

# Analysis Disaster Management Training Sis on Readiness of Health Personnel at Ngamprah Puskesmas

Yoki Muchsam<sup>1</sup>, Nur Anisa<sup>1</sup>, Reynaldi Miftah Fauzi<sup>1</sup>, Adisty Pradeviany<sup>1</sup>,  
Octavianus dwi Nugraha<sup>1</sup>, Alida Nur Agustine<sup>1</sup>

<sup>1</sup>Academy of Medical Recorders and Health Informatics (Apikes) Bandung

Email: [Yoki.Muchsam@apikesbandung.ac.id](mailto:Yoki.Muchsam@apikesbandung.ac.id)

## Abstract

Disaster is an event that disturbs normal life. Handling immediately or quickly after the incident is needed to reduce the negative impact of disasters that can cause death or threaten lives. Indonesia is one of the most disaster-prone countries in the world, often and unexpectedly, including earthquakes, tsunamis, landslides, volcanic eruptions, floods and droughts. The purpose of this study is to determine the readiness and training of health workers in dealing with disasters that should suddenly come. This research method using quantitative is one type of research whose specifications are systematic, planned and clearly structured from the beginning to the making of the research design. The effect of training on health performance is to improve the soft skills of health workers in providing quality health services. Health workers require readiness or response under certain conditions to a situation in the event of a disaster. The results of the study on health workers at the Ngamprah Health Center from a total of 30 respondents. That 28 respondents (93.3) have good training in dealing with disasters.

**Keywords:** disaster management, training, preparedness, health workers

## 1. Preliminary

Bencana is opportunities that interfere with ordinary life. Quick or immediate reaction after an event is expected to directly reduce the bad consequences of failure that can cause death or damage lives. Dealing with disasters expect efforts to involve volunteers and the area itself to reduce the dire consequences of disasters (Ambarika 2016).

Indonesia is one of the most disaster-prone countries in the world, with frequent and sudden earthquakes, tsunamis, landslides, volcanic eruptions, floods and droughts. (Susilowati 2019). Indonesia is located above a volcanic belt (volcanoic arc) that extends from the islands of Sumatra, Java, Nusa Tenggara and Sulawesi, which is dominated by active volcanic mountains, and causes 87% of Indonesia's territory to be prone to natural disasters (Putra et al., 2015). The National Disaster Management Agency (BNPB) noted that in 2017 there were 2,862 natural disasters, including floods (34.2%) tornadoes (31%) landslides (29.6%), forest and land fires (3.4%) earthquakes. earth (0.7%) drought (0.6%) high waves (0.4%) and volcanic eruptions (0.1%) (Susilowati, Hadisyatmana, and Susilowati 2019)

According to Law No. 36 of 2014 concerning Health Workers, it is explained that a health worker is any person who devotes himself to the health sector and has knowledge and abilities in the health sector through education, which for some types requires authorization to carry out health activities. Health workers are regulated in a separate law, namely Law Number 36 of 2014 concerning Health Workers. Immediately after the tragedy, health workers at the puskesmas played an important role

in preparing vulnerable groups (Tatuil, Mandagi and Engkeng, 2015). They need to polish their disaster management skills (Susilawati et al. 2019). The effect of training on health performance is to improve the soft skills of health workers in providing quality health services.

Disasters to health workers have been evenly distributed and comprehensive to the readiness to face disasters that suddenly come suddenly. This effort is carried out to increase the work ability of health workers by increasing knowledge and skills and attitudes (Angereni 2019)

Disaster management is defined as a unique effort to complete administrative work in all phases of the executive's disaster (calculation of anticipation, reduction, crisis reaction, and recovery and recreation) by utilizing all available possibilities to secure the best number of individuals, and contain the smallest imaginable number. casualties due to disasters. , as well as working on the capacity of local areas to adapt to the hazards that impose them (Susilowati 2019).

West Bandung Regency as one of the regencies in West Java Province has a high disaster risk; there have been as many as 150 landslides in the area. With a total of 290 incidents, there were 57 fires, 47 tornadoes, 30 landslides, and 6 flash floods. (Supreme 2016). This condition shows how important it is for health workers to receive disaster management training. Training is a short-term educational process that uses a systematic and organized procedure in which non-managerial employees learn technical knowledge and skills for a limited purpose. Indicators of training variables: development of knowledge, skills, abilities, competencies There are also formal/informal training

activities for community facilitators and village volunteers, as well as health workers emphasizing several things: 1. Basic principles of disaster risk reduction are introduced. 2. Disaster risk reduction in the community 3. Education on how to apply basic requirements in emergency situations. 4. Emergency first aid training 5. Disasters and gender 6. Emergency plans and operating standards are being developed. 7. Techniques for emergency management and additional basic materials deemed relevant (Herianto et al., 2015). chooseki good training in handling disaster management. In connection with the above description, it is interested to examine "The Effect of Disaster Management Training on Health Readiness".

## Theory and Hypotheses A) Training

### a) Knowledge

knowledge is effect after knowing and this happens after someone detects an article. Detecting occurs through human detecting, especially sight, sight, smell, feeling and contact. Some human information is obtained through the eyes and ears. Definition of skills Notoatmodjo (2012)

### b) Skills

skills are behaviors acquired through stages of learning, abilities that stem from harsh or irreverent development through sporadic progressive preparation are continually transformed into better developments, through the most common means of planning separation (contrast) and blending (blend) to obtain the necessary abilities for a certain reason Soemarjadi (1992).

### c) Ability

The ability to perform an activity is defined as the power to do it. Abilities can be natural abilities that develop over time, or they can be a consequence of practice and practice.. According to Yusdi "ability is" capacity to achieve something. An individual must be skilled if he is to achieve something he must do." (yusdimilmal 2017)

### B) readiness

bad luckpan is a person's condition in giving an answer or response in terms of certain conditions against something (Mulyani 2013). Thing iThis is very influential on health workers for handling if at any time a disaster occurs.

#### a. Knowledge

Peknowledge or cognitive which is a very important domain for the formation of one's actions. Information is needed as a support to expand one's fear and to empower one's attitude so that it can be said to be very good as an inspiration for one's activities (Notoatmojo, 2007).

#### b. Attitude

MeAccording to Azwar (2009), the definition of attitude is classified into three different types of mental frameworks. First and foremost, attitude is a type of reaction. or evaluation of feelings. In this case, a person's attitude towards a particular object

is partial or impartial. Second, attitude is a readiness to react to a certain object. Third, attitude is a constellation of cognitive, affective and connotative components that interact with each other (Wawan and M, 2010).

### c. Previous practice or experience.

Seth someone knows a motivation or well-being article and then gives an assessment of what he knows, the following system will do or practice what he knows or does (Notoatmojo, 2007).trainingWhat will be discussed here is the experience of the community as prosperous workers in all efforts that are identified with the disasters that have been carried out by the executives before. Experience is perception which is a mixture of sight, smell, hearing and past encounters (notoatmojojdo, 2010).

### 2) Disaster Management

Disaster management is a dynamic, sustainable, and integrated process that aims to improve the quality of disaster observation and analysis, as well as methods of disaster prevention, mitigation, preparedness, and early warning.

handlern emergency, rehabilitation and disaster reconstruction. (Law 24/2007).The scale and status of the disaster according to Law number 24 of 2007, is determined by the president. The determination of the scale and status of the disaster is determined based on the criteria for the number of victims and materials brought by the disaster, damaged infrastructure, affected areas, non-functioning public facilities, impact on socio-economic conditions and the impact of the disaster. the ability of local resources to cope.

### 3) Objectives of disaster management

1. Individuals, communities and nations suffer physical, economic, and mental harm that can be reduced or avoided.
2. Mereduce the suffering of disaster victims
3. Memspeed up recovery
4. Memprovide protection to refugees or people who have lost their places when their lives are threatened (BNPB, 2015)

### 4) Stages in an effort to deal with a disaster

MeAccording to Law Number 24 of 2007, the disaster management cycle is divided into 5 periods, namely:

1. Emergency management refers to efforts to preserve life, protect property, and cope with disaster damage and its consequences. Meanwhile, an emergency is a situation caused by an extraordinary event that is beyond the community's ability to deal with it with existing resources or capacities, so that it cannot meet basic needs and results in a significant decrease in quality of life and health. , or a direct threat to the safety of many people.
2. Recovery is the process of meeting one's basic needs. The recovery process consists of the following steps:
  - a. Rehabilitation: initial repairs are temporary or short term.

b. Reconstruction: long-term repair

3. Efforts to eliminate or minimize opportunities for threats (prevention). However, it is important to remember that most tragedies are not completely preventable. Mitigation (mitigation); namely efforts made to reduce the adverse effects of a threat. For example: rearrangement of village land so that flooding does not cause big losses.

5. Preparedness, namely making an action plan in case of a (potential) disaster. Assessing emergency needs and identifying the resources available to meet those needs is what planning requires. This type of preparedness can help reduce the negative effects of a hazard.

5) Competence of Health Workers in Disaster Conditions

The competence of a health worker in disaster management is the ability to direct and mobilize (multisectoral external response), by accessing the need for resources across health agencies quickly, precisely and integratedly in disaster conditions.

6) Peldisaster management exercises that have been followed by health workers

In disaster situations, the ability of health workers to command and mobilize (external multi-sector response) by accessing the required resources in all health agencies quickly, accurately, and in an integrated manner is referred to as disaster management competence. Crisis management competence refers to the ability of health workers to command and mobilize (external multi-sector response) quickly, appropriately, and in an integrated manner to access appropriate resources in all health institutions in the event of a disaster. In the event of a disaster, crisis management competence refers to the ability of health workers to command and mobilize (External multi-sector response) in a timely, appropriate and coordinated manner to access adequate resources in all health institutions.

7) Disasters in Indonesia

Based on the National Disaster Management Agency (BNPB) recorded that in 2017 there were 2,862 natural disasters, including floods (34.2%), tornadoes (31%), landslides (29.6%), forest and land fires (3.4%), earthquakes (0.7%), drought (0.6%), tidal waves/abrasion (0.4%), and volcanic eruptions (0.1%) (BNPB, 2018). West Nusa Tenggara (NTB), is one of the provinces that often experiences the threat of natural disasters. Floods (41), tornadoes (14), droughts (9), landslides (6), and forest and land fires (1) were among the 71 natural disasters that hit the province in 2017 (BNPB, 2018b). As a result, ten people died, eight people were injured, and 903,277 people were forced to evacuate (BNPB, 2018b). In terms of property damage, the incident resulted in 92 houses being heavily damaged, 167 houses severely damaged, 948 houses were slightly damaged, 8,599 houses were flooded, and 31 community and social institutions were damaged. (Susilawati et al.2019). The following year, on 29 July 2018, an earthquake struck NTB, followed by a series

of aftershocks that lasted until August, causing human and material casualties. As of 21 August 2018, BNPB (2018) recorded 515 deaths and 7,145 people were injured and 431,416 people were displaced. Materially, the disaster caused 73,843 houses and 798 public and social facilities to be damaged. As of August 21 2018, BNPB (2018) recorded 515 people died and 7,145 people were injured and 431,416 people were displaced. Materially, the disaster caused 73,843 houses and 798 public and social facilities to be damaged. As of August 21 2018, BNPB (2018) recorded 515 people died and 7,145 people were injured and 431,416 people were displaced. Materially, the disaster caused 73,843 houses and 798 public and social facilities to be damaged.

1. Types of Disasters classify disasters into types (Sari 2015), namely

A Natural disasters (natural disasters) are natural events such as natural events such as floods, flooding, earthquakes, volcanic eruptions, storms, droughts, plagues, insects and others.

b) Disasters caused by humans include plane or car crashes, fires, riots, sabotage, explosions, power outages, communication disruptions, transit disruptions, and other events. A disaster can arise in three stages, according to Barbara Santamaria (1995), namely:

a) The pre-impact stage is the first stage of a disaster, and serves as a warning. Meteorology weather and information from satellite agencies At this point, the government, institutions, and the public must make all necessary preparations.

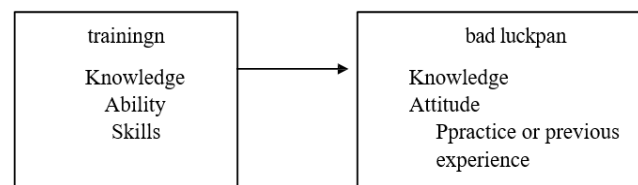
b) The peak of a disaster is called the impact phase. This is the phase where humans are trying their hardest to survive; it lasts until danger occurs and emergency help is given.

c) Emergency phase recovery and healing begins in the post-impact phase. In addition, society began to return to the usual quality functions. In general, victims will go through a physiological response stage in the post-impact phase, starting with rejection, anger, bargaining, and depression to the government (acceptance).

8) Thinking Framework

- Trainingn
- Knowledge
- Ability
- Skills
- bad luckpan
- Knowledge
- Attitude
- Ppractice or previous experience

9) hypotheses:



Tabel 1.1 framework

H0: Disaster management training does not affect the readiness of health workers

H1: Disaster management training affects the readiness of health workers

## 2. Method

### 3.1 Research Method

The type of research used in this research is quantitative research with a descriptive approach. From the beginning to the manufacture of research designs, quantitative research methods have methodical, well-planned, and well-structured specifications. Quantitative research methods according to Sugiyono (2013:13) are research methods based on positivist philosophy, used to examine certain populations or samples, sampling techniques are generally carried out randomly, data collection uses research instruments, and data analysis is quantitative/statistical with the aim of test the established hypothesis. The purpose of this study is to describe the research objectives or research results using a descriptive approach. According to Sugiyono (2012:29), Methods of data collection through the use of survey techniques and questionnaires. The questionnaire, according to Sugiyono (2013; 199), is a data collection strategy that involves submitting a group of questions or written statements to respondents to be answered. To carry out this strategy, researchers will immediately work.

### 3.2 Population

The population in this study were health workers who served at the Ngamprah Public Health Center in the Sukatani area, Ngamprah sub-district West Bandung Regency. The data on health workers at the Ngamprah Health Center are 30 officers.

### 3.3 Sample

Sample is part of the population that can be considered representative of the population (Sujarweni 2020). The sample of this study was all health workers at the Ngamprah Public Health Center as many as 30 people with the sampling technique being the saturated sampling method or the census. Saturated sampling method or census is a sampling technique when all members of the population are used as samples. This is often done when the population is relatively small.

### 3.4 Research Instruments

A research instrument is a device used to reveal data, so that data can be analyzed and ultimately the desired goal (Notoatmodjo 2012). The research instruments used are:

#### a. Questionnaire

Questionnaire is a data collection method in which respondents are given a series of questions or written statements to be answered. (Sujarweni 2020). This questionnaire contains questions to gather information from respondents about the effect of disaster management training on the readiness of health workers in disaster-prone health centers.

#### b. Observation sheet

Observation bar (check list) is data collection using question sheets, so that observations are directed and can obtain data that are really needed (Notoatmodjo 2012).

### 3.5 Location and time of research

In this research, the location used by researchers to conduct research is the Ngamprah Health Center. As for the time of the study in May to July.

### 3.6 Research variables

A variable is a measuring instrument until the measuring instrument determines the length of the short interval and will produce data (Seokidjo Notoatmodjo, 2010)

- a) Training is a short-term educational process that uses systematic and organized procedures in mana non-managerial employees learn technical knowledge and skills for a limited purpose.
- b) Readiness is a person's response to an object of health workers in disaster management

### 3.7 Ordinal Scale

Ordinal time is a scale based on rank or order from the highest to the lowest level or vice versa at the levels are not the same.

Variable	Jumlah	Skor	Value	Skala
trainingn	10 questions	31-40	(Very good)	Ordinal
	Satotally disagree = 1	21-30	(good)	
	Tidisagree = 2 Setuju = 3	11-20	(Enough)	
	Satotally agree = 4	1-10	(Not good)	
bad luckpan	4 questions	12-16	(very good)	Ordinal
	Satotally disagree = 1	8-11	(good)	
	Tidisagree = 2 Setuju = 3	4-7	(pretty good)	
	Satotally agree = 4	1-3	(not good)	

Calculation of the reliability of this measuring instrument with the Alpha Cronbach formula using the criteria proposed by Dancy & Reidy (2011):  
 Coefficient criteria according to Dancy & Reidy (2011)

0	Zero
0.1-0.3	Wei
0.4-0.6	Moderate
0.7-0.9	Strong
1.00	Perfect

## 3. Results

### A. Descriptive Analysis

#### 1. Characteristics of Respondents by Gender

No	Jegender	Ffrequency	%
	Laki-boy	6	20.0
	Pegirl	24	80.0
	Tbrain	30	100

The results of the table above state that the male respondents are 6 respondents (20.0%) and women 24 respondents (80.0%).

#### 2. Characteristics of Training Respondents training variables:

##### 2.1. pendvelopment of knowledge, skills, abilities,

No.		STS		TS		S		SS	
		f	%	F	%	F	%	f	%
1.	Pequestion knowledge development Ado you know about madisaster management?	0	0	1	3.3	17	56.7	12	40.0
2.	do you agree if disaster is a situation yang can disrupt the health care system when it occurs?	0	0	2	6.7	25	83.3	3	10.0
3.	do you agree madisaster management is sa component of the efforts made lado to minimize he impact of the damage adisaster?	0	0	2	6.7	22	73.3	6	20.0
4.	do you agree with the effort recovery is done to restore the situation back to normal or even more good?	1	3.3	0	0	18	60.0	11	36.7
5.	Keteskill meaccording to brother on tapan mitigate, medical personnel or tehealth dragon must be involved in making an assessment risk according to skill stilleach?	0	0	0	0	30	100	0	0
6.	Mewhat do you think segood health worker given an understanding of elong term effect of disaster natural?	0	0	1	3.3	12	40.0	17	56.7
7.	Ahave you ever mefollow activities and training simdisaster report?	4	13,3	6	20,0	20	66.7	0	0
8.	Kemammadam Simfield review about disaster management planning memake one of the activities yang done on effort disaster preparedness.	0	0	1	3.3	23	76.7	6	20.0
9.	Meaccording to you by following disaster management training can add ability saair in the field?	0	0	4	13,0	26	86.7	0	0
10.	Deonly the training you get it, you are ready to be volunteer in any disaster emergency response activities according to your ability?	0	0	5	16,7	25	83.3	0	0

BeBased on the table above, the respondents agreed with the answer NO. 5 that is sea lot of 30 respondents (100), No. 1 stated strongly agree 12 respondents (40.0%).

KCharacteristics of Respondents Based on training at the Puskesmas Nthe year 2021				
No	trainingn	Jumlah	F	%
1	Good	28	93	3
2	Very Good	2	6	7

BeBased on the table, 28 respondents (93.3%) have good training and 2 respondents (6.7%) have very good training.

### 3. Characteristics of Respondents Based on Readiness at the Puskesmas Nthe year 2021

No	Pequestion	STS		TS		S		SS	
		f	%	F	%	f	%	f	%
1.	Aare you ready for teinvolved in emergency response during a disaster?	1	3.3	3	10,0	17	56.7	9	30.0
2.	Aare you ready to follow disaster management training proposed by the government for mandatory participation in disaster management activities?	1	3.3	4	13,3	13	43.3	12	40.0
3.	Jido you have one in your area? sefruit of disaster are you ready to be at the forefront to go directly to the field?	1	3.3	9	30,3	12	40.0	8	26.7
4.	Aare you ready to get involved in emergency response during a disaster?	1	3.3	2	6.7	15	50.0	12	40.0
5.	Mebe my responsibility seHow do health workers provide first aid for natural disasters?	3	10,0	1	3.3	14	46.7	12	40.0
6.	Peimportant for me to meknow and understand disaster management planning at the ngamprah health center	2	6.7	1	3.3	15	50.0	12	40.0

Berdasarkan table above respondents answered agree No.4 that is 12 Respondents (40.0%) and respondents answered disagree with answer No. 3, namely 9 respondents (30.0%)

KCharacteristics of Respondents Based on readiness at the Puskesmas Nthe year 2021			
No	bad	luckpan	Jumlah
	F	%	
1	Enough	7	1
2	Baik	1	2
3	Savery good	22	3

BeBased on the table, it can be seen that 22 respondents (73.3%) have very good readiness, 7 respondents (23.3%) have sufficient readiness and 1 respondent (3.3%) has good readiness.

### Training Questionnaire Reliability Test Results

#### Case Processing Summary

#### Rallyability Statistics

N		%	
Cases	Valid	30	100.0
	Excludeda	0	0.0
	Tbrain	30	100.0
Cronbach's Alpha		N of Items	
,638		9	

Hasil above table the effect of disaster management training on tethe health dragon of the Ngamprah health center stated that the level of training and readiness was 0.638 stating that it was in disaster management.

5. Results of the Validity of the Training Questionnaire

Jika  $df = N - 2 = 30 - 2 = 28$

Indigo significant ( $\alpha$ ) = 0.05

Mayou: R table = 0.3610

Me according to (Harrington, 2009)

Itheme	R Count	R Table	Toblatantly	Cromach's alpha (reliable value)
Itheme 1	0.462	0.361	Valid	0.638
Itheme 2	0.503	0.361	Valid	
Itheme 3	0.545	0.361	Valid	
Itheme 4	0.563	0.361	Valid	
Itheme 5	0.392	0.361	Valid	
Itheme 6	0.326	0.361	Tinot valid	
Itheme 7	0.515	0.361	Valid	
Itheme 8	0.639	0.361	Valid	
Itheme 9	0.510	0.361	Valid	
Itheme 10	0.572	0.361	Valid	

DaThe results of the validity test stated that from a total of 10 questions from 30 respondents stated the results of 9 questions were declared valid and 1 question was invalid. This result if the positive value of R count > r is declared valid and if r < is declared invalid.

### 6. Readiness Questionnaire Validity Results

Itheme	R Count	R Table	Toblatantly	Cromach's alpha (reliable value)
Itheme 1	0.560	0.361	Valid	0.666
Itheme 2	0.730	0.361	Valid	
Itheme 3	0.458	0.361	Valid	
Itheme 4	0.184	0.361	Valid	
Itheme 5	0.712	0.361	Valid	
Itheme 6	0.690	0.361	Tinot valid	

DaThe results of the validity test stated that from a total of 6 questions from 30 respondents stated the results of 5 questions were declared valid and 1 question was invalid. This result if the positive value of R count > r is stated valid and if r < is declared invalid.

### 7. Results of the Readiness Questionnaire Reliability Test

Rallyability Statistics	
Cronbach's Alpha	N of Items
,666	5

Hasil above table the effect of disaster management training on the health dragon of the Ngamprah health center stated that the level of training and readiness was 0.666 stating that it was in disaster management.

## 4. Discussion and Conclusion

### 1. Discussion

- Training for health workers at the Ngamprah Community Health Center of the total
- 30 respondents. That 28 respondents (93.3) have good training in dealing with disasters, quickly and accurately to reduce the risk of disaster victims.
- HasiThis research is appropriate (Herianto et al., 2015) that disaster management training is for reducing the risk of victims in dealing with it.
- Readiness of health workers in disaster management at Puskesmas Ngamprah stated that 22 respondents (73.3%) had a very good level of preparedness in dealing with disasters.
- HasiThis research is in accordance with Jessica Suna (2018) which involves

- 120 health workers show that health workers have a good level of readiness for disaster management.

## 5. Conclusion

DaFrom the results of the discussion of the problem regarding the effect of disaster management training on the readiness of health workers at the Ngamprah Public Health Center, the authors conclude. As for some aspects that the author can convey include:

- That the disaster management training at the Ngamprah Health Center was very good and had a big impact on minimizing the loss of life and having been involved in disaster emergency response activities was significantly related to the knowledge of health workers at the puskesmas about disaster management.
- That the level of readiness of health workers at the Ngamprah Health Center already has very good readiness for handling
- disaster that will come at any time suddenly.

## 3. Suggestions

Hasil This research is expected to be a consideration for the Ngamprah Health Center in dealing with disaster preparedness. Disaster management needs to be prepared for health workers at the puskesmas as the spearhead of health services to support the readiness of these health workers in dealing with disaster situations. These results are expected to produce the alertness of health workers both in handling, readiness, and skills that have been provided in disaster training in order to minimize the risk of falling victims of disasters, in order to realize trained human resources, it is necessary to have emergency and disaster training for each individual, especially personnel. health at the health center. DAFTAR LIBRARn

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