The Influence Factors of The Performance of Midwives on the Neonatal Health Services in Balangan District

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Abstract

The performance of midwives in Balangan District in neonatal health services from 2016 to 2018 did not reach the Minimum Service Standard target for newborn services based on Ministry of Health Decree of the Republic of Indonesia No 43 in 2016. The low performance of midwives in neonatal health services in Balangan District has an important position on the performance of the Balangan District Health Office to reduce IMR. This research aim to analyze the factors that influence the performance of midwives in neonatal health services in Balangan District. The research using an observational analytic study with a cross sectional study design. Sample of 70 midwives took using a purposive sampling method. The results of this research showed that there was no influence between education (p=0.230) and compensation (p=0.193) on the performance of midwives in neonatal health services, while the length of service could not be analyzed. The most dominant factor influencing was training (p=0.000) with Exp (B) of 23.33 with a confidence level of 95%.

Keywords: education, compensation, training, tenure, performance

Introduction

Neonatal health service by midwife is one way to reduce infant mortality in the neonatal period. Neonatal visits that do not meet the standards or behavior of nonneonatal visits statistically have a large risk of neonatal death. Neonatal visits are conducted to reduce the risk of neonates who are vulnerable to health problems.

Based on maternal and child health reports of Balangan District Health Office, neonatal health services in 2016 amounted to 78.77% consisting of coverage of the first neonate visit at 6-48 hours after birth according to the standard of only 87.83%, complete neonatal visits according to the standard only amounted to 84.42% and

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handling neonatal complications was only 64.05%. In 2017 neonatal health services only amounted to 69% consisting of coverage of first neonate visits according to the standard of only 84.45%, complete neonatal visits according to the standard was only 79.66% and handling neonatal complications was only 42.5%, whereas in 2018 neonatal health services by 75.57% consisting of coverage of first neonate visits according to the standard of only 83.2%, complete neonatal visits according to the standard of only 79.3% and handling of neonatal complications only by 64.2%. The performance of midwives in neonatal health services from 2016 to 2018 did not reach the Minimum Service Standard (SPM) target for newborn services based on the Ministry of Health Decree of the Republic of Indonesia Number 43 of 2016. The low performance of midwives in neonatal health services in Balangan District has an important position on the performance of the Balangan District Health Office to reduce IMR. Neonatal health services have a statistically significant relationship with neonatal deaths in Indonesia. The low performance of midwives in neonatal health services is influenced by various

factors.² Individual factors influence performance consisting of abilities and skills, cultural background and demographics. Demographic factors can influence performance.³ Factors that affect employee performance are influenced by a number of factors including motivation, ability, knowledge, expertise, education, experience, training, interests, personality attitudes, physical conditions and physiological needs, social needs and egoistic needs.⁴ Factors that influence performance are internal factors, namely individual characteristics such as years of service and attitudes towards tasks and external factors.⁵

Materials and Method

This research used observational analytic study, with the time approach of data collection using a cross-

sectional design. This study uses secondary data analysis from monthly and annual reports on maternal and child health for neonatal health services and nominative list data of civil servant for the Balangan District Health Office especially for midwives, midwife training data and compensation data. The population in this study were all midwives in the village and public health center who had civil servants (PNS) status and at least one year of service in their working area, totaling 92 people out of 116 midwives. The sample of this study was 70 people in which was obtained purposively based on the proportion of the total population who met the criteria for inclusion and then for each public health center. Analysis of the data used is descriptive and statistical analysis of the test chi-square and test logistic regression doubled the significance level of 95%.

Findings and Discussion

Table 1. Frequency Distribution of Education, Compensation, Training, and Working Period of Midwives in The Neonatal Health Service on Balangan District

Variable	Frequency	Percentage (%)
Education		
Diploma IV/ Bachelor of Midwifery	5	7.1
Diploma III Midwifery	65	92.9
Compensation		
High	9	12.9
Low	61	87.1
Training		
Complete	19	27.1
Incomplete	51	72.9
Working Period		
Long	35	50
Medium	13	18.6
Short	22	31.4
Midwive's Performance		
Good	13	18.6
Not good	57	81.4

Table 2. Bivariate Analysis of The Influence of Education, Compensation, Training, and Working Period to The Midwives Performance in The Neonatal Health Service on Balangan District

Variable	Midw	Midwive's Performance			Total		Chi-Square	
	Good	Good		Not good				
	n	%	n	%	N	%	p-value	
Education								
Diploma IV/ Bachelor of Midwifery	2	40	3	60	5	100	0.230	
Diploma III Midwifery	11	16.9	54	83.1	65	100		
Compensation								
High	0	0	9	100	9	100	0.193	
Low	13	21.3	48	78.7	61	100		
Training								
Complete	10	52. 6	9	47.4	19	100	0.000	
Incomplete	3	5.9	48	94.1	51	100		
Working Period								
Long	7	20	28	80	35	100		
Medium	4	30.8	9	69.2	13	100	-	
Short	2	9.1	20	90.9	22	100		

The influence of education on the performance of midwives in neonatal health services

Based on the results of the fisher's exact test obtained p-value of 0.230 (p>0.05) which means midwife education has no influence on the performance of midwives in neonatal health services. The level of education of midwives have an important role on the performance of midwives in neonatal health services. It should have the competence to midwife consisting of a set of knowledge, skills and attitudes acquired through higher education and continuing education. The higher level of midwife education can be interpreted to have more knowledge, skills, and high ability in neonatal health services. At least midwives who have diploma/bachelor education so that midwives who have good knowledge, skills and abilities about neonatal health services

according to the standard are also very little that have an impact on the low performance of midwives in neonatal health services. The level of employee performance will greatly depend on the ability of the employee itself such as the level of education, knowledge, experience where the higher the level of ability is likely to have higher performance as well.⁶ The results of this study are in line with research Purwaningsih et al. (2015) which states that there is no significant relationship between education and the implementation of neonatal visits by midwives.⁷

The influence of compensation on the performance of midwives in neonatal health services

Based on the results of the fisher's exact test obtained p-value of 0.193 (p>0.05), which means midwife compensation has no influence on the performance of

midwives in neonatal health services. The compensation distribution to midwives in the form of additional allowances for a certain amount of money each month does not affect the performance of midwives in neonatal health services because the compensation provided is not proportional. Compensation provided is not based on the performance of midwives in providing neonatal health services but based on consideration of the workplace and rank of midwife. If compensation were given to midwives in accordance with the performance made by midwives to neonatal health services will improve the performance of midwives. 8 This study is in line with Rachmawati (2014) which states that the performance of village midwives in performing a neonatal visit is increasingly poor due to the poor perception of village midwives towards a compensation system and in line with Merita (2016) that midwives receive financial compensation that is not appropriate, will encourage dissatisfaction in him, so that in doing work will be less good.^{9,10}

The influence of training on the performance of midwives in neonatal health services

Based on the results of the fisher's exact test obtained p-value of 0.000 (p<0.05), which means that the complete training that midwives have participated in affects the performance of midwives in neonatal health services neonates with PR of 17.778, which means midwives who have completed training have a 18 times greater chance to perform well. Training is a systematic and planned effort so that employees get additional capabilities so that the quality of work gets better. Training is a process that teaches certain knowledge and expertise, and attitudes so that employees become more skilled and able carry out their responsibilities better, in accordance with the standards. 12

To improve the performance of midwives in neonatal health services, midwives should take a comprehensive series of technical training related to neonatal health services such as midwifery competency training, APN, asphyxia management and LBW management and MTBS. The full technical training followed by a midwife obstetrics can improve the competence to midwife. Factors that influence employee performance is influenced by training.⁴ This study is in line with research Suryaningtyas et al (2014) which states there was an influence between training and midwife performance in neonatal visits and supported by Purwaningsih et al (2015) research that training related to handling infants

to midwives through asphyxia management training, LBW management, MTBS/MTBM can affect neonatal services in accordance with the service standards that should be provided to neonates.^{7,8} There were differences in performance between midwives who have been trained and midwives who have not been trained on MTBM in terms of quality aspects of midwife performance in the management of neonatal visits.¹³

The influence of working period on the performance of midwives in neonatal health services

The chi square statistical test results with a 95% confidence level in the cross table 3 x 2, showed that all expected counts were 2 cells (33.3%) less than 5. So the p-value could not be analyzed so the working period can not be concluded whether or not influence to the performance of midwives in neonatal health services.

Multivariate Analysis

Table 3. Final Models of Multivariate Logistic Regression

Independent Variable	p-value	PR	
Training	0.000	23.33	
Compensation	0.999	0.000	

The results of multivariate analysis showed that the independent variables included in the model were training and compensation and the variable with the strongest influence was the training variable. Variable training is the most dominant variables that affect the performance of midwives in neonatal health services with exponential beta (Exp. B) 23.33. This revealed that training was the most influential variable after gaining control of the education, compensation and training variables. Training is a process that teaches certain knowledge and expertise, and attitudes so that employees are more skilled and able to carry out their responsibilities better, in accordance with standards. 12

To improve the quality of midwives in accordance with service, non-formal education is developed through training programs, internships, seminars or workshops held in collaboration with professional organizations, the ministry of health, health service facilities, international institutions and others.¹⁴

The main objectives of the training are to improve performance and upgrade expertise so that it is in line with technological progress. Training is specific, practical and immediate. Specific means that training is related to the field of work being carried out. Practical and immediate means those that have been trained can be put into practice. Training that has been followed by someone who is related to their field of work will be able to affect skills and mentality and will increase their confidence in their abilities, this will positively affect the performance of midwives. 13

Conclusion

Education has no influence on the performance of midwives in neonatal health services. Compensation has no influence on the performance of midwives in neonatal health services. Training has an influence on the performance of midwives in neonatal health services. The tenure cannot be concluded whether there is no influence or not. The most influential factor on the performance of midwives in neonatal health services in Balangan District is the training.

Ethical Clearance

Before conducting the data retrieval, the researchers conducted a decent test of ethics conducted at the Faculty of Medicine, Lambung Mangkurat University to determine that this study has met the feasibility. Information on an ethical test that the study is eligible to continue. The feasibility of the research was conducted to protect the human rights and security of research subjects.

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Conflict of Interest: The authors declare that they have no conflict interests.

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