

The Relationship Between The Level Of Midwife Satisfaction With Improving The Quality Of MCH Services In The Working Area Of Muara Dua Health Center In Lhokseumawe City

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ABSTRACT

Keywords:

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The background of this study is the complexity of factors that affect midwives' job satisfaction, especially at Muara Dua Health Center, Lhokseumawe. Job satisfaction is related to motivation, continuing education, salary and benefits, management, tasks, work environment, workload, and moral satisfaction. The characteristics of motivational factors are distinguished between intrinsic characteristics such as challenge, recognition, autonomy, work, and responsibility that determine job satisfaction. Extrinsic characteristics such as salary, security in work, working conditions. Job dissatisfaction can lead to delays and absences, inability to conduct proper checks, work fatigue. To determine the relationship between the level of midwife satisfaction with improving the quality of maternal and child health services at the Muara Dua Health Center in Lhokseumawe City. The study was conducted on 55 samples of midwives at the Blang Muara Dua Health Center, Muara Dua District, Lhokseumawe City, with a comfortable cross-sectional work design, giving satisfaction to 14 midwives (58.3%) and 10 uncomfortable people (41.7%). Meanwhile, 31 respondents were satisfied with a comfortable work environment by 19 people (61.3%) and dissatisfied with an uncomfortable work environment by 12 people (36.7%). Based on statistical tests on bivariate analysis with the Exact Fisher test at a 95% confidence level, a value of $P = 0.084$ ($p < 0.05$) was obtained, meaning that there was no significant relationship between a comfortable work environment and the level of midwife satisfaction. There is a significant relationship between the distribution of service fees in accordance with midwives' satisfaction in improving the performance of maternal and child health services. At the same time, there is no meaningful relationship between the comfort of the work environment and the level of midwives' satisfaction in improving the performance of maternal and child health services. There is a significant relationship between the distribution of tasks and midwife satisfaction in improving the performance of maternal and child health services. There is no significant relationship between leadership elements and midwives' satisfaction in improving the performance of maternal and child health services.

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1. INTRODUCTION

Health development aims to increase awareness, willingness and ability to live healthily for everyone to realize the highest degree of health as part of the national development goals. Efforts to improve the quality of public services according to the Law of the Republic of Indonesia Number 25 of 2000 concerning the National Development Program (PROPENAS) are through the preparation of the Community Satisfaction Index (IKM) as a benchmark to determine the level of quality of public services by assessing public service elements so that it becomes a driving force for each service delivery unit to improve the quality of its services. There are 14 service elements which are the core questions that must be measured to see the level of community satisfaction, namely simplicity of the

service process, suitability of service requirements, clarity and certainty of serving officers, officer discipline, officer responsibility, officer ability, speed of service, fairness in providing services, courtesy and friendliness, cost reasonableness, cost suitability, schedule accuracy, environmental convenience and environmental safety [1].

One indicator of the degree of public health is the Maternal Mortality Rate (MMR) because it describes the level of awareness, daily life behavior, nutritional and health status of the mother, environmental conditions, the level of health services, especially for pregnant, childbirth and postpartum women. Midwifery services are an integral part of the health care system provided by registered midwives which can be carried out independently, in collaboration or by referral (Decree of the Minister of Health of the Republic of Indonesia Number 369/MENKES/SK/III/2007). In relation to quality service or quality associated with satisfaction, five factors influence service quality: reliability, responsiveness, assurance, empathy and tangibles. This is the determinant of customer satisfaction where customers will compare reality (performance) with their expectations. Customers must be satisfied, because if they are not satisfied they will leave the company and become competitors' customers, this will reduce profits and even cause losses [2].

One imperatives in providing health services is ensuring the quality of service so that the customers (patients) served will be satisfied with the services provided. Therefore officers who provide services must be friendly, responsive, reliable, competent in their field, work in teams and be able to solve service quality problems in their work. New patients will feel satisfied if the performance of the health services obtained matches or exceeds their expectations. So it can be concluded that patient satisfaction is a level of patient feelings that arise from the performance of the health services they receive after the patient compares them with what they expect [3].

Employees in determining the success or failure of a job they do in the organization will affect performance, and then is a person's satisfaction in the field of work he is engaged in both as an individual and as a worker in an organization where the employee works. Furthermore, job satisfaction greatly influences a person's emotional response to work situations and conditions. The emotional response itself can be a feeling of satisfaction or dissatisfaction. someone who is satisfied with his job will have high motivation, commitment to the organization and work participation, and continue to improve his performance [4].

Job satisfaction is an effectiveness or emotional response to various aspects of work. A set of employee feelings about whether or not their job is enjoyable. The general attitude toward a person's job that shows the difference between the amount of rewards employees receive and the amount they believe they should receive. Job satisfaction is an affective or emotional response to various aspects or aspects of one's work so that job satisfaction is not a single concept. A person can be relatively satisfied with one aspect of the job and dissatisfied with one or more other aspects. Job satisfaction can affect employee work discipline in a better direction, this is because employees have achieved psychological satisfaction which reflects the magnitude of a person's responsibility for the tasks assigned to him. This encourages work passion, work enthusiasm, and the realization of the goals of the company, employees, and society in general [4].

In hospitals and health centers the most human resources who interact directly with patients are doctors, nurses and midwives, so the quality of services carried out by doctors and paramedics can be assessed as an indicator of good or bad quality of service in hospitals. In managing human resources, it is important to pay attention to efforts to maintain good relations with employees. These efforts relate to the satisfaction of an employee at work. Job satisfaction is a form of employee perception which is reflected in attitudes and focuses on behavior toward work. It is also a form of human interaction with the work environment. High job satisfaction indicates that the hospital has implemented effective behavior management [5], [6].

In today's health services, patients have the right to get satisfaction with the health services they receive. Patients now tend to be critical and demand good quality services. Measuring patient satisfaction can be used to evaluate the quality or quality of health services. Especially at this time the quality of health services is something that does not need to be negotiable to be improved. Patients can feel satisfaction if the service is obtained in accordance with what is expected, and vice versa can

feel disappointed if the health services obtained are not as expected. These conditions can cause patients to tend to choose health services that prioritize patient satisfaction [7].

Whereas the dissatisfaction of midwives is caused by work environment factors, division of work and division of time. Other factors affecting satisfaction levels are low salaries, lack of training opportunities, improper supervision and inadequate financial rewards. Only half of the respondents were satisfied with the environment, and about two-thirds of public health professionals were dissatisfied with professional opportunities, resources and work schedules [8], [9].

Inpatient nurse job satisfaction The factors that cause nurse job satisfaction are dominant in terms of job content, namely the factors of autonomy, appreciation and recognition, then from the work environment factors are the factors of relationships with co-workers, relationships with direct superiors and workplace conditions. and nurse job dissatisfaction is also related to policy and reward factors, . The influence on employee job satisfaction is the work environment, education level, personal desires and expectations, and needs of 50.7%, while 49.3% is influenced by respondent characteristics such as personality, fatigue, boredom, and responsibility.

The total population in Lhokseumawe City in 2022 is 211,346 and as many as 4,817 are pregnant women in Lhokseumawe City. The number of pregnant women consisted of 1,461 at the Banda Sakti Health Center, 609 pregnant women at the Mon Geudong Health Center, 816 at the Muara Dua Health Center, 428 at the Kandang Health Center, 893 pregnant women at Muara Satu Health Center. 413 pregnant women at the Blang Mangat Health Center and 197 pregnant women at the Blang Cut Health Center, Lhokseumawe City. This research is very important because it involves crucial aspects in the development of health services in Indonesia. Improvements in health services can have a huge impact on the overall well-being of society. In addition, a better understanding of the factors that affect patient and employee satisfaction can help with improvements in healthcare management and provision. Thus, this research provides a strong foundation for efforts to improve sustainable health services in Indonesia.

2. METHOD

Types of Research

This study was conducted in a Descriptive Analytic manner with a Cross-sectional design, where data collection (dependent variables and independent variables) was carried out at the same time, aiming to determine the relationship between the level of provider satisfaction (Midwife) with improving the quality of maternal and child health services.

This research was carried out in August 2023, this research was carried out at the Muara Dua Health Center, Muara Dua District, Lhokseumawe City, which is a place of basic services for the community in the working area of the puskesmas in Lhokseumawe City and is a densely populated urban and rural area.

Population and Research Sample

The population in this study was all midwives of civil servants at the Muara Dua Health Center totaling 55 people spread across the main Puskesmas, auxiliary health centers (pustu), in village health posts and in Islamic boarding school health posts. The sample taken in the study was the total population of 55 people.

Data Sources

Primary data obtained directly by researchers through the distribution of questionnaires at the Muara Dua Treatment Health Center in Lhokseumawe City. Secondary data obtained from the Health Office and Muara Dua Health Center of Lhokseumawe City. And tertiary data obtained from internet media, and other media.

Data Processing

After the data is collected, the next step is to process the data with the following steps:

1. *Editing*

Editing activities are intended to re-examine or check each questionnaire that has been collected and if there is an error, an immediate match will be made to respondents

2. *Coding*

After finishing editing, the process of coding each variable data that has been collected is useful for facilitating further processing

3. *Tabulating*

After data *editing* and *coding*, the next step is to move the data according to the data groups in a table.

Data analysis

1. Univariable analysis

Data analysis begins with conducting a variable analysis on all variables, this analysis is carried out to describe each variable to be studied in this study, namely *independent* variables (work motivation, *service fees*, work environment, division of duties and elements of the Head of Puskesmas) and *dependent variables* Midwife Satisfaction with Improving the quality of MCH services

2. Bivariate analysis

Bivariate analysis is to find out the hypothesis by determining the relationship between the independent variable and the dependent variable, *the statistical test used* Chi-Square test, the formula used is:

$$X^2 \sum \frac{(O - E)^2}{E}$$

Information

X² : Chi-square value

O : Frequency of observed/observed values

E : Frequency of expected value

Conditions that apply to the Chi-Square test:

- In the 2x2 table, the expected frequency value cannot be less than 5
- If in the 2x2 table, the expected frequency value is less than 5, then the "Fisher Exact Test" is used.
- In large contingency tables, expected *frequencies* can be at least 1 and at most 20% of all cells in the *contingency* table have expected frequency values less than 5.
- X² tests with *expected frequency values less than 5* in the 2x2 table contingency can be corrected using *Yate's correction formula*.

Data analysis was carried out with SPSS version 17.0 to prove the hypothesis, namely with the following conditions:

- H₀ is rejected, if the p value <0.05, so it is concluded that there is a meaningful relationship.
- H_a accepted, if p value >0.05, until it is concluded there is no meaningful relationship.

Data Presentation

After careful analysis, all research data are presented in the form of frequency distribution tables, equipped with explanatory descriptions in each form of narrative and cross tables.

Concept of Thought

The Concept of Thought in this research is to identify the relationship between the independent variables (service money, work environment, division of tasks, and leadership element) and the dependent variable, which is the level of midwife satisfaction in improving the quality of maternal and child health (MCH) services.

a. Service Money

In this context, the concept of thought is that the level of midwife satisfaction in improving the quality of maternal and child health services can be influenced by the allocation of funds or resources into those services. If sufficient funds are available for healthcare services, midwives may feel more satisfied because they can provide better services.

b. Work Environment

The concept of thought here is that a good work environment can enhance the level of midwife satisfaction in their work. A comfortable, safe, and supportive work environment can improve the mental and emotional well-being of midwives, which can have a positive impact on the quality of services they provide.

c. Division of Tasks

An efficient and clear division of tasks within the healthcare team can affect midwife satisfaction. The concept here is that when tasks are well-distributed and aligned with the abilities of each team member, midwives can feel more satisfied with their work and can make a better contribution to the quality of maternal and child health services.

d. Leadership Element

In this context, the concept of thought is that effective leadership can influence midwife satisfaction levels. Good leadership, such as support, guidance, and recognition of midwife performance, can provide additional motivation and enhance their satisfaction in improving the quality of maternal and child health services.

By connecting these independent variables to the dependent variable, this research aims to explain the extent to which factors such as fund allocation, work environment, division of tasks, and leadership elements can impact midwife job satisfaction, which, in turn, can affect their efforts to enhance the quality of maternal and child health services.

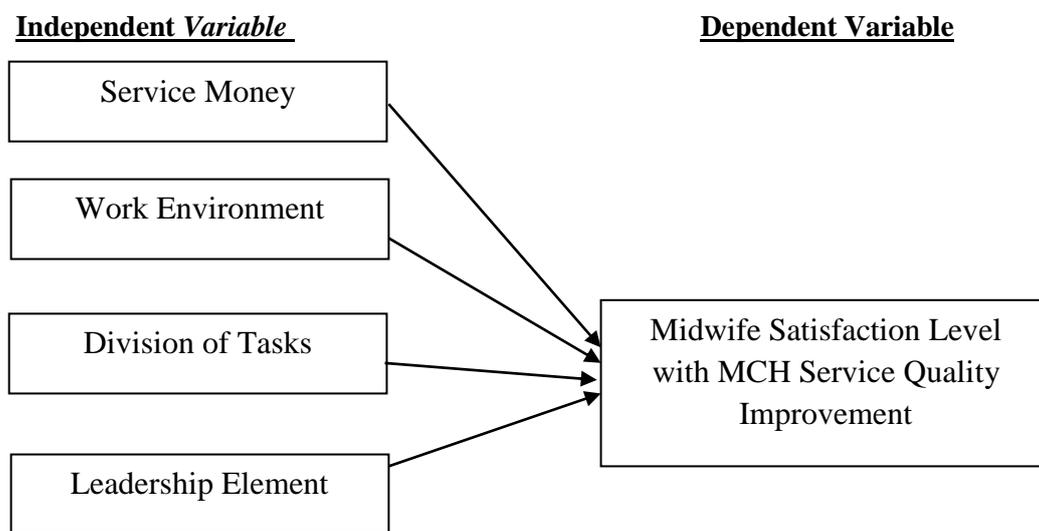


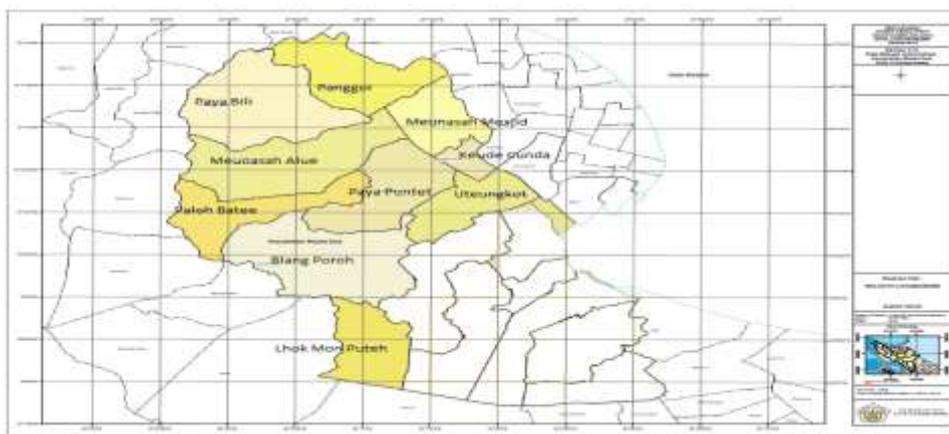
Figure 1. Research Concept Framework

The conceptual framework illustrates that the dependent variable of the level of satisfaction of midwives is the independent variable (Service Money, Work Environment, Division of Duties, and elements of leadership).

Descriptive Research Location

Overview of the research site

Muara Dua Health Center's working area covers the entire Muara Dua District. Muara Dua District is included in the Lhokseumawe Administrative City area, Muara Dua Health Center area is located at 96°20'- 97°21'E and 04°54'- 05°18 N.



Picture. 2 Map of Muara Dua Health Center Working Area Boundaries

The boundaries of the working area of Muara Dua Health Center are as follows:

1. North : Working Area of Banda Sakti Health Center
2. East : Working Area of Puskesmas Kandang
3. West : Working Area of Muara Satu Health Center
4. South : Working Area of Blang Manga Health Center

Muara Dua Health Center was established in 1983 with an area of 57.80 km² of Muara Dua Health Center. Administratively, the Muara Dua Puskesmas service area consists of 10 villages.

1. Uteunkot Village : consists of 5 Hamlets
2. Mns Mesjid Village : consists of 7 Hamlets
3. Paya Punteut Village : consists of 5 Hamlets
4. Paloh Bate Village : consists of 3 Hamlets
5. Blang Poroh Village : consists of 3 Hamlets
6. LM Puteh Village : consists of 3 Hamlets
7. Keude Cunda Village : consists of 4 Hamlets
8. Mns Alue Village : consists of 4 Hamlets
9. Paya Bili Village : consists of 3 hamlets
10. Panggoi Village : consists of 4 Hamlets

Demographics

Population

The total population of Muara Dua District is 35,772 people and the number of Heads of Families is 8,412 households. The complete distribution of population by sex in the working area of Muara Dua Health Center can be seen in the following table:

Table 1. Population Distribution by Sex in Muara Dua Subdistrict, Lhokseumawe City

No	Village	Population			Jlh KK
		Man	Woman	Total	
1	Uteunkot	4.046	4.165	8.211	1.612
2	Mns Mosque	4.249	4.344	8.593	2.147
3	Paya Peutet	1.528	1.502	3.030	824
4	Paloh Batee	517	524	1.041	270
5	Blang Poroh	748	494	1.242	317
6	Lhok Moen Puteh	409	577	986	244
7	Keude Cunda	1.157	1.188	2.345	394
8	Mns Region	1.460	1.402	2.862	767
9	Paya Bili	322	341	663	200
10	Panggoi	3.341	3.458	6.799	1.637

Profile of Muara Dua Health Center 2022

The highest number of residents of Muara Dua in 2023 is mns village. The mosque still contributes the largest population of 8,593 people and the lowest in Ds. Paya Bili which is 663 people, with an average increase in the population in each village of 294 people. The sex ratio of men to women is 102.3%, meaning that for every 100 females there are 82 males and a population density of 15 people/km². The number of houses was 8,412, with an average of 4 people per household. The number of dependents of Muara Dua District is still high, which is 58, this means that 100 productive age residents must bear 58 residents of non-productive age, The greater the dependency rate, the greater the burden of dependents of an area. Through the data presented, it can be known the proportion of the population targeted by health programs and services. The highest number of age groups in age groups can be seen in table 1.

3. RESULT AND DISCUSSION

Puskesmas Resources

In carrying out its function as a first-level health service provider, Muara Dua Health Center has been equipped with adequate infrastructure facilities and supported by 4 general practitioners, 2 dentists, 43 midwives, 31 nurses, 2 dental nurses, 2 health analysts, 2 sanitarians, 3 nutritionists, 3

pharmacists, D IV Electro Medical 1 person, Physiotherapy 1 person, Health Administrator 3 people, Health Extension 7 people, and SMA/MAN/SMEA 3 people. Human Resources (HR) is one of the most important elements in organization. Whether or not an organization runs depends on HR awareness. Health human resources with competence will certainly strive to successfully implement health activities, programs and services.

Medical Equipment and Facilities

To carry out health service operational activities, Muara Dua Health Center has been equipped with service facilities in the building as in table 2 below:

Table 2. Distribution of Medical Equipment and Facilities at Muara Dua Health Center in Lhokseumawe City

No	Room	Sum	KET
1	Auxiliary Health Center	1	
2	Polindes/Poskesdes	1	
3	Doctor's official home	1	
4	Nurse Service Home	1	
5	Pusling Wheel 4	0	
6	Ambulance	4	
7	Motorbike	13	
8	Head Room of Puskesmas	1	
9	Medical Record Room	1	
10	Medicine/Pharmacy Room	1	
11	Adm. Room/Administration	1	
12	Laboratory Room	1	
13	Patient Toilet	1	
14	Breast Milk Corner	1	
15	Pantry/Kitchen	1	
16	Release Room	1	
17	Hall Space	1	
18	Office Administration Room	1	
19	Pharmaceutical Warehouse	1	
20	Program Room	1	
21	Warehouse	1	
22	Breastfeeding Corner Room	1	
23	Ruag TB Dots	1	
24	Registration Room and Information	1	
25	Emergency Room (ER)	1	
26	General Examination Service Room	1	
27	Dental and Oral Health Service Room	1	
28	MCH, KB and IVA examination rooms	1	
29	Immunization and Children's Service Room	1	
30	Action Room	1	

Sources of Financing

Puskesmas financing comes from Puskesmas income which is reused as operational costs. The source of income for Puskesmas comes from JKN (BPJS), APBD, Health Operational Assistance (BOK). The income of Muara Dua Health Center can be seen in table 3 below:

Table 3. Distribution of Health Financing Sources at Muara Dua Health Center in Lhokseumawe City

NO	Source of Income	Sum
1.	DAK	IDR 334,436,700
2.	APBK	IDR 1,479,322,484.60
3.	JKN NON CAPITATION	IDR 20,582,900
4.	JKN CAPITATION	IDR 1,740,676,750

Univariate Analysis

Univariate analysis is used to analyze data collected descriptively in the form of frequency distribution tables. Univariate analysis provides an overview in this study of the frequency distribution on the level of midwife satisfaction from the variables Service money, work environment, Division of Duties and leadership elements

Midwife Satisfaction

Based on research, the satisfaction of midwives in Muara Dua Sub-district of Lhokseumawe City as shown in the table below:

Table 4. Midwife Satisfaction in Muara Dua District, Lhokseumawe City

No	Midwife Satisfaction	N	Percentage (%)
1	Satisfied	33	60%
2	Not satisfied	22	40%
	Sum	55	100

Based on table 4. above it can be seen that the number of Midwives Satisfaction is 33 people (60%) and those who are not satisfied 22 people (40%)

Service Fee Distribution

Table 5. Distribution of Service Fees at Muara Dua Health Center in Lhokseumawe City

No	Service Money	N	Present (%)
1	Appropriate	10	18,2%
2	Not Compliant	45	81,8%
	Sum	55	100

Based on table 5 above, it can be seen that respondents who are in accordance with the distribution of service fees are 10 people (18.2%), and those who do not match by 45 people (81.8%)

Table 6. Working Environment Conditions with satisfaction at Muara Dua Health Center Lhokseumawe City

No	Work Environment	N	Present (%)
1	Comfortable	24	43,6%
3	Uncomfortable	31	56,4%
	Sum	55	100

Based on table 6, respondents' satisfaction with the work environment felt comfortable by 24 people (43.6%) and uncomfortable 31 people (56.4%)

Table 7. Distribution of Task Distribution at Puskesmas' Muara Dua Kota Lhokseumawe

No	Division of Tasks	N	Present (%)
1	Appropriate	26	47,3%
2	Not Compliant	29	52,7%
	Sum	55	100

Based on table 7 respondents' satisfaction with the appropriate distribution of tasks amounted to 26 people (47.3%) and Not inappropriate 29 people (52.7%)

Table 8. Distribution of Leadership Elements and Midwife Satisfaction at Muara Dua Health Center in Lhokseumawe City

No	Leadership Element	N	Present (%)
1	Satisfied	7	12,7%
2	Not Satisfied	48	87,3%
	Sum	55	100

Based on table 8, respondents' satisfaction with satisfied leadership elements was 7 people (12.7%) and dissatisfied as many as 48 people (87.3%).

Bivariate Analysis

The Relationship of Service Money with Midwife Satisfaction

Analysis of the relationship between service money and midwife satisfaction can be seen in table 9.

Table 9. The relationship between service money and midwife satisfaction at Muara Dua Health Center in Lhokseumawe City

No	Service Money	Midwife Satisfaction				Total	P	RP	95% Confidence Interval	
		Satisfied	Not Satisfied							
		f	%	f	%	f	%			
1	Appropriate	10	100	0	0	10	100	0,004	1,975	1.470: 2.604
2	Not Compliant	23	51,1	22	48,9	45	100			
	Total	33	60%	22	40%	55	100			

Based on table 9 above, it can be seen that out of 10 respondents with appropriate service fees, satisfaction was given to as many as 10 midwives (100%) and those who did not match their service fees 0 (0%). Meanwhile, of the 45 respondents who received appropriate service fees by 23 (51.1%) and those who did not match their service fees by 22 (48.9%) were dissatisfied.

Based on statistical tests on bivariate analysis with chi square tests at a 95% confidence level, a value of $P = 0.004$ ($p < 0.05$) was obtained, meaning that there was a very significant relationship between the service fee in accordance with the level of midwife satisfaction. A value of RP 1,975 means that respondents who receive appropriate service fees have the possibility of midwife satisfaction in providing maternal and child health services 1,975 times than respondents who do not match their service fees.

Work environment with Midwife satisfaction

Table 10. The relationship between the work environment and Midwife Satisfaction at the Muara Dua Health Center in Lhokseumawe City

No	Work Environment	Satisfaction				Total	P	RP	95% Confidence Interval	
		Comfortable		Uncomfortable						
		f	%	f	%					f
1	Comfortable	14	58.3	10	41,7	24	100	0,084	0,952	0,614:1,476
2	Uncomfortable	19	61,3	12	36,7	31	100			
	Total	33	60,0	22	40,0	55	100			

Based on table 10 above, it can be seen that of the 24 respondents who had a comfortable work environment, 14 midwives (58.3%) and 10 people were uncomfortable (41.7%). While of the 31 respondents satisfied with the comfortable work environment by 19 people (61.3%) and dissatisfied with the uncomfortable work environment by 12 people (36.7%)

Based on statistical tests on bivariate analysis with the Exact Fisher test at a 95% confidence level, a value of $P = 0.084$ ($p < 0.05$) was obtained, meaning that there was no significant relationship between a comfortable work environment and the level of midwife satisfaction.

The Relationship between Task Distribution and Midwife Satisfaction

Table 11. The Relationship Between Satisfaction Level and Task Division in Muara Dua Health Center Lhokseumawe City

No	Division of Tasks	Satisfaction				Total	P	RP	95% Confidence Interval	
		Appropriate		Not Compliant						
		f	%	f	%					f
1	Appropriate	20	76,9	6	21,3	26	100	0,015	1,716	1088 : 2,706
2	Not Compliant	13	44,8	16	55,2	29	100			
	Total	33	60,0	22	40,0	55	100			

Based on table 11 above, it can be seen that of the 26 respondents whose distribution of tasks caused satisfaction by 20 respondents (76.9%) and those who did not match the distribution of tasks 6 people (21.3%). Meanwhile, of the 29 respondents with inappropriate task distribution, 13 people (44.8%) were satisfied and of 16 people (55.2%) respondents who did not match the distribution of tasks were dissatisfied.

Based on statistical tests on bivariate analysis with chi square tests at a 95% confidence level, a value of $P = 0.015$ ($P > 0.05$) means that there is a significant relationship between the division of tasks and the level of satisfaction. A value of RP 1,716 means that respondents who have the appropriate distribution of tasks have the possibility of midwife satisfaction in providing maternal and child health services 1,716 times than respondents who do not match the distribution of tasks.

Elements of Leadership and Satisfaction

Table 12. The Relationship between Leadership Elements and Midwife Satisfaction at Muara Dua Health Center in Lhokseumawe City

No	Leadership Element	Satisfaction				Total	P	RP	95% Confidence Interval
		Already f %	Do not f %	f	%				
1	Satisfied	6 85,7	1 14,3	7	100	0,223	1,524	1,030:2,255	
2	Not Satisfied	27 56,2	21 43,8	48	100				
Total		33 60,0	22 40,0	55	100				

Based on table 12 above, it can be seen that out of 7 respondents satisfied with the leadership element of 6 respondents (85.7%) and those who were dissatisfied with the leadership element of 1 person (14.3%). Meanwhile, of the 48 respondents who were satisfied with the leadership element, 27 people (56.2%) were dissatisfied with the leadership element, 21 people (40.0%). Based on statistical tests on bivariate analysis with the Exact Fisher test at a 95% confidence level, a value of $P = 0.223$ ($P > 0.05$) was obtained, meaning that there was no significant relationship between the leadership element and the level of midwife satisfaction.

Discussion

The relationship between the level of satisfaction between midwives and service fee payers

Based on the results of the study showed that of the 24 respondents who had a comfortable work environment, gave satisfaction as many as 14 midwives (58.3%) and uncomfortable 10 people (41.7%). While of the 31 respondents satisfied with the comfortable work environment by 19 people (61.3%) and dissatisfied with the uncomfortable work environment by 12 people (36.7%). Based on statistical tests on bivariate analysis with Fisher's Exact test at a 95% level of confidence, $P = 0.084$ ($p < 0.05$), meaning that there is no significant relationship between a comfortable work environment and midwife satisfaction levels.

The results of the study show that there is a significant influence. Basically, working humans also want to earn money to make ends meet. Compensation is important for employees as individuals because the amount of compensation reflects the size of their work among the employees themselves, their families and society. Compensation is often also called an award and can be defined as any form of appreciation given to employees as remuneration for their contribution to the organization [10], [11]. The results of this study indicate that there is a significant influence between incentives and employee performance. Suppose employees influence the performance of the employees themselves and it will also impact the puskesmas where they work. In that case, they feel that the distribution of incentives they receive is different from their wishes.

Service fees are one of the stimuli that encourage someone to perform better because remuneration for services is paid based on excess achievement. Fees are a form of stimulation or motivation deliberately given to employees to encourage their morale to work more productively, improve their performance, achieve organizational goals and provide employee satisfaction. that service fees are: "a form of motivation expressed in the form of money based on high performance and also a sense of recognition from the agency for employee performance and contribution to the agency [12].

Performance is the result of work in quality and quantity achieved by an employee in carrying out his duties in accordance with the responsibilities given to him (Dani, 2016 in Wewengkang, 2021). Meanwhile, according to Farisi et al (2020), performance is the amount of employee contribution to the company in the form of production or services. Workers can work well if they have high performance so they can produce good performance. Employee performance is one of the determining factors for the success of an agency or organization in achieving its goals. Employee performance can affect the institution's performance as a whole [13].

The Relationship between Midwives' Satisfaction Levels and the Work Environment

The study results show that of the 24 respondents with a comfortable work environment, 14 midwives (58.3%) gave satisfaction and 10 were uncomfortable (41.7%). Meanwhile, 19 people (61.3%) were satisfied with a comfortable work environment and 12 people (36.7%) were dissatisfied with an uncomfortable work environment. Based on statistical tests on bivariate analysis with Fisher's Exact test at a 95% confidence level, $P = 0.084$ ($p < 0.05$), there is no significant relationship between a comfortable work environment and midwife satisfaction levels.

The results showed no significant effect of the work environment on employee satisfaction at the puskesmas. To increase employee satisfaction, supporting a good and conducive work environment is necessary. According to Mahardikrawanto (2013), the work environment is everything around employees, both physical and non-physical, which can affect them in carrying out all the tasks assigned to them. Therefore the work environment is very closely related to employee satisfaction [14]. A conducive work environment provides security and allows employees to work optimally. The work environment has a direct influence on employees in completing organizational responsibilities. If the employee likes the work environment, then the employee will feel at home in his workplace to carry out activities and complete his tasks.

The Relationship between Midwives' Satisfaction Levels and the Division of Tasks

From the results of the study, it can be seen that of the 26 respondents, 20 respondents (76.9%) were satisfied with the division of tasks and 6 people (21.3%) did not comply with the division of tasks. Meanwhile, out of 29 respondents with inappropriate division of tasks, 13 people (44.8%) were satisfied and from 16 people (55.2%) respondents who did not comply with the division of tasks were not satisfied. Based on statistical tests on bivariate analysis with the chi square test at the 95% confidence level, a value of $P = 0.015$ ($P > 0.05$) was obtained, meaning that there was a significant relationship between the division of tasks and the level of satisfaction.

The RP value of 1.716 means that the respondent who has the appropriate division of tasks has the possibility of midwife satisfaction in providing maternal and child health services 1.716 times that of the respondent who does not according to the division of tasks.

Based on Pratiwi and Trioda, 2021 regarding the relationship between the division of labor and job satisfaction, it can be concluded that there is an influence between the division of labor on job satisfaction. Job satisfaction is influenced by the type of work carried out by employees. Job satisfaction can increase if the type of work performed by employees is in accordance with what is obtained or expected. In other words, job satisfaction is one of the parameters of success [15]. Job satisfaction is defined as a worker has feeling about his job, revealing that job satisfaction results from evaluating several characteristics that produce positive feelings. Can be interpreted positively if the results obtained are more than expected and revealed that job satisfaction is very helpful in evaluating employees' emotional health and mental fitness. Significantly, job satisfaction is very important for sustainable employee growth in addition to professional knowledge, skills, competencies and strategies, in determining organizational success and performance.

In the employee placement dimension, many respondents still have yet to be placed according to their interests, skills, and educational background. Whereas according to Werther & Davis in [16], [17] one of the factors of educational background that has been undertaken before must be taken into consideration in the placement of employees. Good and proper placement is a form of optimizing the company's human resources, inaccuracy in placing employees will cause the execution of work to be less than optimal. With the right placement will also cause employees to feel interested, happy, and satisfied so that the placement can increase job satisfaction.

The Relationship between Midwives' Satisfaction Levels and Leadership Elements

The study results show that out of the 7 respondents who were satisfied with the leadership element, 6 respondents (85.7%) were dissatisfied with the leadership element, 1 person (14.3%). Meanwhile, of the 48 respondents who were satisfied with the leadership element, 27 people (56.2%) were dissatisfied with the leadership element, 21 people (40.0%). Based on statistical tests on bivariate analysis with Fisher's Exact test at a 95% confidence level, the value of $P = 0.223$ ($P > 0.05$) means there is no significant relationship between the leadership element and the midwife's satisfaction level.

In this study, the role of leadership has no relationship with job satisfaction. This is not in accordance with the research of Susanto, et al 2020 which states that leadership positively and significantly influences employee job satisfaction. In this study, the behavior of polite superiors, bosses who master problems and are willing to help whenever there are difficulties will encourage good perceptions of leadership [12], [18]. Leaders are expected to apply rewards and punishments based on employee performance achievements.

4. CONCLUSION

From this study it can be concluded that, there is a significant relationship between the distribution of fees according to midwives' satisfaction in improving the performance of maternal and child health services. There is no significant relationship between the comfort of the work environment and the satisfaction level of midwives in improving the performance of maternal and child health services. There is a significant relationship between the division of tasks and midwives' satisfaction in improving the performance of maternal and child health services. There is no significant relationship between leadership elements and midwives' satisfaction in improving the performance of maternal and child health services. Based on the result of this research, there are several recommendations that can be made to enhance the quality of maternal and child health (MCH) services and midwife job satisfaction: Since there is a significant relationship between the distribution of service fees in accordance with midwives' satisfaction in improving the performance of maternal and child health services, it is important to ensure that the allocation of funds and resources within these services is efficient and appropriate. And as task division has a significant relationship with midwife satisfaction, it is essential to ensure that tasks within the healthcare team are clearly and appropriately allocated to each team member's capabilities. Although this research did not show a significant relationship between the comfort of the work environment and midwife job satisfaction, it remains crucial to understand factors affecting the work environment. While there is no significant relationship between leadership elements and midwife satisfaction, effective leadership development is still important. Further research may be needed to deepen the understanding of factors influencing midwife job satisfaction and the quality of maternal and child health services. And investing in midwife training and professional development can enhance their competence in providing healthcare services. This can boost midwife confidence and job satisfaction, which, in turn, can positively impact service quality.

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