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MIDWIVES PERFORMANCE IMPROVEMENT THROUGH PSYCHOLOGICAL EMPOWERMENT AND JOB SATISFACTION Sri Utami, Rekawati Susilaningrum Midwifery Department Health Polytechnic Surabaya Email: bu.sri.utami67@gamail.com ABSTRACT BackgroundA child is a nation's future generation expected to be qualified person. Children growth and development's today can affect their future development, thus the quality of growth and development of toddlers in Indonesia need to get serious attention (MOH, RI., 2007), it can be done through early detection of growth and development irregularities. Range of targets for Early Detection of Children Growth and Development Irregularities (EDCGDI) in toddlers and pre- school children has been set as 90%, yet until now not all health center (Puskesmas) in Surabaya City achieved the target (Health Agency of East Java Province, 2012). MethodThis study design used observational analysis with cross sectional approach, using 222 midwives samples worked at Puskesmas in surrounding work area of Health Agency Surabaya City who selected by proportional random sampling. Its exogenous variables used psychological empowerment, self efficacy, job satisfaction, while the endogenous variables is the midwives performance. The instrument used questionnaire. Data is analyzed using descriptive analysis and model analysis using Partial Least Square (PLS) software. ResultsThis study showed that psychological empowerment, job satisfaction can improve the midwives performance in the early detection of children growth and development irregularities with t-statistics value> t-table value (1,96). ConclusionEffort to improve midwives performance in the early detection of children growth and development irregularities can be done through improving psychological

empowerment and job satisfaction. Keywords: Psychological empowerment, Job satisfaction, Midwives performance INTRODUCTON A child is a nation's future generation who will give contribution to nation therefore they should grow and develop optimally. Considering large number of toddlers, which is about 10 percents of population, then as candidates for nation future generation, the <u>quality of</u> toddlers <u>growth and development in Indonesia</u> need to get serious attention (MOH, RI., 2007). The statute is pouredin Health Minister Decree Num.1457 / Menkes / SK / X / 2003about Minimum Service Standards (MSS) Health Division in District/City on Chapter II Article 2 point b. Range of targets for Early Detection of Children Growth and Development Irregularities (EDCGDI) in toddlers and pre-school children has been set at 90%. In Surabaya, not all Puskesmas achieved the target in implementing early detection of children growth and development. In 2011, <u>from 60</u> Puskesmas <u>there were 46 (77%)</u> Puskesmas <u>achieved</u> EDCGDIin toddlers and 38 (63%) Puskesmas in pre-school children, whereit were still below the target. In 2012, from 62 Puskesmas, there were 47 (76%) Puskesmasachieved EDCGDI in toddlers and 36 (58%) Puskesmas in preschool children where it were still below the target. In 2013, from 62 Puskesmas, there were 31 (50%) Puskesmas achieved EDCGDIin toddlers and 25 (40%) Puskesmas in pre-school children where it were still below the target (Health Agency Surabaya, 2011, 2012, 2013). Factor that influences performance named organizational factor, consisted of award system, goal setting, including vision and mission of the organization, employee selection system, training and development of existing resources. Other factor named job characteristics, including job design, work schedule, feedback result. Also, there is individual characteristics, including knowledge, attitudes and skills (Kopelman, 1986). In addition, there are senses of empowered and job satisfaction which significant to boost motivation of midwives to achieve their work target. The purpose of this study is to acknowledge the influence of psychological empowerment and job satisfaction toward midwives performance improvement in early detection of children growth and development irregularities. RESEARCH METHOD This study used observational, cross sectional design. Subjects studied were mostly midwives in 43 Puskesmas at working area of Health Agency Surabaya, 222 respondents samples were selected by proportional random sampling. Its exogenous variables used psychological empowerment, job satisfaction, while the endogenous variable is the midwives performance. The instruments used questionnaire and observation. Data is analyzed using descriptive analysis and model analysis using Partial Least Square (PLS) software. RESULT The results of this study presented a description of study variables and inferential analysis. The complete results can be seen in the following table: Table 1 Midwives Characteristics Distribution Nu Characte Category m ristics Frequen cy Σ % 1. Age Young Adolescents (18- 40 years old) Adults (41-60 years old) 191 86. 0 31 14. 0 Nu Characte Category m ristics Frequen cy Σ % 2. Education Diploma III Diploma IV / Bachelor Degree (S1) Post Graduates (S2) 198 89. 2 23 10. 4 1 0.4 3. Working 3-5 years Period 6-10 years 11-15 years 16-20 years > 20 years 76 34. 2 106 47. 7 23 10. 4 6 2.7 11 5.0 4. Working 3-5 years Period in EDCGDI Activities 6-10 years 11-15 years 16-20 years 101 45. 5 107 48. 2 10 4.5 4 1.8 6. Historical Have not yet training been trained on Have already EDCGDI been trained 178 80. 2 44 19. 8 Based on table 1 showed the majority (86%) age of midwives were young adolescents (18-40 year-old) where it is categorized in the age of reproductive age. The majority of midwives (47%) had working period ranged between 6-10 years, and (48%) had been involved in activities EDCGDI within 6-10 years. The working period can reflect work experience. Long working period of time tends to cause dull bored in doing duties and consider it as routinely. The majority (80,2%) of midwives had never received training

about EDCGDI. a. Variables Description Based on table 3 showed that Table2. Frequency Distribution of midwives' job satisfaction on general Midwives' Psychological aspect of work is mainly (58,6%) Empowerment categorized very satisfied, while satisfaction towards work benefits is Num Indicators Categor Frequency mainly (52,3%) categorized satisfied. y Σ % 1. Meaning Low 5 2.3 Table4. Midwives activity performance in Medium 134 60.4 early detection of children growth and development irregularities. High 83 37.4 2. Perceived Low 11 5.0 No. Midwives Category Freque impact Medium 157 70.7 Activities ncy High 54 24.3 Σ % 3. Competence Low 41 18.5 1. Detection of Sometimes 3 1.4 Medium 164 73.9 irregularities on infant's growth Often 14 6.3 High 17 7.7 Always 205 92.3 4. Self- Low 39 17.6 2. Detection of Sometimes 25 11.3 Determinatio Medium 145 65.3 irregularities on toddler's and pre Often 99 44.6 n High 38 17.1 school children Always 98 44.1 growth Based on table 2 showed that psychological empowerment of midwives 3. Detection of Never 3 1.4 described by indicators: meaning, irregularities on Sometimes 40 18.0 perceived impact, competence and self- infant's determination found to be major as development Often 101 45.5 amounted 60,4 to 73,9% in the medium Always 78 35.1 category. 4. Detection of Never 2.9 irregularities on toddler's and pre Sometimes 50 22.6 Table3. Frequency Distribution of school children Often 104 46.8 Midwives' Job Satisfaction development Always 66 29.7 Nu Job Category Frequency 5. TDL (Tes daya Never 8 3.6 m satisfaction lihat / seeing test) Σ % and TDD (Tes daya Sometimes 51 23.0 1. General Job Less 3 1.3 dengar / hearing Often 98 44.1 Satisfaction satisfied test) Always 65 29. Satisfied 89 40.1 3 Very 130 58.6 6. Mental and Never 22 9.9 satisfied Emotional Sometimes 81 36. 2. Satisfied Less 24 10.8 Detection (MME, autism, 5 towards satisfied GPPH) Often 79 35. benefit Satisfied 116 52.3 6 Very 82 36,9 Always 40 18. satisfied 0 Based on table 4 showed that midwives activities in early detection of children growth and development irregularities is implemented majority to infants (92,3%) every month according to child's age. Meanwhile for the midwives activities in early detection of irregularities on toddler's and pre school children growth, detection of development irregulates, TDL and TDD, MME detection, autism, and GPPH on infants, toddlers and pre school children were often to do, but not always appropriate with the schedule that children need. Table 5Performance of midwives achievement in early detection of children growth and development irregularities. Nu Midwives m achievement Categor Frequen y cy Σ % 1. Detection of irregularities on infant's growth Less 15 6.8 Enough 58 26.1 Good 149 67.1 2. Detection of irregularities on toddler's and pre school children growth Less 18 8.1 Enough 68 30.6 Good 136 61.3 3. Detection of irregularities on infant's development Less Enough Good 22 9.9 60 27.0 140 63.1 4. Detection of irregularities on toddler's and pre school children development Less Enough Good 29 13.1 64 28.8 129 58.1 5. Detection of TDL (Tes daya lihat / Less seeing test) and TDD Enough (Tes daya dengar / hearing test) Good 72 32.4 39 17.6 111 50.0 6. Mental and Emotional Detection (MME, autism, GPPH) Less Enough Good 117 52.7 34 15.3 71 32.0 Based on table 5showed that the majority of midwives (approximately 50% -67,1%) had well implemented early detection of growth and development irregularities, hearing test, seeing test at \geq 90% in infants, toddlers and pre school children. Meanwhile in delivering service detection of MME, autism, GPPHis majority (52,7) conducted by midwives classified in the less or poor category, meaning that the majority of midwives could perform detection at ≤ 45% in infants, toddlers and pre school children in their working area. b. Inferential analysis Based on the results of data processing, further conducted analysis result of SEM-PLS by using Smart PLS software, with two stages of testing: outer model and inner model. Analysis of Measurement Model (Outer Model) by testing construct validity with convergent validity test and discriminant test. The complete result is

described as follows: Table6Results of Construct Validity Test Convergent No Latent validity test Variab Indicators loading les factor Rema values rk 1 Psych ologic al Empo werm ent (X1) $\underline{X.1.1}$ Meaning $\underline{X.1.2}$ Perceived impact X.1.3 Competence X.1.4 Self- Determination 0,863 0,885 0,878 0,889 Valid Valid Valid Valid 2 Job satisf action (X2) X.2.1 General Satisfaction X.2.2 Satisfaction towards benefit 0,936 0,928 Valid Valid 3 Midw ives Perfor Y1 Midwives 0,891 Valid Performance Activities manc Y2 Midwives 0,866 Valid e (Y) Performance Results of the above table is Achievement described in the below model; Based on Table 6 showed the result of convergent validity test stated X1 that based on valid indicator of one 2,49 criteria explaining latent variable in a Y measurement model (outer model), when the loading factor value of the indicator showed > 0,5. Thus, it is concluded the X2 6,05 indicators in the table were valid to measure its latent variables. The test of measurement model Figure 1. Figure of T-statistic value on (outer model) is conducted to obtain valid final model (inner model) indicators explaining latent variables and that it were reliable. The next test conducted is structural model test (inner The next step is conducted to test model). the ability of final model in predictive, by testing Q square towards the final model. Table7Results of T-Test of Exogenous c. Q Square Predictive Relevance Test Latent Variables to Endogenous (Q2) and its coefficient value of path The results of Q square value obtained parameter on Early Structural with the following formula $Q2 = 1 - \{(1 - Model (Inner Model) R12)(1 - R22) = 1 - \{(1 - Model (Inner Model) R12)(1 - R22) = 1 - \{(1 - Model (Inner Model) R12)(1 - R22) = 1 - \{(1 - Model (Inner Model) R12)(1 - R22) = 1 - \{(1 - Model (Inner Model) R12)(1 - R22) = 1 - \{(1 - Model (Inner Model) R12)(1 - R22) = 1 - \{(1 - Model (Inner Model) R12)(1 - R22) = 1 - \{(1 - Model (Inner Model) R12)(1 - R22) = 1 - \{(1 - Model (Inner Model) R12)(1 - R22) = 1 - \{(1 - Model) R12)(1 - R22) = 1 - \{(1 - Model) R12)(1 - R22) = 1 - \{(1 - Model) R12)(1 - R22)(1 - R22) = 1 - \{(1 - Model) R12)(1 - R22)(1 - R22)(1$ (0.30)(1-0.46) = 0.61. The value showed that predictive No Path Coefficien T-Re ability of this model is good, because t of path stati mar around 61 percent of midwives parameter stics k performance is able to be explained by 1 (X1) 0,130 2,49 Sig. latent variables: psychological Psychological empowerment, job satisfaction. Empowerment ? (Y) DISCUSSION performance 2 (X2) Job 0,317 6,05 Sig. 1. The influence of psychological satisfaction? empowerment on midwives (Y) performance performance High psychological empowerment Based on table 7 showed that each reflected than an individual is able to of the exogenous variables significantly regulate him/herself in achieving the affected the endogenous variables except desired objectives. Self-leadership started self-efficacyvariable towards performance. with our self, have a clear understanding Then, the non-significant-correlation of who we are and what we want is the between self-efficacy towards midwives starting point for success in leading performance as per mentioned is omitted. ourself. Thus, resulted final model which is According to Spreitzer in (Jin-Liang formed by new value of T- statistics, as and Hai-Zhen, 2012), psychological described in the below figure, empowerment is defined as the intrinsic motivation that reflected individual orientation for the role of work embodied in the four dimensions, namely meaning, Competence, Self-Determination, Perceived impact. Each indicator could explain the midwives' psychological empowerment because it specifically referred to the value of a work goal, which is assessed in relation to the individual's expectation or standards. Competence is individual's belief in ability to carry out activities with expertise or skills possessed. Competence is more focused on ability to perform a particular work role and not the role of work in general. Self determination is individual's point of view against an institution related with options to start and set actions. Self determination is an autonomy in initiating and continuation the process work behavior, such as making decision on the working methods, speed, and the efforts conducted. Perceived Impact wa show far someone give influence to the strategic result, administrative, or operational activities in the workplace as explained by Spreitzer in (Jin-Liang and Hai-Zhen, 2012). A good meaning, competence, self- determination, perceived impact possessed by midwife will form the intrinsic motivation that build confidence of having ability to create an event in their work and their lives, and feel that their actions is effective, as well as

have more control over their choices and actions. 2. The influence of job satisfactionon midwives performance in early detection of children growth and development irregularities A midwife with high job satisfaction showed a good performance in early detection of children growth and development irregularities. Job satisfaction is an individual's perception of various aspects about his/her job. Perception could be a feeling and attitude of people towards his/her job. Negative or positive feeling and attitude toward job would have implications influence on him/her and the organization. If people satisfied with the job he/she would have liked and motivated to carry out the work and increased performance (Wirawan, 2013). In accordance with the results of the study by Amila, et al., 2012, into 219 sailors, concluded that job satisfaction is one of the most important factors in determining job performance and lead to improved performance. In Dian, et. al., (2016) study on 130 nurses in RSUD (local hospital) Tugurejo Semarang resulted the influence of job satisfaction on their performance, the higher the job satisfaction, the higher the performance. Abdel-Halim (1980) found a positive relationship between general job satisfaction in terms of satisfaction which includes satisfaction with the job itself, supervision, relationships in the workplace, salary, promotion and working conditions with the performance. The results of this study indicated there is other factors that could explain performance besides job satisfaction, namely activities performance factor, and achievement performance. Some factors that affected performance, including individual characteristics, job characteristics. According to Gibson, et. al., 2008 factors that affected performance including: individual factors consisted of abilities and skills, background, and demographics; psychological factors consisted of perception, attitude, personality, motivation, work stress. This study showed most midwives had never received training on early detection of children growth and development irregularities, thus it could affect the performance of midwives. However, in this study the influence of these factors is not investigated further. CONCLUSION AND RECOMMENDATION Conclusion: This study concluded that psychological empowerment and job satisfaction could improve the performance of midwives in the early detection of children growth and development irregularities. Recommendation: To improve the performance of midwives in the early detection of children growth and development irregularities, it needs efforts to raise senses of being empowered and loved what being worked, thus a midwife will feel satisfied with everything being worked, then directly or indirectly it will improve performance. REFERENCES Abdel-Halim, A., 1980. Effects of Higher order Need streng on the Job Performance-Job satisfaction Relationship. Journal Personal Psychology, 33(n0.2), pp.335-347. Amila, A.P., Prasanga, Aruna, S., 2012. Job Satisfaction and Job Performance of The Sailors in Rapid Action Boat Squadron of Sri Lanka. Navy, Sri Langkan Journal of Human Resource Management, 3(1), pp.49–57. Amstrong M, 1995. Personnel Management Practice, London: Kogan P. Bertina Sjabadhyni, Indarwahyanti Graito, R.P.W., 2001. Pengembangan Kualitas SDM dari Perspektif PIO, Depok: Bagian Psikologi Industri dan Organisasi Fakultas Psikologi universitas Indonesia. Cecilia Engko, 2008. pengaruh kepuasan Kerja terhadap kinerja individual Dengan Self Esteem dan Self Efficacy sebagai Variabel Intervening, jurnal Bisnis da Akuntasi, 10(1), pp.1-12. DepKes, R., 2007. Pedoman Pelaksanaan Stimulasi, Deteksi dan intervensi Dini Tumbuh Kembang Anak di Tingkat Pelayanan Kesehatan Dasar, Jakarta: DirJend Pembinaan Kesehatan Masyarakat. Depkes, R.., 2007. Pedoman Pelaksanaan Stimulasi, Deteksi dan intervensi Dini Tumbuh Kembang Anak, Jakarta: Dirjen Pembinaan Kesehatan Masyarakat. Dian kristanto, Suharnomo, intan R. (universitas D.S., 2016. pengaruh Kepuasan Kerja terhadap kinerja Karyawan dengan komitmen Organisasional sebagai variabel intervening. Dinas Kesehatan Kota Surabaya, 2012. Profil Dinas

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