

The Effect of Psychological Capital on Midwife Performance in Achieving Exclusive Breastfeeding Coverage

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Abstract: *The purpose of this research is to analyze the influence of psychological capital on the performance of midwife in achieving exclusive breastfeeding coverage. The type of research is an observational study using analytical design with cross sectional approach. The research analysis unit is the midwife. The sample size was calculated using stratified random sampling technique and the result was 144 people with 36 midwives and 108 mothers receiving services from the midwife. The data analysis used is linear regression test. The results show that most midwives have psychological capital and performance that are in less good category. The results also show that there is a significant and positive effect of psychological capital on the performance of midwives in achieving exclusive breastfeeding coverage. The psychological capital variables significantly influence the performance with p value 0,001 ($\alpha = 0,05$). The results of this study conclude that the better the psychological capital that is owned by the midwife in achieving exclusive breastfeeding coverage, the better the performance is displayed.*

Keywords: Psychological capital, Midwife performance, Exclusive breastfeeding.

1. Introduction

Health is a human right and one of the elements of welfare that must be realized. The right to health is acquired by humans early in life until the elderly. Since infancy, humans have the right to health, one of which is the right to exclusive breastfeeding. Breast milk has various elements that meet all the nutritional needs of infants over a period of about 6 months, unless the mother experiences severe underweight. The composition of breast milk will change with the needs of the baby. The presence of antibodies and macrophage cells in colostrum and breast milk provides protection against certain types of infections [1].

Exclusive breastfeeding may decrease infant mortality, increase infant immunity against disease so as to help reduce infant morbidity, optimize infant growth, foster child intelligence, and help extend pregnancy outcomes for the mother. In addition to reducing child mortality, exclusive breastfeeding can also reduce health costs caused by the risk of morbidity in children. Ministry of Health Indonesian Republic targets exclusive coverage of 6 months breast milk by 80% [2]. However, it is very difficult to achieve even the trend of exclusive breastfeeding prevalence is still far from the target.

Many things can cause failure of exclusive breastfeeding. Several studies have found that failure of exclusive breastfeeding is due to health care personnel. Research conducted by Arifin et al (2015) found the performance of midwives greatly affect the achievement of exclusive breastfeeding coverage [3]. Arifin et al (2015) also stated that midwife performance in achieving exclusive breastfeeding coverage has not been optimal [3]. In addition, the results of the Pertiwi (2012) study also reveal that the failure of exclusive breastfeeding is due to a lack of support from health workers [4]. The results of research conducted by

Kriselly (2012) found that midwives have not conducted extensively related to exclusive breastfeeding [5].

The coverage of exclusive breastfeeding in Kabupaten Bima in 2013 until 2015 has not reached the target (2013: 62.8%; 2014: 63.2%; 2015: 53.6%; target: 80%) [6]. The low coverage of exclusive breastfeeding is due to various factors, especially maternal and midwife factors. Midwife factors are related to midwives who still do not give full attention to achieving exclusive coverage of exclusive breastfeeding targeted. The midwives motivation to provide comprehensive and sustainable CIE (Communication, Information, Education) is also lacking. Midwives are still not maximized in providing CIE to communities related to exclusive breastfeeding. Midwives can be said to have no good motivation in conducting CIE because midwives only provide material on the definition of exclusive breastfeeding alone, do not provide explanations related to other important things such as benefits and exclusive ASI content so that knowledge and behavior of society becomes difficult to change. This is what causes the midwife's performance is still not maximized in an effort to achieve exclusive coverage of exclusive breastfeeding target. The performance of midwives who are still lacking may be caused by midwives who still do not have a good psychological capital related to efforts to achieve exclusive coverage of exclusive breastfeeding.

The psychological capital theory explains the positive psychological state of a person characterized by self efficacy, optimism, hope and resilience that is closely related to the results of Luthans et al (2007) research, psychological capital has a positive relationship with performance [7]. *self-efficacy* is defined as the employee's conviction or confidence about his or her abilities to mobilize the motivation, cognitive resources or courses of action needed to successfully execute a specific task within a given context [8]. *Optimism* is concerned with giving a positive response to current and future successes. Optimism as part of psychological capital is

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seen as a positive expectation of employees and employees seeing events positively [7]. *Hope* is defined as a positive motivational state that is based on an interactively derived sense of successful (1) agency (goal-directed energy) and (2) pathways (planning to meet goals) [9,10]. Applied to the workplace, *resilience* is defined as the positive psychological capacity to rebound, to “bounce back” from adversity, uncertainty, conflict, failure, or even positive change, progress and increased responsibility [11].

Research conducted by Paramitha (2012) found that there is a significant positive relationship between psychological capital and in-role performance, which means that the higher the psychological capital that a person has, the higher the in-role performance is displayed [12]. Research by Liwanto & Kurniawan also proves that psychological capital variable has positive relationship, direction and significant with employee performance. Employees with a sense of self-efficacy, hope, optimism and a high level of unyielding will result in good and positive performance [13].

The purpose of this study was to analyze the influence of psychological capital on the performance of village midwives in achieving exclusive breastfeeding coverage in the working area of Public Health Center in Bima District Indonesia.

2. Research Method

The population in this study is all village midwives. Based on the unit of analysis with 36 village midwives, in this study determined 2 types of respondents. The psychological capital variable will be assessed by the village midwife, while for the performance variable will be assessed by 3 mothers who get pregnancy service, delivery service and postpartum service from every midwife. The total sample is 144 people with details of village midwife as many as 36 people and mother as many as 108 people. The data from this study were obtained directly by spreading the instrument in the form of a questionnaire which includes the psychological capital measurement instrument, namely psychological capital questionnaire (PCQ) from Luthans et al and the performance measurement instrument of midwives related to exclusive breastfeeding.

3. Results and Analysis

3.1 Psychological Capital

Psychological capital is a positive psychological condition of an individual characterized by self efficacy, optimism, hope and resilience. Assessment of psychological capital based on the dimensions of self efficacy can be seen in Table 1.

Table 1: The Result of Self Efficacy

No.	Self Efficacy	n	%
1.	Less Good	20	55,5
2.	Good	10	27,8
3.	Very Good	6	16,7
Total		36	100,0

Based on Table 1 it can be explained that most (55.5%) of the village midwives have self efficacy that in less good category. Village midwives are still not good at believing in the capabilities it has. Kappagoda et al (2014) states that if employees (employees) have high self efficacy, they believe they will succeed. As a result, employees will give more effort to the given task [14]. When employees strive for success, they will show better performance. This means that self efficacy is related to performance (job performance). Based on Multiple meta-analyzes, self efficacy has a positive and significant relationship with performance [8,15,16].

Assessment of psychological capital based on the dimensions of optimism can be seen in Table 2.

Table 2: The Result of Optimism

No.	Optimism	n	%
1.	Less Good	6	16,7
2.	Good	18	50,0
3.	Very Good	12	33,3
Total		36	100,0

Table 2 explains that the optimism of the village midwife is in good category. This explains that midwives already have positive expectations for their exclusive breastfeeding-related work. Optimistic employees interpret bad events as only temporary while pessimistic employees interpret bad events as permanent [17].

Assessment of psychological capital based on the dimensions of hope can be seen in Table 3.

Table 3: The Result of Hope

No.	Hope	n	%
1.	Less Good	20	55,5
2.	Good	5	13,9
3.	Very Good	11	30,6
Total		36	100,0

Table 3 describe that most of the village midwives have less good of hope. Village midwives are not good enough in mobilizing energy and finding ways to accomplish their tasks related to exclusive breastfeeding. Hope is a positive and motivational sense that encourages achievement of goals and finds adequate ways to achieve those goals [18]. Hope embodies a-will-power that encourages people to achieve their goals [19,20]. Hopeful employees will be more motivated to demonstrate performance that exceeds the minimum standards of the organization [21].

Assessment of psychological capital based on the dimensions of resilience can be seen in Table 4.

Table 4: The Result of Resilience

No.	Resilience	n	%
1.	Less Good	7	19,4
2.	Good	24	66,7
3.	Very Good	5	13,9
Total		36	100,0

Based on the Table 4 it can be explained that the resilience of the village midwife is in good category. This explains that

midwives are able to bounce back in the face of problems for their exclusive breastfeeding-related work. Luthans et al (2010) describes resilience as a person's ability to bounce back when experiencing unpleasant events and can re-adapt from such failures as well as positive events [22].

Resilience will make employees more resilient in the face of failure in the work so it is not easy to make them give up. Employees will seek to find innovation and new ways of working that can overcome such failures [21]. Resilience employees will be more resilient in dealing with problems to achieve success [7].

Cummulative assessment about the psychological capital can be seen in Table 5.

Table 5: The Result of Psychological Capital

No.	<i>Psychological Capital</i>	n	%
1.	Less Good	20	55,5
2.	Good	6	16,7
3.	Very Good	10	27,8
Total		36	100,0

Information obtained from Table 5 is that most of the village midwives have psychological capital in less good category. This means that most village midwives still doesn't have a good psychological capital in completing their work related to exclusive breastfeeding.

3.2 Performance

Description of the performance of village midwives related to exclusive breastfeeding is derived from the mother's assessment of services provided by the village midwife during pregnancy, childbirth and postpartum. Assessment of respondents on the performance of village midwives can be seen in Table 6.

Table 6: The Result of Performance

No.	<i>Performance</i>	n	%
1.	Less Good	23	63,9
2.	Good	13	36,1
3.	Very Good	0	0,0
Total		36	100,0

Based on Table 6 it can be explained that most village midwives (63.9%) have less good performance. This means that village midwives are not good enough in implementing exclusive breastfeeding services to mothers during pregnancy, childbirth until postpartum.

3.3 The Effect of Psychological Capital on Performance

Before the test of influence using multiple regression, first tested the classical assumption. Based on the classical assumption test, there is no multikolonieritas, heteroskedastisitas and autocorrelation in data and data distribution is normal. The influence of psychological capital on the performance of village midwives in achieving exclusive breastfeeding coverage can be seen in Table 7.

Table 7: The Effect of Psychological Capital on Performance

Independent Variable	Dependent Variable	p
Psychological Capital	Performance	0,001

Based on the results of statistical tests, there is influence psychological capital on performance with the p value of 0.001 is less than the value of $\alpha=0.05$. It shows that the better the psychological capital of the village midwife the better the performance. The results of this study in accordance with the opinion that psychological capital has a positive relationship with performance [7]. A study conducted by Paramitha (2012) found that there is a significant positive relationship between psychological capital and in-role performance, which means that the higher the psychological capital a person has, the higher the in-role performance is shown [8]. Other studies also proved that psychological capital variables have a positive, direct and significant relationship with employee performance. Employees who have high self efficacy, high optimism, high hope and high resilience will produce good and positive performance [9].

4. Conclusion

The conclusions that can be taken based on the results of research that has been done is 1) Village midwives mostly have psychological capital in the category of less good. Village midwives have good optimism and resilience and less good of self efficacy and hope; 2) Village midwives mostly have less good performance category; 3) Psychological capital affects the performance of midwives in achieving exclusive breastfeeding coverage.

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