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The Influence of Knowledge, Motivation, Leadership, and Workload toward Public Health Center Midwives' Performance in Facilitative Supervision of MCH Program in Lumajang District

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ABSTRACT

Facilitative supervision by coordinator midwife of Public Health Center (PHC) to the midwife of village in Lumajang District carried out since 2009, but until now the implementation has not been effective. This can be seen from the secondary data Lumajang District Health Office 2016 are 56% of PHC reported results late facilitative supervision MCH program. Preliminary study shows the results of 70% of midwives in the villages do not get facilitative supervision by a midwife of PHC regularly; 60% of midwife of PHC did facilitative supervision visits to the midwife in accordance with the agreement stipulated period; and 60% expressed no real follow-up from the supervisors to the problems faced. This study was conducted to determine the variables that affect the implementation of facilitative supervision MCH program in Lumajang. The study design was an observational analytic. The sampling technique study determined through proportional cluster sampling. Based on the survey results revealed knowledge ($r = 0.625$), motivation ($r = 0.658$), perceptions of leadership ($r = 0.711$) had a strong relationship to the performance center midwife in the implementation and supervision facilitative MCH programs, while the workload ($r = 0.585$) had moderate level relationship to the dependent variable.

Keywords: Supervision, Midwives, Performance

INTRODUCTION

Facilitative supervision by midwife of public health center (PHC) toward the village midwives in Lumajang District held since 2009, however until this day the practice is yet optimal. This can be seen from the secondary data by Health Office of Lumajang District on 2016. There were 56% public health center late to report the facilitative supervision of Maternal and Child Health (MCH) program result.

A preliminary study on facilitative supervision implementation by midwife coordinator to village midwife in Lumajang District, conducted through interview to 10 midwives in randomly selected village showed 70% of village midwives said they did not get facilitative supervision by public health center midwife regularly; 60% of village midwives said midwives did not make facilitative supervision visits to the village midwife in accordance with the agreed time agreement; and 60% of village midwives said that there was no real follow-up from the supervisor over the findings / problems encountered. This is in line with the results of Jamhariyah research which states that facilitative supervision to the village midwife is done every 3 months by the coordinator midwife, but not scheduled and has not been conducted routinely⁽¹⁾.

The methods used in the facilitation supervision approach are based on quality improvement approaches, namely quality standard development, quality measurement and quality improvement. The implementation of facilitative supervision begins with the development of a checklist as a standard measure of service that includes input components such as infrastructure, medicine and personnel. Process components include MCH service standards and recording of service delivery reporting. Furthermore, the assessment of standards in the form of self-assessment, verification and recapitulation, and planning independently as an effort to improve quality. These steps are performed in a continuous cycle⁽²⁾.

Secondary data obtained from Lumajang District Health Office, in 2016 there were 25 midwife coordinators and 89 midwives working in PHC, with midwives assisted by 202 midwives in the village and 85 independent midwives (BPM) spread over 205 villages. This data shows that on average 1 midwife coordinator coaches 12 midwives. The results of interviews with 8 midwives of the coordinator of the PHC stated that the obstacles to facilitate the supervision of the MCH program due to the high workload, lack of knowledge, the absence of specific rewards and the lack of support from the head of the PHC.

Several previous quantitative studies have shown that knowledge, motivation, leadership, workload and rewards have a significant effect on employee performance⁽³⁻⁵⁾. In other studies it was found that motivation, leadership, rewards and workload did not have a significant relationship with employee performance^(6,7).

The findings indicate the difference of research results about the factors that affect the employee performance. Based on several problems and the results of previous research, the authors are interested to analyze the factors that influence the performance of midwives in the implementation of facilitating the supervision of MCH program in Lumajang District. This research aimed to analyze the influence of knowledge, motivation, leadership, and workload on midwives' performance in facilitative supervision of MCH program in Lumajang.

METHODS

The type of this research was analytic observational research conducted in Lumajang Regency area in 2017. The population in this research was all the midwives who served in health center registered at Lumajang District Health Office (114 midwife of PHC). The sampling technique of this research is determined through proportional cluster sampling. The calculation result of 60 samples to be taken was calculated proportionally according to the number of midwives in each PHC. Data used in this study were primary data and secondary data. Primary data included the performance of the respondents in a facilitative supervision of the implementation of the MCH program, knowledge, motivations, perceptions of leadership and perception of the workload. While the secondary data included literature, articles, journals as well as data from the Health Office of Lumajang in the form of personnel data, work site and facilitative supervision report of MCH in 2017. The categorical data were collected and analyzed in the form of frequency⁽⁸⁾ and Spearman Rank test.

RESULTS

Knowledge, motivation, leadership, and workload (independent variables) were tested with the performance of health center midwives in the facilitative supervision of the MCH program (dependent variable). Midwife performance was measured by 6 criteria, ie quantity, quality, timeliness, cost effectiveness, influence of supervision and influence of personal relationships.

Table 1. Midwife performance of PHC in implementation of facilitative supervision of MCH program

Performance	f	%
Lack	24	40
Good	36	60

Based on the table 1, a total of 36 midwives (60%) have good performance.

Tabel 2. Distribution of knowledge

Knowledge	f	%
Lack	17	28.3
Enough	18	30.0
Good	25	41.7

Based on tabel 2, 41.7% of respondents have a good knowledge.

Tabel 3. Distribution of motivation

Motivation	f	%
Lack	12	20.0
Enough	25	41.7
Good	23	38.3

Based on tabel 3, 41.7% of respondents have enough motivation.

Tabel 4. Distribution of leadership

Leadership	f	%
Lack	7	11.7
Enough	26	43.3
Good	27	45.0

In addition, the results of the study also showed that 45.0% of respondents had a good perception of leaders and 43.3% of respondents had adequate perceptions of leaders.

Tabel 5. Distribution of Workload

Workload	f	%
Heavy	24	40.0
Medium	27	45.0
Light	9	15.0

Based on table 5, 45.0% of respondents have medium workload.

Table 6. Relationship between knowledge and performance of midwife

Knowledge	Performance				Total (%)	
	Lack	%	Good	%		
Lack	14	82.4	3	17.6	100	p=0.000 r=0.625
Enough	8	44.4	10	55.6	100	
Good	2	8.0	23	92.0	100	
Total	24	40.0	36	60.0	100	

Based on the table 6, it can be seen that knowledge had a strong relationship to the performance of health center midwives ($r = 0.625$).

Table 7. Relationship between motivation and performance of midwife

Motivation	Performance				Total (%)	
	Lack	%	Good	%		
Lack	11	91.7	1	17.6	100	p=0.000 r=0.658
Enough	12	48.0	13	55.6	100	
Good	1	4.3	22	92.0	100	
Total	24	40.0	36	60.0	100	

Based on the table 7, it can be seen that motivation had a strong relationship to the performance of health center midwives ($r = 0.658$).

Table 8. Relationship between leadership and performance of midwife

Leadership	Performance				Total (%)	
	Lack	%	Good	%		
Lack	7	100.0	0	0	100	p=0.000 r=0.711
Enough	16	61.5	10	38.5	100	
Good	1	3.7	26	96.3	100	
Total	24	40.0	36	60.0	100	

Based on the table 8, it can be seen that leadership had a strong relationship to the performance of health center midwives ($r = 0.711$).

Table 9. Relationship between workload and performance of midwife

Workload	Performance				Total (%)	
	Lack	%	Good	%		
Heavy	20	83.3	4	16.7	100	p=0.000 r=0.585
Medium	2	7.4	25	92.6	100	
Light	2	22.2	7	77.8	100	
Total	24	40.0	36	60.0	100	

Based on the table 9, it can be seen that workload had a strong relationship to the performance of health center midwives ($r = 0.585$).

DISCUSSION

Performance is an achievement of certain job requirements that ultimately directly reflect the data from the resulting output. For that Nawawi⁽⁹⁾ termed performance as a work, that is a result of the implementation of a job, both physical and non-physical. Meanwhile, according to Prawirosentono⁽¹⁰⁾, states that performance is the result of work that can be achieved by a person or group of people within an organization, in accordance with the authority of each responsibility in the effort to achieve the objectives of the organization concerned legally, not violating the law and in accordance with moral and ethics.

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Based on Rank Spearman's data analysis, it is found that knowledge has a strong relationship to the performance of midwife health center in the implementation of facilitating MCH program ($r = 0.625$). From the

description of the research results, it was shown that the knowledge center midwife on facilitative supervision MCH program is still lacking. Midwife do not understand that the facilitative supervisory approach relies on the quality improvement approach for the purpose of continuous improvement of service quality. Lack of knowledge about facilitative supervision MCH program is supported by lack of midwives opportunity to get training on facilitative supervision MCH program. The result showed that all respondents had never received training facilitative supervision MCH programs. Intellectual skills are the skills needed to perform various mental activities of thinking, reasoning, and problem solving. Individuals who are intelligent are also more likely to become a leader in a group.

This study is in accordance with the research Kusmayati⁽¹¹⁾. The results of this study indicate that knowledge related to performance bida with $p = 0.001$ ($\alpha = 0.05$). Nasla et al. also conducted a similar study with Rank Spearman's statistical analysis ($p = 0.0001$, $\alpha = 0.05$) there was a relationship between knowledge and performance of midwives in the management of pregnancy anemia⁽¹²⁾. Yulianti in her research stated that knowledge related to the performance of midwife health center with p value = 0.018 ($\alpha = 0.05$). Knowledge is very important in the services provided by the midwife to the patient. With good knowledge, midwives can provide satisfaction to patients⁽¹³⁾.

The results of this study indicate that motivation has a strong relationship to the performance of health center midwives in the implementation of facilitating the MCH program ($r = 0.658$). Motivation in management is only for human resources. Motivation questioned how to direct the power and potential of subordinates in order to cooperate productively successful in achieving and realize the goals that have been determined. Motivation as part of the psychological process within a person will be influenced by internal factors and external factors. Internal factors are the desire to gain appreciation, the desire to gain recognition. While external factors include the conditions of the work environment, marking compensation, the existence of job security, responsibility, flexible regulation.

Motivation is a condition of energy that drives self-directed individuals to achieve their goals. Mental attitude of someone who agrees to work situations which strengthens their motivation to achieve maximum employment. This study is in line with the research that has been done by Yulianti which states that the respondents who have good motivation then the performance is also good⁽¹³⁾. Meliati in Yulianti stated that there is a correlation between motivation and midwife performance in early detection of high risk pregnant women in work area of health office of East Lombok regency of 2011⁽¹³⁾. In addition, this research is also in line with research conducted by Destariyani stated that there is a relationship between motivation and performance of village midwife in early detection of preeclampsia in Lebong District of Bengkulu Province⁽¹⁴⁾. Yunalis stated that there is a significant with the percentage of meaning / p relationship value <0.05 (0.000)⁽¹⁵⁾.

Leadership style is seen as one of the important predictors that affect performance. The organization's success in achieving its goals and objectives depends on leadership and leadership style. According to Fahmi the required leadership is that has high value and competence that can be achieved through experience and knowledge maximally. Leadership style has a direct relationship to employee performance. Employee-oriented leaders are associated with high group productivity and better job satisfaction. People who work for a certain style of leadership, are motivated to work and try harder and because they like and appreciate the leader, they have more satisfaction.

Based on this research, it can be seen that perception toward leadership has a strong relationship to the performance of health center midwives in the implementation of facilitating the MCH program ($r = 0.711$). Nasla et al.⁽¹²⁾ also conducted a similar study with Rank Spearman's statistical analysis ($p = 0.001$, $\alpha = 0.05$) stating that there is a relationship between leadership with midwife performance in the management of pregnancy anemia.

There is a tendency of respondents who have good leadership then the performance is also good. The results of this study are in line with the Yulianti study which states there is a significant relationship between leadership with the performance of midwife health center in the handling of high risk pregnant women in Pontianak Regency 2012⁽¹³⁾. This is in accordance with the theory that the leader in an organization has a very important role, only internally for the organization concerned, but also in the face of various parties outside the organization which are all intended to improve the organization's ability to achieve goals⁽¹⁶⁾.

Leadership is defined as the ability of a person to influence a group toward the achievement of the group's goals. One's leadership is able to influence the motivation or competence of other individuals in a group. Leadership is able to arouse the spirit of others to be willing and have total responsibility for reaching or exceeding organizational goals. Each leader uses leadership skills with his or her own style, which means that each leader has a different style of leadership. The role of leader in organizational life such as health centers are needed. A Head of the public health center must be able to provide encouragement and motivation to its employees. Midwife as employees get a variety of tasks, including supervising facilitative MCH to the village midwife program and the others midwife in the areas should be encouraged so that they are motivated to improve the quality of its performance, so as to contribute positively to the quality of service public health center.

Field research shows that workload has a medium relationship to the performance of health center midwives in the implementation of facilitating the MCH program ($r = 0.585$). The result showed that the respondents who have a tendency of heavy workloads have poor levels of performance, while respondents who

have workloads are having a goof level of performance. This is consistent with the observation of the researchers associated with the workload was found that lower their visit to the village midwife in the working area due to the high workload. Aside from being a midwife coordinator, they still have a duty and responsibility for others such as treasurer health centers, village builder officer and program manager at the health center. They encountered resistance to the difficult terrain and lack of operational funds for supervision.

Robbins & Judge argue that the positive negativity of workload is a matter of perception. Perception is defined as a process whereby individuals organize and interpret their sense impressions to give meaning to their environment⁽¹⁷⁾. Perceptions of workload relate to roles and occupational attributes. This is because the perception of the workload is closely related to a job, where the individual provides an assessment of the number of task or activity demands requiring mental and physical activity that he must complete in a certain time, whether having a positive or negative impact on his work.

CONCLUSION

Based on the results of the research, can be concluded that there are relationship between knowledge, motivation, leadership and workload with the performance of widwives in the implementation and supervision facilitative MCH programs in public health center in Lumajang District. Suggestion for PHC is need to increase knowledge and motivation of midwife of PHC, leader must inculcate good perception through attitude in decision making and to distribute work load to all existing staff with equal.

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