

Factors related to Midwife Performance at the Public Health Center

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Factors related to Midwife Performance at the Public Health Center

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Abstract

Performance is the appearance of personal work and professional groups. The performance of a midwife is also influenced by many factors, namely internal factors and external factors. The public health center is the leading service unit and can directly reach the community, taking responsibility in the field of health not only in the curative and rehabilitative field but more focused on the promotion and preventive fields. This study was conducted on 100 midwives who worked in public health center in Surabaya City in the period of May-July 2018 by using a questionnaire that had proven its validity and reliability. Variables in age, education, employment status, years of service, and workload as independent variables and performance as dependent variable. Data were analyzed by logistic regression test. The results showed that midwives had poor performance were 65%. The performance of midwives has a significant relationship with age ($p = 0.01$), employment status ($p = 0.022$) and workload ($p = 0.000$), but there was no significant relationship with education ($p = 0.137$), working period ($p = 0.581$). In conclusion, the performance of midwives in the public health center was still poor due to the heavy workload, it was recommended to review the workload of midwives in the public health center in order to improve the performance of midwives.

Keywords: Midwife's Performance, Workload, Public Health Center

1.0 INTRODUCTION

The maternal mortality rate (MMR) and infant mortality rate (IMR) in Indonesia are still quite high. Maternal and infant mortality is high, reflecting the ability of the state to provide poor health services to the community. ⁽¹⁾ Mina ⁽²⁾ suggests that midwives play an important role in the future of mothers, babies and families in every contact with mother and baby and their families. Midwives can make the difference between life and death for mother and baby, for health in starting a mother's life and role, increasing confidence and strength for mother and family to be ready to begin commitment as parents. WHO and several other health organizations have identified that midwives are the key to leading to a reduction in maternal mortality and infant mortality and disability globally. ⁽³⁾ Midwives as the spearhead of health development that is directly related to public health services can be a supporting or encouraging factor but can also be a limiting factor to the success of the reduction program for MMR and IMR. ⁽⁴⁾ The performance of a midwife is also influenced by many factors, namely internal factors such as age, length of work and education and external factors, including can also be influenced by individual competencies, organizational support and management support, this individual competency is seen in the ability and skills of doing work. ⁽⁵⁾

Performance is the appearance of personal work and professional groups, not limited to individuals who hold structural and functional positions but also on the overall personal ranks in an organization both quality and quantity. The performance of a person in an organization or work institution is influenced by many factors, both factors in themselves and environmental factors or the work organization itself ⁽⁶⁾. The performance of midwives is used as a "clinical performance indicator" as a step to realize commitment to be able to assess the level of individual ability in the work team. Thus it is expected that awareness will grow, willing and able to identify the quality of each performance for the monitor to be improved and continuously improved. Clinical performance development and management system model (SPMCK) for midwives, starting with the smallest elements in the organization at the level of "First Line Manager". Because productivity (services) is directly in the hands of individuals in teamwork. ⁽⁷⁾

The public health center is the leading service unit and can directly reach the community, taking responsibility in the field of health not only in the curative and rehabilitative field but more focused on the promotion and preventive fields. The ability of public health center to provide services professionally

depends largely on how midwives can provide maternal and child health services (MCH) to the maximum. Duties and authority of midwives in managing MCH programs⁽⁶⁾. In the city of Surabaya, there are 63 health centers, and among them are inpatient health centers, health centers with basic emergency neonatal obstetric services (PONED) and health centers with comprehensive neonatal obstetric services (PONEK). This study has the aim of analyzing the factors that are most related to the performance of midwives in the public health center.

2.0 METHODS

This study was a cross sectional research, conducted in May-July 2018. The research subjects were 100 midwives in the public health centre in Surabaya City. Variables in age, education, employment status, years of service, and workload as independent variables and performance as dependent variable. To measure the variables of this study used a modified Tela questionnaire, that had proven its validity and reliability. Data were presented in the form of frequency and percentage⁽⁸⁾ then analyzed by logistic regression test.

3.0 FINDINGS

Table 1. Factors related to Midwife Performance

Variable	Good		Bad		Total		X ²	p-value
	f	%	f	%	f	%		
1. Age								
- > 35 years	33	44.6	41	55.4	74	100	11.517	0.001
- < 35 years	2	7.7	24	92.3	26	100		
2. Education								
- Diploma	32	38.1	52	61.9	84	100	2.211	0.137
- Bachelor	2	12.5	13	87.5	16	100		
3. Employment								
-Civil servants	11	23.4	36	76.6	47	100	5.241	0.22
-Noncivil servants	24	45.3	29	54.7	53	100		
4. Years of service								
- < 7 years	16	38.0	26	62.0	42	100	0.305	0.581
- > 7 years	19	32.7	39	67.3	58	100		
5. Workload								
- Medium	31	72.1	12	27.9	43	100	45.624	0.000
- weight	4	7.0	53	93.0	57	100		

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There was a significant relationship between the performance of midwives with age factors ($p = 0.01$), employment status ($p = 0.022$) and workload ($p = 0.000$), but there was no significant relationship between the performance of midwives and educational factors ($p = 0.137$), working period ($p = 0.581$).

Table 2. Relationship of Age, Education, Employment Status, Working Period, and Workload with the performance of midwives

Factor	Koef B	SE (B)	p	RP (95% IK)
Initial Model:				
- Age	-0.863	0.987	0.382	0.422 (0.61 -2.921)
- Education	-1.023	0.911	0.261	0.359 (0.60 -2.143)
- Employment Status	0.848	0.669	0.205	2.335 (0.630 -8.660)
- Working Period	-0.104	0.615	0.866	0.901 (0.270 -3.006)
- Workload	-3.513	0.672	0.000	0.030 (0.008 -0.111)
Final Model:				
- Employment Status	1.134	0.644	0.001	0.28 (0.960 -10.064)

- Workload	-3.586	0.552	0.000	8.352 (0.08 - 0.098)
- Constant	2.122	-	-	-

Multivariable statistic test result using logistic regression shows that the factors of performance of midwives were employment status (p -value = 0.001) and workload (p -value = 0.000).

3.0 DISCUSSION

Generally, midwife's performance at public health center is not good as well, percentage of worst midwife's performance is 65%. Based on research result, midwife's age also determining its performance. Due to Agus's research result⁽⁹⁾, proportion of elder respondent who has good work performance is 77,3%, higher than proportion of younger respondent with good work performance which only got 61,5%, because elder age is tend to have a better social awareness. Young midwives tend to have less social awareness compared with their senior. The elder midwives have a better social awareness because they got experiences already by interacting with the society. The more social experiences they got, the wiser they are when makes a decision, which will give positive impacts to their performances. Age is a must highlighted term because influencing somebody's physics and mental health, work ability and responsibility. But based on analysis result, there is no significant relation between age and work performance. This result is in line with Americans survey result that shows 93% elder workers are as good as the younger. Riyani's research⁽¹⁰⁾ also stated that there is no relation between age and work performance even the difference of its proportion is high enough.

The result shows that there is no relation between D-3 and D-4 of midwifery to have a good performance due to Swisari's research⁽¹¹⁾ in Serang. This is possible because the author was deviding education into D-3 and D-4 of midwifery, which all of them has met minimum standard of midwifery education according to Decree of MoH-RI Number 369/Menkes/SK/III/2007 about professional midwife standard says that practiced midwives in every level of healthcare institution is midwives who graduated from D-3 of midwifery, so they would have a same skill qualification⁽¹²⁾. The old analyze result did not show a relation between midwife's performance, according to Siagian, said that working period did not have relation with performance. The more senior officer did not mean that their work performance would be better because experiences are wiser when making decisions. Even can be traced work achievements did not guarantee that they could be more productive than the new officer. The proportion of respondent who has longer working time with good performance is 36 (76%), so it concluded that long-term work respondent has a good performance than the new officer.

This opinion is supported by Robbins⁽¹³⁾ who stated person's working time is correlating with the experience and there is a positive relation between seniority and productivity. Based on the research, public health center midwives already get used to with their work routinity and probably less used to work with Midwifery Service Standard, then the seniority do not influence midwife's performance in public health center. The workload is very influential on the performance of individuals in carrying out when was done, the workload is not only seen from physical burden alone but the workload can also be a mental burden. Respondents who have dual tasks are slightly smaller than those who do not have duplicate tasks. This is possible because of the large number of apprentices in the public health center, so that some of the tasks are assisted by these personnel. From the results of observations in the field, the lack of officers requires that one be able to carry out tasks in each section. Although the midwife in the public health center has multiple tasks.

4.0 CONCLUSION

In conclusion, the performance of midwives in the Puskesmas was still poor. An increasingly mature age will have a good impact on the performance of midwives in the Puskesmas. Employee status will also have an impact on the performance of midwives in the Puskesmas. Education and years of service do not have a significant relationship with the performance of midwives in the Puskesmas. Workload is a factor that is most related to the go.

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