

LEARNING MANAGEMENT IN THE FACULTY OF HEALTH SCIENCES AT INSTITUTO SUPERIOR CRISTAL TIMOR-LESTE: INTERNAL ASSESSMENT REPORT

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ABSTRACT

Objective: to descript progress of the faculty management was related with the Leadership and Government; Work Performance; human resource; infrastructure, logistic, learning facilities; information-research; information, communication, technology and finance.

Method: This study is explanatory study or mix method as qualitative and quantitative descriptife. Subject of study are; dean of health faculty, 4 leacture, 2 studants, 2 graduate and rector of Cristal. Study was conduted from 20 desember 2020 to 25 January 2021, used purposive sampling/key informan.

Result: Leadership and management capabilities are not strong enough to lead the faculty to ensure the quality of health education. The performance of faculty graduating students is increasing and quality of graduation needs to be strengthened. Most of the permanent lectures in the nursing departemen have a bachelor's degree and 2 people's master's degree. Meanwhile, for the midwifery department 100% of the bachelor's degrees only. One person is currently studying for a doctoral degree in public health in Indonesia. No administrative staff has been allocated in the faculty to lead administrative work to support the learning process. Infrastructure, logistic and learning equipment already increased the number, but not yet based on the normal standard. Was detected also internal communication between facult structure and teacher is poorly and have impact in the performance achivment.

Conclusion: Study was conducted at Instituto Superior Cristal (ISC) area for structure members, leacture, graduated students and actual students. Sx building block component or variable need to strengthening in the future.

Key word: Learning, management, faculty, health, assessment

INTRODUCTION

Background

Instituto superior Cristal (ISC) was granted permission to open a faculty of health based on the Ministerial Diploma No. 7/2009 de 25 de Fevereiro now advanced significantly (Série I, 2009). Globally, health faculties at various universities seek to strengthen internal faculty management in various ways with the aim fo ensuring the quality of health/nursing education.

In the fifth continent in the world, there are more and more competitions to ensure the quality of health education. Need to strengthen the faculty management system that focuses on nursing, midwifery and medical education. According to the World Health Organization framework that describes health system in terms of six core components or "building blocks" : (1) Service deliverey, (2) health workforce, (3) health information system (4) access to essential medicines, (5) financing, (6) leadership /

government (WHO_MBBHS, 2010). So at Instituto Superior Cristal, there are still problems related to the 6 WHO principles according to the results of the 2016 internal ISC assessment (Soares, 2016).

When we think to strengthen a health system, there are automatically improve the six health system building blocks and manage our interaction with objectives to achieve the more equitable and than sustained improvements across health services including capacity building and health outcome. People in this case refer to the faculty members including students, lecturers and administration staff to strengthening the knowledge, attitudes and behaviors during learning process (GAVI, 2013).

In accordance with the recommendations from the previous assessment results to make improvements, but not yet completely improved faculty management due to factors; the ability of managers in the faculty, regulations that are still lacking and cooperation or communication between staff within the faculty. So as one of the best solutions in 2020-2021 the team re-assessed to confirm the progress of the implementation process from 2016-2021.

METHODS

Table 1: Demography of the participants in assessment

variable	indicators	f	%	Variable	Indicators	f	%
Age	25-40 years old	7	58,3	Education level	Bachelor	9	75
	41-50 year old	4	33,3		Master	2	17
	>50 years old	1	8,3		Doctor	1	8,3
	total	12	100	Total	12	100	
Gender	man	6	50				
	female	6	50				
	Total	12	100				

Leadership and Government: managers of the health faculty for ISC directly indicated by rector of ISC and knowing from the president of the foundation on 2010, as indicator of team decision making. Faculty structure composition are dean, vice of dean, head of department of the

Study design, area and period: Quantitative descriptive study was conducted at Instituto Superior Cristal (ISC) from 20 December 2020 to 25 January 2021. Population: all health faculty structure persons was considered as participants in study, some nursing and midwifery students. selection of study subject: start from rector, dean, vice of Dean, permanent lecture, actual nursing and midwifery student representative and graduated representative. Sample size determination and sampling procedure: the samples were involved in the study are 12 persons. Data processing and analysis: from cleaned, edited, coded and entered into MS word for analysis to get descriptive frequency and presentation and also context statement identified. study variable: Learning Management, faculty of health sciences, internal assessment, six building block. Data collection tool and Procedure was used guideline interview and check list, Ethical Consideration was adapted Helsinki declaration.

RESULT

The presentation of the assessment results refers to the six building blocks of the health system as follows.

1. Management and leadership

nursing and midwifery course programs and responsible of the nursing and midwifery program totaling 7 people.

Governance and meeting coordination: according of the assessment results by (Soares, 2016) : the facult does not hold internal meetings to discuss the work process and it is recommended to design a meetings schedule, but at this assessment (2020) there has been no organized meeting in the faculty structure with lectures. As stated by one of the following respondents;

...we do not have a meeting schedule that has been made, each work based on our abilities and knowledge, our heads only give verbal orientation in our respective plcases In another part, a leacturer expressed his thoughts and feelings that the meeting had no positive effect on work, it was just a wast of time, as follow: we're all busy, so we don't need a meeting by sitting together

Evidence Based Information:

The culture of delivering information in the health faculty environment of ISC adapts internal and external systems, as bellow:

Internals: Hierarchical information between deans, Chancellors, prioritizes written information over verbal information. Communication between the faculty structure and the lecturers has not been maximized. The structures do more technical work that management and leadership or the same work, a lecturer said that:

..... we don't give each other clear information, to give each person orientation what work, it seems we all work together, there is no benchmark on everyone's function, so we can do the same job and there is no difference between the structure and the staff....

Externals: The faculty has produced guides for laboratorium or clinical practice, thesis writing, new students enrolment announcements, graduation, production of institution bulletins every 6 months, sending the education progress report to the ministry of education. Faculties

through institutes use RTTL TV media, GMN, Journals and others to convey health sciences information. As expressed by following lecturer:

.... here we use TV, Radio, Journal media to deliver related information; new students admissions, clinical practicem competency test, pre-clinical, scientific seminars, judiciary, graduation and signing cooperation agreements with other institution....

The research aspect is also that the faculty has conducted its own research with funding from the Timor-Leste Ministry of education. However, lectures in the faculty have no individual interest in conducting research every year.

Monitoring and evaluation: the monitoring and evaluation in the faulty is not clear, and this function almost no existing. No instrument for M & E in faculty to fasilited implementation process for class room teaching and learning, clinical practice, liberary, laboratorium and academic calendar implementation process. So, no periodical report from department to dean and continuous send to rector.

Cooperation with others institute or university: Instituto Superior Cristal was signed the memorandum of understanding (MoU) with internal institute there are: Ministry of Health RDTL, Instituto Nacional de Saúde (INS), Hospital Nacional Guido Valadares (HNGV), Asosiasaun Enfermagem de Timor-Leste (AETL), Asosiasaun Parteira de Timor-Leste (APTL) and forence country as; Indonesia, Portugal, Malaysia, Singapur, Australia and others university.

2. Work Performance

The faculty performance achievement during 2016 to 2021 indicated have increase and positive progress.

The performance of the Faculty of Health Sciences shows positive progress.

Table 2: Distribution of Studens Selection/Recruitment 2016-2020 (last 5 years).

No	Programs	Year					Σ
		2016	2017	2018	2019	2020	
I	Nursing						

No	Programs	Year					Σ
		2016	2017	2018	2019	2020	
1	D-3	122	24	25	14	17	231
2	S-1 general		36	111	121	197	565
3	S-1 Staff in Dili				39	35	74
4	S-1 Staff in Aileu				14	13	27
5	S1 staff in Baucau			20	16	14	50
II Midwifery							
1	D_3 general in Dili			24	57	64	147
2	D-3 staff in Dili				30	0	30
3	D-3 general in Baucau					6	6
4	D3 staff in Baucau			29	0	0	29
	Total	29	60	209	291	410	1159

Source: Report note in health faculty of 2021.

The graph above concludes that in the last five years the Instituto Superior Cristal (ISC) has increased the trust of the people of Timor-Leste, so they themselves bring their children to enroll

in the ISC in nursing and midwifery program. In the 2016 ISC only obtained 122 new students but on 2020 there were 346 new students. This is spurred from 2018 health civil servants starting to enter as new students at ISC.

Table 3: Distribution of Graduation 2011-2019

Program	Year									Total
	2011	2012	2013	2014	2015	2016	2017	2018	2019	
Diploma 3 of nursing	23	34	50	25	25	55	24	57		293
Total	23	34	50	25	25	55	24	57		293

Source: Faculty of Health Report Archives for 2019

Tabel 4: Distribution of students based of actual class (valid when doing this assessment) in 2020

No	Program	Semester/total students				Grand total
		I	III	V	VII	
1	D3 Nursing	17	14	30	-	61
2	D3 Midwife in Dili	89	57	53		199
3	S1 Nursing	197	121	111	138	567
4	SPK to S1			39		39

Total

866

Sumber: Archieve of health sciences faculty of ISC 2020

Teaching and learning activities in the classroom: activities in the classroom are the main activities of the faculty to ensure its continuity in quality. The fact shows that the learning process in the classroom in general has been going well, but there are still some lectures who are always late in delivering material or entering class. As for students who are less disciplined like they don't want to go to class, there are some lectures who still use English in teaching. Indonesia, although the majority use Tetum. There are the following student statements:

.... we are taught well, share experiences very well...there are some lectures we need to call new if you don't come in if you don't come in....we use private credit to call them, we divide the group to contact the lectures...if you have contacted them for sure come ...the majority use tetum and Indonesia in teaching...preparation of materials in Indonesia language and class in Tetum language, many of them prepare materials in Indonesia and explain in tetum...

Some of teacher sad as below:

we more or less understand their explanations...the material we got in high school was in tetum and portugues but when Cristal went to college in Indonesia, it was a bit of a hassle but we were looking for a way to understand ...the ability of the lectures was very good and the quantity was decent...there wer lectures who came right in time but the campus door that opens late...the lectures always motivate us and teach us like their relatives or children...me they don't discriminate against us...rate according to our own ability no favoritism...we want to improve english and portugues...

The communication culture between lectures and students is still lacking to ensure the teaching and learning process in the classroom and clinical practice. In fact, it is the students who try precede the coordination or active contact with the lectures, both for the learning process in the classroom and in the clinic. Learning activities in Clinics and communities: During the period when students conduct clinical practice in health facilities, it is one part

of the main learning based on the curriculum. The faculty through the department will mobilize students to participate in clinical practice. So far, ISC students have had the opportunity to do clinical practice at: Guido Valadares National Hospital (HNGV), Vera Cruz Public Health Center; Aileu Health Center; Eduardo Ximenes Baucau Regional Hospital, Oecusse Regional and Community Hospital in Manatuto municipality.

During clinical practice there is support from the Clinical Instructor (CI) who is actively working in the students' practice room. Academic advisor sometimes goes to the clinical to observe and monitor the practice process, but it is no maximal. If there are problems experienced by students at the practice location, then the academic supervisor together with the education management board go there to find a solution.

.... sometimes students come to practice here, but they are not very active to study harder, they prefer to play on cellphones and don't want to find out to study more diligently or ask us to help them.... the (students) many just like to make trouble, do not want to learn more.... there are some unethical and inactive for learning, tend to be passive....

Library: Cristal has its own laboratory at the moment. Libraries at this time aim to facilitate students and lectures to become a reference gate for the completion of the learning process. Has a great opportunity to create a modern library condition, has used a digitalization system and a catalog system in the library, and can create a B-on system in the future.

Academic Laboratory: the faculty has created an academic laboratory that can facilitate both lectures and students, to realize the clinical skills learning process through simulation before students carry out clinical practice. Reality shows us that laboratory system or regulation need to be strengthened. Of course, it will be a modern laboratory and will facilitate the learning process well.

Students evaluation: realization of student evaluation based on the nursing and midwifery curriculum. Most of lectures use formative, summative, clinical and preclinical evaluation

system. The preclinical system is a preclinical competency test activity, to ensure the readiness of students in skill before being placed in a hospital or community health center. Besides above evaluation, they also make evaluation of the writing skill where presenting through academic writing.

Lecturer evaluation: Cristal's health faculty has not used the evaluation system for lectures, some lecturers have no experience in teaching and others have never attended pedagogical training or teaching methods. Based on the results of the 2016 assessment, it is recommended for faculty to create an individual filing system for full-time or part-time lecturers. But the reality did not create that system in the faculty. It is also recommended to make lecturer evaluations every year, but have not implemented it yet.

Research: the health faculty has tried to make research so that in 2018 the opportunity to lead a research topic funded by the Timor-Leste ministry of education. On the other hand, they have also tried to prepare research proposals and made presentation to the Scientific National Institute (Instituto Nacional Cientific) Timor-

Leste for a competition to get special research funds that have been prepared by this institution. However, it has not received approval because of his writing ability that has not been maximized. Students are also required to conduct research annually. Members of the faculty structure should pay attention to incorporating research programs into the annual action plan and should conduct internal discussion of access to publications of articles that are prioritized by ISC each year.

3. Human Resource

Human resource in the faculty: we can see the quantity and quality of human resource allocated in the faculty related to the learning process. We can see labor force categories below:

Full-time and part-time lecturer: full-time lecturer is all lecturer are recruited by Cristal and taking contract signed between two part and full time work in Cristal. They have fully responsible to guarantee learning process for students in term theory, laboratory practice, clinical practice and community practice session.

Table 5: Distribution Structure Members of the Faculty of Health Sciences

No	Gender	Academic level	Position	Profession
1	Man	S1	Dean	Nurse
2	Man	S1	Vice of Dean	Nurse
3	Female	S1	Head of Department of the Nursing Program	Nurse
4	Female	S1	Head of department Midwifery Program in Dili	Midwifery
5	Man	S1	Coordinator academic program at Aileu Polo	Nurse
6	Female	S1	Coordinator Midwifery program Baucau Polo	Midwifery

Sumber: Archive of health sciences faculty of ISC 2020

In this part showed that majority of lectures in faculty is bachelor degree only.

Table 6. Lecturer allocated in to nursing department on 2020

No	Profession	Academic level			Total
		S1	S2	S3	
1	Medical doctor	3	-	-	3
2	Nurses	9	4	-	13

3	Public health	1	3	-	4
4	Management	2	-	-	2
5	Nutrition	1	-	-	1
	Total	15	7	-	22

Sumber: Archieve of health sciences faculty of ISC 2020

Table 7: Distribution of Lecturer in Midwifery Department at ISC 2020

No	Profession	Academic Level			Total
		S1	S2	S3	
1	Nurses	-	1		1
2	Midwifery	6	8		14
3	Medical docter	5	2		7
4	Public health	1	6		7
5	Management	1	1		2
	Total	13	18		31

Sumber: Archieve of health sciences faculty of ISC 2020

Faculty administration: in the faculty of health sciences no administration staff to do administration and technical job for support academic activity regularly in the day. Baucau Polo have an administration staff only to make

administration and technical job for academic activities as bellow job:

Table 8: Competencies of faculty administration of faculty

No	Competencies	Job indicators
1	Correspondence	1. Prepare a letter according to the needs of the faculty
		2. Distribute relevant letter or document to internal or external lecturers of the faculty
		3. Collected all information to calendar academic development in faculty level
2	Meeting	4. Financial proposal prepare
		5. Prepare meeting room and facilities
		6. Prepare the meeting notulen
3	Archives	7. Make archives for letter/documents/disposition that enter the faculty
		8. Make archives on all letters that come out or enter the faculty
		9. Create archives for protocols or guidelines related to faculty activities

4	KRS dan KHS	10.	Prepare and archives the KRS for students
		11.	Prepare and archives KHS for students
5	Information System	12.	Make full-time or part-time data based of lectures
		13.	Make students data based
6	Report	14.	Prepare montally and annual report of the faculty to submit to the rector
		15.	Prepare finance report of the faulty and submit to the rector
7	Students and leacutres new selection	16.	Prepare all document for new students recrutitment and lecturer
8	Graduation	17.	Prepare list and diploma of the new graduate

Sumber: Archieve of health sciences faculty of ISC 2020

Currently no amination staff allocated to doing above technical job in the faculty. It is give the most impact for faculty working mechanism, for that archive system not yet well organized, every one doin their work along, and most of the structure members doing the administration job every day. Process of the learning monitorization is minim, contact to the lecturer for learning activities is not by administration or structure of the faculty, but more doing by students and they us their own phone credit. There is no department head who communicates regularly to lectures to enter class but everything is charged to students only. This is not vavorable for quality improvement process for this faculty in the future.

4. Infrastructure, Logistic and Learning Facilities

In this section, Cristal Health Sciences Faculty experienced a high GAP, so the university could try to address and find solution to complement the existing deficiencies to support the faculty's learning process in the future. In detail can see in the attachment table.

5. Information, Communication and Technology

Acoording to Building Blocks OMS 2007, regarding the information, communication and technology, so, then there are three important things that ISC needs to pay attention to carry

out academic work throughout the year and into the future. In this analysis we can conduct self-evaluation to reflect and detect developments related to the following components:

Information:

1) Curriculum: Curriculum aspects of nursing and midwifery education programs have not been maximally organized, that each program has not clearly separated its curriculum. For example, we must have separate curricula on the nursing diploma program, bachelor's degree in nursing and midwifery diploma. There is already a group in charge of each program, its means we need 3 engineering groups in the faculty of health sciences, so they can carry out their duties to analyze the curriculum every year including analysis of curriculum implementation progress.

2) Information System and Supervision in the Faculty: Information related to important aspects such as the following: activity reports, progress reports on faculty work, evaluation report for lecturers and students, information adapted from internal and external research results or from regular assessment results from faculties or groups from outside suc as Ministry of Education or other agencies. Results: Faculty can't make reports according to the topics mentioned earlier. Unable to adapt information from research results to improve faculty management and work performance

3) Develop standardization instruments in the faculty: The faculty has developed several instruments so far, as follows; Maternity nursing

clinical practice manual, Manual of clinical nursing practice in children, Competency target standar for midwifery education program diploma 3, Medical surgical nursing clinical practice guide, Research writing manual, Competency target standards for undergraduate nursing education programs, Guide to community, geriatric and family nursing practice, Nursing laboratory practice guide. The faculty already has the initiative to develop several guide or manual as above, in this way they are sure to guarantee the quality of learning for students well in the future. Recommend also being able to apply exiting academic regulations to facilitate good learning.

4) Faculty compiling statistics and publication

Research or publication: Focused to the ability on the daily healthy faculty message transferring, Message transferring capacity to the audience, students, family, government, health facilities, graduated or others institution have interesting to the ISC. This is hope that will be continuous in the future. Reality: Faculty has experience to make research for one topic on 2020 were got the support form ministry of education Timor-Leste and technical support by Dr. Bernadete Luan who have expert in nursing area. Strategies: All the faculty lecturer's members to be need actively to involved their self in the next research programs, for this will be improve the evidence for planning process or faculty improvement in the future.

Technology: Focused to the which is the technology were faculty utilized to support the daily activities. Reality: faculty have 1 LCD Projector only, 2 computers, 1 printer and free wifi for hould area at Cristal. Strategy: increase the technology numbers and re-strengthen the technology utilization system inside the faculty in the future.

6. Finance

Financial management system on Institute was concentrated in the rounting expenses and income. This is uniformited applied for health faculty and education faculty in ISC. We can look at the this two financial category in the detail list as bellow: The income source of finance obtained from: study program (ex. Enrolment fee, montly fee, graduation fee and research, misceleneus), donor or cooperation fund. Regular expenses within the faculty for three intems as bellow: 1) Operating budget:

operational, personal development, scholarship for lecturers; 2) Research budget: researcher team and 3) Community services budget: capping day, pre-clinic test, basic clinical practice 1, 2 and 3, mental health clinical practice, community practice, transfer for structure members and others.

Obligation of the faculty members are to finance mobilizing, collecting and distribution to be responding the teoritical and clinical practice learning process. Financial managing system centered in the university officer. The faculty is obligated to submit proposals to the Chancellor according to actual needs, for that the Institute will allocate finances according to the exiting proposals. And also, faculty experience other limitation to make management to some document related to university is finance. Some times, had delied documentation process by faculty and submit to institute and to facilitating the payment process for teacher. As one of the words of a lecturer at the time of the interviews as follosws:

..... we are obliged to teach or give orientation to students based on the assignments that have been given by Cristal through the faculty to us, but often the payment process to us is very late, there are several reasons such as the document from the faculty has not been submitted to the institute, some time submitted but is not completed or late..this will reduce the motivation of lecturers in teaching or delivering material in class, this have a big influence on Cristal competition with other universities....for this reason, we ask that in the future we can improve this management so that it does not make it difficult for students in the future.....

DISCUSSION

Assessment based on indicators from the six building blocks WHO has not been fully achieved at this stage. Has not implemented the recommendations of the results of the faculty's internal assessment in 2016. Because leadership and management skills are still minimal in the faculty. Interpersonal communication between faculty members is not good and harmonious. This is still far from modern leadership models. So, it is necessary to apply modern management such as transcational (hierarchical) leadership models that rely on positional authority. Transformational (charismatic) leadership with

a focus on developing and improving education through vision building and cultural work, to transformative leadership that is present closely within the faculty (Beauchamp et al., 2021).

Forward approaches need to improve management and leadership capabilities in the faculty. Strong management will ensure that the faculty is of excellence and the quality of graduates is guaranteed in Timor-leste. The results of this study are not the same as the concept that lecturers, students and administrative staff need to strengthen knowledge, attitudes and behavior during the learning process (GAVI, 2013). It is still very different from this concept, so it needs to be strengthened through changes in faculty management in the future. Lack of research skill of lecturer, there is related with the individual competencies and experiences. The Expectation of the future that all the lectures need to do research at the own working place and in the community to evidence production to be guaranteed the academical work with in the good way.

Lack of monitoring and evaluation internal facultas. According on this capacity, give impact for academic calendar implementation process for the students, specialy study time is can be longer than normal time based on the curriculum. So, no periodical report from department to dean and continuous send to rector. According of the assessment report by Soares (2016) give recommendation to health faculty to make annual evaluation to the lectures specialy for permanent and part time lectures, but, faculty implementation not yet until now. According the expert sad monitoring and evaluation is very important for educational institutions, but the ISC faculty has not maximally carried out this activity, based on experts stating that Monitoring and evaluation helps improve performance and achieve results from health education (UNISDR, 2013).

ISC is the good performance to achieve the recruitment new students, this attraction is because ISC already has adequate facilities and infrastructure and professionally qualified lectures, judging from their level of education and experiences. However, ISC needs to strive to improve the quality of education in the future and improve a reliable management and leadership system so that it can lead this faculty well.

Judging from the statement above related with the teaching and learning, it can be concluded that there are 3 main problems, namely: ethics, discipline and desire to learn are still low and do not give maximal attention to the learning process. With this we need to ensure a good strategy, so that it can orient and implement academic regulation in the classroom and also during clinical practice, so that the quality of students in work will be guaranteed.

Students evaluation was mentioned that, it has not focused or referred to the Taxonomy Blum system in the domain of the knowledge, attitude and psychomotor / skill. So, it is suggested to the faculty team to develop guidelines or standard operating procedures (SOP) in conducting evaluation. In the end, lectures can be used to evaluate students uniformly. Each lecturer in the scientific group should jointly develop evaluation instruments in the theoretical, classroom simulation and clinical categories. Can design evaluation instruments related to: formative evaluation; summative evaluation; clinical practice evaluation, evaluation of preclinical competency test, final competency evaluation, evaluation of scientific seminars and evaluation of academic writing.

Globally, evaluation of lecturer performance is always realized every year by each university develop simple to complex own system. The purposes of the evaluation are to ensure the quality of teaching in courses and another goal is to make the university very strong in each country. The impact of this situation is that there is no information related to the performance of lecturers and this will have a negative impact on the quality of students in the future. The assessment results are still not based on the 4 evaluation indicators offered, including: performance, talent, skills using evidence based and documentation system (Rashad N Brydan, 2021). We suggest to the full-time and part-time lecturer to explore their capability to doing research each year, based on this they will produce based information and evident to improve faculty management and system in the future. Article publication: Faculty not yet have opportunity to publish any article by crystal research center. In 2020 we are still having expectation of the faculty have initiative actively discuss with research unit to be promote the article publication where prepared by lecturer or students each year. Based on this

publication, so we are open our self to world international, because other people having know and understand aboute our actual condition and what our need. In accordance with the current trend in various universities in the world, lectures are accustomed to conducting research and publishing articles to ensure the quality in this regard. It is necessary to motivate and stimulate the lectures to start (Hammad et al., 2022).

We can look that all the strucures member's bachelor degree only, so, need to increase the capacity fo them include improve the education level to master degree. So, it will be a gateway to the ability manage faculties well in the future in according with the role of the Ministry of Education. With the strategies we stick to what Cristal will achiev is an objective and quality graduate in Timor-Leste. Faculty have subsent of practical equipment to support the learning and teaching process until today, there is a positive point and strengthening ISC to the future. There is according with the concept of assessment education laboratories were found that this is one importante point for conducting health education enytime (Soltanzade, 2021).

Cristal's laboratory practice equipment is complete but needs to be digitally set up for the future. As stated by previous researchers that now the laboratory has entered a digitalization or virtual system to be accessed at any time by students and lectures (Lokmic-Tomkins et al., 2021). Reality faculty can not make reports unable to adapt information from research results to improve faculty management and work performance, digital utilization is not maximal to facilitate teaching and learning process. Ther is no according with concept sad that Inforation Communication Technology (ICT) can mediate learning system in the health education, integrating and processing data from various siruce internal faculty is will be support well the health education (Antonio et al., 2021).

CONCLUSION

Leadership and management capabilities are not strong enough to lead the faculty of health at Cristal. The education level of the majority of teachers has a bachelor's degree, only 2 teachers have a master's degree in nursing, while none of midwifery has a master's degree, all of them

have a bachlero's degree. No administrative staff has been allocated in the faculty.

Infrastructure, logistic and learning equipment already increased the number, but not yet based on the normal standard. Was detected also internal communication between facult structure and teacher is poorly and have impact in the performance achivment. Six building block not yet well implement in Cristal.

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CONFLIC OF INTEREST

we declare that no conflicts of interest in this study.

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- Infrastructure and equipment in Faculty of Health**

NO	ITEM	ACTUAL QTY	STANDART QTY	GAP
A	Infrastructure in the faculty			
1	Office room	1	2	1
2	Class rooms	7	20	13
3	Laboratorium equipments			

No	Item equipment	Total actual	Condition			Baseline	Gap
			Good	Damaged	Lost		
1	Ambubag	4	4	-	-	8	4
2	Ac	2	2	-	-	4	2
3	Alcohol	-	-	-	-	4 btl	4
4	Hegting yarn	-	-	-	-	2 dos	2
5	Chemical Botol	5	5	-	-	10	5
6	Safe	5	5	-	-	6	1
7	Tray	10	10	-	-	10	-
8	Medium basin	8	8	-	-	10	2
9	Instrument tub	13	13	-	-	16	3
10	Wash	3	3	-	-	6	3
11	Apron	3	3	-	-	6	3

12	Infution fluid	10	10	-	-	10	-
13	Sterile shack	2	2	-	-	6	4
14	Dispenser	-	-	-	-	2	2
15	Needle	50	50	-	-	50	-
16	Dopler	1	1	-	-	4	3
17	ETT	-	-	-	-	10	10
18	Flower scope	8	8	-	-	10	2
19	Ordinary scissors	2	2	-	-	6	4
20	Network scissors	11	-	-	-	12	1
21	Bandage scissors	7	-	-	-	14	7
22	Cord scissors	11	-	-	-	12	1
23	Surgical scissors	6	-	-	-	8	2
24	Gloves	-	-	-	-	10	10
25	Instrument set	20	20	-	-	20	-
26	Hip range	-	-	-	-	2	2
27	Wall clock	-	-	-	-	2	2
28	Cannula	-	-	-	-	1 dos	1
29	Chairs	20	20	-	-	40	20
30	Skeleton bone	2	2	-	-	4	2
31	computer	-	-	-	-	2	2
32	coorentang	3	3	-	-	6	3
33	Sterile Gauze	1 ds	1 ds	-	-	4	3
34	Neek collar	1	1	-	-	4	3
35	Umbilical cord clamp	2	-	2	-	4	4
36	Spoon	-	-	-	-	4	4
37	Parturition glasess	-	-	-	-	4	4
38	Microscope	1	-	-	1	8	8
39	Suction Machine	2	2	-	-	3	1
40	Table	7	7	-	-	14	7
41	Mortar	4	4	-	-	8	4
42	Nashoparingeal	-	-	-	-	10	10
43	Nurse kit	-	-	-	-	20	20

44	Nebulizer	1	1	-	-	8	7
45	Kidney cup	25	25	-	-	40	15
46	Oroparingeal	-	-	-	-	10	10
47	Oftalmoscope	1	-	1	-	2	2
48	Phantom Multi function	3	3	-	-	8	5
49	Phantom CPR	5	5	-	-	8	3
50	Phantom Anatomi	4	3	1	-	8	5
51	Phantom Infuse	5	5	-	-	8	3
52	Phantom injection	7	7	-	-	8	1
53	Phantom Baby	5	3	2	-	10	7
54	Pregnane mother Phantom	1	1	-	-	4	3
55	Phantom chateter insersing	5	5	-	-	6	1
56	Phantom heacting	4	4	-	-	6	2
57	Phantom dentist	2	2	-	-	4	2
58	Phantom Set Kandungan	1	1	-	-	2	1
59	Pahntom Plasenta	-	-	-	-	4	4
60	Pispot for man	1	1	-	-	10	9
61	Pispot for women	-	-	-	-	5	5
62	Plester	50	50	-	-	50	-
63	Pinset cirurgic	53	53	-	-	53	-
64	Pinset Anatomi	24	24	-	-	24	-
65	Centimeter tape	6	6	-	-	8	2
66	Upper arm band	6	4	2	-	8	4
67	Perband	3	3	-	-	10	7
68	Phantom Portio	-	-	-	-	4	4
69	Perlac	3	3	-	-	6	3
70	Printer	-	-	-	-	2	2
71	Hamer reflex	4	4	-	-	4	-
72	Sampiran	1	1	-	-	5	4
73	Sterilisator	1	1	-	-	2	1

74	Stetoscope	2	2	-	-	20	18
75	Catheter hose	50	50	-	-	60	10
76	Infusion hose	50	50	-	-	60	10
77	Oxygen hose	10	10	-	-	20	10
78	Spatel	100	100	-	-	100	-
79	Speculum	4	3	1	-	6	3
80	Flashlight	2	-	2	-	8	8
81	Half cockhert	14	14	-	-	14	-
82	Suction hose	-	-	-	-	6	6
83	Speculum and tenaculum	-	-	-	-	4	4
84	Spuit 3cc,5cc,10cc 20cc	-	-	-	-	4 dos	4
85	Boots	-	-	-	-	4	4
86	Infusion pole	10	10	-	-	10	-
87	Bed	11	11	-	-	12	1
88	Troli	2	2	-	-	4	2
89	Big oxygen cylinder	-	-	-	-	2	2
90	Tromol	3	3	-	-	6	3
91	Adult and child scales	1	1	-	-	2	1
92	Spignomanometer	4	-	4	-	10	10
93	Digital tension	1	-	-	1	10	10
94	Water pressure	3	-	-	3	10	10
95	Termometer	3	-	3	-	10	10
96	Tracheostomi	-	-	-	-	10	10
97	Gynecology bed	-	-	-	-	2	2
98	Pelvis bone	-	-	-	-	2	2
99	Small oxygen cylinder	-	-	-	-	2	2
100	Mesure hight	1	1	-	-	4	3
101	Urine Back	10	10	-	-	10	-

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