

Innovation of PATUH SEHAT Service as a Palliative Care Service Program at Jember Pulmonary Hospital

Inovasi Layanan PATUH SEHAT sebagai Program Layanan Perawatan Paliatif di Rumah Sakit Paru Jember

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Abstract:

Advances in treatment have led to longer survival and an increase in the number of women living with metastatic breast cancer (MBC) in the United States. In palliative care, symptoms are multiple and combined, evolving and changing, with multidimensional character and multifactorial causes, and high prevalence, negatively impacting the quality of life of patients and their families. Nurses providing palliative care need to recognize and respond effectively to their patients' symptoms, integrate systematic care plans with technology systems and apply them to the care of patients with chronic obstructive pulmonary disease (COPD) and respiratory failure and explore a continuous care model based on modern technology to improve the quality of life of COPD and respiratory failure aimed at alleviating COPD symptoms, reducing the number of acute episodes of COPD and improving the quality of life of patients. One hundred patients with COPD and respiratory failure who were treated in the respiratory medicine department of a territorial hospital were selected and categorized into control and experimental groups. Audit and feedback tools. Practical application using the Joanna Briggs Institute Clinical Evidence System (JBI PACES) and Getting Research into Practice (GRiP). Nurses were given a pre-test, exposed to socialization materials and given a post-test. From 9 nurses in the room who implemented the material, it can improve the practice of the nursing team in monitoring and managing symptoms of palliative care patients, so that it has a positive impact on the quality of life of patients and their families. The criteria for change are sig values ≤ 0.05 , while if sig > 0.05 then there is no difference in the values observed after implementation. Validated is an indicator of the quality of physical aspects of care which is part of the process indicators in palliative care. The creation of SOPs, discharge planning and online-based innovations can improve understanding of palliative care, service modification with PATUH for patients and SEHAT for nurses with the formation of the Si MANIS g-form, barcode with MANISAN, nurse assessment with online media g-form and socialization, are promotive, preventive, curative and rehabilitative efforts.

Keywords: palliative care; palliative SOP; pulmonary hospital; innovation

Abstrak:

Kemajuan dalam pengobatan telah menyebabkan kelangsungan hidup yang lebih lama dan peningkatan jumlah wanita yang hidup dengan kanker payudara metastasis (MBC) di Amerika Serikat. Dalam perawatan paliatif, gejala-gejala yang muncul bersifat majemuk dan gabungan, berkembang dan berubah, dengan karakter multidimensi dan penyebab multifaktorial, serta prevalensi yang tinggi, sehingga berdampak negatif pada kualitas hidup pasien dan keluarganya. Perawat yang memberikan perawatan paliatif perlu mengenali dan merespons secara efektif terhadap gejala pasien mereka, mengintegrasikan rencana perawatan yang sistematis dengan sistem teknologi dan menerapkannya pada perawatan pasien dengan penyakit paru obstruktif kronik (PPOK) dan gagal napas serta mengeksplorasi model perawatan berkelanjutan berdasarkan teknologi modern untuk meningkatkan kualitas hidup PPOK dan gagal napas yang bertujuan untuk mengurangi gejala PPOK, mengurangi jumlah episode akut PPOK, dan meningkatkan kualitas hidup pasien. Seratus pasien dengan PPOK dan gagal napas yang dirawat di bagian pengobatan pernapasan di rumah sakit teritorial dipilih dan dikategorikan ke dalam kelompok kontrol dan eksperimen. Metode: Alat audit dan umpan balik. Aplikasi praktis menggunakan Sistem Bukti Klinis Joanna Briggs Institute (JBI PACES) dan Getting Research into Practice (GRiP). Para perawat diberikan pre-test, terpapar materi sosialisasi dan diberikan post-test. Dari 9 perawat di ruangan yang mengimplementasikan materi tersebut, dapat meningkatkan praktik tim keperawatan dalam memonitor dan mengelola gejala pasien perawatan paliatif, sehingga memberikan dampak positif terhadap kualitas hidup pasien dan keluarganya. Kriteria perubahan adalah nilai sig $\leq 0,05$, sedangkan jika sig $> 0,05$ maka tidak ada perbedaan nilai yang diamati setelah implementasi. yang divalidasi adalah indikator kualitas aspek fisik perawatan yang merupakan

bagian dari indikator proses dalam perawatan paliatif. Kesimpulan: Pembuatan SOP, discharge planning dan inovasi berbasis online dapat meningkatkan pemahaman tentang perawatan paliatif, modifikasi pelayanan dengan PATUH untuk pasien dan SEHAT untuk perawat dengan terbentuknya g-form Si MANIS, barcode dengan MANISAN, pengkajian perawat dengan media online g-form dan sosialisasi, merupakan upaya promotif, preventif, kuratif dan rehabilitatif.

Kata Kunci: perawatan paliatif; SOP paliatif; rumah sakit paru; inovasi

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INTRODUCTION

The World Health Organization officially recognized palliative care in 1990 as a specialty dedicated to alleviating suffering and improving the quality of life of patients with serious illnesses. The dominant types of diseases are four: cardiovascular diseases (including heart disease and stroke; 17.9 million deaths per year), cancer (9.3 million deaths per year), chronic respiratory diseases (including chronic obstructive pulmonary disease and bronchial asthma; 4.1 million deaths per year), and diabetes mellitus (2.0 million deaths per year) (Arifin et al., 2022). Palliative care is known as chronic or lifestyle-related diseases, not transmitted from person to person (Tambi & Ermayani, 2024). Palliative care is a disease with a long duration and slow progression. The four main types of non-communicable diseases are cardiovascular diseases (such as heart attacks and strokes), cancer, chronic respiratory diseases (such as chronic pulmonary disease and asthma), and diabetes (Ariyanti et al., 2024).

Palliative care has become a strategic issue in the 2030 SDGs agenda so that it has become a development priority in every country, including Indonesia, which is driven through various efforts, ranging from promotive, preventive, curative to rehabilitative efforts (Maliangkay et al., 2023). One is the Jember Pulmonary Hospital, which has begun to be introduced to palliative care and services with socialization efforts as an initial stage. Palliative care begins with building a commitment with the leadership of the Jember Pulmonary Hospital or stakeholders along with health workers involved in palliative care to ensure the sustainability of palliative care services carried out at the Jember Pulmonary Hospital as a superior hospital service. In accordance with the Decree of the Minister of Health, the Jember Pulmonary Hospital has received the Decree of the Minister of Health Number 812/MENKES/SK/VII/2007 concerning palliative care.

Management is the process of planning, organizing, directing, and supervising the efforts of members of the organization and the use of other organizational cultures in order to achieve the goals of the organization that have been set (Sidabutar et al., 2023; Afandi et al., 2023). Management is the science and art of utilizing resources effectively and efficiently (Imam et al., 2024; Kurniyawan et al., 2024). In palliative care efforts, the government has established policies, from improving quality, facilities, and infrastructure, ongoing and certified training to monitoring and evaluation in the

field (Dewi et al., 2023). Based on an initial survey at the Jember Pulmonary Hospital, the achievement of palliative figures for chronic disease cases in 2023 who were hospitalized was 600 patients or 87.2%, but patient satisfaction figures were in the bottom 4 compared to other satisfaction.

The ongoing implementation stages are expected to increase efforts to visit and develop pulmonary hospital services, starting from promotive, preventive, curative, rehabilitative, and teaching a healthy lifestyle, helping to provide psychosocial support to hypertension sufferers and their families (Minna, 2024). Based on this problem, it is necessary to innovate the Practical Application of Evidence Systems and Getting Research into Practice to increase the achievement of satisfaction rates and hospital visit rates. These stages include socialization, g-form, socialization and providing feedback and post-tests; posters, Barcodes, and X-Banners can increase the number of visits and improve the quality of palliative services by involving various efforts, starting from promotive, preventive, curative, and rehabilitative (Adriana, 2022).

IMPLEMENTATION METHOD

This study implements palliative care activities at the Jember Pulmonary Hospital related to palliative diseases by conducting online and offline assessments of nurses in the Tulip Room of the Pulmonary Hospital with a sample of 9 nurses. The activities carried out include: 1) Palliative SOP 2) Discharge Planning Palliative care, 3) Filling out the g-form (online), 4) palliative care leaflets and their stages, 5) re-education related to palliative care services in a bio, psycho, socio, spiritual manner as a promotive, preventive, curative, rehabilitative effort 6) innovation in the form of posters, X-Banners, MANISAN Barcodes containing all information related to palliative care, and the abbreviation PATUH for patients and SEHAT for nurses in providing education, with PATRANG.

Table 1. Summary of previous research

No	Author (Year)	Purpose of the study	Methods (Design, Subjects, Variables, Instruments, and Analysis)	Result
1	Adriana, C. (2022). Monitoring and Management of the Palliative Care Patient Symptoms: A Best Practice Implementation Project.	Improve the nursing team's practice in monitoring and managing symptoms of palliative care patients, thus having a positive impact on the quality of life of patients and their families. The implementation and socialization of this project can increase its replication	D: Cross-sectional S: 26 palliative care nurses V: nurses implemented with joanna briggs institute (JBI PACES) I: JBI questionnaire based on Getting Research into Practice (GRiP)	This project was conducted for 3 months by understanding the barriers that cause gaps between current practices by seeking best practices found during the baseline audit. In addition, in this phase, the team designed a strategy to promote best practices through group

No	Author (Year)	Purpose of the study	Methods (Design, Subjects, Variables, Instruments, and Analysis)	Result
			A: Analysis by promoting evidence-based health services involving three phases of activity. First, baseline audit. Second, feedback. Third, follow-up audit.	meetings/socialization. This treatment will improve the nursing team's practice in monitoring and managing symptoms of palliative care patients, thus having a positive impact on the quality of life of patients and their families. The implementation and socialization of this project can improve the quality of nursing services.
2	Arifin, H., Chou, K.-R.(2022). Analysis of Modifiable, Non-Modifiable, and Physiological Risk Factors of Non-Communicable Diseases in Indonesia: Evidence from the 2018 Indonesian Basic Health Research. <i>Journal of Multidisciplinary Healthcare</i> ,	Assessing modifiable, non-modifiable, and physiological risk factors for Palliative Care in the Indonesian community	D: Cross-sectional study S: 514,351 respondents V: Education level I: logistic regression, observation A: correlation analysis was conducted to evaluate almost 10% of respondents in Indonesia suffer from NCDs and education level has a higher odd contribution	This project was conducted for 1 month with the results: no education 92.5%, passive smokers 62.6% living in urban areas 95%, Grilled food 86.7%, female gender 49%, male 51%, obese 95%, Clean water source 11.65%, Age 15-54 years 100%
3	Minna Hokka. (2024). Core Palliative Care Competencies for Undergraduate Nursing Education: International Multisite Research Using Online Nominal Group Technique	To list and evaluate the core competencies of palliative care that European nurses need to achieve in their education to provide palliative care. Methods: Nominal Group Technique (NGT) was used as the data collection method. NGT meetings were held in four European countries. A target group of palliative care professionals with diverse contextual and professional backgrounds participated in the NGT.	D: Collecting data using Nominal Group Technique (NGT) with cross-sectional method S: 35 consisting of Doctors, Nurses, Educators, Psychologists, Social Workers, Spiritual Counselors, Research Assistants V: Evidence-based competencies (NGT) with a collaborative approach between doctors and nurses, and active involvement	This study was conducted for 35 hours with the credibility of this study was strengthened by reporting in detail the process of sampling, data collection, and analysis. The clarity of the research questions and the NGT process had been tested previously. The EAP survey showed that self-care and self-reflection are important components in palliative care education. Therefore, all nurses should be equipped with knowledge about self-care, how to increase

No	Author (Year)	Purpose of the study	Methods (Design, Subjects, Variables, Instruments, and Analysis)	Result
			with patients and families. I: NGT meeting research questions and size and composition of the NGT group using Mentimeter as a versatile interactive presentation and polling tool, the top 10 ideas were selected from the participants. A: analytical "Competencies in the characteristics of palliative care" includes aspects such as the philosophy and goals of palliative care	self-awareness and ongoing competence
4	Davis, M. M., (2019). Clinical Workflows and the Associated Tasks and Behaviors to Support Delivery of Integrated Behavioral Health and Primary Care. <i>The Journal of Ambulatory Care Management</i> , 57	Integrating primary care and behavioral health is a critical focus of health systems transformation. .	D: Comparative analysis of 19 workers S :19 workers in the US V : Workers guided by scripts I :SOP for clinical care work. A : Interview	The results of the study showed that all practitioners use Electronic Medical Record. Staff perform tasks guided by, protocols, based on ERM, by integrating online systems as a form of health transformation.
5	Moya-Salazar, J., (2023). Assessing empathy in healthcare services: a systematic review of South American healthcare workers' and patients' perceptions. <i>Frontiers in Psychiatry</i> , 14, 1249620. https://doi.org/10.3389/fpsy.2023.1249620	Empathy in healthcare refers to the ability of healthcare workers (HCWs) to put themselves in the patient's shoes, which is necessary to ensure a good doctor-patient relationship and provide quality care.	D: Systematic Review S: 15 databases (PubMed, Scopus, Web of Science, EMBASE, Scielo, PsycInfo, ScienDirect, Latindex, and LILACS) V: patient documents conducted studies focusing on empathy self-evaluation, four studies relied on the Jefferson Empathy Scale for Medical Professionals (JSE-HP)	Empathy in health care delivery shows variation influenced by a variety of factors, including evaluator, health care specialty, and choice of assessment tool. In particular, both health care professionals and patients the influence of empathy on good professional-patient relationships, is important for providing psychological support to professionals - patients

No	Author (Year)	Purpose of the study	Methods (Design, Subjects, Variables, Instruments, and Analysis)	Result
			I: CARE-Q (Caring Assessment Instrument A: Questionnaire	

RESULT AND DISCUSSION

The results of the 2023 report belonging to the Pulmonary Hospital have not met the target due to the low level of satisfaction with the quality of service, lack of education regarding the importance of care, especially palliative care, and routine check-ups to the Pulmonary Hospital regarding the importance of routine check-ups for Palliative patients due to various factors including: 1) Predisposing factors (Age, gender, economy, occupation) 2) Enabling factors (distance of health facilities, transportation, health insurance factors) 3) Reinforcing factors (support from friends, family support, support from health workers, support from community leaders). So, to achieve the target of 100%, promotive, preventive, curative, and rehabilitative efforts need to be carried out every 1 month by filling out the g-form before and after the action or innovation to improve the provision of education regarding complaints and diseases at the Jember Pulmonary Hospital.

Table 2. Analysis of Pre-test and Post-test Values

Label	N	Min	Max	Standard Deviation
Pre-test	9	40	90	1.802200217
Post-test	9	80	100	17.6528741

Wilcoxon test will be used to see the improvement after socialization of time management. The criteria for change is when the sig value ≤ 0.05 , while if sig > 0.05 , there is no difference in the value observed after the intervention. Based on the results of the Wilcoxon test, the pre-test and post-test values produced a Z value of -1.802 and a sig value of 0.110, indicating that there was a significant increase after socialization, there was an increase in nurses' knowledge of palliative care services and time management.


 FAKULTAS KEPERAWATAN UNIVERSITAS JEMBER	JUDUL SOP:		
	PERAWATAN PALIATIF		
PROSEDUR TETAP	NO DOKUMEN:	NO REVISI	HALAMAN
PENGERTIAN	TGL TERBIT:	DITETAPKAN OLEH:	
		Perawatan yang diberikan pada pasien dengan penyakit yang tidak mungkin disembuhkan atau dalam tahap terminal (kanker stadium lanjut, SOPD, kegagalan organ, penyakit <u>syaraf</u> stadium lanjut, kelainan <u>metabolisme</u> stadium lanjut, dan HIV/AIDS) yang merupakan <u>respon</u> terhadap masalah <u>bio-psiko-sosial</u> dan spiritual sehingga dapat memberikan rasa nyaman dan aman bagi pasien.	
TUJUAN		Sebagai acuan penerapan <u>langkah-langkah</u> untuk petugas dalam menangani pasien terminal.	
INDIKASI		1. Pasien dengan penyakit kronis 2. Pasien dengan kegagalan organ 3. Pasien dengan kondisi terminal	
PROSEDUR		1. Asuhan keperawatan yang diberikan menggunakan pendekatan proses keperawatan. a. Pengkajian: Data subjektif dan objektif yang dikumpulkan melalui wawancara diperoleh dari pasien, keluarga dan caregiver. Kesiapan keluarga dan caregiver dalam merawat anggota keluarga yang sakit termasuk fasilitas yang diperlukan di rumah sakit. Pengkajian: Pasien paliatif meliputi pengkajian pemenuhan kebutuhan pasien (bio, <u>psiko</u> , sosio dan spiritual) dan kesiapan keluarga dalam menerima proses <u>kehilangan</u> yang akan terjadi	

Figure 1. SPO of Palliative Care



Discharge Planning

PALLIATIVE CARE



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PENGERTIAN

perawatan dengan pendekatan kesehatan yang bertujuan untuk meningkatkan kualitas hidup pasien dan keluarga dalam menghadapi penyakit yang mengancam jiwa, dengan cara meringankan penderitaan dari rasa sakit melalui identifikasi dini, pengkajian yang sempurna dan penatalaksanaan nyeri serta masalah lainnya baik fisik, psikologis, sosial atau spiritual World Health Organization (WHO), 2016.

TUJUAN

Memberikan perawatan pada pasien dan keluarga yang memiliki penyakit yang tidak dapat disembuhkan dengan cara memaksimalkan kualitas hidup pasien serta mengurangi gejala yang mengganggu, mengurangi nyeri dengan memperhatikan aspek psikologis dan spiritual

MANFAAT

Meningkatkan kualitas harapan hidup pasien beserta dukungan keluarga baik psiko, sosio, sosial, spiritual

KOMPONEN PERENCANAAN PULANG

Perawatan di rumah



obat-obatan yang dihentikan dan obat-obatan yang masih diminum dan dosisnya

Hasil pemeriksaan



Pasien dengan penyakit yang tidak dapat disembuhkan dapat diberikan edukasi dengan melibatkan usaha promotif, preventif, kuratif dan rehabilitatif. Pemberian hasil pemeriksaan penunjang, resume, obat-obatan dan leaflet terkait perawatan paliatif

Figure 2. Leaflet for Discharge Planning

forms.gle
<https://forms.gle/UcxKDE24SFC8hdiz8>
 forms.gle
<https://forms.gle/UcxKDE24SFC8hdiz8>

Figure 3. g-form

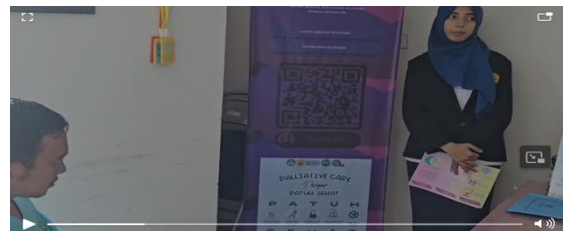


Figure 4. Socialization of Palliative Services



Figure 5. Filling out the g-form after socialization

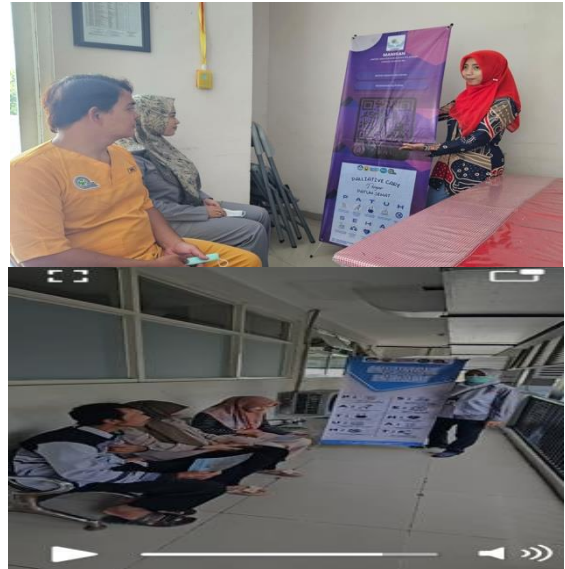


Figure 6. Implementation to Nurses and Patient's Family



Figure 7. Online-based innovation in the form of MANISAN Barcodes, Posters and X-Banners

CONCLUSION AND SUGGESTION

Efforts to increase patient visits at the Pulmonary Hospital, especially in Palliative cases, can be made in various ways and innovations. Matrix MANISAN, g-form Si Manis, and the abbreviation PATUH SEHAT have been successfully formed with the Coordinator of the Head of the Tulip Room and supported by the management of the Jember Pulmonary Hospital. The involvement of various parties, ranging from health workers to non-health workers, as a form of Interprofessional Education and Interprofessional Collaboration efforts to improve services at the Pulmonary Hospital, provide innovations in Pulmonary Hospital services, and improve the quality of service and reduce complaints from patients and families. The importance of involvement of all parties and controlling health workers through online applications in improving healthy lifestyles can improve promotive, preventive, curative, and rehabilitative efforts and improve quality at the Jember Pulmonary Hospital.

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