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Original Research

RELATIONSHIP BETWEEN MIDWIVES' WORK MOTIVATION AND PERFORMANCE IN FAMILY PLANNING SERVICES

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Abstract

Background

Family planning (FP) is a cornerstone of reproductive health and population control. However, disparities in FP service quality persist, often influenced by midwives' motivation and organizational conditions. This study aimed to examine the relationship between midwives' characteristics, work motivation, and performance in FP services.

Methods

FP services in a community healthcare setting. Data were collected using a structured self-administered questionnaire adapted from Herzberg's Motivation-Hygiene Theory Instrument and the Ministry of Health Midwifery Performance Evaluation Scale. The questionnaire assessed demographic characteristics, intrinsic and extrinsic motivation, and performance indicators using a 5-point Likert scale. Validity and reliability were confirmed (I-CVI > 0.80; Cronbach's $\alpha > 0.85$). Data were analyzed using Chi-square and Fisher's exact tests with a significance level of $p < 0.05$.

Results

Significant associations were found between motivational and organizational factors with midwives' performance, including advancement ($p = 0.000$), achievement ($p = 0.001$), organizational policies ($p = 0.020$), incentives ($p = 0.007$), interpersonal relationships ($p = 0.001$), and working conditions ($p = 0.001$). Demographic variables such as age, education, and marital status were not significant ($p > 0.05$).

Conclusion

Midwives' performance in FP services is primarily influenced by intrinsic and extrinsic motivation rather than demographic factors. Enhancing motivation through fair incentives, supportive policies, and professional development is crucial to improve FP service quality and workforce sustainability.

Keywords: Family Planning Services; Job Performance; Midwives; Motivation; Primary Health Care

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INTRODUCTION

Population growth remains one of the most pressing challenges in global public health, particularly in developing countries such as Indonesia. Rapid population expansion exerts significant pressure on healthcare systems, economic stability, and progress toward sustainable development goals (Magawa et al., 2023). Family planning (FP) is widely recognized as a key public health strategy to control population growth, reduce maternal and infant mortality, and improve overall quality of life. According to the World Health Organization (WHO, 2023) access to modern contraceptive methods is a fundamental human right that enhances women's autonomy, promotes reproductive health, and reduces unintended pregnancies through better birth spacing.

In Indonesia, the government—through the National Population and Family Planning Agency (BKKBN)—has prioritized FP as a national agenda. However, disparities persist in access and quality of FP services, especially in rural and semi-urban regions (World Population Statistic, 2023). Midwives play a pivotal role in ensuring the success of FP programs, as they are the primary providers of reproductive health services at the community level. Their responsibilities extend beyond administering contraceptives to include counseling, education, and follow-up care, all of which strongly influence contraceptive uptake and continuation rates. The Indonesian Ministry of Health at 2023 underscores that midwives' competence, motivation, and communication skills directly affect FP service quality and client satisfaction.

Empirical studies show variations in midwives' performance across healthcare settings, suggesting underlying determinants such as motivation, workload, and organizational factors. For example, Mariyana & Cahyo (2021) demonstrated that motivation and workload significantly correlate with midwives' performance in primary care, underscoring motivation as a key driver of service effectiveness. Work motivation has long been recognized as a critical determinant of employee performance across various sectors, including healthcare. Herzberg's two-factor theory differentiates between motivators—such as recognition, responsibility, and professional achievement—that promote job satisfaction, and hygiene factors—such as salary, supervision, and work environment—that prevent dissatisfaction (Herzberg, 1968). In health services, intrinsic motivation arises from professional purpose and self-fulfillment, while extrinsic motivation is shaped by external rewards and institutional support (Chunlan et al., 2020).

Recent evidence supports the relevance of these theoretical perspectives in healthcare contexts. Afulani et al. (2021) found that motivated health workers deliver higher-quality FP

services and achieve greater client satisfaction. In Indonesia, however, few studies have comprehensively examined how individual characteristics and work motivation interact to shape midwives' performance. Most existing studies have explored these factors independently, offering limited insight into their combined influence on FP service outcomes. Motivation is a complex psychological process influenced by internal drives and contextual variables (Li et al., 2022), and its effects may vary according to cultural and organizational settings.

Service quality and client satisfaction in FP programs depend largely on midwives' ability to deliver accurate information and effective counseling. Inadequate communication or insufficient follow-up can lead to contraceptive discontinuation and method switching (Arinda et al., 2018). Strengthening midwives' skills in education and communication, alongside organizational support such as training, supervision, and resource provision, can enhance motivation and performance (Dewi Anggraini et al., 2025). Furthermore, studies suggest that organizational culture, leadership, and institutional climate significantly influence healthcare workers' motivation and service outcomes (Janiukštis et al., 2024). Local data from the Prambon Community Health Center highlight the urgency of addressing these issues. FP service coverage declined from 99% in 2020 to 93% in 2023, accompanied by an increase in contraceptive dropout rates. These trends suggest possible declines in staff motivation, insufficient training, and resource constraints.

This study aims to analyze the relationship between midwives' characteristics and work motivation with their performance in providing FP services within the Prambon Community Health Center area. The novelty of this research lies in its holistic analysis of demographic variables, intrinsic and extrinsic motivational factors, and their combined impact on job performance. This study contributes empirical evidence from a rural Indonesian context—an underrepresented setting in FP research—and offers practical implications for policymakers and healthcare managers. The findings are expected to inform targeted interventions, such as tailored training, performance incentives, and supportive supervision systems, to enhance FP service quality, improve workforce motivation, and strengthen reproductive health outcomes in Indonesia.

METHODS

Research design

This study adopted a quantitative analytical design using a cross-sectional approach to examine the relationship between midwives' characteristics, work motivation, and performance in family planning (FP) services. A cross-sectional design was chosen because it enables the assessment of multiple variables simultaneously within a single period and is widely applied to identify associations in health service research (Setia, 2016). This design is particularly appropriate for exploring behavioral and organizational factors influencing health service quality

Setting dan samples

The research was conducted from June to August 2023 in the working area of Prambon Community Health Center, Sidoarjo, Indonesia, where a decrease in FP coverage had been observed. The study population consisted of all midwives engaged in FP service delivery. A total sampling technique was used to ensure representativeness due to the limited population size, resulting in 30 eligible participants.

The inclusion criteria were: (a) active midwives who had provided FP services for at least six months, and (b) those who agreed to participate voluntarily. The exclusion criteria were: (a) midwives who were on extended leave during the data collection period, or (b) those who declined participation. Sample size determination followed the principle of total population sampling to enhance data completeness and reduce sampling bias (Etikan, 2017).

Measurement and data collection

Data were collected using a structured self-administered questionnaire, which was adapted and modified from validated instruments based on Herzberg's Motivation-Hygiene Theory Herzberg, 1966 pada Alshmemri et al. (2017) and the Ministry of Health Guidelines for Midwifery Performance Evaluation. The instrument consisted of four sections: demographic characteristics, intrinsic motivation, extrinsic motivation, and performance indicators related to FP service provision. Responses were measured using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree).

The validity of the instrument was confirmed by a panel of three experts in nursing and public health management, yielding an item-content validity index (I-CVI) > 0.80. The reliability test conducted during a pilot study with ten respondents demonstrated Cronbach's alpha coefficients > 0.85, indicating high internal consistency (Taber, 2018). Data were collected over four weeks by trained research assistants under supervision to ensure procedural uniformity.

Data Analysis

Data were analyzed using IBM SPSS Statistics version 26.0. Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to summarize respondents' characteristics. The Chi-square test was applied to determine the relationships between independent variables (characteristics and motivation) and the dependent variable (performance), with a significance level of $p < 0.05$. When Chi-square assumptions were not met, Fisher's exact test was used as an alternative to ensure accuracy and statistical validity (Kim, 2017).

Ethical consederations

Ethical approval was obtained from the Health Research Ethics Committee of Institut Ilmu Kesehatan Bhakti Wiyata Kediri, Indonesia (Approval No. 121/KEPK/IIK-BW/2023). Prior to participation, all respondents received information regarding the study's objectives, procedures, and confidentiality. Written informed consent was obtained from each participant. Data confidentiality and anonymity were strictly maintained throughout the research process, consistent with the Declaration of Helsinki (World Medical Association, 2013).

RESULT

This study examined the relationship between midwives' demographic characteristics, work motivation, and performance in family planning (FP) services. Data analysis was conducted using the Chi-square and Fisher's exact tests to determine statistical associations between the independent and dependent variables. A significance level of $p < 0.05$ was used to determine the presence of a meaningful relationship. Table 1 presents the distribution of respondents based on the relationship between midwives' characteristics and motivational factors with their performance in FP services within the Prambon Health Center working area.

Table 1. Distribution of Respondents Based on Work Motivation and Midwives' Performance in the Prambon Health Center Working Area (n = 30)

No.	Independent Variable	*p*-value
1	Age	0.458
2	Education Level	0.482
3	Length of Service	0.458
4	Marital Status	0.161
5	Responsibility	0.171
6	Advancement	**0.000**
7	Achievement	**0.001**
8	Recognition	0.345
9	Organizational Administration and Policy	**0.020**
10	Incentives/Salary	**0.007**
11	Interpersonal Relationships	**0.001**
12	Working Conditions	**0.001**

Source: Primary Data, 2024.

As shown in Table 1, several variables demonstrated significant associations with midwives' performance in FP services. Factors such as advancement (p = 0.000), achievement (p = 0.001), organizational administration and policies (p = 0.020), incentives/salary (p = 0.007), interpersonal relationships (p = 0.001), and working conditions (p = 0.001) showed statistically significant relationships ($p < 0.05$).

In contrast, age (p = 0.458), education level (p = 0.482), length of service (p = 0.458), marital status (p = 0.161), responsibility (p = 0.171), and recognition (p = 0.345) were not significantly related to performance ($p > 0.05$). These findings indicate that motivational and organizational factors play a more dominant role in influencing midwives' performance than demographic characteristics. Specifically, opportunities for career advancement, recognition of achievements, fair administrative policies, and supportive working environments were significantly associated with improved job performance.

DISCUSSION

This study provides comprehensive insights into the interplay between motivational and organizational factors in shaping midwives' performance within family planning (FP) services. The findings emphasize that motivation—both extrinsic and intrinsic—is a fundamental determinant of work performance, confirming the theoretical and empirical propositions of

Herzberg's two-factor motivation theory (1968). In line with this model, extrinsic factors such as institutional policies, working conditions, incentives, and interpersonal relationships function as *hygiene elements* that reduce dissatisfaction and create the foundation for optimal performance (Eggli et al., 2022). When these external supports are adequately provided, midwives experience greater professional stability and clarity in their roles, leading to improved service quality, counseling competence, and client trust.

This study underscores the pivotal role of both motivational and organizational factors in shaping midwives' performance within family planning (FP) services. The results reaffirm Herzberg's motivation-hygiene theory (1968), which posits that extrinsic or hygiene factors—such as institutional policies, working conditions, incentives, and interpersonal relationships—are essential for minimizing dissatisfaction and maintaining a foundation for optimal job performance. These findings are consistent with recent studies emphasizing that organizational environments that provide clarity of roles, fair compensation, and effective supervision foster higher employee satisfaction and performance (Eggli et al., 2022). In FP services, this translates to improved counseling quality, enhanced communication with clients, and greater adherence to care standards.

Intrinsic motivational factors—particularly personal growth, achievement, and professional autonomy—were also found to have a significant association with midwives' performance. This supports the view that intrinsic motivation serves as a powerful driver of behavior and job quality (Li et al., 2022). Midwives who experience professional fulfillment and perceive their work as meaningful are more likely to demonstrate initiative, creativity, and persistence in delivering reproductive health services. Such motivation is critical in resource-limited settings, where professional commitment and self-efficacy directly influence service outcomes (Yaya et al., 2021).

In contrast, demographic characteristics such as age, education, and marital status showed no significant correlation with performance. Similar findings were reported by (Savini et al., 2021) and (Jespersen et al., 2023), suggesting that demographic variables alone do not predict professional performance in healthcare contexts. Instead, the work environment, leadership style, and access to professional development opportunities play more substantial roles. Supportive supervision, transparent communication, and fair workload distribution are key determinants of job satisfaction and retention among healthcare workers (Alhassan et al., 2019) (Seid et al., 2022).

Organizational context remains a critical determinant of FP service quality. Consistent with (Afulani et al., 2021), this study highlights that clear administrative procedures, structured incentive systems, and conducive work environments enhance motivation and performance. Recent evidence also suggests that recognition systems—both financial and non-financial—have a cumulative effect on healthcare professionals' productivity and patient satisfaction (Eggli et al., 2022). However, the nonsignificant association between recognition and performance in this study points to systemic gaps in feedback mechanisms and empowerment structures. (Leong et al., 2023)emphasize that recognition must be timely, specific, and connected to measurable outcomes to effectively enhance motivation and job satisfaction.

Furthermore, the findings contribute to the growing discourse on workforce optimization in maternal and reproductive health services. Strengthening motivation through supportive supervision, transparent evaluation, and structured career pathways can significantly improve both the quality and continuity of FP care (WHO, 2023; Kementerian Kesehatan RI, 2023). Empowering midwives through participatory management and regular performance appraisal also enhances their sense of belonging and accountability, ultimately improving patient safety and reproductive health outcomes (Ejlertsen et al., 2022).

Collectively, these findings contribute new evidence to the limited body of literature on midwives' motivational dynamics in FP programs within developing countries. By linking motivation to organizational management, this study bridges theoretical understanding and practical policy implications. Future research should adopt longitudinal and intervention-based designs to examine how targeted motivational strategies influence performance sustainability and client outcomes.

Implications

The findings underscore the need for motivation-centered workforce strategies in clinical practice. Implementing fair incentive systems, supportive supervision, and continuous professional development can enhance midwives' engagement and service quality. Improving motivation directly contributes to better contraceptive counseling, client satisfaction, and reproductive health outcomes, thereby optimizing FP program effectiveness and sustainability.

Strengths and Limitations

This study contributes valuable evidence on how motivational and organizational factors shape midwives' performance in FP services. The use of a total sampling approach increases

representativeness and strengthens internal validity, while examining both intrinsic and extrinsic motivation provides a comprehensive understanding of performance determinants.

However, several limitations must be acknowledged. The cross-sectional design restricts causal interpretation, and the small sample size limits generalizability beyond the Prambon Health Center setting. Additionally, self-reported data may introduce recall or social desirability bias. Future studies should employ larger, multi-center samples and longitudinal designs to verify causal relationships and explore the effectiveness of motivational interventions in improving service outcomes.

CONCLUSION

This study provides empirical evidence that midwives' performance in family planning (FP) services is significantly influenced by both intrinsic and extrinsic motivational factors, rather than demographic characteristics. The findings advance current understanding by demonstrating that organizational policies, incentives, interpersonal relationships, and supportive work environments play pivotal roles in enhancing motivation and performance. Intrinsic drivers such as achievement and professional progress further strengthen midwives' commitment and service quality.

These results highlight the importance of integrating motivation-based strategies into workforce management to improve reproductive health outcomes. Strengthening organizational support systems—including fair compensation, structured recognition, and continuous professional development—can enhance service delivery, patient satisfaction, and program sustainability.

From a clinical and patient safety perspective, motivated and well-supported midwives are more likely to deliver accurate counseling, ensure method continuity, and foster trust in FP services, ultimately contributing to reduced maternal mortality and improved quality of care. Future research should employ longitudinal or mixed-method approaches to explore causal pathways between motivation, organizational climate, and service performance across diverse healthcare settings. Expanding this inquiry can inform national policies to optimize human resource management and strengthen primary healthcare systems.

DECLARATIONS

Competing Interest

The author(s) declare no competing interest in this study.

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Conflict of Interest

The author(s) declare that there is no conflict of interest regarding the publication of this article.

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