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ISSN 2348-0416 USA CODEN: JASRHB Journal of Applied Science And Research,
2016, 4 \(4\): 8-15 \(http://www.scientiaresearchlibrary.com/arhcive.php\)](#) TASK
COMMITMENT OF MIDWIFE AS AN EFFORT TO ENHANCE PERFORMANCE IN EARLY
DEVIATIONS DETECTION ON CHILDREN GROWTH AND DEVELOPMENT BASED ON
SELF-LEADERSHIP AT WORKING AREA OF HEALTH AGENCY SURABAYA
INDONESIA Sri Utami1*, Nursalam2 , Rachmat Hargono2 [Doctoral degree
programs1](#), Lecturer2, Faculty [of Public Health, Airlangga University Surabaya,
Indonesia](#)

ABSTRACT The objective of this study was to find task commitment model for
midwives to enhance their performance in early deviations detection on children
growth and development based on self- leadership. [Design of this study was
observational analysis with cross sectional approach.](#) Multistage random sampling

was used to determine the health center, proportional random sampling was used to select participants who totally amount 222 samples of midwives in the health center at working area of Health Agency Surabaya. The data analysis method used Partial Least Square (PLS). Result of this study showed that the analysis results of outer model obtained all indicators of the constructs had loading factor values more than 0.5. While, all variables had composite reliability values greater than 0.7, so it can be concluded that all dimensions of latent variables were valid and reliable. Conclusion of this study was effort that could enhance midwives performance in early deviations detection on children growth and development was through self- leadership improvement and task commitment. Keywords: Task commitment of midwife, Performance, Children growth and development.

INTRODUCTION Early detection on children growth and development is a very important effort to do starting from the family level, community level and basic health service level. It is aimed to identify as early as possible the occurrence of disorders on children growth and development (Depkes RI., 2007). The growth and development of a child is a health key indicator. Range of targets for Early Detection On Children Growth and Development (EDCGDD) in toddlers and pre-school children has been set as 90%. Health services coverage for toddlers included supplying vitamin A and providing service for Detection Stimulation and Early Intervention on Growth and Development (DSEIGD). In 2012, Indonesia had only 6 provinces (18.2%) of met the target of the Strategic Plan (Renstra) as much 81%, while for 27 provinces (81.8%) had yet met the target, including East Java Province. From total 38 districts / cities in East Java, only 6 (six) districts / cities met target of 83% and the rest of 32 districts / cities had yet achieved the target, including Surabaya where only achieved 60.89%. Likewise with the achievements coverage values of East Java Province (70.34%) was still below the target set (Dinkes Propinsi Jawa Timur, 2012). In Surabaya, not all health centers achieved the detection implementation on children growth and development as targeted. In 2011, from 60 health centers there were 46 (77%) health centers achieved EDCGD in toddlers and 38 (63%) health centers achieved EDCGD in pre-school children, where it were still below the target. In 2012, from 62 health centers, there were 47 (76%) health centers achieved EDCGD in toddlers and 36 (58%) health centers achieved EDCGD in pre-school children where it were still below the target. In 2013, from 62 health centers, there were 31 (50%) health centers achieved EDCGD in toddlers and 25 (40%) health centers in pre-school children where it were still below the target (Seksi Pelayanan Kesehatan Dasar, Dinkes Kota Surabaya, 2012). Many factors affected to not optimum achievement of EDCGD, both from the community factor who has yet understood the importance of EDCGD and also the executors program of early detection on children growth and development, one of the personnels involved in this early detection activity on children growth and development is midwife. The preliminary study concluded midwife factor who still has lot of tasks, limited time, limited trained personnel and the implementation of deviations detection on children growth and development which were seemed difficult to apply. One of the efforts to enhance the performance of midwives can be conducted through increased commitments of midwives. This commitment can be maximized if she has the ability to regulate herself which includes the skill to manage time and think positive about her tasks. This ability will concrete if a midwife has self-leadership. Self-leadership is an important factor in optimizing self-efficacy, because it will enhance various aspects that can influence the performance of midwives. Yuthana (2010) found that self-leadership influenced some aspects that can enhance performance, i.e psychological empowerment, self efficacy, job satisfaction. (Manz and Sims, 1997), stated that self-leadership influenced on performance. Wirawan (2013) stated that all variables that has influence on performance been written in the self-leadership performance mechanism model developed by (Neck 2006) but the influence of each still need to be assessed with further study. Beside self-leadership strategy, optimum implementation of early deviations detection on children growth and development required midwives ability to implement early deviations detection on children growth and development. These two variables

can influence the task commitment. Kristen et al (2005) found a reciprocal relationship between ability and performance. A teacher who has confidence with his efficacy feel secure enough to express weakness to coworkers and establish conditions that allow to seek help, provide solutions in solving common problems, develop new strategies in teaching which accelerates their effectiveness. In the social cognitive theory by Bandura stated that personal agency is the foundation of action. Personal or self-efficacy is the belief 'in one's capabilities to organize and execute the courses of action required to produce given attainments.' With these background need to develop midwives performance models in early deviations detection on children growth and development. The purpose of this study was to find a model of midwives task commitment to enhance performance in early deviations detection on children growth and development based on self-leadership. MATERIALS AND METHODS The type of this study was observational analysis with cross sectional approach. The samples in this study were midwives in the health center at working area of Health Agency Surabaya, with the inclusion criteria: Minimum education was Diploma III of Midwifery, executors in the activities of early detection on children growth and development, willing to become respondents. The total samples were 222 midwives who spread across 43 health centers. The sampling technique used multi stage random sampling to determine the health center, while to determine the participants was used proportional random sampling. Instruments used to collect strategy data of self-leadership was Revised Self-Leadership Questionnaire (RSLQ) from Jeffery (2012). Efficacy questionnaires consisted of two dimensions of self-efficacy in detecting the growth and self-efficacy to detect the development. Questionnaire for the task commitment has been developed by Renzulli (2005). Questionnaires for the performance consisted of two dimensions of effort and achievement, which refers to the output indicators from the Health Ministry year 2012. Instruments used had been tested for validity and reliability. The inferential analysis used Structural Equation Modeling (SEM) based on variance which often called Partial Least Square (PLS). This study was conducted for 6 months starting in January to June, 2016. The technique of collecting data used questionnaires distributed to respondents with preliminary explanation of the intent and purpose of the study, how to fill out the questionnaire, the benefits of the study, as well as on the confidentiality of the results. Respondents also were asked to fill approval form to become respondents, where she has rights to agree or not agree to become respondents. Ethical clearance was obtained from the ethics committee, the Faculty of Public Health Airlangga University Surabaya Indonesia. Official permission of the study was obtained from Bakesbang Linmas Surabaya City and Head of Health Agency Surabaya City. RESULT AND DISCUSSION Respondents Characteristics Table 2. Respondents' Characteristics Data was further analyzed using SEM-PLS. There were 2 basic tests, namely outer model and inner model. Analysis of Assessment Model (Outer Model) Table 3. Analysis results of outer model Analysis of Structural Model (Inner Model). In the analysis of structural model conducted a test to assess the influence of exogenous factors on endogenous factors. Reference values used, ie when the value of T-statistic processing result is greater than the value of T-table, so it cab be concluded that exogenous factors has significant influence on endogenous factors. The tolerance used was (α) = 5% with the total amount of data 222, then the value of t-table = $T(df = n-1; \alpha / 2) = T(221; 0,025) = 1.96$. The results test of significance influences were fully described in the following figure 1. Figure 1. Task commitment midwives model in order to enhance performance on early deviations detection on children growth and development. Significance Test Results Below was the estimate value of each correlation between latent variables. Table 3. Analysis results of inner model Paths Original T Statistics Sample (O) (|O/STERR|) Midwives Efficacy -> Task Commitment Self Leadership strategy -> Midwives Efficacy Self Leadership strategy -> Performance Self Leadership strategy -> Task Commitment Task Commitment -> Performance 0.316854 0.548073 0.379444 0.525819 0.419721 5.678186 12.20429 6.453589 9.935715 6.631208 Sigificance Significant Significant Significant Significant Test Results of Goodness of Fit Index (GoF) The final test conducted to search Goodness of Fit (GoF). It was

different with CBSEM, the GoF value on PLS-SEM should be manually searched. The formula was: The result of average calculation AVE was 0.847145, while average value of R2 was 0.467611, thus GOF value resulted was 0.629392. According to Tenenhaus (2004), the small value of GoF = 0,1, GoF medium = 0,25 and big GoF value = 0,38. The results stated above can be described as follows: This study showed from the outer model analysis results obtained that self-leadership variable, efficacy, task commitment, and performance have had a factor loading value of more than 0.5, while all variables have composite reliability values greater than 0.7. It was concluded that all dimensions from latent variables were valid and reliable. From the inner model analysis resulted that the influence of self-leadership on self-efficacy with the T-statistic 12.20429, the influence of self-leadership on task commitment with the T-statistic 9.935715, the influence of midwives efficacy on task commitment with the T-statistic as much 5.678186, the influence of task commitment on performance with the T-statistic T- 6.631208 and the influence of self-leadership on performance with the T-statistic 6.453589 of all T-statistics values resulted bigger than T-table (> 1.96), meant the task commitment variable influenced on midwives efficacy, task commitment and performance with the positive coefficient value meant that the increased of exogenous variable would increase endogenous variable. From the goodness-fit model test 0.629392 considered big meant have great accuracy with the reality data.

DISCUSSION Commitment is the output of self-leadership, individuals who has high strategy of self-leadership often develops a sense of belonging to their task and work process. From the result of analysis explained a significant influence of self-leadership strategy towards task commitment of midwives in deviations detection on children growth and development. A midwife with high self-leadership will have a high commitment to their task also. The result concluded that individuals who are able to regulate himself has a high commitment to their tasks, the purpose of his tasks, both individually, grouply and organizationally, compared with individuals who has no self-efficacy to apply self-leadership (Wirawan, 2013). Natural reward strategy is designed to enhance intrinsic motivation for better performance by focusing one's attention on the pleasant aspect of a given task and tasks and its activities. Two strategies of natural reward are either building more pleasant and enjoyable features into a task or activity so that the task itself becomes like a reward, or by shifting cognitive focus on the intrinsically rewarding aspects of the task. Both of strategies can arise intrinsic motivation of individuals to accomplish his tasks (Wirawan, 2013). Internal commitment is a commitment that comes from within ourselves to accomplish various tasks, responsibilities and authorities based on reason and commitment possessed. The emergence of internal commitment is largely determined by the capability of individuals to manage themselves, the self-efficacy, where a person who has high confidence in self-efficacy, they will try to accomplish their tasks properly even though many obstacles faced. As for external commitment is the responsibility established by working environment, this commitment arises because of the demands of the completion of tasks and responsibilities that must be completed by the employees who produce reward and punishment. The results of this study showed that the efficacy of midwives in early detection of children growth and development deviation influenced towards the increased task commitment of midwives in early detection of children growth and development deviation. Self-efficacy is the individual's belief that he can perform certain tasks with applying his ability properly (Wirawan, 2013). The results of this study also explained that midwife who has high task commitment demonstrated high performance in early deviations detection on children growth and development. (Renzulli, 1997) stated task commitment is a subtle form of motivation. If the motivation is usually defined as a common energy process that is a trigger factor in an organism, then task commitment of the energy responsibility displayed on a specific certain task. Task commitment is a personal characteristic who are diligent and tenacious in their duties or deferred, by setting goals, has close and deep involvement in their tasks and issues, is very enthusiastic on every activity, not much requires external motivation to accomplish task, choose to concentrate on his responsibilities and has a strong

[illegible]

