

# **Implementation of Leadership in Improving Training, Competence, Innovation and Performance of Midwives at Puskesmas in Bulungan Regency**

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**Abstract:** *The purpose of this study was to determine the effect of leadership on training, competence and innovation in improving the performance of midwives at Puskesmas in Bulungan Regency. This type of research is quantitative where the population is midwives at the middle accredited Puskesmas totaling 88 people. The sample technique uses saturated sampling (total sampling) so that it is a census study. Data collection using questionnaires and then analyzed. The analysis tool used Structural Equation Modeling (SEM). The results of the analysis show that the effect of leadership on training is 0.47 with a P value =\*\*\*, meaning that leadership has a significant effect on training, this states that the first hypothesis is accepted. Leadership is measured using five indicators, namely how to communicate, motivation, leadership skills, decision making and positive power with the largest loading factor of motivation (0.91). Training is measured by five indicators, namely training content, methods, instructor skill attitudes, length of time, and facilities with the largest loading factor of methods (0.87). Leadership has a significant effect on competence of 0.63 with a P value =\*\*\*. So that the second hypothesis is accepted. Competence is measured using five indicators, namely knowledge, skills, self-concept, motives and traits with the largest loading factor of skills (0.89). The effect of leadership on innovation is 0.61 with a P value =\*\*\*, meaning that leadership has a significant effect on innovation, where the third hypothesis is accepted. Innovation is measured by four indicators, namely exploration, ideas, collaboration, application with the largest loading factor of exploration (0.88). Leadership has no significant effect on performance by 0.10 with a P value of 0.261 and states that the fourth hypothesis is rejected. Performance is measured by five indicators including according to tupoksi, innovation, speed, accuracy, cooperation with the largest loading factor, namely cooperation of 0.86. Training has no significant effect on performance of 0.04 with a value of P = 0.703, so the fifth hypothesis is rejected. The effect of competence on performance is 0.31 with a value of P = 0.072. meaning that competence has no significant effect on performance, so the sixth hypothesis is rejected. Innovation has a significant effect on performance of 0.52 with a P value of 0.002. where the seventh hypothesis is accepted. The effect of leadership on training is 22%, the remaining 78% is influenced by other variables. Leadership on data on competence is 40%, the remaining 60% is influenced by other variables. The effect of leadership on innovation is 37%, the remaining 63% is influenced by other variables. The effect of leadership, training, competence and innovation on data variations in performance is 79%, the remaining 21% is influenced by variables outside this study.*

**Keywords:** *Leadership, Training, Competence, Innovation, Midwife Performance*

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## **I. Introduction**

Health development is essentially directed towards achieving awareness, willingness and ability to live healthily for everyone, concerning physical, mental, socio-cultural and economic. To achieve optimal health, various comprehensive, targeted and sustainable health service efforts are carried out (Standard Pendidikan Kebidanan Indonesia, PP IBI, 2018).

The drivers of health development (health workers) consist of several professions, such as doctors, midwives, nurses, pharmacists, health analysts, public health graduates, nutritionists, and others. From the variety of health worker professions, this study will focus on midwife health workers. The midwife profession is seen as a strategic profession in maintaining the health level of mothers and children. This is as regulated in Law No. 4 of 2019 concerning midwifery, it is explained that midwives are one of the health workers who provide direct services to mothers and children.

In the Indonesian Midwifery Education Standards book, Midwives are defined as one of the health workers in the health system and have a strategic position in reducing the Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and Family Planning (Keluarga Berencana/KB) services in an effort to improve the quality of life of women and children. The Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are

important indicators in measuring the health status of a country. Based on the 2015 Intercensal Population Survey (Survei Penduduk Antar Sensus/SUPAS), the IMR in Indonesia is still high at 305/100,000 live births. Meanwhile, the IMR according to the 2017 Indonesian Demographic Health Survey (Survei Demografi Kesehatan Indonesia/SDKI) is 24/1000 live births, where newborn deaths contribute the largest number of infant deaths. The 2030 SDGs target for IMR is 70/100,000 live births and IMR 12/1000 live births. For North Kalimantan Province, the Maternal Mortality Rate per 100,000 live births is fluctuating, where in 2018 there were 10 cases (78/100,000 live births), there was an increase in 2019 by 21 cases (173/100,000 live births), and decreased again to 18 cases (151/100,000 live births). Meanwhile, the Infant Mortality Rate per 1000 live births in 2018 was 121 cases or 10/1000 live births, there was an increase to 149 cases or 12/1000 live births, and decreased again in 2020 by 129 cases or 11/1000 live births (Kaltara Provincial Health Office, 2021).

As an illustration of the level of maternal and child health in Bulungan Regency, it turns out that the development of cases is still fluctuating. Based on data from the Bulungan Regency Health Office in 2021, it shows that the number of maternal mortality rates (MMR) per 100,000 live births and infant mortality rates (IMR) per 1,000 live births shows that MMR and IMR in Bulungan Regency are still a problem. In the last five years from 2016 to 2020, there has been no significant downward trend. MMR data shows fluctuations, even in 2017 and 2019 it increased to 303/100,000 live births (8 cases) and 229/100,000 live births (6 cases). Meanwhile, the IMR showed a relatively small downward trend from 16/1000 live births (41 cases) in 2016 to 13/1000 live births (36 cases) in 2020. There was a significant decline in 2017 to 12/1000 live births (32 cases) and in 2018 to 11/1000 live births (28 cases), but in 2019 it increased again to 14/1000 live births (37 cases) then decreased to 13/1000 live births (36 cases).

With the data showing that there are still problems related to IMR and IMR in Bulungan Regency with preventable causes of death, researchers believe that this is related to various factors, including the role of leaders in terms of advocacy and coordination with related cross-sectors. In addition, the task of midwives is mainly in terms of early detection of the causes of complications that can occur and cause death. Where most of the first contact for examining pregnant women is carried out by midwives. Because so far, related to the tasks of maintaining the health of mothers and children, it cannot be separated from the role of a midwife. Another factor is the innovation that can be done to approach the community. Therefore, research related to midwife human resources is still very much needed.

In 2020, Bulungan Regency was one of the designated districts as a locus for accelerating the reduction of maternal and infant mortality rates from 120 districts/cities so that one of the programs carried out by the Central Government was to increase the capacity of health workers, one of which was midwives with the blended learning and on-the-job training methods, out of 12 Puskesmas in Bulungan Regency that got the opportunity, only 4 midwives (4 Puskesmas).

Midwives in providing services must be able to appreciate the demands that continue to change along with the development of society and the dynamics of advances in science and technology. Midwives are recognized as responsible and accountable professionals who work as partners for women to provide support, management, and health education and counseling during pregnancy, childbirth, and postpartum, leading childbirth on their own responsibility and providing care to neonates, infants and toddlers.

In this management includes efforts to prevent or promote health, normal delivery, early detection of complications to mothers and children, and carrying out emergency measures. In addition, training for midwives must also be carried out continuously and sustainably. This is considering the development of science and technology continues to develop.

Cases related to midwifery also continue to develop. Therefore, not only training before someone becomes a midwife must be developed, but after holding the profession of midwife must also continue to be carried out and developed. Continuous training for midwives is carried out in order to meet competency standards.

Based on the Indonesian Midwife Competency Standards book published by PP IBI (2018), it is explained that there are 13 competency components, namely for newborns, infants and toddlers, adolescents, preconception, pregnancy, childbirth, postpartum, intermediary period, climacterium, post-miscarriage, family planning services, reproductive health and sexuality, basic clinical practice skills. The level of ability that must be achieved in mastering clinical skills consists of four levels, namely; (1) recognizing signs and symptoms to distinguish normal or abnormal cases, (2) knowing the type of disorder, knowing the purpose and procedure for referral, (3) knowing the type of case, being able to provide temporary assistance independently or collaboratively until preparing the patient for referral, (4) knowing the type of case until being able to provide assistance independently until complete.

Seeing the clinical competency standards after becoming a midwife, in order to maintain and improve their competence, midwives are still required to follow various additional training and the most updated ones every 3 years at least and every 5 years at most following the development of science and technology in the field of midwifery. Although there are many trainings that can be followed, according to the competency components

that must be updated only a few after becoming a midwife. However, the results of field observations at 12 Puskesmas spread throughout Bulungan Regency still show that there is training that cannot be implemented due to budget constraints both at the Health Office and at the Bulungan Regency Human Resources Development and Personnel Agency (Badan Kepegawaian dan Pengembangan Sumber Daya Manusia/BKPSDM). So this requires the role of Leadership in decision-making regarding the need to improve human resource skills at the Puskesmas after mapping the competency training that can be implemented. With the gap in training for midwives, researchers believe that this will have implications for other variables related to human resource development (HRD).

Based on the results of empirical research conducted by previous researchers, it shows the influence of leadership, competence, innovation and performance of the midwives themselves. The close relationship between the influence of training and competence (midwife knowledge and skills) can be seen from several previous research results such as those conducted by Usnawati et al (2014:69), Setyawati and Ani (2019:74), Mindarsih and Murni (2019:533) and Timorini (2020:110). The results of the study showed that the training provided to midwives had a significant positive influence in improving midwife competence.

However, research related to the influence of training on midwife competence still has a research gap, namely there is still controversy over the results. From the results of previous empirical research, it turns out that there are research results that show an insignificant influence between training and competence, such as that conducted by Kadir (2014:7). This is one of the reasons that research related to the influence of research on competence still needs to be carried out.

The role of training in improving performance is also explained empirically through previous research by Herrero et al., (2011) on 1550 health workers in Spain. The results of their research showed that training can improve employee performance, especially in terms of drug selection and use. This research is supported by Fransen et al., (2012) who conducted a comparative study on employees of 12 hospitals in the Netherlands, there was a significant difference in performance between employees who underwent training and employees who did not undergo training.

The relationship between the influence of training variables on competence is based on the results of empirical research conducted by Purnomo, et al. (2016). Next, the relationship between the influence of training variables and innovation is based on the results of empirical research conducted by Dostie (2017), Kesen (2016). The relationship between the influence of training variables on performance is based on the results of empirical research conducted by Pakpahan (2014) and Turere (2013), while Kurniasari, et al. (2018) did not show a direct influence on performance.

The influence of leadership variables on competence is based on the results of empirical research conducted by Zuhry and Sugiyanti (2018) and Indajang, et al. (2020). Leadership with innovation is based on the results of empirical research conducted by Salain and Wardana (2014). Leadership with performance is based on the results of empirical research conducted by Muizu, et al. (2019) and Sari and Septiawan (2021). Competence with performance is based on the results of empirical research conducted by Purnomo, et al. (2016). The last variable relationship is the relationship between the influence of innovation variables and midwife performance based on the results of research conducted by Dama & Ogi (2018). The results of this study can be combined so that they can be used as a basis for building a research model (conceptual framework) that explains the influence between Leadership, Training, competence, innovation and midwife performance.

## **II. Objectives**

1. To determine the influence of leadership on midwife training at Community Puskesmas in Bulungan Regency.
2. To determine the influence of leadership on midwife competence at Community Puskesmas in Bulungan Regency.
3. To determine the influence of leadership on innovation at Community Puskesmas in Bulungan Regency.
4. To determine the influence of leadership on midwife performance at Community Puskesmas in Bulungan Regency.
5. To determine the influence of training on midwife performance at Community Puskesmas in Bulungan Regency.
6. To determine the influence of competence on midwife performance at Community Puskesmas in Bulungan Regency.
7. To determine the influence of innovation on midwife performance at Community Puskesmas in Bulungan Regency.

### **III. Literature Review**

#### **3.1 Leadership**

There are several kinds of understanding of leadership, including according to Wukir (2013: 134) who defines leadership as the art of motivating and influencing a group of people to act to achieve common goals. Meanwhile, according to Samsudin (2016: 287) leadership can be interpreted as the ability to convince and move others to work together under his leadership as a team to achieve a certain goal. Then according to Rachmawati (2014: 67) leadership can be interpreted as the ability to influence a group towards achieving goals or an effort to use an influencing style and not force to motivate individuals in achieving goals. Based on the definition above, leadership can be interpreted as an ability or expertise that exists in a person in moving or motivating an individual or group to achieve predetermined goals. This leadership variable uses indicators; how to communicate, provide motivation, leadership skills, decision making, and positive power.

#### **3.2 Training**

Armstrong (2014) explains that training is a planned and systematic activity to provide employee learning. It is further explained that training plays an important role in improving employee abilities comprehensively so that it becomes a solution in employee self-development. This is different from Dessler (2013) who defines training as a process of providing new skills to employees so that they are useful in carrying out work. According to Dessler, training emphasizes more on technical expertise aspects, for example how a website designer creates an interactive site or how a supervisor is able to provide better direction to his subordinates.

According to Tarigan (2018), training is an activity carried out by a company with the aim of improving, assisting and improving employee skills and knowledge. According to Article 1 paragraph 9 of Law No. 13 of 2003 concerning Manpower, training is "All activities to provide, obtain, improve and develop work competence, productivity, discipline, attitude and work ethic at a certain level of skills and expertise according to the level and qualifications of the position and job". This training variable uses indicators; training content, training, instructor attitudes and skills, length of training and training facilities.

#### **3.3 Competence**

According to Tontowi (2017), HR competency must have certain qualification standards and technical specifications because it is a generating force. This is intended so that HR competency is able to produce various accelerations that can encourage change along with the occurrence of various new paradigm changes outside the organization. The opposite should not happen, empowerment is unable to follow the new paradigm that is developing, experiencing stagnation of change, slowing growth and development, or even never producing increased performance. Competence can be interpreted as basic knowledge, abilities, experiences, and requirements needed to carry out work successfully (Harris, 2001).

Meanwhile, Mathis and Jackson (2001) define competence as basic characteristics that can be linked to increased individual or team performance, consisting of knowledge, skills, and abilities. These competency characteristics (research indicators) were developed by Spencer and Spencer into 5 types, namely: Motive, innate nature/trait, self-concept, knowledge, and skills.

#### **3.4 Innovation**

Innovation comes from the English word innovation. Synonyms for innovation are new inventions. New inventions can be interpreted as the process and/or results of developing the utilization/mobilization of knowledge, skills (including technological skills) and experience to create or improve new products (goods and/or services), processes, and/or systems, which provide meaningful or significant value (especially economic and social). New inventions as an "object" also have the meaning of a new product or practice that is available for application, generally in a commercial context. Usually, various levels of novelty can be distinguished, depending on the context: an innovation can be new to a company (or agent/actor), new to the market, or country or region, or new to the global scale. Meanwhile, new inventions as an "activity" are the process of creating new inventions, often identified with the commercialization of an invention. This innovation variable uses indicators; exploring opportunities, generating ideas, collaborating and applying ideas.

#### **3.5 Performance**

Bangun Wilson (2012) stated that performance is the result of work achieved by someone based on job requirements. The result of the work is the result obtained by an employee/staff in doing the work according to the job requirements or performance standards. There are various opinions regarding the factors that influence performance. According to Mangkunegara in Ramahdani (2016), performance factors consist of internal factors and external factors. Internal factors are those that are related to a person's characteristics. For example, a person's performance is good because they have high abilities and that person has high motivation, while

someone has poor performance because the person has low abilities and the person does not have efforts to improve their abilities, while external factors are factors that influence a person's performance that come from the environment. Such as behavior, attitudes, and actions of coworkers, subordinates or leaders, work facilities, and organizational climate. This performance variable uses indicators; according to job description, innovation, work speed, work accuracy, cooperation.

#### IV. Methodology

The research approach used in this study is quantitative. The stages of the research process carried out by researchers start from initial research to explore the problems that exist in the research object. Then continued with a literature study to explore the theoretical basis and results of empirical studies in previous studies to be used as a basis for building a research model. After that, observations and interviews in the field were continued, data collection through questionnaires, after the data was collected, analysis was carried out and conclusions were drawn. This study is a census study with a sample technique used, namely saturated sampling (total sampling) where the number of samples is the same as the population of 88 people.

The kind of analysis employed in the study was the inferential statistical analysis. The analysis of data from the respondents used the Structural Equation Modelling (SEM) with the assist of AMOS 20 and SPSS 20 programs.

Formulating the structural equation model in the study referred to the steps once developed by Hair (2006) which comprise: (1) Theoretical-based Model Development, (2) Path Diagram Development, (3) Evaluation on Goodness of Fit Criteria, (4) Assumption Assessment of the SEM, and (5) Structural Model Testing: Testing the Research Hypothesis.

#### V. Findings And Discussion

##### 5.1 Research Instrument Testing

Table 1 shows the result of the research instrument testing (in terms of validity and reliability).

**Table 1. Validity and Reliability Testing**

Leadership (X)		Training (Y1)		Competencies (Y2)		Innovation (Y3)		Performance (Y4)	
Indicator	Correlation	Indicator	Correlation	Indicator	Correlation	Indicator	Correlation	Indicator	Correlation
How to Communicate	0.676	Training Content	0.740	Knowledge	0.539	Opportunity Exploration	0.819	According to Tupoksi	0.770
Giving Motivation	0.770	Training Methods	0.854	Skills	0.740	Coming up with an Idea	0.812	Innovation	0.718
Leadership Skills	0.737	Attitude and Instructor Skills	0.746	Self-concept	0.782	Collaboration	0.762	Work Speed	0.738
Decision	0.658	Length of Training	0.694	Motif	0.734	Applying Ideas	0.719	Work Accuracy	0.727
Positive Power	0.690	Training Facilities	0.766	Characteristic	0.824	-		Collaboration	0.773
Alpha Cronbach = 0.876		Alpha Cronbach = 0.903		Alpha Cronbach = 0.923		Alpha Cronbach = 0.897		Alpha Cronbach = 0.894	

Source: Data analysis, 2023

##### 5.2 The SEM Analysis

###### 5.2.1 Normality

The multivariate normality assumption was tested with the help of AMOS software. The test results obtained a critical ratio value of 15,655 with a critical value of Z count for  $\alpha$  5% of 117,913. Because the absolute value of CR for multivariate is  $15,655 < 117,913$ , the multivariate normality assumption is met.

###### 5.2.2 Outlier

Mahalanobis distance is evaluated using  $2 \chi$  at degrees of freedom as many parameters in the model used, namely = 88 where from the statistical table it is obtained  $X^2_{88} = 988.850$ . Decision-making rules, if Md from the observation point  $> 988.850$  then it is said that the observation point is an outlier, while if Md from the observation point  $< 988.850$  then it is said that the observation point is not an outlier. From the Mahalanobis distance table, it can be seen that the furthest observation point is the 56th respondent with an Md value = 51.239. When compared with the value of  $X^2_{88} = 988.850$  then the Md value of the 56th point  $< 988.850$ , it is concluded that all observation points are not outliers.

### 5.2.3 Linearity

**Table 2. Result of Testing on Linearity Assumption**

Relationship between Variables		Result	Signification
Leadership (X)	Training (Y1)	Sig for all models < 0.05	Linear
Leadership (X)	Competence (Y2)	Sig for all models < 0.05	Linear
Leadership (X)	Innovation (Y3)	Sig for all models < 0.05	Linear
Leadership (X)	Performance (Y4)	Sig for all models < 0.05	Linear
Training (Y1)	Performance (Y4)	Sig for all models < 0.05	Linear
Competence (Y2)	Performance (Y4)	Sig for all models < 0.05	Linear
Innovation (Y3)	Performance (Y4)	Sig for all models < 0.05	Linear

Source: Data analysis, 2023

### 5.3. Goodness of Fit Overall Model

**Table 3. Result of Testing on Goodness of Fit Overall Model**

Criteria	Cut-of Value	Result	Signification
Quadratic Temp	Small	208.711	Good
p-value	≥ 0.05	0.077	
CMIN/DF	≤ 2.00	1.153	Good
GFI	≥ 0.90	0.853	Good
AGFI	≥ 0.90	0.757	Good
TLI	≥ 0.95	0.977	Good
CFI	≥ 0.95	0.778	Good
RMSEA	≤ 0.08	0.020	Good

Source: Data analysis, 2023

### 5.4. Measurement Model (CFA)

**Table 4. Result of Testing on Measurement Model**

Leadership (X)			
Indicator	Standardized	P-value	Meaning
X 1 = Communication	0.75	***	Significant
X 2 = Motivation	0.91	***	Significant
X 3 = Lead Ability	0.88	***	Significant
X 4 = Decision Making	0.68	***	Significant
X 5 = Positive Power	0.76	***	Significant
Training (Y1)			
Indicator	Standardized	P-value	Meaning
X 6 = Matter	0.76	***	Significant
X 7 = Method	0.87	***	Significant
X 8 = Attitude	0.80	***	Significant
X 9 = Time	0.62	***	Significant
X 10 = Facilities	0.70	***	Significant
Competencies (Y2)			
Indicator	Standardized	P-value	Meaning
X 11 = Knowledge	0.88	***	Significant
X 12 = Skills	0.89	***	Significant
X 13 = Concept	0.81	***	Significant
X 14 = Motif	0.73	***	Significant
X 15 = Nature	0.86	***	Significant
Innovation (Y3)			
Indicator	Standardized	P-value	Meaning
X 16 = Exploration	0.88	***	Significant
X 17 = Idea	0.87	***	Significant
X 18 = Collaboration	0.77	***	Significant
X 19 = Apply	0.8	***	Significant
Performance (Y4)			
X 20 = Fits	0.73	***	Significant
X 21 = Innovation	0.79	***	Significant

X 22 = Speed	0.77	***	Significant
X 23 = Accuracy	0.74	***	Significant
X 24 = Cooperation	0.86	***	Significant

Source: Primary data analysis, 2023

## 5.5. Result of Hypothesis Testing

Table 5 and 6 show the result of the hypothesis testing on the existence of direct and indirect impact of CSR strategy.

**Table 5. SEM Result of Structural Model: Direct Impact**

Relationship between Variables	Coefficient	P-value	Meaning
Leadership (X) → Training (Y1)	0.47	***	Significant
Leadership (X) → Competency (Y2)	0.63	***	Significant
Leadership (X) → Innovation (Y3)	0.61	***	Significant
Leadership (X) → Performance (Y4)	0.10	0.261 <sup>ns</sup>	Non Significant
Training (Y1) → Performance (Y4)	0.04	0.703 <sup>ns</sup>	Non Significant
Competency (Y2) → Performance (Y4)	0.31	0.072*	Non Significant
Innovation (Y3) → Performance (Y4)	0.52	0.002*	Significant

Source : Primary data analysis, 2023

Legend : Marker \* states significancy with margin of error 5%

## 5.6. Discussion

### 5.6.1. The Influence of Leadership on Midwife Training at Puskesmas in Bulungan Regency

Based on the results of the analysis, the relationship coefficient between leadership and training is 0.47 with a significance value of \*\*\*. A significance value of < 0.05 indicates that leadership has a significant effect on training, because the coefficient with positive signs indicates a unidirectional relationship. This means that the higher the leadership value, the higher the training value.

The results of the above analysis can be concluded that hypothesis 1 which states that leadership has a significant effect on midwife training is proven or accepted. The results of this study show that in addition to showing that there is proof that the hypothesis proposed is proven or accepted, the results of this study also support the results of research proposed by previous researchers which are used as a reference in this study, namely, research conducted by Kumara and Utama (2016) which shows that leadership has a significant positive effect on midwife training, with the increasing value of leadership, the more the quality of training provided to midwives has also increased.

Based on the measurement model, it shows that leadership is measured by five aspects, namely communication, motivation, ability, decision-making and positive power, where the second aspect, namely motivation, is the most important as a measure of leadership. This indicates that the high level of leadership will be seen in the provision of motivation. The training variable is measured by five aspects, namely material, method, attitude, time and facilities, where the second aspect, namely the training method, is the most important as a training measure. This indicates that the high value of the training will be mainly seen in the aspect of the training method.

### 5.6.2. The Influence of Leadership on the Competence of Midwives at Puskesmasin Bulungan Regency

Based on the results of the analysis, the relationship coefficient between leadership and competence is 0.63 with a significance value of \*\*\*. A significance value of < 0.05 indicates that leadership has a significant effect on competence, because the coefficient with a positive sign indicates a unidirectional relationship. This means that the higher the leadership value, the higher the competence.

The results of the above analysis can be concluded that hypothesis 2 which states that leadership has a significant effect on the competence of midwives is proven or accepted. The results of this study show that in addition to showing proof that the hypothesis proposed is proven or accepted, the results of this study also support the results of research submitted by previous researchers which are used as a reference in this study, namely, research conducted by Zuhry and Sugiyanti (2018) which shows that leadership has a significant positive effect on competence with the increasing value of leadership, it will increase also the competencies possessed by the employees.

The data in the measurement model from the five most important aspects of leadership is motivation. Meanwhile, the measurement of competence is measured by five aspects, namely knowledge, skills, concepts, motives and traits where the second aspect, namely skills, is the most important as a measure of competence. This indicates that the high value of the main competency will be seen in the skill aspect.

### **5.6.3. The Influence of Leadership on Midwifery Innovation in Puskesmas in Bulungan Regency**

Based on the results of the analysis, the relationship coefficient between leadership and innovation is 0.61 with a significance value of \*\*\* A significance value of  $< 0.05$  indicates that leadership has a significant effect on innovation. This means that the higher the leadership value, the higher the innovation. From the results of the above analysis, it can be concluded that hypothesis 3 which states that leadership has a significant influence on innovation is proven or accepted.

The results of this study also support the research submitted by previous researchers which was used as a reference in this study, namely, research conducted by Salain and Wardana (2014) which shows that leadership has a significant positive effect on innovation with the increasing leadership value, the more innovation owned by employees will also increase.

The measurement model shows that leadership from five aspects is measured, the most important of which is motivation, while innovation is measured by four aspects, namely exploration, ideas, collaboration and application, where the exploration aspect is the most important as a measure of innovation. This indicates that the high value of innovation will be seen in exploration.

### **5.6.4. The Influence of Leadership on the Performance of Midwives at Puskesmas in Bulungan Regency**

Based on the results of the analysis, the relationship coefficient between leadership and performance is 0.10 with a significance value of 0.261 A significance value of  $> 0.05$  indicates that leadership does not have a significant effect on performance. The results of the above analysis can be concluded that hypothesis 4 which states that leadership has a significant effect on midwifery performance is not proven or rejected.

The results of this study show that in addition to showing that there is proof that the hypothesis proposed is not proven or rejected, the results of this study also do not support the results of research submitted by previous researchers who are used as a reference in this study, namely, research conducted by Muizu, et al. (2019) and Sari & Septiawan (2021) which shows that leadership has a significant effect on performance with increasing leadership values then the performance of the employees will also increase.

Based on the measurement model, it shows that the most important aspects of leadership are motivation in addition to communication, leadership, taking and positive power. In the performance of five aspects is measured, the most important is cooperation. Although leadership has a positive effect on performance, it is not significant

### **5.6.5. The Effect of Training on Midwifery Performance in Puskesmas in Bulungan Regency**

Based on the results of the analysis, the relationship coefficient between training and performance was 0.04 with a significance value of 0.703 A significance value of  $> 0.05$  indicates that training does not have a significant effect on performance.

The results of the above analysis can be concluded that hypothesis 5 which states that training has a significant effect on performance is not proven or rejected. This study shows that in addition to showing that there is proof that the hypothesis proposed is not proven or rejected, the results of this study also do not support the results of the research proposed by previous researchers which were used as a reference in these 90 studies, namely, the research conducted by Kurniasari, et al. (2018) which showed that training had a significant positive effect on performance.

Based on the measurement model, it shows that training is measured by five aspects, namely material, method, attitude, time and facility, where the aspect of training method is the most important as a measure of training. This indicates that the high value of the training will be mainly seen in the aspect of the training method. Performance is measured by five aspects, namely according to the rules, innovation, speed, accuracy, and cooperation where the cooperation aspect is the most important as a measure of performance.

### **5.6.6. The Effect of Competence on the Performance of Midwives at Puskesmasin Bulungan Regency**

Based on the results of the analysis, the coefficient of relationship between competence and performance is 0.31 with a significance value of 0.072 A significance value of  $< 0.05$  indicates that competence does not have a significant effect on performance. So hypothesis 6 which states that competence has a significant effect on performance is not proven or rejected.

The results of this study show that in addition to showing that there is proof that the hypothesis proposed is not proven or rejected, this also does not support the results of the research proposed by previous researchers which are used as a reference in this study, namely, research conducted by Kurniasari, et al. (2018) and Purnomo, et al. (2016) which shows that competence has a significant positive effect on performance. Based on the measurement model, it shows that competence is measured by five aspects, namely knowledge, skills, concepts, motives and traits where the skill aspect is the most supportive as a measure of competence.

In the performance of the five dominant aspects is cooperation compared to other aspects. So that the results of the analysis stated that the attachment of competence to performance was relatively small because it



did not have a significant effect. This result can be interpreted as a situation where even though the midwife has adequate competence, these factors are not the main determinants in improving midwifery performance.

#### **5.6.7. The Effect of Innovation on the Performance of Midwives at Puskesmas in Bulungan Regency**

Based on the results of the analysis, the relationship coefficient between innovation and performance is 0.52 with a significance value of 0.002. A significance value of  $< 0.05$  indicates that innovation has a significant effect on performance, because the coefficient with positive signs indicates a unidirectional relationship. This means that the higher the value of innovation, the higher the performance. It can be concluded that hypothesis 7 which states that innovation has a significant effect on performance is proven or accepted.

The results of this study show that in addition to showing proof that the hypothesis proposed is proven or accepted, the results of this study also support the results of research submitted by previous researchers which are used as a reference in this study, namely, research conducted by Dama and Ogi (2018) which shows that innovation has a significant positive effect on performance. The measurement results show that innovation is measured by four aspects, namely exploration, ideas, collaboration and application where the exploration aspect is the most important as a measure of innovation.

This indicates that the high value of innovation will be seen in the exploration aspect. Performance is measured by five aspects, namely cooperation, accuracy, speed, innovation and appropriate where the cooperation aspect is the most important as a measure of performance.

## **VI. Conclusion**

The conclusions of the present study are as follows:

1. Leadership showed a significant influence on training in the Puskesmas with a coefficient value of 0.47, where the higher the leadership value, the higher the training value.
2. The existence of a significant influence of leadership on competence showed a significant influence of 0.63. This means that the better the leadership, the more competence will increase with motivational support.
3. Leadership has a significant effect on innovation with a coefficient of 0.61, so that the higher the leadership value, the higher the innovation supported in application and exploration.
4. The influence of leadership on midwifery performance was not significant, because the increase was relatively low (small) where the coefficient value was 0.01 with a significance value of 0.261. This states that although the leadership value is high, it does not significantly affect the performance carried out by midwives.
5. Training did not have a significant effect on performance where the coefficient was 0.04 with a significance value of 0.703, so that the high value of training did not significantly affect the performance of midwives in the Puskesmas, even though it was relatively small or low.
6. Competence showed no significant influence on performance with a coordination of 0.31 with a significance value of 0.72. Although high competency scores do not significantly affect the performance of midwives at the Puskesmas.
7. Innovation has a significant effect on performance with a coefficient of 0.52 with a significance value of 0.002 where the higher the innovation value, the higher the performance in the Puskesmas.

## **Suggestions**

1. The Head of the Health Office to improve the performance of midwives, it can provide motivation and policy-making in increasing innovations that can be carried out at the district level and Puskesmas service units.
2. The Head of the Puskesmas supports the innovations carried out and provides opportunities for exploration for every midwife in the Puskesmas so that with good teamwork, services are more optimal.

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