

Implementation of Leadership in Improving Training, Competence, Innovation, and Midwives' Performance at Community Health Centers (Puskesmas) in Bulungan Regency

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Abstract. The purpose of this study is to determine the influence of leadership on training, competence, and innovation in improving the performance of midwives at Puskesmas in Bulungan Regency. This is a quantitative study, with the population consisting of midwives at Puskesmas accredited at the intermediate level, totaling 88 individuals. The sampling technique used was saturated sampling (total sampling), making this a census study. Data collection was carried out using questionnaires, followed by analysis. The analytical tool applied was Structural Equation Modeling (SEM). The results of the analysis showed that the influence of leadership on training was 0.47 with a P-value of 0.000, indicating that leadership has a significant effect on training. Leadership significantly affected competence at 0.63 with a P-value of 0.000. The effect of leadership on innovation was 0.61 with a P-value of 0.000, meaning leadership has a significant influence on innovation. Leadership did not have a significant effect on performance at 0.10 with a P-value of 0.261. Training did not significantly affect performance at 0.04 with a P-value of 0.703. The influence of competence on performance was 0.31 with a P-value of 0.072, indicating that competence did not significantly affect performance. Innovation significantly affected performance at 0.52 with a P-value of 0.002.

Keywords: Competence; Innovation; Leadership; Midwives' Performance; Training.

1. INTRODUCTION

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are important indicators in measuring a nation's health status. Based on the 2015 Intercensal Population Survey (SUPAS), the MMR in Indonesia was still high, at 305 per 100,000 live births. Meanwhile, the IMR according to the 2017 Indonesia Demographic and Health Survey (IDHS) was 24 per 1,000 live births, with neonatal deaths contributing the largest proportion of infant deaths. The SDGs 2030 targets for MMR are 70 per 100,000 live births and for IMR are 12 per 1,000 live births.

In North Kalimantan Province, the maternal mortality rate per 100,000 live births has shown fluctuations: in 2018 there were 10 cases (78/100,000 live births), which increased in 2019 to 21 cases (173/100,000 live births), and decreased again to 18 cases (151/100,000 live births) in 2020. Meanwhile, the infant mortality rate per 1,000 live births in 2018 was 121 cases or 10/1,000 live births, increased to 149 cases or 12/1,000 live births in 2019, and decreased again in 2020 to 129 cases or 11/1,000 live births (North Kalimantan Provincial Health Office, 2021).

An overview of maternal and child health in Bulungan Regency also shows fluctuating case trends. Based on data from the Bulungan Regency Health Office in 2021, the maternal mortality rate (MMR) per 100,000 live births and the infant mortality rate (IMR) per 1,000 live births were as follows:

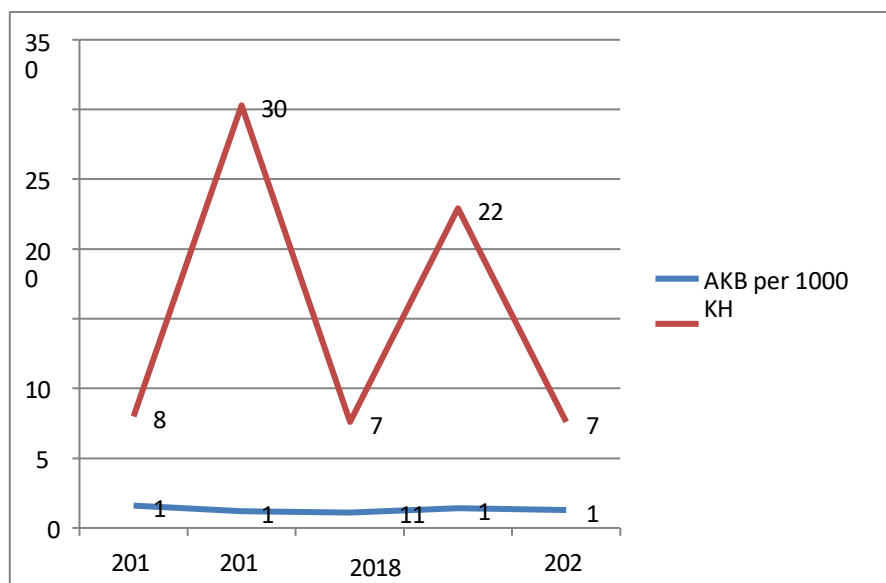


Figure 1. Number of Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in Bulungan Regency.

Source: Bulungan District Health Office (2021)

Based on the graph above, it can be seen that MMR and IMR in Bulungan Regency are still problematic. Over the past five years, from 2016 to 2020, there has not been a significant downward trend. The MMR data show fluctuations, even increasing in 2017 and 2019, reaching 303 per 100,000 live births (8 cases) and 229 per 100,000 live births (6 cases). Meanwhile, IMR shows a relatively small downward trend, from 16 per 1,000 live births (41 cases) in 2016 to 13 per 1,000 live births (36 cases) in 2020. It had decreased significantly in 2017 to 12 per 1,000 live births (32 cases) and in 2018 to 11 per 1,000 live births (28 cases). However, in 2019 it increased again to 14 per 1,000 live births (37 cases), then declined to 13 per 1,000 live births (36 cases).

These data indicate that problems related to MMR and IMR in Bulungan Regency still exist, with causes that are preventable. The researcher believes that this issue is related to various factors, one of which is the role of leadership in advocacy and cross-sector coordination. In addition, the tasks of midwives, especially in the early detection of possible complications that may lead to maternal or infant deaths, are crucial since midwives most often provide the first contact for pregnant women. The duties of safeguarding maternal and child health cannot be separated from the role of midwives. Another important factor is innovation

in community-based approaches. Therefore, research related to midwives' human resources remains essential.

In 2020, Bulungan Regency was designated as one of the focus districts for accelerating the reduction of MMR and IMR out of 120 districts/cities. One of the central government's programs was the capacity building of healthcare workers, including midwives, through blended learning and on-the-job training. Of the 12 Puskesmas in Bulungan Regency, only 4 midwives (from 4 Puskesmas) received this opportunity. Midwives, in providing services, must be able to adapt to the changing demands of society and the dynamics of scientific and technological advancements. Midwives are recognized as professional workers who are responsible and accountable, working as partners for women to provide support, health management, education, and counseling during pregnancy, childbirth, and the postpartum period. They are also responsible for independently managing deliveries, providing care for neonates, infants, and young children. This management includes preventive and health promotion efforts, normal delivery, early detection of complications in mothers and infants, as well as handling emergencies.

Moreover, continuous and sustainable training for midwives is necessary, given the ongoing advancements in science and technology. Midwifery-related cases are also evolving. Therefore, not only should training be provided before one becomes a midwife, but it should also be continuously carried out and developed after entering the profession.

Sustainable training for midwives is aimed at meeting competency standards. Based on the *Indonesian Midwifery Competency Standards* published by the Indonesian Midwives Association (PP IBI, 2018), there are 13 competency components: newborns, infants and toddlers, adolescents, preconception, pregnancy, childbirth, postpartum, inter-pregnancy period, climacterium, post-miscarriage, family planning services, reproductive health and sexuality, and basic clinical practice skills. The levels of clinical skills mastery required include four levels:

1. Recognizing signs and symptoms to distinguish between normal and abnormal cases,
2. Identifying types of disorders, knowing the objectives and procedures of referral,
3. Identifying cases and being able to provide temporary assistance independently or collaboratively until preparing the patient for referral,
4. Identifying cases and being able to provide independent and complete management.

Field observations at 12 Puskesmas across Bulungan Regency still showed that some training could not be implemented due to budget limitations, both in the District Health Office and the Bulungan District Human Resources Development and Staffing Agency (BKPSDM).

Therefore, leadership is needed in decision-making regarding human resource skills development at Puskesmas, following competency training mapping. The existence of a training gap for midwives is believed to have implications for other variables related to human resource management (HRM).

Findings from previous empirical studies show relationships between leadership, competence, innovation, and midwives' performance. The close link between training and competence (knowledge and skills of midwives) can be seen in previous studies conducted by Usnawati (2014), Setyawati & Ani (2019), Mindarsih & Murni (2019), and Timorini (2020). Their results indicated that training provided to midwives had a significant positive effect on improving midwives' competence. However, research on the influence of training on competence still shows a research gap, as there are studies that found no significant effect, such as the one by Kadir (2019). This is one reason why further studies on the effect of training on competence are still necessary.

The influence of training on competence is supported by empirical studies by Purnomo et al. (2016). The influence of training on innovation is supported by studies by Dostie (2017) and Kesen (2016). The influence of training on performance is supported by empirical studies by Pakpahan (2014) and Turere (2013), while Kurniasari et al. (2018) found no direct effect on performance. The relationship between leadership and competence is supported by research by Zuhry & Sugiyanti (2018). The relationship between leadership and innovation is supported by research by Salain & Wardana (2014). The relationship between leadership and performance is supported by Muizu et al. (2019) and Sari & Septiawan (2021). The relationship between competence and performance is supported by Purnomo et al. (2016). Finally, the influence of innovation on midwives' performance is supported by research by Dama & Ogi (2018).

The results of this study can be combined to serve as the basis for developing a research model (conceptual framework) that explains the influence between leadership, training, competence, innovation, and midwives' performance. Based on the background of the phenomenon gap, the research gap, and references from previous empirical studies, this study is entitled: *Implementation of Leadership in Improving Training, Competence, Innovation, and Midwives' Performance at Puskesmas in Bulungan Regency*.

2. LITERATURE REVIEW

Leadership

Wukir (2013) defines leadership as the art of motivating and influencing a group of people to act toward achieving a common goal. According to Samsudin (2009), leadership can

be interpreted as the ability to persuade and mobilize others to work together under one's leadership as a team to achieve certain objectives. Furthermore, Rachmawati (2014) describes leadership as the ability to influence a group toward the achievement of goals, or an effort to use an influencing style without coercion to motivate individuals in reaching objectives. According to Sunyoto (2013), leadership consists of five variables as follows:

1. Communication skills. Every leader must be able to convey information clearly and possess effective communication skills. With effective and smooth communication, it becomes easier for subordinates to understand what a leader wants.
2. Providing motivation. A leader needs effective communication skills as well as the ability to give encouragement and motivation to team members. The attention given by a leader has great value for subordinates, as recognition and appreciation can be very meaningful and impactful for employees.
3. Ability to lead. Not all leaders possess leadership abilities, as leadership talents and skills vary among individuals. This can be observed from their leadership style, whether they apply an autocratic, participative, or laissez-faire approach.
4. Decision-making. A leader must have the ability to make decisions based on facts and company regulations, and those decisions should motivate employees to improve performance and contribute to organizational progress.
5. Positive authority. Regardless of their leadership style, a leader must ensure that employees feel safe in carrying out their tasks within the organization or company.

Training

Armstrong & Taylor (2020) explain that training is a planned and systematic activity designed to provide employee learning. Training plays an important role in improving employees' overall abilities, serving as a solution for personal development. In contrast, Dessler (2015) defines training as a process of providing employees with new skills useful for carrying out their jobs. Dessler emphasizes the technical aspects of skills, for instance, how a web designer creates an interactive site or how a supervisor provides better guidance to subordinates.

According to Widodo (2015), training is an individual activity aimed at systematically improving knowledge and skills to support professional performance in their respective fields. Sofyandi (2013) identifies five indicators that influence training: training content, training methods, instructor attitude and skills, training duration, and training facilities.

Competence

Competence is defined as essential knowledge, abilities, experience, and requirements needed to perform a job successfully (Harris, 2000). Mathis & Jackson (2019) define competence as a basic characteristic that can be linked to improved performance of individuals or teams, consisting of knowledge, skills, and abilities. Spencer and Spencer further classify competence characteristics into five types: motives, traits, self-concept, knowledge, and skills. In the context of intelligence, competence is divided into three types:

1. Intellectual competence (IQ),
2. Emotional competence (EQ), and
3. Spiritual competence (SQ).

A person's success in life is largely determined by their ability to apply a combination of these three competencies.

Innovation

Innovation is a broad concept that may include products, services, processes, or methods, whether new or renewed, that provide solutions to organizational problems. Typically, different levels of novelty can be distinguished depending on the context: an innovation may be new to a company (or an agent/actor), new to a market, a country or region, or even globally.

Indicators of innovation among healthcare workers may include: the emergence of new creativity among health personnel, the adoption of new methods/processes/services/treatments, improvements in environmental/facility arrangements, the introduction of better medical/health equipment, and the development of more effective communication methods (Zuhal, 2013).

Performance

Performance is the result of work achieved by an individual based on job requirements (Andi & Asriandi, 2022). Work results refer to what an employee produces in carrying out tasks according to job requirements or performance standards.

Factors influencing performance are commonly categorized into internal and external factors. Internal factors are related to individual characteristics. For example, good performance may result from high ability and motivation, while poor performance may occur when individuals have low abilities and fail to make improvements (Mangkunegara, 2020).

Indicators used to measure employee performance include understanding of main duties and functions, innovation, work speed, work accuracy, and teamwork (Umar & Norawati, 2022).

Conceptual Framework

In this study, the conceptual framework developed by the researcher is as shown in the following figure:

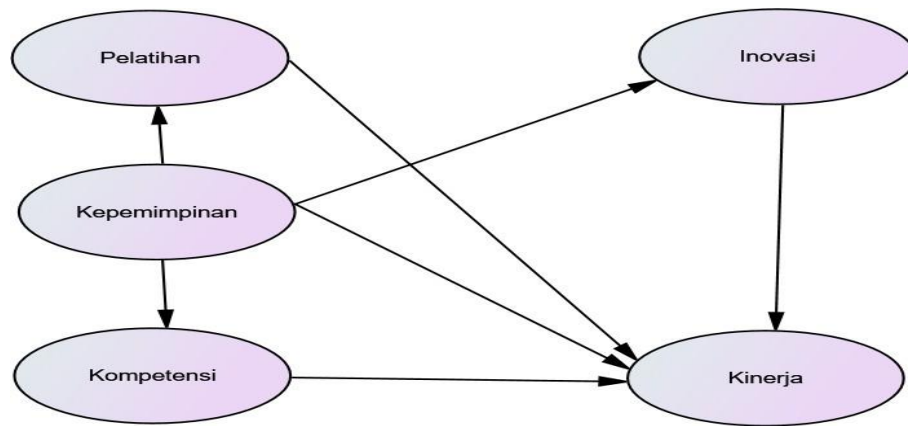


Figure 2. Research Conceptual Framework

Based on this framework, the research hypotheses can be developed as follows:

1. H1: Leadership has a significant effect on training at Community Health Centers (Puskesmas) in Bulungan Regency.
2. H2: Leadership has a significant effect on the competence of midwives at Puskesmas in Bulungan Regency.
3. H3: Leadership has a significant effect on the innovation of midwives at Puskesmas in Bulungan Regency.
4. H4: Leadership has a significant effect on the performance of midwives at Puskesmas in Bulungan Regency.
5. H5: Training has a significant effect on the performance of midwives at Puskesmas in Bulungan Regency.
6. H6: Competence has a significant effect on performance at Puskesmas in Bulungan Regency.
7. H7: Innovation has a significant effect on the performance of midwives at Puskesmas in Bulungan Regency.

3. RESEARCH METHODOLOGY

The research approach used in this study is quantitative, with primary data obtained from questionnaires filled out by midwives. The population in this study consisted of 88 respondents from 5 Puskesmas with intermediate accreditation status in Bulungan Regency. This study applied the saturated sampling method (total sampling), in which the number of

samples is equal to the total population of 88 respondents. Data analysis was conducted using inferential statistical methods with the Structural Equation Modeling (SEM) approach (Riyanto & Hatmawan, 2020).

This study proposed five variables: the independent variable **leadership**; the intervening variables **training**, **competence**, and **innovation**; and the dependent variable **midwife performance**. To provide clarity and facilitate understanding of the operational definitions of the five variables, the variables and indicators are presented in the following table:

Table 1. Research Variables and Indicators.

Variable	Indicator
Leadership (X1)	X1. Communication Skills X2. Motivation X3. Leadership Ability X4. Decision-Making X5. Positive Power
Training (Y1)	Y1.1. Training Content Y1.2. Training Methods Y1.3. Instructor's Attitude and Skills Y1.4. Training Duration Y1.5. Training Facilities
Competence (Y2)	Y2.1. Knowledge Y2.2. Skills Y2.3. Self-Concept Y2.4. Motives Y2.5. Traits
Innovation (Y3)	Y3.1. Opportunity Exploration Y3.2. Idea Generation Y3.3. Collaboration Y3.4. Idea Implementation
Performance (Y4)	Y4.1. Task Appropriateness Y4.2. Innovation Y4.3. Work Speed Y4.4. Work Accuracy Y4.5. Teamwork

Companies that have competence in the fields of marketing, manufacturing and innovation can make it as a source to achieve competitive advantage (Daengs GS, et al. 2020:1419). The research design is a plan to determine the resources and data that will be used to be processed in order to answer the research question. (Asep Iwa Soemantri, 2020:5). Standard of the company demands regarding the results or output produced are intended to develop the company. (Istanti, Enny, 2021:560). Time management skills can facilitate the implementation of the work and plans outlined. (Rina Dewi, et al. 2020:14). Saat mengumpulkan sumber data, peneliti mengumpulkan sumber data berupa data mentah. Metode survei adalah metode pengumpulan data primer dengan menggunakan pertanyaan tertulis (Kumala Dewi, Indri et al., 2022 : 29).

4. RESEARCH RESULTS AND DISCUSSION

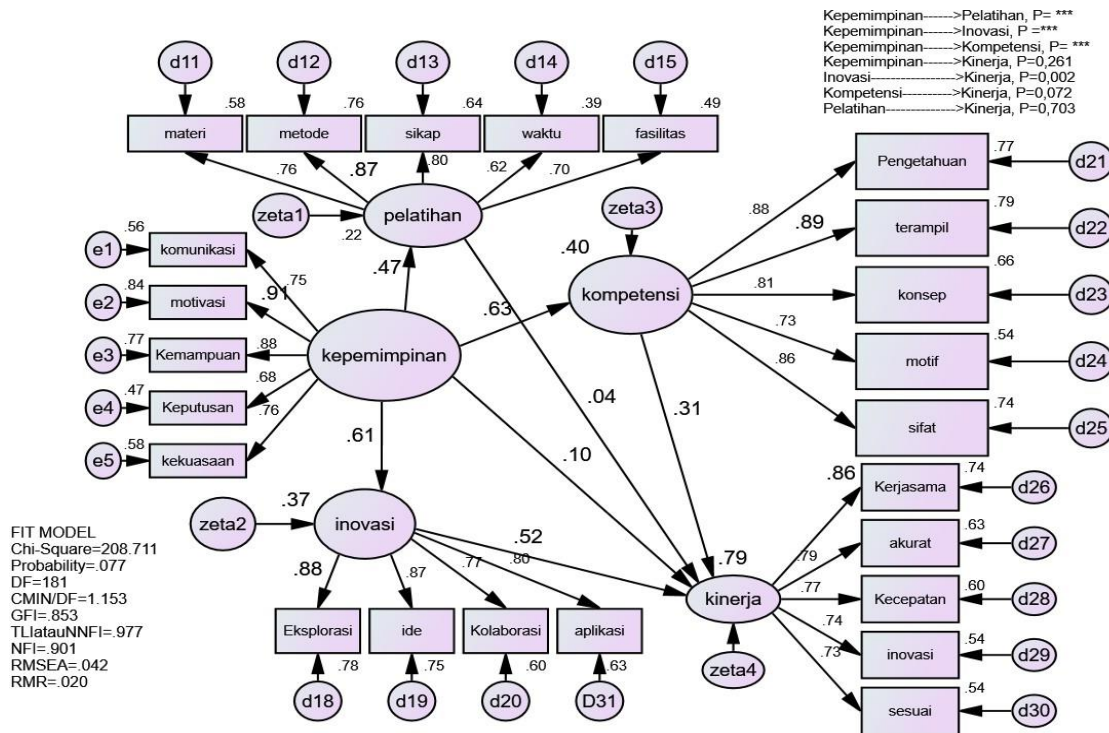
Structural Model

In this structural model, five hypotheses of inter-variable relationships (direct effects) were tested. The complete results of the tests are presented below:

Table 2. Structural Model of Direct Effects.

Inter-variable Relationship	Coefficient	P-value	Description
Leadership (X) → Training (Y1)	0.47	0.000	Significant
Leadership (X) → Competence (Y2)	0.63	0.000	Significant
Leadership (X) → Innovation (Y3)	0.61	0.000	Significant
Leadership (X) → Performance (Y4)	0.10	0.261ns	Not Significant
Training (Y1) → Performance (Y4)	0.04	0.703ns	Not Significant
Competence (Y2) → Performance (Y4)	0.31	0.072*	Not Significant
Innovation (Y3) → Performance (Y4)	0.52	0.002*	Significant

The following figure shows the results of the inter-variable relationships.

**Figure 3.** SEM Test Results.

Leadership has a significant effect on training. This is evident from the p-value of 0.000 < alpha (0.05). Since the coefficient is positive, it indicates a unidirectional relationship. This means that the higher the leadership value, the higher the training value. Leadership has a significant effect on competence. This is shown by the p-value of 0.000 < alpha (0.05). Since the coefficient is positive, it indicates a unidirectional relationship. This means that the higher the leadership value, the higher the competence. Leadership has a significant effect on innovation. This is evident from the p-value of 0.000 < alpha (0.05). This means that the higher the leadership value, the higher the innovation. Leadership does not have a significant effect on performance. This is shown by the p-value of 0.261 > alpha (0.05). This means that no matter the leadership value, it does not affect performance. Training does not have a significant effect on performance. This is shown by the p-value of 0.703 > alpha (0.05). This means that

regardless of the training value, it does not influence performance. Competence does not have a significant effect on performance, as seen from the p-value of $0.072 > \alpha (0.05)$. This means that higher competence values are associated with higher performance, but the effect is not statistically significant. Innovation has a significant effect on performance, as indicated by the p-value of $0.002 < \alpha (0.05)$. This means that higher innovation values lead to higher performance.

Discussion

The Effect of Leadership on Midwives' Training at Community Health Centers (Puskesmas) in Bulungan Regency

Based on the analysis, the coefficient of the relationship between leadership and training is 0.47 with a significance value of 0.000. A significance value < 0.05 indicates that leadership has a significant effect on training. Since the coefficient is positive, it shows a unidirectional relationship. This means that the higher the leadership value, the higher the training value. The analysis results confirm that hypothesis 1, which states that leadership has a significant effect on midwives' training, is proven. This study not only validates the proposed hypothesis but also supports previous research used as a reference in this study, namely Kumara (2016), which found that leadership had a significant positive effect on training. As leadership values increase, the quality of training provided to midwives also improves. The analysis further suggests that better leadership at Puskesmas results in better implementation and outcomes of midwife training. Effective leaders motivate, guide, and support midwives in participating in training more effectively and help them apply the knowledge gained from training in their daily work. This also includes aspects such as how leaders provide direction, build communication, and provide the necessary resources to deliver quality training. Leaders at Puskesmas who exercise positive authority with a vision and commitment to improving human resources, including midwives, will encourage more opportunities for quality training. For example, leaders may be more proactive in ensuring that relevant training is conducted regularly or in creating an environment that supports learning and the application of new practices acquired from training. Effective leaders can create an organizational culture that fosters the professional development of midwives, ultimately improving the quality of services at Puskesmas.

The Effect of Leadership on Midwives' Competence at Community Health Centers (Puskesmas) in Bulungan Regency

Based on the analysis, the coefficient of the relationship between leadership and competence is 0.63 with a significance value of 0.000. A significance value < 0.05 indicates

that leadership has a significant effect on competence. Since the coefficient is positive, it shows a unidirectional relationship. This means that the higher the leadership value, the higher the competence. The analysis results confirm that hypothesis 2, which states that leadership has a significant effect on midwives' competence, is proven. This study not only validates the proposed hypothesis but also supports previous research used as a reference, namely Zuhry & Sugiyanti (2018), which showed that leadership has a significant positive effect on competence. As leadership values increase, employees' competence also improves. The analysis suggests that leadership applied at Puskesmas plays an important role in improving midwives' competence. Leaders with good communication skills can provide guidance and create a supportive work environment, motivating midwives to continuously enhance their skills and knowledge. In addition, the implementation of services according to competencies requires strong support from Puskesmas leaders to be more effective and efficient.

The Effect of Leadership on Midwives' Innovation at Community Health Centers (Puskesmas) in Bulungan Regency

Based on the analysis, the coefficient of the relationship between leadership and innovation is 0.61 with a significance value of 0.000. A significance value < 0.05 indicates that leadership has a significant effect on innovation. This means that the higher the leadership value, the higher the innovation. The analysis results confirm that hypothesis 3, which states that leadership has a significant effect on innovation, is proven. This study also supports previous research used as a reference, namely Salain & Made (2014), which showed that leadership has a significant positive effect on innovation. As leadership values increase, employees' innovation also improves. This study suggests that leaders at Puskesmas with strong leadership skills can create an environment that encourages midwives to confidently express and implement ideas. Leaders who promote openness and creativity will foster innovation in the workplace. Moreover, leadership plays a key role in exploring and applying innovations to optimize services at Puskesmas. Appreciation and opportunities given by leaders for innovations initiated by midwives can further motivate them to continue developing innovations.

The Effect of Leadership on Midwives' Performance at Community Health Centers (Puskesmas) in Bulungan Regency

Based on the analysis, the coefficient of the relationship between leadership and performance is 0.10 with a significance value of 0.261. A significance value > 0.05 indicates that leadership does not have a significant effect on performance. The analysis results confirm that hypothesis 4, which states that leadership has a significant effect on midwives'

performance, is not proven. This study not only shows that the proposed hypothesis is rejected but also contradicts previous research used as a reference, such as Muizu et al. (2019) and Sari & Septiawan (2021), which found that leadership significantly affects performance. The data analysis indicates that midwives' performance primarily relies on teamwork in providing services, consistent with the fact that other human resources are integrated to support midwives' performance according to their respective duties. One role of leadership as a decision-maker is to support midwives' performance in addressing problems, in addition to other team contributions. Each case can be resolved based on the experience and knowledge of the midwives. Leadership does not significantly affect performance because other teams contribute to performance implementation. However, as decision-makers with positive authority, leaders can still motivate midwives to work more effectively and efficiently.

The Effect of Training on Midwives' Performance at Community Health Centers (Puskesmas) in Bulungan Regency

Based on the analysis, the coefficient of the relationship between training and performance is 0.04 with a significance value of 0.703. A significance value > 0.05 indicates that training does not have a significant effect on performance. The analysis results confirm that hypothesis 5, which states that training has a significant effect on performance, is not proven. This study not only shows that the proposed hypothesis is rejected but also contradicts previous research used as a reference, such as Kurniasari et al. (2018), which found that training had a significant positive effect on performance. The analysis suggests that although higher training levels may increase midwives' performance, the improvement is relatively small (low). This indicates that the training provided may not be fully relevant or directly related to midwives' practical needs in performing daily tasks at Puskesmas. If the training material does not match the challenges faced, it cannot be applied effectively in performance and thus does not provide significant support. Training topics or methods that are not focused on developing the specific skills required by midwives may also render training ineffective. Training programs designed with careful consideration of content, methods, instructors' skills and attitudes, duration, and supporting facilities can improve the quality of training, thereby supporting midwives' performance in practice.

The Effect of Competence on Midwives' Performance at Community Health Centers (Puskesmas) in Bulungan Regency

Based on the analysis results, the coefficient of the relationship between competence and performance is 0.31 with a significance value of 0.072. A significance value > 0.05

indicates that competence does not have a significant effect on performance. Thus, hypothesis 6, which states that competence has a significant effect on performance, is not proven.

This study shows that aside from proving that the proposed hypothesis is rejected, it also does not support the results of previous research used as a reference in this study, namely Kurniasari et al. (2018) and Purnomo et al. (2016), which showed that competence had a significant positive effect on performance.

Based on the measurement model, competence is measured by five aspects, namely knowledge, skills, concepts, motives, and traits, with skills being the most supportive aspect in measuring competence. In terms of performance, out of the five aspects, teamwork is the most dominant compared to others. Therefore, the analysis indicates that the linkage between competence and performance is relatively small because the effect is not significant.

This result can be interpreted as a situation where, although midwives have adequate competence, this factor is not the main determinant in improving their performance. If all midwives studied already possess competence homogeneously and in accordance with standards, variations in competence may not be large enough to influence performance differences among them. This means that competence has already become a minimum requirement fulfilled by all midwives, so other, more dynamic factors become more important in determining performance improvement.

High competence may not provide a significant impact on performance if midwives are not motivated or do not feel well-being. Competent midwives still need other drivers such as a positive environment, incentives, appreciation, and others to maximize their performance. Overall, the finding that competence does not have a significant effect on performance indicates that although midwives possess sufficient skills and knowledge, other factors such as motivation, facilities, policies, and welfare may play a more dominant role in determining how well midwives perform their work.

The Effect of Innovation on Midwives' Performance at Community Health Centers (Puskesmas) in Bulungan Regency

Based on the analysis results, the coefficient of the relationship between innovation and performance is 0.52 with a significance value of 0.002. A significance value < 0.05 indicates that innovation has a significant effect on performance, and since the coefficient is positive, it shows a unidirectional relationship. This means that the higher the innovation value, the higher the performance.

It can be concluded that hypothesis 7, which states that innovation has a significant effect on performance, is proven. This study not only confirms the proposed hypothesis but also supports previous research used as a reference, namely Dama & Ogi (2018), which found that innovation had a significant positive effect on performance.

The analysis shows that the higher the innovation, the higher the performance of midwives. The significant influence of innovation on performance can be supported by exploring other factors such as the utilization of updated technology, the application of more effective service methods, or the development of new procedures to improve service quality. Midwives who are able to adopt new approaches or the latest technologies in their work contribute to improving service quality, efficiency, and outcomes.

This proves that innovation helps midwives work smarter and more accurately in providing services to the community. Midwives at Puskesmas often face various challenges, such as limited facilities or other service-related obstacles. Thus, through innovation or the emergence of certain ideas, solutions can be created to maximize performance. The significant effect of innovation on midwives' performance indicates that there is a positive correlation between workplace innovation and improvements in effectiveness, efficiency, and the quality of services provided by midwives at Puskesmas.

The Research model or framework is intended to further clarify the essence of the discussion of previous research result and the theoretical basis in the research, including the relationship between influential variables. (Enny Istanti, et al. 2024 : 150) This research will be conducted in three phases : measurement model (external model), structural model (internal model), and hypothesis testing. (Pramono Budi, et al., 2023 ; 970) Melalui proses tersebut, karyawan diberikan pelatihan dan pengembangan yang relevan dengan kinerja pekerjaannya, sehingga diharapkan dapat menjalankan tanggung jawab pekerjaannya dengan sebaik - baiknya. (Abdul Aziz Sholeh et.al. 2024 :82) Memilih merupakan bagian dari suatu upaya pemecahan sekaligus sebagai bagian dari proses pengambilan keputusan. Oleh karena itu dibutuhkan keputusan pembelian yang tepat (Kristiawati Indriana et.al. 2019 : 28) Kerja sama antara pemerintah, industri, lembaga penelitian dan masyarakat sipil dalam merancang menerapkan, Komitmen dan kerja sama yang kuat dari seluruh pemangku kepentingan menjadi kunci keberhasilan upaya - upaya tersebut. (Gazali Salim et al. 2024 : 63) The SERVQUAL model includes calculating the difference between the values given by customers for each pair of statements related to expectations and perceptions (Diana Zuhro et al. 2024 : 98)

5. CONCLUSION

Leadership shows a significant effect on training at Puskesmas with a coefficient value of 0.47, meaning that the higher the leadership value, the higher the training value. The significant effect of leadership on competence is shown by a coefficient of 0.63. This means that the better the leadership, the higher the competence, supported by motivation. Leadership has a significant effect on innovation with a coefficient of 0.61, meaning that the higher the leadership value, the higher the innovation, supported by implementation and exploration.

Leadership does not have a significant effect on midwives' performance, as its increase is relatively small (coefficient 0.01 with a significance value of 0.261). This means that although leadership is high, it does not significantly influence performance. Training also does not have a significant effect on performance, with a coefficient of 0.04 and a significance value of 0.703, meaning that higher training does not significantly affect midwives' performance at Puskesmas, even though there is a relatively small effect.

Competence also shows no significant effect on performance with a coefficient of 0.31 and a significance value of 0.072. Although competence is high, it does not significantly influence midwives' performance at Puskesmas. On the other hand, innovation has a significant effect on performance with a coefficient of 0.52 and a significance value of 0.002, meaning that the higher the innovation value, the higher the performance at Puskesmas.

For the Regional Health Office (Dinas Kesehatan), to improve midwives' performance, motivation and policy-making related to increasing innovation can be carried out at the district level as well as at the Puskesmas service unit level. Puskesmas heads are encouraged to support innovation initiatives and provide opportunities for exploration for each midwife, so that with good teamwork, services can become more optimal.

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