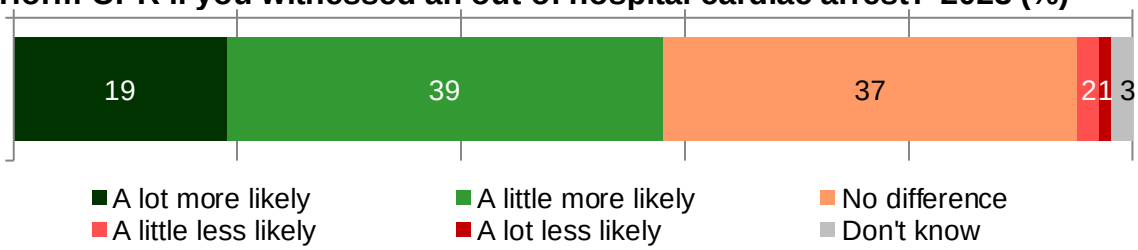
Around one in eight (13%) said they had heard of Save a Life Cymru before taking part in the survey. Awareness was highest amongst younger people (23%) and was lowest amongst those aged 55 and over (4%). Awareness was also higher amongst those who were CPR and defibrillator trained (17% and 21% respectively).

After being shown the TV advert for Save a Life Cymru, **almost a quarter of those interviewed (23%) said they had seen the advert before taking part in the survey**. Older participants were most likely to report seeing the advert before (26%) whilst younger participants were least likely to have done so (18%).

Overall, almost six in ten respondents (58%) said they were more likely (a lot more and a little more likely) to perform CPR if they witnessed an out of hospital cardiac arrest after seeing the advert. Around a third (37%) said it made no difference, while only 3% said it would make them less likely to perform CPR.

The advert had most impact on younger participants, as a higher proportion said they were more likely to perform CPR after seeing the advert (63% cf. 55% of other age groups).

Figure 18: Based on what you've just seen, are you more likely or less likely to perform CPR if you witnessed an out of hospital cardiac arrest? 2023 (%)



Base: all respondents (2023- 1,000)

5. Conclusions

The proportion of the public interviewed in 2023 who had received training in giving CPR and in using a Defibrillator has recovered after the dip in 2022 when the pandemic was likely to be still limiting access to courses. Training experience in 2023 was also more recent – more had received training in the past last six months than in the previous survey. Again, this is likely to be because the pandemic is no longer impacting access to training.

CPR and defibrillator training is still strongly linked to the workplace and employment. However, the proportion receiving training through their workplace in the 2023 survey has fallen slightly, despite the overall proportion being trained increasing. This suggests more people are being trained outside their workplace. This is important given that the change in working patterns post-pandemic, i.e. more working from home and hybrid working, could impact on take-up of training. Therefore, it will be important for the future to continue promoting CPR and Defibrillator training to schools, community groups and individuals.

Interest in receiving CPR and Defibrillator training is high and continues to rise since 2019, which shows that there is a willingness to be trained among the public.

Encouragingly, knowledge of the symptoms of an Out of Hospital Cardiac Arrest were high and have increased slightly since 2022. Almost nine in ten 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 in using a Defibrillator is still relatively low, although it has improved since 2022. It is possible that the campaign will help increase confidence, as almost six in ten said they were more likely to perform CPR if they witnessed a cardiac arrest out of hospital after seeing the advert. Confidence levels may improve further as more people are exposed to the campaign in future.

That said, willingness to attempt bystander CPR in an emergency if there was nobody else available to help remains high and has not changed over the three waves of the survey. 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.

Lastly, it is encouraging that the proportion aware of the location of their nearest public Defibrillator continues to rise steadily, but there is still room for improvement, as over four in ten do not know where the nearest Defibrillator is located.

Appendix 1 – Research Questionnaire

B02310-1 January 2023 Wales Omnibus

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 keep blood and oxygen circulating in the person until help arrives. If you are unable or unwilling to provide mouth to mouth rescue breaths, you can just give continuous chest compressions. Mouth to mouth rescue breaths are recommended for children under 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 and not breathing or not breathing normally. 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 <u>not</u> 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

<u>Defibrillators</u>

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 - Advertising on Facebook, Instagram, Twitter or YouTube
Social Media - through someone I follow on social media such as an influencer or an organisation
Someone told me (professional)
Someone told me (family/ friend)

Other (please specify) _____
Don't know / can't remember

IF YES AT Q22

24) What were the main messages of the campaign? What were they trying to say? Write below

_____

ASK ALL

25) Before today, had you ever heard of the organisation Save a Life Cymru?

Yes
No
Don't know

26) Have you seen this TV advert before?
[show advert]
Yes
No
Don't know can't remember

27) Based on what you've just seen, are you more likely or less likely to perform CPR if you witnessed an out of hospital cardiac arrest?

A lot more likely
A little more likely
No difference
A little less likely
A lot less likely

Don't know

22) Why do you say that? *Write in*

_____