Jurnal Empati, Volume 14, Nomor 05, Oktober 2025, Halaman 441-455

THE EFFECT OF JOB SATISFACTION AND WORK MOTIVATION ON MIDWIVES' PERFORMANCE IN MAGELANG REGENCY VILLAGE

Rini Yuliati[1]*
[1]Master of Psychology Study Program, Mercu Buana University Yogyakarta

*rinipkm3@gmail.com

Abstrak

Merujuk capaian Standar Pelayanan Minimal (SPM) Kesehatan Ibu dan Anak tahun 2024, cakupan program Kesehatan Ibu dan Anak di Kabupaten Magelang belum semuanya mencapai target, seperti capaian pelayanan pada ibu hamil dengan K6 yaitu ibu hamil minimal 6 kali periksa dengan tenaga kesehatan, capaian pelayanan kesehatan balita, capaian pelayanan kesehatan usia produktif dan keluarga berencana. Salah satu penyebabnya yaitu belum optimalnya kinerja bidan desa dalam melakukan tugas pokok sebagai bidan. Penelitian ini bertujuan untuk mengetahui pengaruh motivasi kerja dan kepuasan kerja terhadap kinerja bidan desa di Kabupaten Magelang secara parsial dan simultan. Hipotesis meliputi pengaruh positif motivasi kerja, kepuasan kerja, serta pengaruh simultan keduanya terhadap kinerja. Subjek penelitian adalah 125 bidan desa aktif di puskesmas Kabupaten Magelang tahun 2025. Data kinerja diambil dari capaian Standar Pelayanan Minimal (SPM), sementara motivasi dan kepuasan kerja dikumpulkan melalui kuesioner. Penelitian menggunakan teknik *purposive sampling* dan analisis regresi linear berganda. Temuan penelitian menunjukkan bahwa motivasi dan kepuasan kerja tidak berpengaruh signifikan terhadap kinerja, baik parsial maupun simultan. Kontribusi teoritis penelitian, menyatakan bahwa tingkat pendidikan lebih berdampak terhadap peningkatan kinerja bidan desa dibandingkan faktor psikologis motivasi, dan aspek kepuasan. Kontribusi praktis, temuan ini merekomendasikan bagi pimpinan untuk memberi kesempatan pendidikan formal atau pembinaan terstruktur berbasis praktik seperti pelatihan lanjutan, worshop kompetensi kepada para bidan desa.

Kata kunci: bidan desa; kepuasan kerja; kinerja; motivasi kerja

Abstract

Referring to the Minimum Service Standards (SPM) achievement for Maternal and Child Health services in 2024, the coverage of the Maternal and Child Health programme in Magelang Regency has not yet fully reached the targets, such as the achievement of services for pregnant women with K6, namely pregnant women who undergo a minimum of six examinations with health personnel, the achievement of child health services, the achievement of health services for those of productive age, and family planning. One of the causes is the suboptimal performance of village midwives in carrying out their main duties as village midwives**.** This research aims to determine the effect of work motivation and job satisfaction on the performance of village midwives in Magelang Regency, both partially and simultaneously. The hypotheses include the positive influence of work motivation, job satisfaction, as well as the simultaneous influence of both on performance. The research subjects are 125 active village midwives in the community health centres (puskesmas) of Magelang Regency in 2025. Performance data were taken from the Minimum Service Standards (SPM) achievement, while work motivation and job satisfaction were collected through questionnaires. The study employed purposive sampling techniques and multiple linear regression analysis. The research findings indicate that motivation and job satisfaction do not have a significant impact on performance, either partially or simultaneously. The theoretical contribution of the research states that the level of education has a greater impact on improving the performance of village midwives compared to psychological factors of motivation and aspects of satisfaction. Practical contribution: These findings recommend that leaders provide village midwives with opportunities for formal education or structured practice-based training, such as advanced training and competency workshops.

Keywords: village midwife; job satisfaction; performance; work motivation

INTRODUCTION

The health pillar of the National Long-Term Development Plan (RPJPN) 2025–2045 places a high priority on reaching the SDGs, particularly reducing maternal and infant mortality rates (MMR and AKB). At 189 per 100,000 live births, the Republic of Indonesia's AKI is still the second-highest in ASEAN, while its AKB is ranked third at 16.85 per 1,000 live births, according to data from the Ministry of Health (2024). AKI of ≤70 per 100,000 live births and AKB of ≤12 per 1000 live births are the targets set by the SDGs for 2030. With the still high health problems of mothers and children in Indonesia, this also occurs at the provincial and district levels, the government implements a program to improve and improve maternal and child health through village midwives appointed based on the Circular Letter of the Director General of Public Health Supervisors Number 429/Binkesmas/DJ/III.79. By fulfilling their primary responsibilities, which include providing maternal and child health services, women's reproductive health services and family planning, community midwifery health services, implementing government programs, and carrying out duties based on delegation of authority, village midwives are expected to improve the quality of work in maternal and child health services and lower the maternal and infant mortality rates (AKI and AKB). However, in their duties, village midwives not only carry out their main duties, there are still many additional tasks that are imposed on village midwives such as BLUD treasurer, BOK verification and other integration tasks in addition to their main duties.

Performance is the achievement of an employee in an organization that is influenced by individual factors, organizational factors and psychological factors Individual factors consist of ability, skills, family background, work experience and demographics. Organizational factors include resources, leadership, organizational structure and reward system, while psychological factors consist of employee perceptions and attitudes, personality, motivation and job satisfaction. According to Locke (1978), performance is the result of individual efforts and intentions in achieving specific and challenging goals. Locke (1978) stated that performance is influenced by several factors such as job satisfaction, self-efficacy, work motivation and environmental support.

In an organization, motivating employees is very important to improve performance in achieving organizational goals. Motivation, according to Mangkunegara (2017), is what propels workers to help the company reach its objectives. On the other hand, Hasibuan (2017) said that motivation is what propels people to be enthusiastic about their work so they want to collaborate, work efficiently, and integrate in an attempt to attain satisfaction. With work motivation, every employee will have a motive for needs and desires (wants) from their work results so that a leader must understand that employees will work hard in the hope of getting job satisfaction according to their expectations

Job satisfaction is a person's overall attitude toward his work; a high degree of job satisfaction is demonstrated by favorable sentiments on a job well done, which are influenced by the findings of evaluations of different parts of the work completed. Robbins (2017) asserts that job satisfaction is an overall sentiment about one's work that is derived from one's attitude toward many parts of one's profession. Affective responses that demonstrate how much people enjoy their jobs in relation to their coworkers, work features, pay, and supervisors are referred to as job satisfaction.

The outcomes of meeting the Minimum Service Standards (SP) in the health sector provide insight into the performance of village midwives. Village midwives' level of compliance with the established standards can be demonstrated by the health sector's attainment of the Minimum Service Standards (SPM), particularly in the areas of maternity and child services. Health services for pregnant women, maternity health services, newborn health services, toddler health services, early childhood education health services, family planning and productive age health services, and health services for the elderly are all components of village midwifery performance that are in line with the Minimum Service Standard (SPM) no.4 of 2019. Indicators of village midwives' performance include meeting the Minimum Service Standard (SPM) for maternal and child health. Authorized officials can utilize the outcomes of meeting the Minimum Service Standards (SPM) when formulating policies. The Minimum Service Standard (SPM) indicator of health, which sets a performance accomplishment target of 100% in meeting the quality of fundamental services, is considered good if the achievement is ≥ 91%, sufficient if it is between 81% and 90%, and low if it is < 80%.

Magelang Regency's attainment of the Minimum Service Standard (SPM) for maternity and child health is still subpar, despite the fact that midwives are already present in 95.7% of villages. For example, K6 services (6 visits by pregnant women) reached 88%, pregnancy complication services 79%, productive age and family planning services 77.19%, postpartum family planning services 36.1% and health services for toddlers 79.39% (Direktorat Pembinaan dan Pengawasan Tenaga Kesehatan, 2024). This phenomenon indicates that there is a gap between the availability of human resources (HR) for village midwives and the quality of performance produced is not optimal.

A survey of the literature demonstrated the intricacy of the variables influencing village midwives' effectiveness. Sitompul's (2022) research in North Tapanuli Regency showed that disproportionate incentives and ambiguous work status correlated with low compliance of midwives in recording services. Similar findings were revealed by Mokodompit et al. (2021) which highlighted the impact of high workload and inadequate compensation on the decline in midwifery motivation in hospitals. In Magelang Regency itself, Kusyanti, (2019) found that 34% of midwives did not carry out integrated ANC according to SOPs due to lack of system and facility support. This is in line with Hasibuan (2017), theory which emphasizes job satisfaction as the main determinant of performance, where dissatisfaction with rewards and the work environment can reduce productivity. However, previous research has tended to focus on external factors (incentives, facilities) without diving into psychological aspects such as motivation and job satisfaction in the context of the technical-administrative performance of village midwives.

This study is to examine the partial or simultaneous effects of job satisfaction and work motivation on the performance of village midwives in Magelang Regency. The focus on these two psychological variables was chosen to fill the gap in the literature, considering that the performance of village midwives measured through SPM achievement is technical-administrative, while motivation and job satisfaction are psychological constructs that are rarely correlated tested. The study also considered preliminary findings from interviews with the coordinating midwives (November 2024) which revealed misalignments between multitasking workloads (e.g. BLUD treasurers, BOK verifiers) and performance appraisal systems that focus only on SPM outputs. Thus, the results of the study are expected to provide holistic recommendations for the development of health human resources policies that not only pursue quantitative targets, but also strengthen the psychosocial aspects of health workers.

According to the above description, the issue statement in this article to develop a hypothesis is: 1). Does work motivation improve the performance of village midwives in Magelang Regency? 2). Are village midwives in Magelang Regency positively impacted by job satisfaction? Do job satisfaction and motivation have a reciprocal relationship in terms of village midwives' performance in Magelang Regency?

METHOD

The influence of work motivation (X_1) and job satisfaction (X_2) on the performance of village midwives (Y) in Magelang Regency is examined in this study using a quantitative methodology and multiple linear regression design. There will be 288 village midwives working in the Magelang Regency by 2025, which makes up the research population. Purposive sampling was used in the sampling procedure. According to Sugiyono, (2018) *purposive sampling* is a sample determination technique with consideration of certain criteria. In this article, the criteria chosen are the inclusion criteria: (1) village midwives are active in the health center, (2) reside in the village where they work, and (3) do not work at the Tempuran health center (to avoid bias). Of the 278 midwives who met the criteria, as many as 125 respondents participated in this study. A sample of 125 respondents from a population of 278 is sufficient because the proportion is large (Sugiyono, 2018), it meets statistical rules of thumb, has good test power, and empirically follows the practices of international health survey publications. A total of 125 out of 278 respondents, which is approximately 45% of the total population. This proportion is far above the minimum threshold suggested in limited population surveys, which is generally sufficient in the range of 20–30% to produce a representative estimate if the population distribution is not too heterogeneous. According to health statistics literature (Vaidyanathan, 2023), quantitative research on population <300, sample >100 is adequate for inferential analysis with acceptable error of significance (margin of error ±7-10%). Public health studies published in journals of international repute (Scopus Q1, e.g. BMC Public Health) often use samples of 100-150 for analyses of limited populations with homogeneous characteristics, such as village midwives in one district.

Data was gathered from two sources: secondary data on the Magelang Regency Health Office's 2024 accomplishment of the Minimum Service Standards (SPM) for maternal and child health and primary data (an online questionnaire to gauge motivation and job satisfaction). The questionnaire was compiled using a 4-point Likert scale (Very Appropriate to Very Not Appropriate) with an adaptation of the Herzberg instrument (work motivation) and the Spector's Job Satisfaction Survey (JSS) (job satisfaction). The adaptation process includes selection, modification, and adjustment of instrument items according to the local context. The basis of the instrument was taken from Herzberg (for work motivation) and Spector's Job Satisfaction Survey (JSS) (for job satisfaction) as both have been shown to.be valid in various cross-cultural studies and are international instruments that have been tested for validity and reliability. The instrument items were translated into Bahasa Indonesia with attention to terms that were relevant, clear, and easily understood by the village midwives. And the items of the instrument were examined and adapted to the context of the village midwife's work. For example, some items were adjusted to reflect the work situation, health regulations, or organizational culture in the village setting.

The validation was conducted through content testing, construct testing, and statistical reliability to ensure the instrument was feasible, accurate, and reliable for use in the village midwife population. The draft instrument was consulted with health human resource experts and/or methodology lecturers to ensure all items reflected the constructs of motivation and job

satisfaction in the context of village midwives. The construct validity test is carried out through a limited trial (pilot test) to several midwives outside the main sample, usually at least 20-30 people. Content validity was tested through context adjustment by experts, while empirical validity and reliability were measured using item-total correlation (threshold ≥0.30) and Cronbach's Alpha (threshold ≥0.60). Of the 21 work motivation items, 3 items were invalid (α=0.838), and of the 36 job satisfaction items, 8 items were removed (α=0.913).

Data analysis includes three stages:
1. Descriptive: Categorize performance (good/adequate/low based on SPM), motivation, and job satisfaction using normal distribution.
2. Multiple Linear Regression: Testing the influence of X_1 and X_2 on Y after meeting classical assumptions (normality, linearity, multicollinearity, heteroscedasticity).
3. Exploratory: ANOVA analysis to test performance differences based on education and Pearson's correlation test for the relationship between job satisfaction and specific indicators (e.g., elderly services).

Version 25 of IBM SPSS Statistics is used to process the data for this investigation. The ethical procedures of the study include informed consent and respondent anonymity. The main limitation lies in the use of secondary SPM data which is administrative, so the interpretation results need to consider the context of local policies.

RESULT AND DISCUSSION

Research Results

Table 1.
Characteristics of Respondents

Characteristic	Category	Frequency	Percentage (%)
Age	20-30 years	5	4.00%
	31-40 years old	36	28,80%
	41-50 years old	47	37,60%
	>50 years old	37	29.60%
Education	D3	86	68.80%
	D4/S1	10	8.00%
	Profession	28	22.40%
	S2	1	0.80%
Employment status	PNS	120	96.00%
	PPPK	5	4.00%
Tenure	<5 years old	14	11.20%
	5-10 years	9	7.20%
	11-15 years	8	6.40%
	16-20 years	30	24.00%
	>20 years old	64	51.20%

Source: Created by author

Age
According to the age distribution of village midwives, the majority of them (37.60%) were between the ages of 41 and 50. The percentage was 29.60% for midwives over 50 and 28.80% for those between the ages of 31 and 40. The lowest age group of 20–30 years old accounted

for only 4.00% of village midwives, indicating a glaring dearth of midwifery generational renewal.

Education
With regard to educational level, the biggest share of village midwives (68.80%) achieved a Diploma III or D3 level in Midwifery. Then follow the 22.40% of those who have learned Midwifery Profession. A few have higher academic degrees, of whom just 8.00% have a D4/S1 degree and 0.80% have a Master's degree or S2 level. The figures reveal midwives' continuation of education beyond such level remains limited.

Personnel Status
Job characteristics of respondents point to the dominance of permanent staff at the village level in the sector of health. Almost all midwives (96.00%) are Government Employees with Civil Servant rank, and only 4.00% have Government Employee with Work Agreement rank.

Working Time
Village midwives have relatively high work experience. More than half of them (51.20%) have served for over 20 years, meaning they have a highly experienced workforce. Additionally, 24.00% have 16–20 years of service experience, and only 11.20% have limited early-career experience of less than five years.

The researcher ensures that respondents understand the questionnaire items correctly with some steps below:

1) Instrument Testing on Diverse Characteristics
   According to the data, most respondents were between the ages of 41 and 50 (37.6%) and had a D3 education (68.8%); however, there were also respondents who were older than 50 (29.6%) and had a range of educational backgrounds up to S2. The questionnaire was pilot tested by the researcher on a small sample of respondents who represented the full range of ages and educational backgrounds. This would allow for the early detection of any possible multi-interpretation or confusion brought on by advanced age or illiteracy.
2) Revised Questionnaire Language and Layout
   In order to make the questionnaire easier to understand and more universal for all age groups—younger, middle-aged, and most senior—as well as those with D3 and S2 education, the language and terminology were changed based on the results of the pilot test. Technical terms that might be challenging for midwives with a D3 education level to comprehend were further explained.
3) Providing Instructions and Examples of Filling
   In addition to giving verbal examples during socialization, the researcher also gave detailed written instructions and guidance on how to complete the questionnaire. To overcome any potential understanding bias brought on by the respondents' age or lack of education, as indicated in the characteristics table, this effort is crucial.
4) Assistance during filling
   The researcher or a group of assistants provided direct assistance to respondents as they completed the questionnaire, particularly for the two largest groups who were most likely to be misunderstood: those who were over 50 or those with a D3 education. The staff was available to address any queries and provide clarification on any unclear points.

Descriptive Analysis

Table 2.
Distribution of Village Midwife Performance Frequency

Category	Sum	Percentage (%)
Low	28	22,40%
Enough	96	76,80%
Good	1	0,80%
Total	125	100%

Source: Created by author

As many as 76.80% of midwives (96 out of 125 respondents) had performance in the adequate category (81-90% based on SPM), with an average score of 84.18%. The low category (≤80%) covers 22.40% (28 midwives), while only 0.80% (1 midwife) reaches the good category (≥91%). This data indicates that most midwives have met the minimum standards of service, but improvements are still needed to achieve optimal performance.

Table 3.
Hypothetical and Empirical Descriptions of Work Motivation

Para-meter	The value of minimum	Maximum value	Standard deviation	Mean
Hypothetical	18	72	9	45
Empirical	35	67	4.9	52.14

Source: Created by author

The mean score for midwives' empirical work motivation was 52.14, with a standard deviation of 4.9, and the scores ranged from 35 to 67. Indicating that midwives' overall work motivation surpassed theoretical expectations, the empirical mean (52.14) was greater than the conceptual mean (45). A narrow range of scores (**35-67) indicated homogeneity of motivation levels among respondents.

Table 4.
Work Motivation Score Categorization

Category	Score interval	Sum	Percentage (%)
Low	$x < 36$	1	0,80%
Keep	$36 \leq x < 54$	79	63,20%
Tall	$x \geq 54$	45	36,00%
Total		125	100%

Source: Created by author

According to the data, only 0.8% of midwives fall into the low motivation category, while 63.2% fall into the medium motivation category and 36% into the high category. According to statistics, the vast majority of midwives already exhibit strong motivation or enthusiasm for their jobs. This outcome can be viewed as a manifestation of contemporary reality that occasionally deviates from the problematic storyline presented in the introduction.

In the introduction, according to literature reviews, field reports, or stakeholder complaints, the researcher typically points out that one of the primary problems thought to affect the performance of village midwives in Magelang is low work motivation. These problematizations stem from initial identification or assumptions that are frequently used to incentivize research, but they may not accurately represent the circumstances of the entire respondent population.

The survey results give quantifiable micro snapshots at a particular time and location, whereas the problematic narratives in the introduction are preliminary viewpoints and macro snapshots based on group reports or perceptions. It's possible that systemic changes in recent years, like improved leadership, incentives, or training, have raised motivation but haven't been widely reported in earlier research. Self-perception has a significant impact on motivation as assessed by Likert-scale questionnaires. Due to social influence, group norms, or loyalty, midwives occasionally give positive responses, which results in high scores.

Table 5.
Hypothetical and Empirical Descriptions of Job Satisfaction

Parameters	The value of minimum	Maximum value	Standard deviation	Mean
Hypothetical	28	112	14	70
Empirical	52	102	7.91	75.85

Source: Created by author

The midwife's empirical job satisfaction score was in the range of 52-102, with an average of 75.85 and a standard deviation of 7.91. The empirical mean (75.85)** is higher than the hypothetical mean (70), indicating that midwives' job satisfaction is generally better than theoretical predictions. The relatively concentrated distribution of data (SD = 7.91) showed uniformity in the perception of job satisfaction among respondents.

Table 6.
Job Satisfaction Score Categorization

Scarlet Witch	Score interval	Sum	Percentage rate (%)
Low	$x < 60$	2	1,60%
Keep	$60 \leq x < 90$	121	96.80%
Tall	$x \geq 90$	2	1,60%
Total		125	100%

Source: Created by author

As many as 96.80% of midwives (121 people) were in the medium category with a satisfaction score of 60-89, indicating adequate job satisfaction. Only 1.60% (2 midwives) were in the low category (score <60) and 1.60% (2 midwives) were in the high category (score ≥90). This data underscores the need to evaluate the factors that affect job satisfaction to increase the proportion of highly satisfied midwives.

Analysis of Multiple Linear Regression

Table 7.
Regression Model Summary

Copyright © 2019 T		R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	,327	0,107	080	11,44333	1,821

Source: Created by author

An R-Square score of 0.107 means that factors related to motivation and job satisfaction account for 10.7% of the variation in midwives' performance. The remaining portion (89.3%) was impacted by extraneous variables. Following correction for the number of predictors, the Adjusted R Square of 0.080 demonstrates that only 8.0% of the performance variation can be attributed solely to these two factors. The residuals show no autocorrelation, which satisfies the independence assumption, according to the Durbin-Watson 1.821 (near 2).

Table 8.
Results of Residual Normality Test

Statistic test	Sig. (p-value)	Conclusion
0,063	0,200	Usual
0,063	0,200	Usual

Source: Created by author

The Kolmogorov-Smirnov test yielded a p-value of 0.200 (>0.05)**, so that the regression model residual was normally distributed. This validates the normality assumptions for regression analysis.

Table 9.
Linearity Test Results

Variable	Sig. Linearity	Sig. Deviation	Confusion
X1 (Motivation)	0.605	0.916	Non-linear
X2 (Satisfaction)	0.755	0.131	Non-linear

Source: Created by author

Work Motivation (X1): The p-value of Linearity 0.605 and Deviation 0.916 (>0.05) indicates no linear relationship between work motivation and performance. Job Satisfaction (X2): p-value Linearity 0.755 and Deviation 0.131 (>0.05) also confirm the absence of a linear relationship with performance.

Table 10.
Multicollinearity Test Results

Variable	VIVID	Conclusion
X1 (Motivation)	1.836	No Multicollinearity
X2 (Satisfaction)	1.836	No Multicollinearity

Source: Created by author

The VIF (Variance Inflation Factor) value for both variables was 1.836 (<10), indicating the absence of multicollinearity. This confirms that motivation and job satisfaction are not highly correlated with each other, so it deserves to be an independent predictor.

Table 11.
Hypothesis Test Results (F Test and t-Test)

Variable	Statistical value	Sig. (p-value)	Conclusion
X1 & X2	F = 0.550	0.578	Insignificant
X1 (Motivation)	t = -1.004	0.317	Insignificant
X2 (Satisfaction)	t = 0.900	0.370	Insignificant

Source: Created by author

Simultaneous F test: p-value 0.578 (>0.05) indicated that job happiness and motivation alone had no discernible impact on midwifery performance. T-test (Partial): Work Motivation (X1): p-value 0.317 (>0.05) shows that motivation has no discernible impact on output. The p-value of 0.370 (>0.05) for job happiness (X2) also shows that there is no discernible relationship between job contentment and performance.

Additional Analysis
Table 12.
ANOVA Test Results by Age

Source Variations	Number of squares	Free degrees	F Calculate	Sig. (p-value)
Intergroup	23.145	3	0.759	0.519
In groups	1230.086	121		

Source: Created by author

The one-way ANOVA test for age yielded a p-value of 0.519 (>0.05), meaning that there was no significant difference in average performance between age groups. The low F-count value of 0.759 reinforces the conclusion that age is not a determinant of midwife's performance.

Table 13.
ANOVA Test Results Based on Education

Source Variations	Number of squares	Free degrees	F Calculate	Sig. (p-value)
Escort group	104,653	3	3.675	0.014
In groups	1148,577	121		

Source: Created by author

Based on education level, there is a significant difference in average performance, as indicated by the P-value of 0.014 (<0.05). F-count of 3.675 indicates that midwives with different educational backgrounds have unequal performance. However, the post hoc test cannot be carried out due to the imbalance in the number of respondents in certain education categories (for example, only 1 S2 respondent).

Table 14.
Correlation Results of Performance Indicators

Indicators Performance	Motivation (r)	Sig.	Satisfaction (r)	Sig.
Service Health Elderly	0.071	0.434	0.201	0.025

Source: Created by author

The measures of senior health care showed a strong positive association with job satisfaction ($r = 0.201$; $p = 0.025 < 0.05$). Therefore, the better the services offered to the elderly, the more satisfied midwives are with their jobs. Work Motivation was not significantly correlated with this indicator ($r = 0.071$; $p = 0.434$), suggesting that motivation did not directly affect elderly services.

Discussion

The study's findings indicate that work motivation and job satisfaction do not significantly affect village midwives' performance, either concurrently or partially. This could be because the metrics used to measure work motivation and job satisfaction do not accurately reflect the real-world circumstances in the field. In addition, the subjectivity bias of respondents in filling out questionnaires can also have an effect. The findings of this study are undoubtedly intriguing and significant enough to warrant further analysis, as the literature and empirical data generally indicate that job satisfaction and motivation are significant factors in enhancing the performance of human resources in both the public and private sectors (Luthans et al., 2007)

When psychological variables such as motivation and job satisfaction do not show significant influence in the regression model, they may reflect a complexity in work behavior that cannot be explained by quantitative approach alone. In the context of public services in rural areas, especially the primary health sector, various external factors such as infrastructure, workload, and administrative support can be dominant variables that obscure the influence of individual internal factors. Work motivation, conceptually, refers to the internal drive that influences a person in completing his or her tasks diligently and enthusiastically. However, if there is no conducive work environment support, then this encouragement tends not to be reflected in improving performance (Mangkunegara, 2017). In the case of village midwives, high motivation may not be enough to compensate for the high administrative and clinical workload, as well as limitations in resources. The same goes for job satisfaction. This concept refers to a person's positive or negative feelings towards their job, which arises as a result of evaluating various aspects of work, such as salary, employment relationships, recognition, and the work environment. However, this satisfaction may not be directly proportional to performance if the work system does not provide adequate room for actualization or support for health workers in the field (Patel et al., 2024).

It should be mentioned that the attainment of the Administrative and generally uniform Minimum Service Standards (SPM) serves as the basis for the performance measurement in this research. Under these conditions, the variation between individuals in terms of the achievement of SPM indicators becomes very small, making it difficult to detect a significant linear correlation between independent and dependent variables (Ghozali, 2018). Most respondents showed a performance achievement rate between 80%–90%, indicating that the performance data obtained was high and concentrated in a certain range of values. This homogeneity makes linear regression less sensitive in identifying relationships that may actually exist, but are not statistically detectable due to low data variation. In addition, the

performance of village midwives is not solely influenced by psychological factors. According to Gibson et al., 2011), work behavior and performance in an organization are the result of interactions between individuals, tasks, and the work environment. This means that even if a person is highly motivated and satisfied with their work, their performance can remain low if the work system that supports it is not optimal.

Some of the relevant factors include the availability of medical facilities, the quality of supervision, the effectiveness of the reporting system, and the disproportionate workload. Village midwives often face work realities that are far from ideal, such as having to serve large geographic areas with transportation limitations, managing digital data without adequate training, and accepting high administrative demands. These elements show that, although significant, motivation and job satisfaction are not the sole factors that affect performance. In fact, in some contexts, both can be compensatory; Midwives can remain motivated and satisfied because of social dedication, but are hampered in performance due to the limitations of their systems and supporting facilities.

These findings also show that managerial approaches to improving the performance of village midwives cannot rely solely on psychological strategies or emotional incentives. More structural and systemic interventions are needed, such as increased technical training, reform of the digital reporting system that is more user-friendly, and reduction of administrative workloads that are not directly related to health services. The findings of this study likewise contrast with the findings of Wahyuni et al. (2024) who claimed that work motivation significantly affects hospital nurses' performance. This difference confirms that the work context affects the effectiveness of psychological variables. Within hospitals, there is a more established organizational structure, direct supervision, and access to more complete technology and resources. On the contrary, village midwives work more independently, with minimal supervision and high pressure to complete administrative and clinical tasks simultaneously. In these challenging working conditions, motivation and job satisfaction are not enough to be the dominant factors without adequate organizational support and infrastructure.

The results of this study's ANOVA analysis demonstrate that village midwives' performance is significantly impacted by their educational attainment. This indicates that health professionals' technical and intellectual skills are essential to carrying out their jobs. Chowhan et al. (2024) said that health workers with higher education backgrounds have a better understanding of health service procedures and standards. Higher education also equips midwives with the ability to adapt to policy changes, health information technology, and increasingly complex community-based service approaches. Therefore, improving academic qualifications can be one of the effective strategies to optimize the performance of village midwives. Meanwhile, the results of the correlation test between job satisfaction and performance indicators of elderly services showed a significant relationship. This suggests that although they are generally insignificant in regression models, there are certain aspects of performance that remain affected by individual satisfaction.

This indicator is in line with Herzberg's theory (1959), which distinguishes between motivating factors and hygiene factors. Job satisfaction may not always have a direct impact on overall performance, but it can encourage quality improvement in specific tasks that are seen as meaningful by the individual in question. Thus, the findings of this study strengthen the argument that the impact of job satisfaction and motivation on performance is contextual,

indirect, and can be mediated by other factors such as organizational support, education level, and task characteristics.

Future research models should include mediation or moderation variables such as leadership style, organizational climate, technology access, and supervision system. In the context of public health care, it is critical to capture the intricacy of the interaction between psychological factors and actual performance. In addition, follow-up research with a qualitative or mix-method approach can help explore the subjective experiences of village midwives related to motivation and job satisfaction, as well as how these two variables interact with working conditions in the field. This approach allows for a more comprehensive depiction of the reality of the work of village midwives that has not been captured by quantitative approaches that are normative and generalist. This is important so that the research results are not only academic, but also practically relevant.

The findings of this study have important policy implications. A policy approach that emphasizes increasing motivation and job satisfaction solely through motivational training, incentives or perception-based performance appraisals will not be effective without systemic improvements. Improving the performance of village midwives must involve strengthening the work system, providing proper infrastructure, periodic training, and administrative management reform so that the workload is more proportionate and in line with health workers capacity. Finally, the effectiveness of the fundamental health care system is highly dependent on optimizing the role of health workers on the front lines such as village midwives. Therefore, policies must be holistic and evidence-based, so that each intervention is able to improve performance in a sustainable manner.

The Limitations of this research include: a). Potential social-disability bias. Self-report surveys are vulnerable to social-desirability bias, particularly when it comes to questions about motivation and job satisfaction. In order to preserve their institution or self-image and to feel comfortable in their relationships with superiors, respondents—particularly village midwives who are ASN/PPPK and a part of the bureaucratic system—tend to give answers that are viewed as positive or "safe". b). Limitations of the quantitative survey method. Perception-based Likert scales only measure the most superficial aspects of motivation and contentment. Structured questionnaires frequently miss aspects of local cultural values, external pressures, or intrinsic motivation that are actually highly influential. Additionally, midwife performance evaluations are often normative and subject to bias. c). Representation of time-specific data. The data only characterizes conditions during a single time period; the study is cross-sectional. Social dynamics outside the survey period, policy changes, or higher incentives are not recorded.

CONCLUSION

According to the findings of the descriptive analysis conducted for this study, village midwives in Magelang Regency currently perform at an adequate level, meeting some of the SPM's indicators but falling short of the ideal level overall. This condition suggests that improvement efforts are necessary in order to reach an excellent category that can represent the best possible performance of all SPM indicators. Due to a work environment that hasn't fully supported greater job happiness, village midwives' motivation and job satisfaction are likewise at a moderate level. The performance of village midwives is not statistically significantly impacted by work motivation or job satisfaction, either separately or in combination. Based on the SPM achievement in the Magelang area, these findings demonstrate that the variables of work

motivation and job satisfaction do not significantly affect the performance of village midwives. Other results, like the degree of midwife education (based on the ANOVA test), indicate that midwife education significantly affects village midwives' performance, while the correlation test indicates a significant relationship between midwife performance and job satisfaction, indicating that midwife education and elderly health services contribute more to village midwives' performance. The lack of a significant association between the variables can also be attributed to the differences in the characteristics of psychological motivation and satisfaction and technical-administrative performance indicators.

It is recommended for the UPT Puskesmas and the Magelang Regency Health Office, to expand the performance indicators of village midwives by including qualitative aspects such as service responsiveness and innovation, beyond the achievement of SPM. Periodic technical training related to time management, the use of health technology, and digital reporting systems needs to be intensified to improve the effectiveness of midwives' work. Village midwives are advised to increase technological adaptation and non-technical capacities such as communication and stress management to strengthen community services. For subsequent researchers, it is important to conduct a test of the validity and reliability of the instrument before the main data collection and consider additional variables such as workload, availability of infrastructure, and organizational support. Advanced research can use a mixed-method approach (qualitative-quantitative) to explore psychological and technical factors more holistically. For more objective results, direct observation and performance evaluation should be based on results rather than just opinions. Expansion of time and place to make the findings more broadly applicable and show how policies change over time.

REFERENCES

Chowhan, S. S., et.al., (2024). Bridging the healthcare skill gap: a higher education perspective: a data base research. *Journal of Pharmacy and Bioallied Sciences*, *16*(Suppl 3), S2356–S2359. https://doi.org/10.4103/jpbs.jpbs_257_24

Direktorat Pembinaan dan Pengawasan Tenaga Kesehatan. (2024). *Laporan Program Kesehatan Ibu dan Anak tahun 2024*. Direktorat Pembinaan dan Pengawasan Tenaga Kesehatan.

Ghozali, I. (2018). *Aplikasi analisis multivariate dengan program IBM SPSS 25* (25th ed.). Universitas Diponegoro.

Gibson, J. L., Ivancevich, J. M., Donnelly, J. H., & Konopaske, R. (2009). *Organizations, bahavior, structure, processes* (14th ed.). McGraw-Hill.

Hasibuan J, S., & Handayani, R. (2017). Pengaruh disiplin dan motivasi terhadap kinerja karyawan pada PT. Kemasindo Cepat Nusantara Medan. *Kumpulan Jurnal Dosen Universitas Muhammadiyah Sumatera Utara*, 418–428.

Kusyanti F, M. L. (2019). Studi kasus kinerja bidan dalam pelaksanaan Antenatal Care (ANC) terpadu di Puskesmas Wilayah Kerja Dinas Kesehatan Kabupaten Magelang Jawa Tengah. *Medika Respati : Jurnal Ilmiah Kesehatan*, *14*(1), 13-30. https://doi.org/10.35842/mr.v14i1.208

Locke, E. A. (1978). Job satisfaction and job performance: A theoretical analysis! *Organizational Behavior and Human Resource, 5*(5), 484-500, https://doi.org/10.1016/0030-5073(70)90036-X

Luthans, F., et.al., (2007). Positive psychological capital: Measurament and relationship with performance and satisfaction. *Personnel Psychology, 60,* 541-572. https://doi.org/10.1111/j.1744-6570.2007.00083.x

Mangkunegara A.A. (2017). *Manajemen sumber daya manusia perusahaan*. Remaja Rosdakarya.

Mokodompit, H. K. N., et.al., (2021). Analisis hubungan tingkat kesejahteraan tanggung jawab dan motivasi terhadap kepuasan kerja perawat dan bidan. *E-CliniC*, *9*(2), 517. https://doi.org/10.35790/ecl.v9i2.36066

Patel, K., et.al., (2024). The Impact of work environment on healthcare professionals' psycological state. *Health Leadership and Quality of Life*, *3,* 1-8. https://doi.org/10.56294/hl2024.390

Sitompul, E. S. (2022). Analisis kinerja bidan desa dalam memberikan pelayanan kesehatan ibu dan anak di Kabupaten Tapanuli Utara. *Governance: Jurnal Ilmiah Kajian Politik Lokal Dan Pembangunan*, *7*(1), 1-9. https://doi.org/10.56015/governance.v7i1.34

Robbins, S. P. & Judge, T.A. (2017). *Organizational Behaviour* (17th ed., Vol. 17). Harlow Pearson Education.

Sugiyono. (2018). *Metode penelitian kuantitatif*. Alfabeta.

Vaidyanathan, A. K. (2023). Basics in statistics: Sample size calculation and descriptive data statistics. *Journal of Indian Prosthodontic Society, 23*(3), 207–209). https://doi.org/10.4103/jips.jips_307_23

Wahyuni, N., et.al., (2024). The influence of leadership, work motivation and employee engagement on employee performance at the regional inspectorate of Southeast Sulawesi Province. *Management Studies and Business Journal (PRODUCTIVITY), 1*(11), 1483-1496. https://doi.org/10.62207/ecvea912