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ENTERPRENEUR INNOVATION ON SERVICES OF MIDWIFERY PRACTICE IN BENGKULU CITY

Tria Nopi Herdiani[1]*, Waytherlis Apriani[2]
Tri Mandiri Sakti Institute of Health Sciences Bengkulu, Indonesia

*Corresponding author: direja.mandira1415@gmail.com

ABSTRACT

Technological advances have led to changes in all sectors including midwifery services. Midwives as the spearhead in providing services to women, babies, toddlers and parents as well as their role in community empowerment must have new service innovations in independent practice that they carry out to improve the quality of excellent service, so it is necessary to improve entrepreneurial skills or entrepreneurs. This study aims to determine the factors associated with enterpreneur innovation on services of midwifery practice. The method used was an analytic survey with a cross sectional design. Data were analyzed using univariate and bivariate analysis. The statistical test used is the Chi-Square ($\chi 2$) test. To determine the closeness of the relationship, the Contingency Coefficient (C) is used. The population of this study were all midwives who held independent midwife practices in Bengkulu City. The sampling technique used a total sampling of 152 Midwives' Independent Practices. The statistical results obtained by Pearson Chi-Square obtained a value of $\chi 2 = 8{,}596$ with ρ value = 0.003 $<\alpha$ (0.05), so there is a significant relationship between family support with enterpreneur innovation on services of midwifery practice. The results of the Continuity Correction test obtained a value of $\chi 2 = 4.381$ with ρ value = 0.036 $<\alpha$ (0.05), so there is a significant relationship between regulatory policies with enterpreneur innovation on services of midwifery practice. The results of the Pearson Chi-Square test obtained a value of $\chi 2 = 4{,}718$ with ρ value = 0.030 $<\alpha$ (0.05), so there is a significant relationship between location access with enterpreneur innovation on services of midwifery practice.

Keywords: Enterpreneur innovation on services of midwifery practice , Family Support, Regulatory policy, Location access.

INTRODUCTION

Midwives are responsible and accountable professionals, who work as partners for women to provide support, care and counseling during pregnancy, childbirth and postpartum, facilitate and lead delivery on their own responsibility and provide care to newborns and babies. This care includes prevention, promotion of normal delivery, detection of complications in mothers and children, and access to medical assistance or other appropriate assistance, as well as carrying out emergency measures. Midwives have an important task in counseling and health education, not only for women, but also for families and communities. These activities include antenatal education and preparation for parenthood and can extend to women's health, sexual health or reproductive health and child care. Midwives can open a Midwifery Independent Practice (PMB) and practice in various service settings including at home, community, hospital, clinic or other health units. (IBI, 2016).

Midwife practice is a series of health service activities provided by midwives to patients (individuals, families, and communities) according to their authority and abilities. Midwives running a practice must have a Midwife Practice License (SIPB) so that they can practice on health

advice or programs (Imamah, 2012) . Independent midwife service practice is a health service provider, which has a significant contribution in providing services, especially in improving the welfare of mothers and children. In order for the community using midwife services to gain access to quality services, it is necessary to have a clear regulation of midwife practice services before midwives carry out practical services such as permits, places, rooms, practical equipment, and administrative completeness, all of which must be in accordance with standards.

A midwife who opens an independent practice service, also known as an entrepreneur midwife, is an individual who assumes total responsibility and the risk of discovering or creating unique opportunities to use personal talents, skills and energy, and who employs strategic planning processes to transfer valuable services or products. Entrepreneurship has become a discipline that studies the values, abilities and behavior of a person in facing life's challenges to get opportunities with the various risks they may face. As a scientific discipline, the science of entrepreneurship can be studied and taught, so that every individual has the opportunity to appear as an entrepreneur (entrepreneur). Even to be a successful entrepreneur, having talent is not enough, you also need to have knowledge of all aspects of the business you will be engaged in. (Maryati, 2018), It is hoped that midwives will be able to provide midwifery services, be able to manage service management professionally, foster an entrepreneurial spirit so that entrepreneurial innovation is created.

The entrepreneurial innovation of the midwife's independent practice is determined by internal and external factors. Internal factors include midwives' knowledge of entrepreneurship, midwife attitudes, motivation, participation in seminars / training, and there is one dominant factor determining entrepreneurial innovation in midwife independent practice services, namely passion. Passion is a very important factor that causes the success and failure of a business. This factor is the match between the effort a person is involved in and the talent or potential strength of that person. However, there are external factors that can determine the innovation of self-employed service entrepreneurs, namely family support, infrastructure, policies, and location access. (Herdiani, 2020).

The role of midwives in midwifery services. Data from the Indonesian Midwives Association (IBI) states that at least 60 percent of babies in Indonesia are born through midwives. Only about 5 (five) percent of delivery through obstetrician services, and the rest still use non-medical services. Midwives still face many obstacles in the field. The obstacles faced by midwives are very diverse, ranging from the problem of the lack of facilities and infrastructure to support innovative midwife independent practice services, community socio-cultural factors, family support factors to geographical conditions or access to the location of practice places that are still difficult to reach by the community.

Based on data from the IBI Provincial Board of Bengkulu Province in 2017 in Bengkulu Province there were 3,493 midwives and 653 of them opened independent practices with the highest number in Bengkulu City, namely 152 Midwives Independent Practices (PD IBI Bengkulu Province, 2017). The current problem is that midwives who run in Bengkulu City only carry out independent practices and have not become members of the pomegranate midwife, which is a form of innovation in quality midwifery services for several reasons of low education, poor knowledge, attitudes, midwives are not ready and sure because there are too many requirements, are not yet able because they

are still new to independent practice, they still face constraints on costs, inadequate facilities and infrastructure (Herdiani, 2020). Based on the background, the authors are interested in conducting research on with enterpreneur innovation on services of midwifery practice in Bengkulu City.

MATERIAL AND METHOD

This study used an analytic survey design with a cross sectional design. Place of research were in midwifery practice. The population in this study were all midwives who held the Midwifery Independent Practice totaling 152 midwives. Sampling using total sampling technique, namely the number of samples of 152 midwives. The dependent variables studied were entrepreneurial innovation in midwife independent practice services, the independent variables were family support, regulatory policies, and location access. The types of data used in this study are primary data and secondary data. Primary data is obtained through a questionnaire distributed to respondents. Data were analyzed using univariate and bivariate analysis. The statistical test used is the Chi-Square *(x^2)*. test. To determine the closeness of the relationship, the Contingency Coefficient *(C)* is used.

RESULTS

a. Univariate Analysis

Univariate analysis was used to see the description of the frequency distribution of the dependent variable, namely enterpreneur innovation on services of midwifery practice and the independent variables, namely family support, regulatory policies, location access. (Table 1).

Variable	Frequency	Percentage (%)
Enterpreneur innovation on services of midwifery practice		
Not Innovative	70	46.1
Innovative	82	53.9
Family Support		
Not Supported	7	4,6
Supported	145	95,4
Regulatory policy		
There is obstacles	33	21,7
There is no obstacles	119	78,3
Location access		
Difficult to access	26	17,1
Easy to access	126	82,9

Table 1 shows that there were 70 respondents (46.1%) who made nterpreneur innovation on services of midwifery practice and 82 respondents (53.9%) did not carry out enterpreneur innovation on services of midwifery practice. There were 7 respondents (4.6%) who did not receive family support and 145 respondents received family support. There were 33 respondents (21.7%) who had regulatory policy constraints and 119 respondents (78.3%) had no regulatory policy constraints. There were 26 respondents (17.1%) where the practice was difficult to access and 126 respondents (82.9%) the location where the practice was easy to access.

b. Bivariate Analysis

Table 2
The relationship between family support with enterpreneur innovation on services of midwifery practice in Bengkulu City

Family Support	Enterpreneur innovation on services of midwifery practice		Total	χ^2	ρ- value	*C*
	Not Innovative	Innovative				
Not Supported	7	0	7	8.596	0,003	0,231
Supported	63	82	145			
Total	70	82	152			

Table 2 shows that the results of the Pearson Chi-Square test obtained a value of χ2 = 8,596 with ρ value = 0.003 <α (0.05), which is statistically significant so that H0 is rejected and Ha is accepted, meaning that there is a significant relationship between family support enterpreneur innovation on services of midwifery practice. While the results of the Contingency Coefficient test obtained the value of C = 0.231 with approx. Sig (ρ) = 0.003 <0.05 which means significant, the value of *C* is compared with the value of $C_{max}= \sqrt{\frac{m-1}{m}}$ where m is the smallest value of the row or column. In this case the value of m = 2 then the value of $C_{max}= \sqrt{\frac{m-1}{m}}= \sqrt{\frac{2-1}{2}}$ = 0,707 So the value of $\frac{C}{C_{max}} = \frac{0,231}{0,707}$ 0,32, because this value lies in the interval 0.20-0.40, the relationship category is weak.

Table 3
Relationship between regulatory policies with Enterpreneur innovation on services of midwifery practice in Bengkulu City

Regulatory policy	Enterpreneur innovation on services of midwifery practice		Total	χ^2	ρ- value	*C*
	Not Innovative	Innovative				
There is obstacles	21	12	33	4.381	0,036	0,183
There is no obstacles	49	70	119			
Total	70	82	152			

Table 3 shows the results of the Continuity Correction test, where the value of χ2 = 4,381 with ρ value = 0.036 <α (0.05) is statistically significant so that H0 is rejected and Ha is accepted, meaning that there is a significant relationship between regulatory policies enterpreneur innovation on services of midwifery practice. independent midwife. While the results of the Contingency Coefficient test obtained

the value of C = 0.183 with approx. Sig (ρ) = 0.003 <0.05 which means significant, the value of C is compared with the value of $C_{max}=\sqrt{\frac{m-1}{m}}$ where m is the smallest value of the row or column. In this case the value of m = 2 then the value of $C_{max}=\sqrt{\frac{m-1}{m}}=\sqrt{\frac{2-1}{2}}$=0,707 So the calue of $\frac{C}{C_{max}}=\frac{0,183}{0,707}$ 0,25, because this value lies in the interval 0.20-0.40, the relationship category is weak.

Table 4

The relationship between location access with Enterpreneur innovation on services of midwifery practice in Bengkulu City

Location access	Enterpreneur innovation on services of midwifery practice		Total	χ^2	ρ- value	*C*
	Not Innovative	Innovative				
Difficult to access	17	9	26	3.826	0,030	0,174
Easy to access	53	73	126			
Total	70	82	152			

Table 4 shows the results of the Continuity Correction test, where the value of χ2 = 3,826 with ρ value = 0.030 <α (0.05) is obtained, which is statistically significant so that H0 is rejected and Ha is accepted, meaning that there is a significant relationship between location access enterpreneur innovation on services of midwifery practice independent midwife. While the results of the Contingency Coefficient test obtained the value of C = 0.174 with approx. Sig (ρ) = 0.02 <0.05 which means significant, the value of C is compared with the value of $C_{max}=\sqrt{\frac{m-1}{m}}$ where m is the smallest value of the row or column. In this case the value of m = 2 then the value of $C_{max}=\sqrt{\frac{m-1}{m}}=\sqrt{\frac{2-1}{2}}$=0,707 so that the value of $\frac{C}{C_{max}}=\frac{0,174}{0,707}$ 0,24, because this value lies in the interval 0.20-0.40, the relationship category is weak.

DISCUSSION

The relationship between family support with enterpreneur innovation on services of midwifery practice

Based on the Pearson Chi-Square statistical test, the value of χ2 = 8,596 with ρ value = 0.003 <α (0.05) was obtained, which is statistically significant so that H_0 is rejected and H_a is accepted, meaning that there is a significant relationship between family support enterpreneur innovation on services of midwifery practice. Based on the results of this study, it can be explained that midwives with good family support have innovations in the development of the Midwives Independent Practices they run. Family support can increase the enthusiasm and confidence of midwives in developing innovative midwifery services, therefore it

is very important for support resources to improve the quality of the Midwife Independent Practice. Family support can be in the form of internal family social support: such as support from husbands, wives and support from biological families. As well as external family support, namely external family support for the nuclear family (in the family social work network). Both the nuclear family and extended family function as support systems for their members (Badiu, 2017). Family support is the most important element in helping individuals solve problems. If there is support, then self-confidence will increase and motivation to face the problems that occur will increase (Tamher & Noorkasiani, 2009) . Another study, namely the relationship between family support and the practice of midwives in antenatal screening services, p <0.05 obtained a p value of 0.027, there was a relationship between family support and midwife practice in antenatal screening services. (Idhayanti, 2015) . This is in line with other studies from (Respati, 2013) that family support has a positive and significant effect on employee performance variables by 21.9%.

Relationship between regulatory policies with enterpreneur innovation on services of midwifery practice.

The results of the Continuity Correction statistical test obtained a value of $\chi 2 = 4{,}381$ with ρ value = 0.036 <α (0.05), which is statistically significant so that H_0 is rejected and H_a is accepted, meaning that there is a significant relationship between regulatory policies and enterpreneur innovation on services of midwifery practice. Based on the results of the study, the majority of respondents, namely 119 respondents (78.3%), did not experience problems regarding regulatory policies either in fulfilling the requirements for establishing an Independent Midwife Practice or obtaining the requirements of SIPB (Midwife Practice License). Based on article 30 paragraph (1) PMK No.28 of 2017 says "Midwives who carry out the Independent Midwife Practice must meet the requirements, in addition to the requirements for obtaining SIPB". Requirements include requirements for location, building, infrastructure, equipment, as well as medicines and consumables (Hurint, 2018) . Regulatory policies that can become a legal umbrella for midwives who have practices can increase entrepreneurial innovation in midwifery services freely but within the corridors of regulations that have been established for good, safe, and patient-protecting service quality.

The relationship between location access with enterpreneur innovation on services of midwifery practice

The results of statistical tests show that there is a significant relationship between location access and entrepreneurial innovation in midwife independent practice services. Based on the results of the study, most of the respondents, namely 126 people, were easily accessible to midwives, making it easier for midwives to improve quality service innovations for the community as midwife service users. Access to health facilities with very diverse geographical situations and conditions is a significant challenge in providing immunization services evenly throughout Indonesia.

Without easy and cheap access to reach, it will certainly make it difficult for people, especially low-income people, to get immunization services for their children.. (Nainggolan, Hapsari, & Indrawati, 2016).

CONCLUSSION

Based on the results of the study, it was found that 70 respondents (46.1%) were not innovative and there were 82 respondents (53.9%) who were innovative. Most of the midwives who carry out independent midwifery practices receive family support from 145 respondents (95.4%). Most of them did not have problems with regulatory policies, 119 respondents (78.3%). Most of the 126 respondents (82.9%) had easy access to independent practice locations. There is a relationship between family support, regulatory policies, location access and entrepreneurial innovation in midwife independent practice services where the value of ρ value <α value is 0.05. It is hoped that midwives who open independent practices can make innovations in midwifery services in order to improve service quality and patient satisfaction so as to increase the number of visitations

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