The Influence of Midwife Performance Determinant Factors on Service Quality at Aji Batara Agung Dewa Sakti Regency Hospital, Kutai Kartanegara

Sugiyarti[1], Farida Yuliaty[1], Etty Sofia Mariati Asnar[1], Vip Paramarta[1]
[1]Universitas Sangga Buana Bandung, Indonesia
Email: vip@usbypkp.ac.id

Abstract. *The purpose of this study is to examine the relationships between service performance and the variables of motivation, rewards, workload, supervision, and training. This study's methodology is quantitative in nature. A total of 36 midwives from Aji Batara Agung Dewa Sakti Hospital made up the study's sample. Data for the study were gathered via questionnaire answers, and with the use of the SEM PLS software, SEM techniques were used for analysis. Data analysis findings indicate that training, supervision, workload, incentives, and motivation all have a major impact on service quality. According to this conclusion, the quality of the resultant service improves with the amount of these five variables. Nevertheless, there is no meaningful correlation between the reward variable and service quality. According to this study, management at Aji Batara Agung Dewa Sakti Hospital in Kutai Kartanegara Regency must give priority to managing these crucial elements in order to enhance service quality.*

Keywords: Motivation, Rewards, Workload, Supervision, Training and Service Performance

INTRODUCTION

The first, second, and third tiers of coverage of health service facilities are separated in compliance with the rules of Article 30 paragraph (2) of Law Number 36 Year 2009 on Health. Referrals from first-level health service providers are handled by hospitals, which are among the second- and third-level healthcare facilities. Public hospitals are required to offer health services, including medical, medical support, nursing and midwifery, and pharmaceutical services, as stated in Article 6 paragraph (2) of Government Regulation No. 47 of 2021. Additionally, nursing care and midwifery care are included in the nursing and midwifery services listed in Article 6 paragraph (2) letter b, according to Article 8 paragraph (1).

The performance of human resources, including midwives, has an impact on a hospital's ability to deliver high-quality healthcare services. In the maternal service room (delivery room/PONEK, postpartum room, perinatology, Obstetrics and Gynecology polyclinic), midwives are medical professionals who offer midwifery services. Formally, performance can be described as the combined results and achievements of a team or an individual working within the parameters of their assigned responsibilities and allocated authority within the organizational structure.

Gibson asserts that three primary factors affect performance: organizational factors (resources, workload, supervision, leadership, organizational culture), psychological factors (motivation, attitude, and job satisfaction), and individual factors (age, employment status, length of service, education, and training) (Nisa et al., 2019). Because everyone has various life objectives, opinions, wants, and abilities, each person has unique qualities. These distinctions will be reflected in the workplace. Age, tenure, work status, and motivation are some of these traits (Dessler et al., 2016; Linda et al., 2021; Robbins et al., 2013).

Extrinsic variables are among the elements that affect an individual's performance. Environmental and organizational variables contribute to this component. Incentives, workload, supervision, and training are examples of extrinsic influences (Linda et al., 2021). The degree to which the midwife's performance in comparison to defined service standards results in favorable outcomes for the mother and fetus is a measure of the quality of prenatal care, just like it is for health services generally. Measuring how well health professionals—particularly midwives—implement the set antenatal care guidelines is necessary for a thorough assessment of the quality of prenatal care. Program effectiveness may be indicated by the positive relationship between the quality of health services provided to expectant mothers and optimal midwife performance.

Reducing mother and newborn mortality has been identified as one of the top priority in order to meet the national health development goals as outlined in "Presidential Regulation Number 18 of 2020 concerning the National Medium-Term Development Plan for 2020-2024." To reach the MMR objective of 183 per 100,000 live births and the IMR target of 16 per 1000 live births, hospitals must play a larger role in accelerating the reduction of MMR and IMR. This declaration complies with the directive of the "Circular Letter of the Secretary General of the Ministry of Health Number HK.02.02/D.III/548/2020," which states that hospitals must play a larger role in efforts to reduce maternal and newborn mortality as quickly as possible.

The Kutai Kartanegara Regency Government owns the Type C Regional General Hospital, Aji Batara Agung Dewa Sakti, which is situated in Samboja District, Kutai Kartanegara Regency, East Kalimantan Province. The Hospital Service Performance Achievement based on the RENSTRA target for 2017–2021 in accordance with Government Regulation of the Republic of Indonesia Number 6 of 2008 and Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform of Indonesia Number 12 of 2015 is reported to be varying, up and down, in the RENSTRA document of Aji Batara Agung Dewa Sakti Hospital (RSUD ABADI) for 2021–2026. One of the departments included in the evaluation of hospital performance metrics that frequently varies in terms of customer satisfaction accomplishments is the Maternal and Perinatal Room. The findings of the survey that was done to gauge customer satisfaction are summarized in the following table:

Table 1. Customer Satisfaction Survey Results

Year	Hospital Customer Satisfaction (%)	Maternal Room Customer Satisfaction (%)
2018	78,86	86
2019	80,04	87
2020	79,91	83,27
2021	82,02	Not rated
2022	84,83	85,93

Source: Regional Public Hospital Strategic Plan 2017-2021, LKjIP 2021-2022

The district's MMR/IMR increased in 2021–2022, partly due to a spike in maternal and perinatal mortality data at ABADI Hospital and in Kutai Kartanegara Regency. The quality of service was impacted by officers' non-compliance with the service standard operating procedure

(SOP) for monitoring the vital signs of pregnant women exhibiting signs of fetal distress, according to the findings of the maternal and perinatal audit conducted at ABADI Hospital. The following are the maternal mortality statistics (MMR) for Aji Batara Agung Dewa Sakti Hospital and Kutai Kartanegara Regency:

Table 2. Maternal Mortality Data

| Year | Maternal Death | |
	Kutai Kartanegara Regency	Abadi Regional Hospital
2018	35	
2019	22	
2020	25	1
2021	30	2
2022	38	3

Source: Annual Report Data from Health Office and Regional Public Hospital

When deciding on actions and policies to enhance hospital quality, hospital management should take into account both internal and external customer concerns. The attitude of midwives who were less communicative when receiving referrals or when serving patients was the subject of multiple verbal complaints from referring midwives and patients. This behavior was deemed to be one of the indicators of poor midwife performance and had an effect on subjective evaluations of service quality. Village Heads/Lurah or community leaders also expressed these verbal grievances in Samboja, Muara Jawa, and Sepaku Districts during both official and informal meetings pertaining to health services.

These complaints, however, were not accurately recorded in consumer complaint data records. Since 2015, the hospital RSUD ABADI has maintained its PPK BLUD classification. Article 23 of the Minister of Home Affairs' Regulation Number 79 of 2018 about Regional Public Service Agencies specifies that BLUD Management Officers and Employees receive compensation commensurate with their professional duties. Salary, set allowances, bonuses, and incentives are a few examples of job rewards that are offered in exchange for good work. RSUD ABADI's service incentive calculation system is undergoing a change at the moment, as is the INA-cBG system that JKN uses to pay referral hospitals or health institutions.

The hospital uses a package system to pay health care claims based on the diagnosis code; the costs of consumables, medications, supporting tests, and other expenses are not separate from the medical service components. In the service incentive distribution system, the charge for service principle is not applied. Additionally, hospital staff have been complaining about the proportional system of service fee distribution, which is focused on fee for service, claiming that there are large gaps between health and non-health workers and that this has resulted in a reduction of operational funds because of the high service fee allocation.

ASN in Kutai Kartanegara Regency earn Additional Income Allowance (TPP) in addition to their fixed wages and allowances, as specified by Regent Regulation Number 65 of 2021. The most recent Regent Regulation addressing adjustments to the TPP amount and calculation was released on May 24, 2023. Before utilizing the evaluation components of 80% work discipline and 20% performance, TPP was made available. According to the most recent rule, the amount of extra money is awarded according to the job class, workload requirements, and other objective factors. An evaluation component of 40% work discipline and 60% work productivity is also included.

Regional apparatuses that have adopted BLUD and ASN are free to select between Service and TPP, according to Article 4A. Because it affected the earnings of staff members, particularly medical personnel, this created chaos at the Regional Public Hospital. Additionally, it will indirectly damage service quality and work motivation. The performance of health workers, particularly midwives, is greatly impacted by a number of determining elements, as may be

inferred from the previous explanation. In order to improve the quality of health services, particularly in the field of midwifery, optimal midwife performance is a must. Among the elements that may influence a midwife's performance are: (1) Personal characteristics include age, length of service, status as an employee, and motivation to work.; (2) External factors that affect performance, such as salary, amount of work, supervisor supervision, and competency development.

A study titled "The Influence of Determinant Factors of Midwife Performance on Service Quality at Aji Batara Agung Dewa Sakti Hospital, Kutai Kartanegara Regency" will discuss the determinant factors of midwife performance, including individual characteristics and extrinsic factors that impact the quality of service. In this study, the determinant factors include motivation, rewards, workload, supervision, and training, particularly in the maternal service room".

METHODS

Researchers in this study employed verification techniques to evaluate the hypotheses put forth and descriptive techniques to characterize phenomena that already existed. The goal of the descriptive research approach is to present a broad, methodical summary of the variables under investigation. Frequency tables, graphs, bar charts, and data distribution metrics will be used to present the collected data (Sugiyono, 2017). A verification approach, which involves evaluating the established hypothesis, is employed in addition to the descriptive method. In order to construct or forecast an existing theory, the verification analysis in this study employs the "Structural Equation Model (SEM)" approach based on "Partial Least Square (PLS)" (Sarwono & Umi, 2015). All items or people that are present in a region, fit the criteria, and are connected to the issue under study are referred to as the population. In contrast, the sample is a subset of the population that will be drawn in accordance with a specific protocol in order to accurately represent the population. The study's participants included all ABADI Hospital midwives, including civil servants and non-civil servants who work in the emergency department, delivery room, maternity inpatient ward, and obstetrics and gynecology outpatient clinic, as well as patients who received maternal services at the hospital (maternity inpatient ward, obstetrics and gynecology outpatient clinic). The study's sample consisted of 36 hospital midwives and 36 patients (from the obstetrics and gynecology outpatient clinic and the maternity inpatient ward) who received maternal services at the hospital in January 2024. The following were the exclusion criteria for the patients that made up the study's samples: a) patients from outpatient clinics who were post-hospitalization control patients and had previously been respondents; b) patients in emergency rooms or delivery rooms; and c) outpatients and inpatients who had previously been respondents. Cohen's 1992 method, which is cited by Musyaffi et al. (2022), is one of the criteria for choosing the sample size to be employed in study utilizing PLS SEM analysis. The research data was gathered from a variety of sources, including primary data collected from RSUD Aji Batara Agung Dewa Sakti Samboja, the research site. On the other hand, secondary data came from journals, the internet, books, and other sources. Through the distribution of questionnaires, primary data for this study were gathered directly from participants.

RESULTS AND DICUSSION

Prior to using Partial Least Squares (PLS) analysis to test the hypothesis, it is important to confirm that all of the model's indicators satisfy the requirements for composite reliability and construct validity (convergent and discriminant). Convergent validity is typically measured in research by examining each indicator's loading factor value on its latent construct. Convergent validity can only be attained when the loading factor value is at least 0.7 in confirmatory research, 0.6 in exploratory research, and 0.5 in development research. The strength of the correlation between the indicator and its latent construct is shown by this loading factor value.

Table 3. Convergent Validity Test Results

Variabel	Indikator	Loading Factor	Cut Value	AVE	Validity
Workload	Bk2	0,933	0,7	0,915	Valid
	Bk3	0,971	0,7		Valid
	Bk4	0,937	0,7		Valid
	Bk5	0,981	0,7		Valid
	Bk6	0,971	0,7		Valid
	Bk7	0,945	0,7		Valid
Rewards	Im1	0,909	0,7	0,900	Valid
	Im2	0,966	0,7		Valid
	Im3	0,975	0,7		Valid
	Im4	0,943	0,7		Valid
Motivation	Mt1	0,855	0,7	0,811	Valid
	Mt2	0,914	0,7		Valid
	Mt3	0,866	0,7		Valid
	Mt4	0,957	0,7		Valid
	Mt5	0,879	0,7		Valid
	Mt6	0,927	0,7		Valid
Training	Pl2	0,886	0,7	0,855	Valid
	Pl3	0,935	0,7		Valid
	Pl4	0,950	0,7		Valid
	Pl5	0,928	0,7		Valid
Supervision	Sv1	0,900	0,7	0,888	Valid
	Sv2	0,966	0,7		Valid
	Sv3	0,940	0,7		Valid
	Sv4	0,966	0,7		Valid
	Sv5	0,957	0,7		Valid
	Sv6	0,958	0,7		Valid
	Sv8	0,906	0,7		Valid
Service Quality	KP1	0,946	0,7	0,860	Valid
	KP2	0,941	0,7		Valid
	KP3	0,928	0,7		Valid
	KP4	0,892	0,7		Valid
	KP5	0,931	0,7		Valid

According to Table 3's evaluation of each construct's loading factor and AVE values, "all constructs are valid and have AVE> 0.5," indicating that each construct satisfies the necessary convergent validity requirements in terms of loading factor and AVE values. Consequently, it can be said that every indicator employed in this research can precisely assess the latent constructs they stand for.

Table 4. Discriminant Validity According to the Fornell Larcker Test

	BK	IM	KP	MT	PL	SV
BK	0,956					
IM	-0,746	0,948				
KP	0,867	-0,565	0,928			
MT	-0,770	0,815	-0,545	0,900		
PL	0,692	-0,688	0,707	-0,719	0,925	
SV	0,793	-0,722	0,753	-0,798	0,694	0,942

Source: Processed Data (2024)

Every construct in this study model satisfies the requirements for discriminant validity, according to the findings of the Fornell-Larcker analysis. This is demonstrated by the fact that each construct's Average Variance Extracted (AVE) square root value is higher than the correlation coefficient between them. Additionally, the cross loading value is examined as part of the discriminant validity testing process, where each indication has a larger loading value on its latent construct than on other latent constructs.

Table 5. Composite Reliability

Construct	Cronbach's Alpha	Composite Reliability	Reliability
BK	0,981	0,985	Reliable
IM	0,963	0,973	Reliable
KP	0,959	0,969	Reliable
MT	0,953	0,962	Reliable
PL	0,944	0,959	Reliable
SV	0,979	0,982	Reliable

Source: Processed Data (2024)

Analysis of the composite reliability and Cronbach's alpha values shows that all constructs in this study have excellent reliability, with values above 0.7. Thus, both construct validity and reliability have been met, so the research model is ready to be tested at the inner model stage.

Table 6. R Square Value

Variabel	R Square	Kriteria
Service Quality	0,890	Strong

Source: Processed Data (2024)

Table 7. Q Square Model

Latent Variable	Q Square	Criteria
Service Quality	0,751	Big Predictive relevance

Source: Processed Data (2024)

The Q-squared calculation results demonstrate the strong generalization capacity of our study model. This model can be used to forecast the value of the dependent variable in new data since it can explain the majority of the data fluctuation, as indicated by its Q-squared value of 0.751, or 75.10%. Following the Partial Least Squares (PLS) model's validation, additional research concentrated on examining hypotheses about the causal link between latent variables. This test uses the PLS model estimation results from the bootstrapping method to assess the direct, indirect, and total effects between constructs:
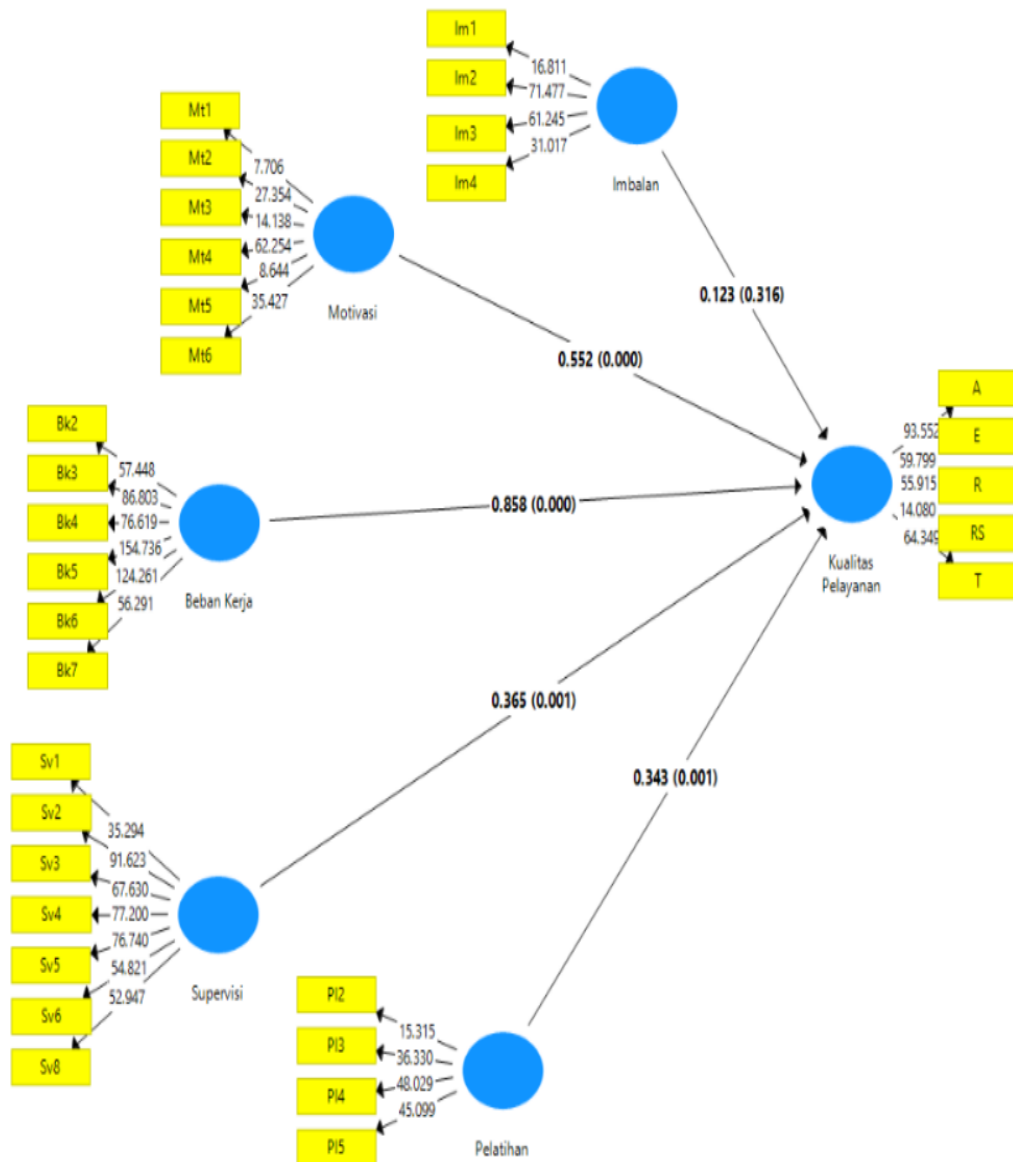
Figure 1. Results of Model Estimation through Bootstrapping

The results of estimating the influence between variables based on the PLS model with bootstrapping technique (500 samples) are as follows:

Table 8. Results of Direct Influence Testing

Path	Path Coefficient	T Statistics	P Values
BK -> KP	0,858	10,014	0,000
IM -> KP	0,123	1,003	0,316
MT -> KP	0,552	3,843	0,000
PL -> KP	0,343	3,388	0,001
SV -> KP	0,365	3,365	0,001

Source: Processed Data (2024)

When exogenous variables have a direct impact on endogenous variables without the use of intermediary variables, this is known as a direct effect. The p-value, t-statistic, and path coefficient linking exogenous and endogenous variables are used in PLS SEM analysis to establish

the significance and direction of the direct effect. If "p-value < 0.05 and t-statistic > 1.96 for two-tailed, α = 5% or t-statistic > 1.65 for one-tailed," the link between the variables is deemed significant. The sign on the route coefficient is used to determine the direction of influence. It can be inferred that the exogenous variables do not significantly affect the endogenous variables if the "p-value obtained is greater than 0.05 and the t-statistic is smaller than 1.96 in the two-tailed test (two-tailed test, α = 5%) or smaller than 1.65 in the one-tailed test". The following outcomes were attained in light of the test findings: 1) Motivation has a positive and significant effect on service quality, indicated by a p value of 0.000 <0.05 while the T statistic is 3.843> 1.96 and the coefficient on the positive path is 0.552, meaning that the higher the motivation, the better the service quality, and vice versa, the lower the motivation, the worse the service quality; 2) Rewards do not have a significant effect on service quality, indicated by a p value of 0.316> 0.05 and a T statistic of 1.003 <1.96, meaning that high and low rewards do not affect high and low service quality; 3) Workload has a positive and significant effect on service quality, indicated by a p value of 0.000 <0.05 while the T statistic is 10.104> 1.96 and the coefficient on the positive path is 0.858, meaning that a workload that is in accordance with one's abilities will further improve service quality; 4) Supervision has a positive and significant effect on service quality, indicated by a p value of 0.001 <0.05 T statistic 3.365> 1.96 and a coefficient on the positive path of 0.365, meaning that the higher the supervision, the higher the service quality, and vice versa, the lower the supervision, the lower the service quality. 5. A p value of 0.001 <0.05 T statistic 3.388> 1.96 and a coefficient on the positive path of 0.343 show that training has a positive and significant impact on service quality. This means that the more training that is provided in accordance with needs, the higher the service quality, and vice versa.

Table 9. Coefficient of Determination

	R Square	R Square Adjusted
Quality of Service	0,890	0,872

Source: Processed Data (2024)

Based on the results of the analysis above, it shows that in this study the adjusted R square value of the service quality variable is 0.872. This means that the service quality variable is influenced by the variables of motivation, rewards, workload, supervision and training by 87.2%. While the remaining 12.8% of service quality is influenced by other factors outside the motivation, rewards, workload, supervision and training factors.

Table 10. Hypothesis Testing Results

No	Hypothesis	Regression Coefficient	Conclusion
1	Motivation has a significant effect on service quality	Path Coefficient = 0.552; t = 3.834; p value = 0.000	Accepted
2	Rewards have a significant effect on service quality	Path Coefficient = 0.123; t = 1.003; p value = 0.316	Not Accepted
3	Workload has a significant effect on service quality	Path Coefficient = 0.858; t = 10.014; p value = 0.000	Accepted
4	Supervision has a significant effect on service quality	Path Coefficient = 0.365; t = 3.365; p value = 0.002	Accepted
5	Training has a significant effect on service quality	Path Coefficient = 0.343; t = 3.388; p value = 0.001	Conclusion

The explanation of the results of the hypothesis testing above is as follows: Hypothesis 1 in this study states that motivation has a significant effect on service quality. Hypothesis 2 in this study states that rewards have a significant effect on service quality. Hypothesis 3 in this study states that workload has a significant effect on service quality. Hypothesis 4 in this study states that supervision has a significant effect on service quality. Hypothesis 5 in this study states that training has a positive and significant effect on service quality.

Influence of Motivation on Service Quality

The study's first hypothesis is supported, and it is determined that motivation affects service quality; the more motivated a person is, the higher the service quality, and the less motivated a person is, the worse the service quality. Individual characteristic variables have a significant impact on service quality at PT. Bank Negara Indonesia (Persero) Tbk, according to research findings by (Erland, 2020). This indicates that the capacity of individual employees to provide services, particularly marketing staff, significantly increases the knowledge benefits for clients. Which found that individual traits and abilities significantly improve the service quality of the Kotarih District Apparatus in Serdang Bedagai Regency. Risparyanto (2017) asserted that while competence has a substantial impact on service quality, motivation does not have a major impact on service quality. However, both competence and motivation have a significant impact on service quality. According to (Maharani et al., 2022), service quality is significantly improved by work motivation.

Effect of Rewards on Service Quality

The study's second hypothesis was rejected, leading to the conclusion that awards do not significantly impact service quality and that both high and low rewards had no bearing on service quality. It is true that receiving large compensation does not always equate to receiving high-quality services. High compensation may serve as a motivating element for certain people, but employee compensation is not the main determinant of service quality. Good service quality is frequently impacted by intrinsic motivation, or motivation that originates internally, such as a sense of fulfillment from assisting others or accountability for one's work. High rewards might not always have an impact on this internal drive. The experience, abilities, and skills of personnel also affect the quality of services. High compensation may assist draw in good candidates, but other elements like education, prior experience, and capable leadership all contribute to the development of staff members' abilities.

Service quality can be impacted by an organization's culture that promotes teamwork, candid communication, and employee empowerment. The quantity of rewards that employees earn may not be fully correlated with these characteristics. Organizational management and leadership styles frequently have an impact on service quality. Good management and leadership may set clear expectations, encourage staff, and foster an environment where workers can give their best effort regardless of compensation. High compensation can therefore be a driving force and be crucial in luring and keeping personnel, but providing high-quality services necessitates a comprehensive strategy that considers additional elements including talents, leadership, management, business culture, and intrinsic motivation. This study supports the findings of other studies by Kader et al. (2021) and Karunadasa et al. (2023), which demonstrate that the quantity of awards does not always predict the caliber of services rendered by employees.

Effect of Workload on Service Quality

The study's third hypothesis, which states that workload has a positive and significant impact on service quality, is accepted. The higher the workload, the better the service quality, and the lower the service quality, the more inappropriate the workload is. Service quality can be greatly impacted by workload; teams or personnel who are overworked or under pressure may become physically and mentally exhausted. This may lead to a number of issues, such as diminished motivation, elevated error rates, and diminished focus. High workloads can negatively affect relationships with customers or the public in the context of customer service or public service. Workers may not be able to give clients the proper attention, immediately address their concerns or queries, or offer suitable answers if they feel overworked or unable to handle their workload.

On the other hand, staff are more likely to give consumers better service when workloads are properly controlled and they have enough resources to finish their work quickly. In addition

to strengthening the brand or institution's image, this can boost consumer happiness and loyalty. Therefore, in order to guarantee the highest possible level of service quality, it is critical for enterprises to monitor and effectively manage employee workloads. Appropriate resource allocation, sufficient training, effective time management, and sufficient managerial support can all be part of this. This result supports the findings of earlier studies that demonstrated that workload affects service quality (Banin et al., 2021; Gill & Buyya, 2019; Grobelna, 2021; Kordi et al., 2023; Mennicken et al., 2011; Ozkul et al., 2020; Putri & Istono, 2022; Sutantio & Meilani, n.d.; Wang et al., 2013).

Effect of Supervision on Service Quality

The study's fourth hypothesis, which states that supervision has a positive and significant impact on service quality, is accepted. The higher the quality of the service, the better the supervision is executed, and the lower the quality of the service, the less supervision there is. The quality of services that employees perform is significantly impacted by supervision. A supervisor's function is crucial in directing, assisting, and guaranteeing that staff members are capable of delivering high-quality service. Regularly observing staff performance is the responsibility of supervisors. Supervisors can determine the strengths and shortcomings of their employees' service delivery by carrying out efficient supervision. This enables them to offer guidance and helpful criticism when required to raise the caliber of services. Giving staff direction and training to enhance their service delivery abilities is another aspect of supervision. Supervisors are able to pinpoint areas in which workers require more training and create training programs that will help them realize their greatest potential.

Supervisors have a responsibility to assist staff members in efficiently resolving issues or conflicts that develop during service delivery. They can offer guidance, moral support, or extra resources required to get past the obstacles encountered. Supervisors are in charge of establishing the expectations for service quality that staff members must meet. Supervisors can help guarantee that staff members know exactly what is expected of them when serving clients by outlining these standards in detail and leading by example. Enhancing employee motivation and participation in service delivery is another benefit of effective supervision. Supervisors can foster a pleasant team environment and strengthen employees' dedication to providing high-quality service by praising, rewarding, or recognizing their efforts and accomplishments. Thus, by offering the direction, support, and advice required to meet the established criteria, effective supervision can serve as a catalyst for raising the caliber of employee service. This conclusion supports the findings of earlier studies that also demonstrate the impact of supervision on the positive and negative aspects of service (Heung, 2008; McEwen et al., 2021; Qiu et al., 2019; Šilingienė & Škėrienė, 2014; Tyagi et al., 2016; Wulansari & Priatna, 2022).

The Effect of Training on Service Quality

The study's fifth hypothesis, which states that training influences service quality, is accepted. The more needs-based training is provided, the higher the quality of the service; conversely, the less training or less suitable the training, the worse the quality of the service. The quality of services that employees perform can be significantly impacted by staff training. Employees can improve their knowledge and abilities through training, which enables them to do their tasks more efficiently. Employees who are more knowledgeable about a product, service, or workflow are better able to inform clients and offer better solutions. Employees that receive high-quality training can also better comprehend the wants, needs, and expectations of their clients. This enables them to offer more relevant and individualized service, which raises client satisfaction. Employees' ability to communicate both orally and in writing can be enhanced with training. Employees with strong communication skills are better equipped to handle challenging situations, answer inquiries effectively, and accurately explain information. Employee empathy and service involvement can be raised through training that improves their comprehension of and responsiveness to the needs and feelings of customers.

More sympathetic staff members typically offer nicer, more considerate, and more fulfilling service. Additionally, training can provide methods and approaches for more efficient problem-solving. Employees with proper training are better equipped to manage challenging circumstances or disputes with clients, which can boost client trust in the offered services. Therefore, by enhancing their knowledge, skills, communication, empathy, and problem-solving abilities, staff training is essential to raising the quality of services. The study's findings are in line with those of other researchers, such as Beigi & Shirmohammadi (2011); Hsu & Chen, 2021; Lien & Xuyen, 2017; Shen & Tang, 2018; Waqanimaravu & Arasanmi, 2020; Yusuf et al., 2021; Zumrah, 2015), who also demonstrated that employee service quality is impacted by training.

CONCLUSION

The majority of the midwives at Aji Batara Agung Dewa Sakti Hospital are between the ages of 30 and 40, have worked there for five to ten years, and are classified as TKNPNS (Non-PNS Health Workers). There are a few indications of determining variables that want improvement, but overall, the description of the determinant aspects of midwife performance—motivation, rewards, workload, supervision, and training—at Aji Batara Agung Dewa Sakti Hospital is good. There is a positive and significant relationship between motivation and service quality; the more motivated one is, the better the service, and the less motivated one is, the worse the service. High and low rewards have no effect on the quality of service; rewards do not have a positive and significant impact on service quality. There is a positive and significant relationship between workload and service quality. The more appropriate the workload, the higher the quality of service; on the other hand, the less appropriate the workload, the lower the quality of service. Service quality is positively and significantly impacted by supervision; the greater the supervision, the higher the service quality; on the other hand, the less supervision, the worse the service quality. Service quality benefits greatly from training; the more training that is provided in accordance with needs, the better the service; on the other hand, the less training, the worse the service. There is an 87.2% impact on service quality from motivation, incentives, workload, supervision, and training. Outside of the midwife's performance determinant variables, additional factors impact the remaining 12.8% of service quality.

SUGGESTION

A separate research object from this study can be used to perform more research with a wider sample or population. It is also anticipated that the reward variable will be able to be retested using a different study object or that research will be conducted with the addition of an intervening variable of work satisfaction.

ACKNOWLEDGMENT

REFERENCES

Banin, B. B., Fauzia, L., & Kadir, A. (2021). Hubungan Beban Kerja Terhadap Kualitas Pemberian Pelayanan Keperawatan Pada Pasien. *JIMPK: Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan*, *1*(3), 331–337. https://doi.org/10.35892/jimpk.v1i3.754

Beigi, M., & Shirmohammadi, M. (2011). Effects of an emotional intelligence training program on service quality of bank branches. *Managing Service Quality: An International Journal*, *21*(5), 552–567. https://doi.org/10.1108/09604521111159825

Dessler, A. E., Ye, H., Wang, T., Schoeberl, M. R., Oman, L. D., Douglass, A. R., Butler, A. H., Rosenlof, K. H., Davis, S. M., & Portmann, R. W. (2016). Transport of ice into the stratosphere and the humidification of the stratosphere over the 21st century. *Geophysical Research Letters*, *43*(5), 2323–2329. https://doi.org/10.1002/2016GL067991

Erland, A. (2020). Analisis Karakteristik Individu terhadap Pelayanan pada PT. Bank Negara Indonesia (Persero) Tbk. Cabang Palu. *Jurnal Kolaboratif Sains*, *3*(9), 472–478. https://doi.org/10.56338/jks.v3i9.1760

Gill, S. S., & Buyya, R. (2019). Resource provisioning based scheduling framework for execution of heterogeneous and clustered workloads in clouds: from fundamental to autonomic offering. *Journal of Grid Computing*, *17*, 385–417. https://doi.org/10.1007/s10723-017-9424-0

Grobelna, A. (2021). Emotional exhaustion and its consequences for hotel service quality: The critical role of workload and supervisor support. *Journal of Hospitality Marketing & Management*, *30*(4), 395–418. https://doi.org/10.1080/19368623.2021.1841704

Heung, V. C. S. (2008). Effects of tour leader's service quality on agency's reputation and customers' word-of-mouth. *Journal of Vacation Marketing*, *14*(4), 305–315. https://doi.org/10.1177/1356766708094752

Hsu, W., & Chen, P.-W. (2021). The influences of service quality and individual characteristics on vocational training effectiveness. *Sustainability*, *13*(23), 13207. https://doi.org/10.3390/su132313207

Kader, N., Elhusein, B., Elhassan, N. M., Alabdulla, M., Hammoudeh, S., & Hussein, N.-R. (2021). Burnout and job satisfaction among psychiatrists in the mental health service, Hamad medical corporation, Qatar. *Asian Journal of Psychiatry*, *58*, 102619. https://doi.org/10.1016/j.ajp.2021.102619

Karunadasa, M., Sieberg, K. K., & Jantunen, T. T. K. (2023). Payment Systems, Supplier-Induced Demand, and Service Quality in Credence Goods: Results from a Laboratory Experiment. *Games*, *14*(3), 46. https://doi.org/10.3390/g14030046

Kordi, G., Divsalar, A., & Emami, S. (2023). Multi-objective home health care routing: a variable neighborhood search method. *Optimization Letters*, *17*(9), 2257–2298. https://doi.org/10.1007/s11590-023-01993-y

Lien, P., & Xuyen, D. T. H. (2017). The Interrelationship Between Faculty Job Satisfaction, Service Quality And Student Satisfaction: The Case Of VNU-International School. *VNU Journal of Science: Policy and Management Studies*, *33*(2). https://doi.org/10.25073/2588-1116/vnupam.4091

Linda, H., Zulfendri, Z., & Juanita, J. (2021). Pengaruh Karakteristik Individu dan Faktor Ekstrinsik terhadap Kinerja Bidan. *Jurnal Samudra Ekonomi Dan Bisnis*, *12*(2), 271–285.

Maharani, A., Tanjung, H., & Pasaribu, F. (2022). Pengaruh kemampuan kerja, motivasi dan disiplin kerja terhadap kinerja pegawai badan pendapatan daerah Kabupaten Deli Serdang. *Maneggio: Jurnal Ilmiah Magister Manajemen*, *5*(1), 30–41. http://dx.doi.org/10.30596%2Fmaneggio.v5i1.10195

McEwen, J., Bigby, C., & Douglas, J. (2021). How leaders in day service organisations understand service quality. *Research and Practice in Intellectual and Developmental Disabilities*, *8*(2), 126–134. https://doi.org/10.1080/23297018.2021.1951619

Mennicken, R., Kuntz, L., & Scholtes, S. (2011). Stress on the Ward-An Empirical Study of the Nonlinear Relationship between Organizational Workload and Service Quality. *Available at SSRN 1923589*. https://dx.doi.org/10.2139/ssrn.1923589

Musyaffi, A. M., Khairunnisa, H., & Respati, D. K. (2022). *Konsep dasar structural equation model-partial least square (sem-pls) menggunakan smartpls*. Tangerang Selatan: Pascal Books.

Nisa, K., Serudji, J., & Sulastri, D. (2019). Analisis Faktor yang Berhubungan dengan Kinerja Bidan dalam Memberikan Pelayanan Antenatal Berkualitas Diwilayah Kerja Puskesmas Kota Bukittinggi Tahun 2018. *Jurnal Ilmiah Universitas Batanghari Jambi*, *19*(1), 53–60. http://dx.doi.org/10.33087/jiubj.v19i1.545

Ozkul, A. S., Damali, U., Nandialath, A. M., & Stapleton, A. M. (2020). Determining optimum customer participation level in services: perceptual biases and congruence. *International Journal of Productivity and Quality Management*, *30*(3), 323–342. https://doi.org/10.1504/IJPQM.2020.108378

Putri, A. T., & Istono, M. (2022). Hubungan Beban Kerja dengan Kualitas Pelayanan Kesehatan pada Dokter Instalasi Gawat Darurat. *Suksma: Jurnal Psikologi Universitas Sanata Dharma*, *3*(1), 92–102. https://doi.org/10.1504/IJPQM.2020.108378

Qiu, S., Alizadeh, A., Dooley, L. M., & Zhang, R. (2019). The effects of authentic leadership on trust in leaders, organizational citizenship behavior, and service quality in the Chinese hospitality industry. *Journal of Hospitality and Tourism Management*, *40*, 77–87. https://doi.org/10.1016/j.jhtm.2019.06.004

Risparyanto, A. (2017). Pengaruh kualitas layanan pustakawan terhadap loyalitas pemustaka dengan variabel intervening kepuasan pemustaka. *UNILIB: Jurnal Perpustakaan*, 53–66. https://doi.org/10.20885/unilib.vol8.iss1.art5

Robbins, S., Judge, T. A., Millett, B., & Boyle, M. (2013). *Organisational behaviour*. Pearson Higher Education AU.

Sarwono, J., & Umi Narimawati. (2015). Membuat skripsi. Diss. Tesis dan Disertasi dengan Partial Least Square SEM (PLS-SEM). *Yogyakarta: Penerbit ANDI*.

Shen, J., & Tang, C. (2018). How does training improve customer service quality? The roles of transfer of training and job satisfaction. *European Management Journal*, *36*(6), 708–716. https://doi.org/10.1016/j.emj.2018.02.002

Šilingienė, V., & Škėrienė, S. (2014). Expression of Leaders 'Spiritual Intelligence in a Context of Organizations' Services Quality: A Theoretical Approach. *Procedia-Social and Behavioral Sciences*, *156*, 93–97. https://doi.org/10.1016/j.sbspro.2014.11.126

Sugiyono, S. (2017). Metode Penelitian Kuantitatif Kualitatif dan R&D. Bandung: Alfabeta. *Procrastination And Task Avoidance: Theory, Research and Treatment. New York: Plenum Press, Yudistira P, Chandra*.

Sutantio, A. G., & Meilani, Y. F. C. P. (n.d.). Pengaruh Internal Service Quality dan Workload terhadap Job Satisfaction Di RS Xyz Bojonegoro. *Jurnal Manajemen Kesehatan Indonesia*, *11*(1), 10–21. https://doi.org/10.14710/jmki.11.1.2023.10-21

Tyagi, A., Dhar, R. L., & Sharma, J. (2016). Police culture, tourists and destinations: A study of Uttarakhand, India. *Tourism Management*, *52*, 563–573. https://doi.org/10.1016/j.tourman.2015.08.008

Wang, M.-C., Lee, Y.-D., & Chen, S.-Y. (2013). The moderating effect of workload on orientated service and relationship quality. *The International of Journal Organizational Innovation*, *6*(1), 57–63.

Waqanimaravu, M., & Arasanmi, C. N. (2020). Employee training and service quality in the hospitality industry. *Journal of Foodservice Business Research*, *23*(3), 216–227. https://doi.org/10.1080/15378020.2020.1724850

Wulansari, A., & Priatna, Y. (2022). The role of library leaders in maintaining service quality during the covid-19 pandemic A case study at the Ponorogo Muhammadiyah University Library. *Record and Library Journal*, *8*(1), 12–22.

Yusuf, R. N. Z., Sawitri, D., & Farhan, D. (2021). The effect of training on employee performance mediated by service quality. *MEC-J (Management and Economics Journal)*, *5*(2), 143–152. https://doi.org/10.18860/mec-j.v5i2.12014

Zumrah, A. R. (2015). How to enhance the impact of training on service quality? Evidence from Malaysian public sector context. *Journal of Workplace Learning*, *27*(7), 514–529. https://doi.org/10.1108/JWL-06-2014-0048