Ulama‘ Collaboration in the Implementation of Interprofessional Collaboration

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Abstract. Ulama are figures who are present in the community as guides and enlighteners in practicing aspects of religious teachings that Allah SWT and His Messenger have ordered. Ta'awun Ulama is authorized to provide services and regulate community activities with existing rules and laws, both independently and in collaboration, in all areas of service, which is the main forerunner of integrated professional groups into society. Management of mental health services through CMHN (Community Mental Health Nursing) for people with mental disorders (ODGJ) to intervene with clients in collaborative interpersonal relationships in the community. The findings of this study are in line with [1]Ulama Agency for Social Change: Muslim Scholars Speak for Mother's Rights (Pakistan Initiative for Mothers and Newborn/PAIMAN), where the active involvement of Ulama jointly discusses health services. Moreover, from this study, it was found [2], there was a lack of smooth communication when carrying out inter-professional collaboration in providing collaborative services to ODGJ.

Keywords: Ulama/Cleric, Inter-Professional Collaboration, Knowledge, Mental disorders.

1 Introduction

Ulama is Arif Billah which means "very afraid of Allah SWT". Furthermore, Ulama is people who can study the miracles of the Qur'an, and understand God, his essence, nature, greatness, and fear of God, according to Sayyid Qutub. Ulama are revered in society as selected beings and have the function of Ulama, namely Ulama should be *tafaqquhu fiddin* or know religious knowledge by immersing themselves. Second, the Ulama are human beings who understand the development of the situation, including understanding the development of the social and economic conditions of society, both positive and giving hope, as well as some harmful elements that will have an impact in the future. Furthermore, the ulama is a figure of Akhlakul Karimah, which means having a tough integrity personality and being an idol/role model for society. Puchalski in Religion, Medicine, and Spirituality: What We Know, What We Don't Know and What We Do, Religion and spirituality have been associated with medicine and healing for centuries [3]. Likewise, Arnawati [4] in researching the position and role of Ulama from the perspective of the Qur'an, explained that the position and role of the Ulama are essential to study so that people will respect the position of Ulama as the inheritor of the prophet

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and will later replace the Prophet's duties in broadcasting and protecting Islam for encourages Muslims to increase their obedience to Allah SWT. Taking into account the limited human resources (HR), especially health workers, and the wide range of cases of mental disorders that can threaten the productivity of residents in Nisam, North Aceh, and given the number of cases of mental disorders in Aceh which reaches 2.7% of the total population, although not everyone suffers from severe mental disorders, Ulama is human beings who can facilitate the implementation of inter-professional collaboration by paying attention to the domain of cooperation, values , and ethics, communication, and roles in handling ODGJ.

Therefore, in this research, the development of the IPE/C model among health professionals and the role of Ulama both in the community and within the community is important. Collaboration is an inter-professional process in which several professions work together to complete a task or achieve a goal. Furthermore, collaboration is an effective interprofessional process to achieve a goal that cannot be achieved if each profession works alone. Collaboration between doctors and nurses is critical to optimize patient care. Likewise, in the Nisam area, North Aceh already has community mental health services through the Community Mental Health Nursing (CMHN) approach. The team has worked with nurses and doctors (GP+) in treating ODGJ. At NISWA Roemah, Ulama plays an important role in developing community service activities for ODGJ. Starting from the discovery of many ODGJs after the tsunami (which often relapsed), the provision of mental health nursing services in the community (CMHN) became a mainstay in Nisam village. Ulama Tgk Sulaiman facilitates his workshop for every ODGJ rehabilitation activity with the CMHN team, health workers, and cadres. Furthermore, in 2017 he was initiated to turn his house into a NISWA house.

In line with the pandemic situation in Indonesia, which has not yet disappeared with the problem of recurrence of ODGJ which is always at risk of recurrence, as well as the threat of decreased productivity among ODGJ, which impacts their family activities, researchers conducted a study on the influence of Ulama in collaboration in handling cooperation in ODGJ services in the community. This study aimed to analyze Ulama's influence in handling mental health interprofessional collaboration in the community. This research uses a quantitative approach with the case study method.

2 Literature Review

This study implements interventions in every intrapersonal interaction by utilizing collaboration in health services. A good understanding of health by the ulama is essential. Influence of Ulama as a Social Agent Thinker: Clients with mental disorders, or ODGJ, occur due to life problems experienced; increased ability to handle clinical problems; confidence in dealing with ODGJ clients; and the role of health workers as IPC developers. The above is the same as the results of Yusuf's research, where IPE is carried out when more than two health professions work together, exchange knowledge with other health professions, and then together seriously study the roles, duties, and responsibilities to achieve increased interprofessional collaboration (IPC) capabilities[1].

An ODGJ needs a psycho-religious approach to the IPC management of CMHN. As for its application in Dadang Hawari and Sumantri therapy in ODGJ begins with intention, *muraqabah, muhasabah*, praying, feeling *qalbiyah*, and physical responses (body scan). Mugahada and Mugalaba's efforts to obtain *mukasafa* (spiritual contact) improved after learning self-regulation in mindfulness therapy[2][3].

Dadang Hawari's psychotherapy to demonstrate mental health service practices in collaboration with Ulama using Al-Gazali's spiritual Islamic theory alongside Reeves' IPC theory

3 Theoretical Foundation

3.1 Ulama

Ulama in general more determined by the scientific professionalism they have. Ulama perform Din Science, Fiqh, Hadith Science, Kalam Science, Ilmul Rijaal, and many other sub-specialties and superhumanities. Their duties continue throughout their lives as they guide Muslims in all matters of *din* and complex issues in society. Islamic civilization *(tammaddun)* is entering a period of re-establishment by trying to find and adjust the concept of Islamic civilization as it should be. Going back for a moment to the past, the development and civilization of Islam were developed in the spirit of revelation with Arab culture because the primary movers were the Arabs. Then entered the "ajam" elements such as Persia, Turkey, and Europe (central Asian regions such as the Balkans). How far has the application of Islam in everyday life progressed, and how capable is the science of discussing religious beliefs (Islam) with logical evidence?[4]

In the Muslim world, the role of the ulama varies in nature and strength from one condition to another, with the Kechichian developing a paradigm or general rule, especially in the case of Saudi Arabia. PAIMAN (Pakistan Initiative for Mothers and Newborns): This project has been designed to reduce the maternal mortality rate and infant and child mortality and improve family planning practices through promoting positive behavior, providing skilled health services, and improving health infrastructure. PAIMAN's philosophy is all about nurturing teamwork and forging partnerships. The initiative of the Ulama is carried out in the same spirit, and intervention is used as long as the Ulama gives da'wah, both during obligatory prayers and/or Friday prayers[5].

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3.2 Interprofessional Collaboration

Collaboration in the framework for Action on Interprofessional Education & Collaborative Practice, WHO describes IPE/C has the potential to make many uses for elements including

teamwork, namely the ability of a leader and its members, to recognize problems during teamwork; roles and responsibilities, namely understanding the roles, responsibilities, and expertise, as well as several elements of other health workers; communication includes putting forward the ideas of capable team members, paying attention to them; learning and critical reflection are found in the main reflection on self-correlation in the team, shifting IPE/C to organize activities; correlation with Client, acknowledgment needed[1].

IPC and Ulama explained that the IPC that has been implemented since the beginning of health education emphasizes the pillars of communication, roles, norms/ethics, and cooperation, of course, upholds collaboration from the beginning of scientific strengthening to synergy collaboration in services provided to the community.

The dominance of health services provided to clients/ODGJ has legal protection for rights and obligations that need to be obeyed as stated. In line with these strengths, Religion and Spirituality contribute and have essential elements in strengthening the health status of the community, and this condition has also been proven by several researchers. Therefore, in this study, a critical study was carried out on the influence of Ulama on IPC through a CMHN case study on mental health management[2].

3.3 Clients with mental disorders (ODGJ)

Religious/Community leaders have made efforts to strengthen ODGJ through good communication and by instilling spiritual beliefs in ODGJ. And initiated by Ulama Dayah in Nisam, the NISWA house started its activities at Ulama Tj. Solomon. NISWA is located at Geuchik Gp. Menasha Meucat which is a fostered area of the North Aceh Health Center has an area of 241.47 km2, a population of 19,952 people, 29 villages and of which have become 14mentallyl healthy villages/DSSJ, 2 Mental Health Trained Nurses (CMHN), 2 GP+ (Doctors) Keswa+), 53 Mental Health Cadres (KKJ), has 175 ODGJ and 129 Independent ODGJ[3].

Stigma against People with Mental Disorders remains inherent in society. Suryani explained that mild mental disorders include anxiety, depression, psychosomatic, and violence, while those included in severe mental disorders such as schizophrenia, manic depression,n, and other psychotic disorders. Mental disorders are characterized by maladaptive responses to stressors from the internal and external environment within themselves, which can be shown by thoughts, behaviors, and feelings that are contrary to local culture and norms and affect the physical, professional, and social functioning of ODGJ. It is not easy to determine the etiology of mental disorders, because it is multifactorial that can cause mental disorders[4].

Limitations as a benchmark for identifying people affected by mental disorders, until now, have not been determined. The causes of mental disorders are poverty, economic difficulties, low education,n, and unemployment. Thus the handlers of ODGJ need integrated treatment, continuously and constantly monitored by health workers and cadres who are in the ODGJ environment, and the entire IPC team should have the same basic capabilities, namely by upholding 4 pillars, namely norms/values, ethics, cooperation, and therapeutic ability[5].

4 Research Methods

This study provides treatment for the Ulama and Team of Health Workers involved, starting from needs or problems with the increasing recurrence rate of ODGJ which requires solutions based on the Interprofessional Education/Collaboration theoretical framework that can carry out

services more efficiently and well at providing community mental health services. The method in this study was carried out through steps that were carried out systematically and owned by the researcher to collect valid and relevant information or data needed. This research method was carried out by conducting R/D research and development research to create novelty, namely the Interprofessional Collaboration with Ulama (IPC-U) model, and testing the effectiveness of developing the IPC-U model. And the approach to carrying out this research was by way of literature study and field research with a quantitative design used during research and data/information collection, training planning and coordination of the CMHN team, drafting the development of the IPC model to IPC-U, initial trials of the initial model development, revision of the IPC-U model, the trial of the IPC-U model in the NISWA community, IPCU-U intervention with ODGJ with the CMHN team, up to evaluation and follow-up, operational revision of the model and implementation of results, field trials to NISWA with ODGJ, final revision The IPC-U model, and socialization and implementation was carried out with the Expert Team, CMHN team, Ulama/Mr. Geucik, and Mental Health Cadres, to find out the influence of the collaboration of the clergy on implementing CMHN service cooperation for ODGJ.

Data were collected from October 2019 to June 2022 at the Mental Health Center (NISWA) - North Aceh. Furthermore, this series of data collection was facilitated by Ns Nurlina Kusuma, SKep. with the NISWA Cadre Tea, the North Aceh Community Mental Health Nurse Team, the Aceh Indonesian National Association, and the North Aceh Community Health Center Team. The research was submitted through the management of NISWA and Advisors from SPS UIN Syarif Hidayatullah Jakarta (Islamic Health and Medical Ethics) with an ethical approach to Islamic Studies and the format of the Council for International Organizations of Medical Sciences (CIOMS)-WHO, (2016) and Decree of the Director of SPS UIN Syarif Hidayatullah Jakarta Number 167 of 2020.

5 Result and Discussions

This research was conducted in Nisam Aceh Utara, Lhokseumawe, and Banda Aceh. With 15 respondents in the intervention group (in the NISWA environment) and 22 respondents in the non-intervention group (in Banda Aceh). Respondents' professions are Ulama, Doctor, Nurse, Sanitarian, Extension Officer (PROMKES), Midwife, Health Cadres, and Village Head (Geucik).

NISWA has a motto: "serve wholeheartedly." Rumoeh (house) NISWA is a place for ODGJ to produce works. NISWA was built with the motto of serving wholeheartedly and has a vision of "Realization of Excellent Service Towards a Healthy and Independent Nisam Society in 2022" and missions, including; improving the quality of human resources, increasing access and affordability of the community to health services, providing excellent service, and increasing cross-sector cooperation[3].

Research analysis was conducted by comparing the three main things being compared, regarding the development of mental health management, the novelty of CMHN Nurses to prevent relapse of ODGJ, and several anticipatory conditions. Further research analysis will determine whether there is an influence of Ulama on the Interprofessional Collaboration Management of services to ODGJ.

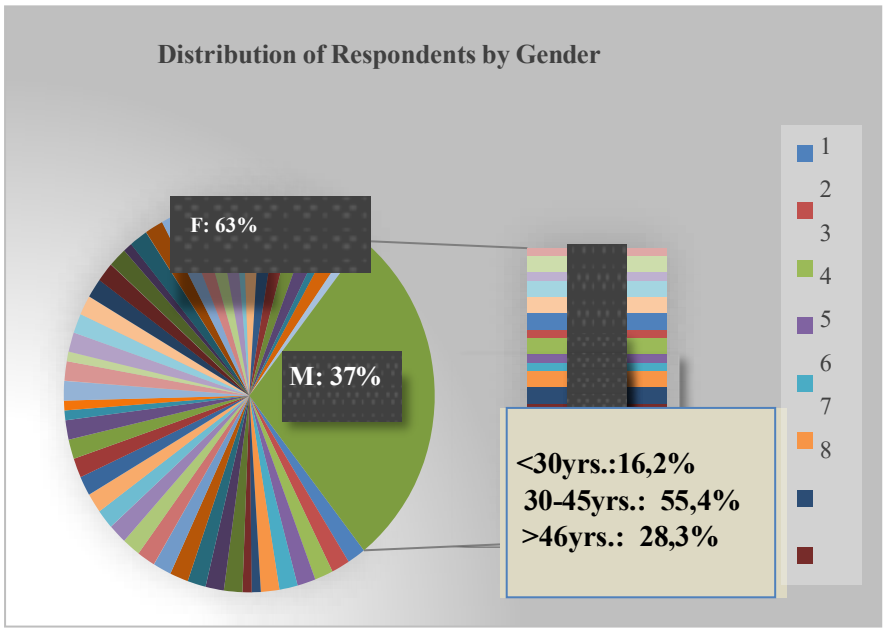

Fig. 1. Distribution of respondents by gender.

*F: Female, M: Male, YRS: Years

From the distribution of characteristics, the average age of the respondents was 41 years in the Non-Intervention group and 38 years in the Intervention group. The average length of time respondents was involved in NISWA, mostly > 6 years, namely 48.65%, and p-value <0.05 in the knowledge assessment, which was 0.024, indicating that in addition to the average productive age of respondents, knowledge about collaboration in mental health care services owned by collaboration teams, doctors, scholars, nurses, cadres, village officials, and other health workers have a significant influence on the intervention and non-intervention groups.

Inter-Professional Collaboration (IPC) is a condition in which various health professionals collaborate with patients, patient families, communities, and other health professionals to provide the best quality health services. IPC in health care services is when there is an interaction between health workers with different professional backgrounds to provide comprehensive services by working together to provide effective patient-centered services. It can support Ulama in partnering or partnerships to create an effective collaborating team.
Ulama is a person or group of individuals who have expertise in the field of science, especially science related to Islam. One of the verses that explain that Allah SWT will elevate the degree of those who believe and have knowledge is found in the Qur'an, Surah Al-Mujlah (58:11).

The position of the ulama in the Nisam Aceh Utara community structure occupies an important and strategic position in the policy-making process related to religious and social issues. The existence of ulama in Aceh, especially in Nisam, North Aceh, is part of a long historical process. The same applies to collaboration in the implementation of interventions for ODGJ. The whole team always prepares both the ODGJ implementation strategy and reviews the progress of their inventions that have been carried out, including knowledge of the ODGJ communication implementation strategy. The Ulama intervened through the Religion and

Health approach, and the Health Workforce Team intervened according to the competence of the 2014 Indonesian Health Manpower Act. However, together the IPC Team and Ulama knew each other's duties, functions, and professional authorities were present together in one place and conducted pre-interaction by deepening the Interprofessional Collaboration module.

Islam teaches how to live in harmony with others as stated in the Qur'an:

"And seek (reward) the land of the Hereafter with what Allah has bestowed upon you, but do not forget your share in the world and do good (to others) as Allah has done good to you, and do not do mischief on earth. Indeed, Allah does not love those who do mischief." (QS Al-Qasas: 77)

Muslim scholars including Avicenna (known in the West as Avicenna for the founder of Modern Medicine), reject the concept and view mental disorders as conditions based on physiology. This led to the establishment of the first asylum in Baghdad, Iraq in 705 BC by al-Razi (one of the most excellent Islamic doctors). It was the world's first psychiatric hospital. Islamic counseling is similar to Western counseling in that clients seek help from suitably qualified persons to deal with their psychological problems, is effectively obtained from a religious leader. The primary role of the religious leader is to provide advice that will conform to the principles of the Quran and the teachings of the Prophet Muhammad. Usually, a Muslim approaches a religious leader for counseling on social, mental health, and marital and family issues.

This form of counseling has proven effective in increasing marital adjustment in incompatible couples. Another model of Islamic counseling is traditional medicine, here in the form of 'smart people' or religious leaders who practice various rituals to heal clients. This model describes illness or personal problems as possession by spirits (jinn). The solution to healing is to expel the spirit, through reading the Koran, praying, playing music, dancing, and various other ways to expel the spirit from client's body, freeing the person from suffering. Furthermore, evidence suggests that traditional Islamic medicine primarily treats neurotic symptoms.

Sufism is the third model of Islamic counseling, where trained Sufi experts (syekhs) guide people to the path of Allah SWT. This began with the need for people to show the way to God and humanity and demonstrate a commitment to act according to the guidance of religious leaders. In his interaction with the Sufi, this person expresses himself to the Sufi teacher who then directs the individual to the goal of detachment from the world and into the presence of Allah. This is usually done through daily Islamic prayers and worship with continuous prayers of prayers and the names of Allah for remembrance. Sufism can have beneficial therapeutic results. Even those experts who disagree with traditional counseling for Muslim clients often regard Sufism as the basis of the original counseling model in Islam.

Furthermore, Community Mental Health Nursing/CMHN is a comprehensive, holistic, and complete nursing service focusing on people who are mentally healthy, vulnerable to stress, and in the recovery and prevention stages of relapse. Nurses work together with clients, families, and other health/professional teams in taking action against ODGJ.

Table 1. The average difference after the intervention in the value of knowledge, attitudes, skills, spiritual beliefs, communication patterns, and collaboration in the intervention and non-intervention groups (Scale 100)

Table 1. Before and after intervention

Variable	Group	n	Average	Sd	p-Value
Knowledge	Non-Intervention	22	80.00	19.52	0.024*

	Intervention	15	65.33	15.98	
Attitude	Non-Intervention	22	88.48	13.52	0.511
	Intervention	15	84.89	16.99	
Skills	Non-Intervention	22	85.27	10.13	0.435
	Intervention	15	82.67	10.22	
Spiritual Faith	Non-Intervention	22	90.45	10.76	0.262
	Intervention	15	87.83	9.44	
Communication pattern	Non-Intervention	22	79.74	9.89	0.891
	Intervention	15	78.74	7.70	
Collaboration	Non-Intervention	22	78.03	7.10	0.383
	Intervention	15	75.78	8.31	

From table 1. it was found that after the intervention, the average values of knowledge, attitudes, skills, spiritual beliefs, and collaboration were higher in the non-intervention group than in the intervention group. While the intervention and non-intervention, groups have an average value of almost the same communication pattern. Statistical test results test showed that after the intervention, there was a difference in the average knowledge of the non-intervention group and the intervention group (p-value<0.05). Meanwhile, there is no difference in the values of attitudes, skills, spiritual beliefs, communication patterns, and organizational collaboration in the non-intervention group and the intervention group after the intervention.

Overall all respondents work together, help think positively about other people professionally, NISWA group learning is successful, respondents in group members trust and respect each other, teamwork skills are essential for all PLWHA/Clients, and learning together will help all respondents to understand the limitations among respondents.

Coordination, cooperation, and communication between participants involved in NISWA to achieve common goals have always been maintained since the beginning of planning with Ulama Teuku at Niswa and CMHN Nurses in the North Aceh work area and the Health Team, including Health Cadres. These synergy activities have been carried out since awarding contracts for case study implementation activities, when informed consent, protection of the rights, and obligations of respondents following the research and cultural code of ethics of Nisam North Aceh.

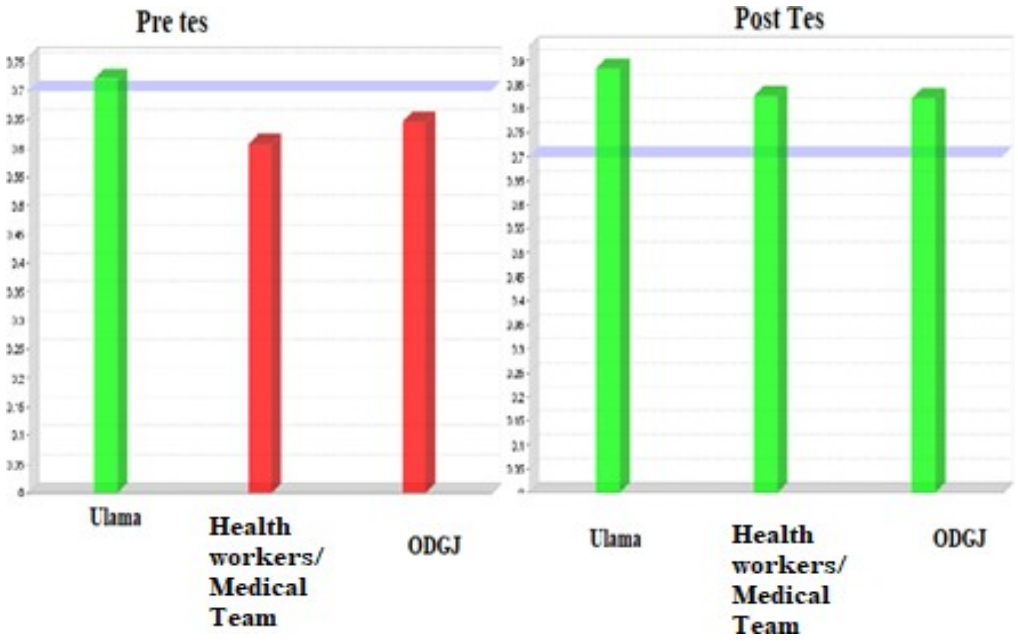

Fig. 2. Result of pre and post-test

From the results of the bar chart about the pre and post-tests, it was found that there was an increase in knowledge, communication, values/ethics, and the role of each profession which had a P-value > 0.005 and showed that Ulama, Medicine/Health Personnel (Doctors, Nurses, Midwives, Health Environment, Health Promotion, Rehabilitation). They have significantly increased their abilities. Likewise, when ODGJs were assessed, their perspective on IPC-U treatment was improved, especially their ability to accept integrated interventions. it can be concluded that there is an influence of Ulama in IPC-Ulama at NISWA, especially in the knowledge aspect.

The community Mental Health Nursing Model/CMHN applied in this study is the main task and function of the team of health workers in providing services to ODGJ at NISWA. The definition of CMHN linked to the reform of mental health care systems differs between European and other countries, and cross-country comparisons of community mental health care are often complicated. This can be seen in the statistics that describe the number of nurses working in mental health management ([5], [7]; [8]; [9]). Therefore CMHN is one of the professional services of nurses who have been trained in the handling of mental health nursing in the community, which has training levels from basic, intermediate, and advanced. Furthermore, as a whole, CMHN is carried out in an integrated manner by the national CMHN team and in multi-level collaborations in several provinces throughout the region.

In line with the exposure above, Leathard explained that interprofessional collaboration is highly expected and is part of facilitated professional practice, both managers and practitioners, to meet the need to perfect the skills needed in service[10]. The further development of these competencies can become an integral part of continuing professional education for all concerned members of the profession, including their managerial colleagues.

The purpose of implementing IPC is not only to build partnerships but also to encourage the development of formal and non-formal scientific vehicles based on joint case handling.

Apart from that, IPC also contributes to supporting the realization of Client comfort, safety, and satisfaction as a service target that has interpersonal relationships by building interdependence relationships. The IPC implementation process starts with one population, then health care professionals, medical personnel, and teams involved in the delivery of health services and care Clients carry out plans, and arrangements, namely primary, secondary, and tertiary care arrangements in the community[8]. Evaluation of the application of the interprofessional model can be limited except for significant assessments from the field of education to continuous interprofessional application.

The Framework for Action on Interprofessional Collaborative Practice [1], [7] describes IPE/C as having the potential to make many uses of elements including team work, namely the ability as a leader and its members, to recognize problems when team work; roles and responsibilities, namely understanding the roles, responsibilities and expertise, as well as several elements of other health workers; communication includes presenting the ideas of capable team members, paying attention to them; learning and critical reflection are in the primary reflection on self-correlation within the team, shifting IPE/C to organize activities; correlation with ODGJ, recognition needed by ODGJ including cooperation for the Client's top priority, making the participation of ODGJ, family, caregivers/cadres and the community play a role as partners during nursing services; ethical practice includes self-mastery of health workers over other people, stating that every health worker has a similar, legal and primary approach [1] And this competency is also owned by a Ulama, namely being a role model, having universal communication skills with a religious approach.

In 2018, ODGJ reached 106 people, and ODMK (People With Mental Health Problems) reached 67 people, requiring coordinated severe treatment. Therefore, NISWA was established with the initial support of several experts such as (social workers, health promotion, rehabilitation, agriculture, local government officials, and provincial services) and especially Ulama, who made their house a starting place for meetings, including ODGJ capacity training[10]. Where Aceh has the basis of Islamic Sharia in implementing its daily life.

The collaboration carried out in this study is a working relationship between health workers-ulama within a framework of the IPC-U model when providing services to patients/clients in discussions about health problems, cooperation in health services, mutual consultation or communication, collaboration, and each other. Each is responsible for the scope of work, including the suitability of their respective roles.

The collaboration includes exchanging views or ideas that provide perspective to all collaborators, whatever the form and place. Collaboration is a group process that requires the intentional sharing of knowledge and shared responsibility for caring for patients/clients/ODGJ[11].

PAIMAN (Pakistan Initiative for Mothers and Newborns) in 2010 has developed a community-based approach that provides continuous care to mothers and children through supportive relationships from home health care to hospital-based care. PAIMAN implements a religious approach to reduce newborn mortality and improve mother's health. The results of this study strengthened the IPC-U model which resulted in the development of the interprofessional collaboration model, which has been echoed by WHO since 2002 and by Toronto 2010, the results of the model trial phase produced an effect of the treatment of Ulama using the development of the Interprofessional Collaboration of Ulama / IPC- u The Framework for Action on Interprofessional Practice and Interprofessional Collaboration in Healthcare Professionals can provide policy makers with ideas about how to implement interprofessional collaboration and collaborative practice in CMHN services.

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The Framework for Action on Interprofessional Practice and Interprofessional Collaboration in Healthcare Professionals can provide policymakers with ideas about how to implement interprofessional collaboration and collaborative practice in CMHN services. This condition was found up to the field trial stage with CMHN intervention, including the Dissemination and Implementation of IPC-U at NISWA, North Aceh, which produced Ulama influencing the Implementation of IPC-U model development in CMHN services at NISWA, Ulama influential and significant for CMHN (Nt = 1.969 > 1.96) and scholars have a positive and significant effect on IPC (t value = 12.213 > 1.96). This condition means that with the synergy of the clergy: the higher the IPC, the higher the CMHN, and vice versa. This condition is also strengthened because an Ulama has a lot of knowledge apart from religious knowledge, among other things, making himself a role model with optimal physical, intellectual, emotional, and religious harmonization.

6 Conclusion

In Kechichian (1986): “The Role of The Ulama in The Case of Saudi Arabia” [12][13], the role of the Ulama varies in nature and strength from one condition to another in the Muslim world.

This study proves that Ulama affects collaboration services with the Health Team for ODGJ. Their role is seen from increasing knowledge, communication, values/ethics, and the role of each profession involved in finding a P-value > 0.005. Therefore, it is essential to involve ulama in community activities, especially in collaborative activities with ODGJ to reduce the incidence of relapse. Therefore, it is hoped that future research can complement the analytical knowledge and sharpness of the role of ulama as social leaders who have a distinctive socio-cultural and spiritual economy, in particular having more religious approaches, both mindful of Tazkiyatun Nafs and a Health approach according to their professional competence. In addition, it is hoped that the results of this research will enrich the vehicle for Islamic scientific studies.

Collaboration and cooperation between health professionals in the community need to be encouraged more optimally with the involvement of all existing elements. As stipulated in the Law on Health Personnel No.36 of 2014 that the implementation of health efforts by health workers who are responsible, who have high moral ethics, expertise, and authority by continuously improving continuing education and training with coaching, supervision, monitoring and fulfilling a sense of justice and humanity.

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