

An Analysis of Perceived Behavior Control in Basic Life Support Skills a Nursing Perspective Among Tourism Managers at Pangandaran Beach

Laras Dina Revindha¹, Setiawan², Donny Nurhamsyah^{3,*})

¹Faculty of Nursing, Universitas Padjadjaran, Indonesia

²Departement of Community Nursing, Faculty of Nursing, Universitas Padjadjaran, Indonesia

³Departement of Emergency and Critical Nursing, Faculty of Nursing, Universitas Padjadjaran, Indonesia

Abstract

Drowning remains a major safety concern in coastal tourism, particularly at Pangandaran Beach, where tourism managers may serve as first responders in emergencies requiring Basic Life Support. This study contributed to analyzing perceived behavioral control (PBC) related to BLS skills among tourism managers from a nursing perspective. A descriptive quantitative study with a cross-sectional design was conducted involving tourism managers at Pangandaran Beach. From a population of 390 individuals, a minimum sample of 84 participants was determined using GPower and selected through simple random sampling. Data were collected using a modified Theory of Planned Behavior-based questionnaire focused on BLS and analyzed using univariate statistics. Findings showed that 53.6% of respondents had negative PBC toward BLS, indicating limited confidence and perceived capability in performing emergency response actions. Only a minority demonstrated positive PBC. These findings suggest that tourism managers may not be adequately prepared to respond to drowning-related cardiac emergencies. Nursing-led interventions, including structured BLS education and simulation-based training, are recommended to strengthen perceived control, improve emergency preparedness, and support safety in coastal tourism settings.

Keywords: Basic Life Support; Drowning Victim, Perceived Behavior Control

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*) Corresponding author: Donny Nurhamsyah
E-mail: donny.nurhamsyah@unpad.ac.id

1. Introduction

Pangandaran Beach is one of the most popular tourist destinations, attracting both domestic and international visitors, which can impact tourist safety. This is evident from the data on the number of visitors to Pangandaran Beach in the last two years, totaling 3,604,128 tourists (BPS, 2021). One of the risks in beach tourism is cardiac arrest. The primary causes of drowning incidents among tourists are high tides and personal negligence (Dikara and Taofiqurohman, 2022). The exact number of cardiac arrest cases in Indonesia is unknown, but according to the Global Burden of Disease and the Institute for Health Metrics and Evaluation (IHME) from 2014-2019, heart disease is the leading cause of death in Indonesia (Sumadewi, Lestari and Datya, 2023). Data from the Basic Health Research (Riskesdas) in 2013 and 2018 showed an increase in heart disease cases, from 0.5% in 2013 to 1.5% in 2018 (Kemenkes RI, 2022). The World Health Organization (WHO) reports that 236,000 people die from drowning annually, with more than 50% of victims under the

age of 30. This age group is particularly at risk due to emotional immaturity, which drives high curiosity and could affect Indonesia's golden generation in 2045 (WHO, 2019). In Indonesia, drowning is a serious issue, with 2.2 deaths per 100,000 cases caused by drowning (WHO, 2019). In Pangandaran, there were 68 drowning cases in 2021, 61 cases in 2022, and 53 cases recorded between January and September 2023 (Balawista, 2023). Drowning victims must be rescued immediately, following proper Standard Operating Procedures (SOP). If the brain is deprived of oxygen for more than ten minutes, hypoxia occurs, leading to oncosis. Therefore, the speed of the response, or the golden period (6-10 minutes), is crucial (Mitcel, 2022). Drowning emergencies often involve the submersion of part or all of the body in water, affecting the respiratory and cardiovascular systems, potentially leading to respiratory failure and cardiac arrest. Priambodo, Istiningtyas and Rahardiantomo, (2017) Drowning victims experiencing cardiac arrest can be treated with Cardiopulmonary Resuscitation (CPR) or Basic

Life Support (BLS) to restore heart circulation and support breathing. High-quality BLS is essential to save drowning victims with cardiac arrest and prevent death, as cardiac arrest can be managed by individuals trained in BLS (Irfani, 2019).

Most tourism managers have basic knowledge of BLS and can identify signs of respiratory and cardiac arrest. Knowledge significantly influences positive behavior (Aritonang *et al.*, 2022). Positive behavior leads to positive Perceived Behavior Control (PBC), encouraging the intention to help cardiac arrest victims, thereby reducing mortality and serious injuries (Utama, Titin Aprilatutini and Nova Yustisia, 2022). Perception is related to behavior, as explained in the Theory of Planned Behavior (TPB), which posits that behavior is influenced by three factors: attitude toward the behavior, subjective norms, and Perceived Behavior Control (Wikamorys and Rochmach, 2017). PBC refers to an individual's perceived ability to perform a behavior, which subsequently influences their desire to act (Bosnjak, Ajzen and Schmidt, 2020). Among the three TPB domains, this study focuses on PBC because it is considered the strongest predictor of behavior (Icek, 1985). PBC also explains why someone's behavior may not align with their intention; for instance, a person may intend to act, but low PBC prevents them from doing so (Icek, 1985).

A preliminary study at Pangandaran Beach revealed that less than 50% of tourism managers have received BLS training. Tourism managers at Pangandaran include lifeguards, boat operators, ATV operators, and barracuda teams. According to one manager, many feel reluctant to assist victims of a different gender or fear legal repercussions.

A similar study found a relationship between PBC and the intention to receive the COVID-19 vaccine among students (Kartika *et al.*, 2022). Individuals with low PBC are more likely to seek information and intend to get vaccinated (Borah, Xiao and Lee, 2022). PBC negatively influenced interest, while religious adherence had a negative impact on attitudes (Rahmania and Maulana, 2023). Based on these findings, this study explores "The Perceived Behavior Control of Basic Life Support Among Tourism Managers at Pangandaran Beach."

2. Method

This study employed a quantitative descriptive cross-sectional design to describe the distribution of perceived behavioral control related to Basic Life Support among tourism managers at Pangandaran Beach. This design was selected to provide baseline evidence regarding respondents' perceived control in performing BLS during emergency situations, rather than to test causal relationships or hypotheses. Data on the study

variable, perceived behavioral control, were collected at a single point in time without researcher intervention. Perceived behavioral control was defined as respondents' perceptions of factors that facilitate or hinder their ability to perform BLS and was measured using a modified instrument based on the Theory of Planned Behavior. Scores were categorized using a cut-off point approach based on mean or median values.

The study population consisted of 390 tourism managers. Sample size was determined using G*Power analysis, which identified 84 participants as the minimum required sample to provide adequate statistical precision for this descriptive study. To enhance representativeness, probability sampling using simple random sampling was employed, ensuring each member of the population had an equal chance of selection. Although the sample represented a subset of the total population, it met the minimum analytical requirement and was intended to provide exploratory baseline data for future studies with larger and more analytical designs. Data were analyzed using univariate statistics and presented in frequency distributions. This study received ethical approval from the Ethics Committee of Universitas Padjadjaran (No. 108/UN6.KEP/EC/2024).

The instrument used in this study is a modified version of the theory of planned behavior model developed by Icek Ajzen (Ajzen, 2002). The validity test was conducted at Citumang Tourist Site, Pangandaran, on December 18, 2023, with an r table value of 0.361 and a 5% significance level, resulting in 17 valid statements out of 20 tested. The validity test results showed r values ranging from 0.416 to 0.767, while the reliability test for the questionnaire yielded values between 0.850 and 0.868, making the questionnaire reliable. The data was analyzed using univariate analysis to classify perceived behavior control into an ordinal scale. Scores greater than the mean value of 53 are categorized as positive perceived behavior control, while those lower are categorized as negative.

Despite increasing attention to emergency preparedness in coastal tourism, current evidence has predominantly focused on knowledge and attitudes toward emergency response, while limited studies have explored *perceived behavioral control* as a determinant of willingness and capability to perform Basic Life Support among non-health tourism personnel. This study provides a scientific update by applying Theory of Planned Behavior to analyze perceived behavioral control among tourism managers in a coastal destination context, an area that remains underexplored in nursing and tourism safety research. The research problem addressed in this study is whether tourism managers at Pangandaran Beach possess adequate perceived control to perform BLS during drowning-related

emergencies. Based on this gap, the study hypothesizes that perceived behavioral control among tourism managers remains suboptimal and may influence emergency response readiness, indicating the need for nursing-based interventions to strengthen confidence, capability, and preparedness in managing coastal emergencies.

3. Results and Discussion

The results of this study, analyzed using univariate analysis, reveal the demographic characteristics and perceived behavior control of tourism managers. The data is presented in the form of frequency distribution tables and percentages that depict the perceived behavior control among the tourism managers.

The demographic characteristics in this study include age, gender, education, occupation, and whether the participants have received basic life support training. These characteristics are explained through frequency distribution and percentage tables, which can be seen in Table 1.

Table 1. Frequency Distribution of Demographics of Pangandaran Beach Tourism Managers (n=84)

Variable	f	%
Age		
Adolescent (17-25 years)	30	35.7
Adult (36-45 years)	23	27.4
Elderly (56-65 years)	31	36.9
Gender		
Male	77	91.7
Female	7	8.3
Education		
Elementary	10	11.9
Middle	18	21.4
High	50	59.5
Bachelor's Degree	4	4.8
Other	2	2.4
Occupation		
Lifeguard	27	32.1
Boat Operator	14	16.7
ATV Operator	9	10.7
Othersa	34	40.5
Basic Life Support Training		
Ever	34	40.5
Never	50	59.5

Based on Table 1, the majority of respondents involved in this study are male (91.7%) and work as tour guides and traders (40.5%). Respondents' ages are dominated by the elderly, with the age range of 56-65 years (36.9%). Most respondents have completed high school (59.5%).

Overview of Perceived Behavior Control Regarding Basic Life Support Among Tourism Managers at Pangandaran Beach

The overview of perceived behavior control (PBC) is analyzed using frequency distribution tables and percentages. The perceived behavior control category is divided into two parts: positive perceived behavior control and negative perceived behavior control. The following are the results of perceived behavior control regarding basic life support among tourism managers, presented in table.

Table 2 shows that the majority of respondents have negative perceived behavior control, with 53.6% or 45 respondents. However, there are respondents who scored below the mean, with a percentage of 46.4%.

Table 2. Frequency Distribution of Perceived Behavior Control Regarding Basic Life Support Among Pangandaran Beach Tourism Managers (n=84)

Variable	F	%
<i>Perceived Behavior Control</i>		
Positive	39	46.4
Negative	45	53.6

According to Table 3, the maximum score was 74 and the minimum score was 33, with a standard deviation of 8.872 and a mean score of 53.24. This is intended to describe the data from respondents' answers on the variable measurement indicators. In this study, the mean value is used for instrument categorization.

Table 3. Mean, Median, Mode, and Standard Deviation of Perceived Behavior Control of Pangandaran Beach Tourism Managers

<i>Perceived Behavior Control</i>						
Mean	Median	Mode	Std. Dev	Range	Min	Max
53.24	53	53	8.872	41	33	74

Table 4 indicates that the majority of respondents in the adolescent age category (17-25 years) have higher positive PBC compared to other age categories (23.8%). Most female respondents have positive PBC (8.3%), while most male respondents have a lower positive PBC (45.2%). The majority of respondents with a high school education scored high in positive PBC (32.1%). Most respondents who work as tour guides and traders have higher positive PBC scores compared to those with other jobs (25%). Respondents who have never attended basic life support training mostly have higher positive PBC scores (34.5%).

Table 4. Cross-Tabulation of Demographic Characteristics with Perceived Behavior Control

Demographic Characteristics	Perceived Behavior Control		
	Positive (f)	Negative (f)	Total (n)
Age			
Adolescent (17-25 years)	20	10	30
Adult (26-45 years)	8	15	23
Elderly (56-65 years)	17	14	31
Gender			
Male	38	39	77
Female	7	0	7
Education			
Elementary	5	5	10
Middle	9	9	18
High	27	23	50
Bascheloir's Degree	2	2	4
Others	2	0	2
Occupation			
Lifeguard	10	17	27
Boat Operator	8	6	14
ATV Operator	6	3	9
Others	21	13	34
Basic Life Support Training			
Ever	16	18	34
Never	29	21	50

Table 5 shows that the majority of adult respondents have completed high school, with 18 respondents. Most respondents in the adolescent age category work as tour guides and traders, totaling 15 respondents. Table 6 reveals that the majority of respondents with a high school education work as tour guides and traders, with 24 respondents. Most respondents with a high school education have not attended basic life support training, totaling 30 respondents.

Table 7 shows that the majority of respondents working as tour guides and traders consist of 15 respondents. Most respondents working as tour guides and traders are male, totaling 31 respondents. The majority of respondents working as tour guides and traders who have completed high school amount to 24 respondents. Most respondents working as tour guides and traders have never attended basic life support training, with 32 respondents.

Table 8 indicates that most respondents who have attended basic life support training work as lifeguards, totaling 23 respondents.

Describe the significance of your findings. Consider the most important part of your paper. Do not be verbose or repetitive, be concise and make your points clearly. Follow a logical stream of thought; in general, interpret and discuss the significance of your findings in the same sequence you described them in your results section. Use the present verb tense, especially for established facts; however, refer to specific works or prior studies in the past tense. If needed, use subheadings to help organize your discussion or to categorize your interpretations into themes. The content of the discussion section includes: the explanation of results, references to previous research, deduction, and hypothesis.

Overview of Perceived Behavior Control Regarding Basic Life Support Among Beach Tourism Managers

The results of the study indicate that the majority of tourism managers at Pangandaran Beach have negative perceived behavior control (PBC), with 45 respondents (53.6%). Negative PBC is influenced by external support, particularly from people deemed important (Delpia, Murti and Suryani, 2017). The less support an individual receives from those around them, the more difficult it becomes for them to perform a certain behavior (Delpia, Murti and Suryani, 2017). PBC is assumed to be related to the extent of an individual's belief in their ability to perform a task (Nu'man and Noviyati, 2021). A person may have the desire to perform basic life support (BLS), but it may not materialize due to limitations in their abilities or barriers such as a lack of information, education, or training (Hamdah and Garut, 2019). This limitation is evidenced by the fact that 59.5% of respondents in this study have never undergone basic life support training. BLS training can significantly increase confidence and foster a sense of capability, as it equips individuals with the necessary knowledge and skills for basic life support (Aswad, Luawo and Ali, 2021).

Several studies support the findings of this research Borah et al. (2022). found that individuals with low PBC benefit more effectively from interventions (Borah, Xiao and Lee, 2022). Similarly, Rahmania & Maulana (2023) found that PBC significantly influences behavior negatively, consistent with the findings of this study, where the majority of beach tourism managers (53.6%) have negative PBC (Rahmania and Maulana, 2023). This aligns with Dian's (2021) study, which shows that PBC has a very low influence on behavioral intention (Wikamorys and Rochmach, 2017). However, this result contradicts a study by which

found that only 28.125% of participants had poor PBC, while 71.875% had good PBC (Alberta and Proboningsih, 2014). Darmawan & Warmika

(2016) also found that PBC significantly influences interest in performing certain behaviors (Darmawan, Made and Warmika, 2016).

Table 5. Cross-Tabulation between Age, Education, and Occupation

	Age			
	Adolescent	Adult	Elderly	Total
Education				
Elementary	2	1	7	10
Middle	9	3	6	18
High	15	18	17	50
Bachelor's	3	1	0	4
Others	1	0	1	2
Occupation				
Lifeguard	8	8	11	27
Boat Operator	2	4	8	14
ATV Operator	5	2	2	9
Others	15	9	10	34

Table 6. Cross-Tabulation between Education, Occupation, and Basic Life Support Training

	Education					Total
	Elementary	Middle	High	Bachelor's	Other	
Occupation						
Lifeguard	2	8	15	1	1	27
Board Operator	6	2	6	0	0	14
ATV Operator	1	1	5	1	1	9
Others	1	7	24	2	0	34
Basic Life Support Training						
Ever	3	8	20	2	1	34
Never	7	10	30	2	1	50

Table 7. Cross-Tabulation between Occupation, Age, and Basic Life Support Training

	Occupation				Total
	Lifeguard	Boat Operator	ATV Operator	Others	
Age					
Adolescent	8	2	5	15	30
Adult	8	4	2	9	23
Elderly	11	8	2	10	31
Basic Life Support Training					
Ever	23	5	4	2	34
Never	4	9	5	32	50

Demographic Characteristics Related to Perceived Behavior Control Regarding Basic Life Support Among Tourism Managers

Several personal factors can influence perceived behavior control, including attitude, personality, and social factors such as age, religion, race, experience, and knowledge (Siswono,

Syaufina and Rushayati, 2020). In this study, factors that may affect a person's perceived behavior control include age, gender, education, occupation, and basic life support training history. Based on the cross-tabulation between age and PBC, the majority of respondents in the adolescent category have positive PBC (23.8%). Adolescence

is a period of rapid development, encompassing physical, psychological, and intellectual growth (Kusumawardani *et al.*, 2022). Psychologically, adolescents experience heightened emotions and are more inclined to try new things due to their high curiosity (Kusumawardani *et al.*, 2022). Emotional maturity increases with age, influencing perceptions and self-control (Zatihulwani *et al.*, 2022). By late adolescence (19-21 years), individuals develop principles that guide their behavior, making their actions more controlled (Zatihulwani *et al.*, 2022). This is supported by Budiyati *et al.* (2020), who found that adolescents have strong PBC (65.1%), while only 34.9% have weak PBC (Budiyati, Supriyadi and Samutri, 2020).

Table 8. Cross-Tabulation between Basic Life Support Training and Occupation

Occupation	Basic Life Support Training		Total
	Completed	Not Completed	
Lifeguard	23	4	27
Boat Operator	5	9	14
ATV Operator	4	5	9
Others	2	32	34

Cross-tabulation between age and occupation shows that the majority of respondents in the adolescent age group work as tour guides and traders. Tour guides play a vital role in helping tourists enjoy their vacations by leading their trips (Susanthi and Warmadewi, 2020). Tour guides are closely associated with tourists, and they are required to possess key qualities such as calmness, initiative, high confidence, and environmental awareness to handle urgent situations, which can influence their PBC (Siregar and Wahyuni, 2023). In this study, traders are also considered tourism managers, as they play a key role as stakeholders who contribute to the tourism object (Gustina and Mussadun, 2018). Stakeholders are important groups involved in the development of tourism sites by providing supporting facilities (Gustina and Mussadun, 2018). Traders are often local residents who live near the tourist areas, creating a strong connection with the tourists (Gustina and Mussadun, 2018).

The respondents' occupations can be related to their PBC, as demonstrated by the cross-tabulation between occupation and PBC, where most lifeguards (20.2%) have negative PBC. Lifeguards, under the Balawista organization, are responsible for monitoring and rescuing tourists who experience accidents around the beach area (Sumadewi, Lestari and Datya, 2023). Negative PBC among lifeguards may be influenced by readiness factors, as some have not undergone

recent training or received training a long time ago (Ngurah, 2019). This lack of readiness could stem from insufficient experience in directly providing assistance to cardiac arrest victims or having difficulty performing BLS (Ngurah, 2019).

PBC among tourism managers can also be observed based on whether they have undergone basic life support training. Training aims to enhance a person's knowledge and skills (Ambohamsah, Arfa and Tanjung, 2021). BLS is the initial assistance provided to cardiac arrest victims, aimed at restoring respiratory and circulatory functions (Ambohamsah, Arfa and Tanjung, 2021). BLS training is crucial as it increases the willingness to provide pre-hospital care, enabling tourism managers to assist with proper procedures (Sanjana, 2023).

Cross-tabulation between BLS training history and PBC shows that the majority of respondents who have not attended BLS training have positive PBC (34.5%). Individuals who have not undergone training but have positive PBC may be benefiting from technological advancements that make it easier to access information and learn basic life support techniques (Aly *et al.*, 2023). The American Heart Association (AHA) 2020 recommends that the public learn BLS through "Hands-Only CPR," which involves chest compressions without rescue breaths (Aly *et al.*, 2023).

Gender is another demographic characteristic related to PBC. Cross-tabulation between gender and PBC shows that all female respondents have positive PBC (8.3%). Although most of the tourism managers at Pangandaran Beach are male, the majority of male respondents have negative PBC (46.4%). Women tend to have more positive PBC as they are often more sensitive and aware of specific behaviors (Putri, 2018). Women also possess maternal instincts, and those who are married with children feel a strong sense of responsibility, especially concerning safety (Putri, 2018). In contrast, men are often expected to be more optimistic, take more risks, and maintain a higher social status than women (Syamsu and Milla, 2014). These stereotypes can influence the differences in attitudes and objectives between men and women (Syamsu and Milla, 2014). There is also an imbalance in the number of male and female respondents in this study.

Cross-tabulation between education and PBC reveals that the majority of respondents with a high school education have positive PBC (32.1%). Education plays a crucial role in shaping behavior, as it can influence PBC by helping individuals select better behaviors (Taufik, Sutiani and Hernawan, 2018). Education enriches knowledge, which in turn improves one's quality of life (Fauzan, Kahtan and Herman, 2021). Respondents

with formal education demonstrate a broader understanding and better PBC regarding specific behaviors (Zatihulwani *et al.*, 2022). Higher education levels expose individuals to new experiences, enhancing their ability to accept new information and improve behavior (Zatihulwani *et al.*, 2022). This study aligns with previous findings, showing that respondents with high school, undergraduate, and graduate degrees have more positive PBC compared to those with elementary or middle school education. High school education often includes BLS training, which aims to improve students' knowledge and skills regarding basic life support (Fabriana, Fajarini and Abdullah, 2018). Most respondents with high school education are in the adult age group (18 respondents). Adulthood is a challenging phase where individuals must become independent from their parents and take responsibility for themselves in a new social environment, which can affect their PBC (Maulidya and Adelina, 2018).

4. Conclusions and Suggestions

Based on the research conducted with 84 samples, it can be concluded that most tourism managers at Pangandaran Beach exhibit negative perceived behavior control regarding basic life support, while a smaller portion displays positive perceived behavior control. The negative PBC is attributed to external barriers, such as limited access to information, education, and training.

This study offers valuable insights into the perceived behavior control of beach tourism managers and can serve as a basis for government evaluations in the future. The researcher recommends that the government increase its focus on providing regular education and training on basic life support for all tourism managers, to help foster a more positive shift in perceived behavior control.

Future research should consider incorporating additional variables and examining their correlation with other aspects of the Theory of Planned Behavior for a more in-depth analysis. The researcher also suggests expanding the scope to include a broader target population and geographical area in subsequent studies.

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