



COMPARISON OF HEALTH CARE WORKER PERCEPTION IN EXPANDING MATERNAL AND NEONATAL SURVIVAL (EMAS) PROGRAM HOSPITAL AND NON PROGRAM

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Abstract: The national program EMAS is based by the magnitude of maternal and infant mortality rate in Indonesia. According to 2010 civil census, over 30% deaths happen in women younger than 20 and older than 35. The implementation should be supported by good health worker performance so that the reduction of mortality rate can achieve the targets. The purpose of this study was to determine the difference of health worker performance in EMAS program hospital and Non-EMAS program hospital. The research type was quantitative with difference test analysis. The research samples came from 2 hospitals, consisting of 30 health workers from EMAS program hospital and 30 health workers from Non-EMAS program hospital. The data was collected using questionnaire and the data analysis used Mann Whitney test. The result of the difference test on 5 performance factors showed that 3 factors, i.e. ability, attitude and facility and infrastructure in EMAS program hospital had better scores than Non-EMAS program hospital. However, 2 other factors didn't show any difference, i.e. motivation and leadership. There was significant difference in attitude. The performance of hospital with EMAS program was different in terms of attitude from hospital without EMAS program.

1 INTRODUCTION

Indonesia is located in Asia, of which the health field fails to reduce the Maternal Mortality Rate (MMR). Based on data from World Health Organization (WHO) in 2014, as a world health organization, it is stated that the number of women death caused by complication during pregnancy and the process of childbirth around the world reaches 289,000 women. There are some countries with high level of MMR, that is, in South Africa, Sub-Sahara is up to 179,000 women, in South Asia is 69,000 women, and in Southeast Asia is 16,000 women. The level of MMR in countries in Southeast Asia is the highest, that is, Indonesia reaches 190 per 100,000 live births compared to

Vietnam, Thailand, Brunei, and Malaysia (WHO, 2014).

The highest level of mortality on mothers and babies in Indonesia is mostly caused by complication during childbirth which is not immediately referred to capable health care facilities. The right action to prevent any risks in pregnant women is through regular check in order to identify abnormalities early (Saifuddin, 2011).

Data of Indonesia Demography and Health Survey, the number of MMR in 1991-2007 is 390 going down to 229 of maternal mortality per 100,000 live births. However, it increases significantly in 2012 into 359 of mother mortality per 100,000 live births. Based on Intercensal Population Survey (IPS) in 2015, it decreases into 305 of maternal mortality per 100,000 live births

(the Ministry of Health of Republic of Indonesia, 2016).

Indicators of child mortality are Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR), and Toddler Mortality Rate (TMR). Data of NMR (0-28 days) contributes to 59% of child mortality. Based on Indonesia Demography and Health Survey in 2012, the number of NMR is 19 per birth, in which that number shows the decrease of 1 point compared to that in 2007, as many as 20 per live birth (the Ministry of Health of Republic of Indonesia, 2016).

Data from Department of Health of the Special Region of Yogyakarta in 2015, there are 29 mortality cases of 34,786 pregnant women, and 60% of the maternal mortality is caused by the late referral (Department of Health of the Special Region of Yogyakarta, 2015). Based on the data from Department of Health of Bantul in 2015, the number of MMR reaches up to 11 mortality cases of 12,585 mother giving birth, in which this MMR increasing from 2014, 7 death cases.

The number of IMR is up to 8.35/1000 live births. However, compared to the data of 2014, IMR of Bantul is getting better because the number of IMR in 2014 reaches up to 8.75 per 1000 live births (Department of Health of Bantul, 2015).

The national program entitled *Expanding Maternal and Neonatal Survival* (EMAS) is a program to reduce the number of IMR and NMR for 25% launched by the government, along with a donor agency, *United States Agency for International Development* (USAID). To reach the goal of EMAS, it is conducted in province and regency level, of which the number of mortality case is 52.6% for MMR and 58.1% for NMR. The regions to conduct the program EMAS are North Sumatra, Banten, West Java, Central Java, East Java, and South Sulawesi (the Ministry of Health of Republic of Indonesia, 2012).

Therefore, the number of mortality in those regions will be reduced. Program EMAS is conducted in three steps: 1) Improve the quality of obstetric and newborn emergency services, at least at 150 hospitals and 300 community health centers; 2) Strengthen referral system efficiently and effectively between hospitals and the community health centers (the Ministry of Health of Republic of Indonesia, 2017).

Handling the pregnancy proportion in too young or too old women will be challenging for EMAS. The result of advanced study of Population Census in 2010, more than 3% of mortality happens to mother below 20 years old and above

35 years old. 10% of mortality, there is mortality with the number of children is 4 children. The implementation of this program needs support from health workers performance to reach the target (the Ministry of Health of Republic of Indonesia, 2013).

Health workers performance is important to improve and to maintain national development in health sector. Poor performance will obstruct the target of a program. The role of health worker is an important key for performance success. There are some factors influencing a person in reaching for achievement such as individual, psychological, and organizational factor supporting health performance.

Data from hospital implementing EMAS in 2015 shows that the number of visit in OB-GYN polyclinic is 14,585 people, in child polyclinics is 16,543 people, and midwifery consisting of normal delivery is 303 people, spontaneous delivery is 252 people, and vacuum is 84 people, *sectio caesaria* is 297 people, and curettage is 145 people.

Based on the previous study that the writer has conducted on 13 September 2016 through interview with the head of maternity ward, it is known that EMAS has been conducted, and then there has been supervision from 2015 as well as evaluation on June 2016. According to the head of the maternity ward, the number of health workers carrying out EMAS has met the requirement. By implementing EMAS, health workers are helped in term of ability, system, and facility. Non-EMAS hospital is a hospital with the same type as EMAS hospital, that is, type C. Non-EMAS hospital has not implementing Comprehensive Neonatal Obstetric Service and EMAS.

2 RESEARCH METHOD

Type of this research is quantitative research with t-test analysis. The subject is health workers in mother and child health program, that is, pediatricians, obstetricians, midwives, and nurses. This research has been conducted from June to August 2017. The method used for sample collection is total sampling with determined inclusion criteria. Data is taken using questionnaires. Samples of this research are from 2 hospitals consisting of 30 health workers from EMAS hospital and 30 health workers from non-EMAS hospital. Performance variables consist of ability, behavior, motivation, leadership, and infrastructure. Instrument test covers content on

the question items by measuring reliability and validity of the questionnaire. Validity and reliability test is conducted using computerization SPSS 24. Value r table on the instrument test is (0.444). Statement is said to be valid if r calculation is higher than value of r table. Data is finally analyzed using Mann Whitney.

3 RESULT AND DISCUSSION

3.1 Result

EMAS hospital and non-EMAS hospital are located in Yogyakarta, and both of them have the same type, that is, type C. Both hospitals are private hospitals. This research focuses on health workers handling mother and child health. Health workers communicate directly to patients. The number of sample is 60 respondents. The research result shows that the average score of performance, based on 5 influencing factors, hospital implementing EMAS is 84%, which is higher than hospital not carrying out EMAS, that is, 80%.

On table 1 of performance comparison based on 5 factors in EMAS hospital and non-EMAS hospital, it is known that the highest average of score belongs to EMAS hospital. Meanwhile, the lowest average of score is on leadership factor, either in EMAS hospital or non-EMAS hospital. Overall, attitude factor in EMAS hospital has the highest average of score, that is 35.00 (88%). On leadership factor in non-EMAS hospital with the average score of 29.96 (75%) is on the lowest score.

Table 1. Frequency distribution of the average score of 5 factors of EMAS hospital and non-EMAS hospital performance

No	Variable	EMAS		Non-EMAS	
		Skor	%	Skor	%
1	Ability	34.7	87%	32.8	82%
2	Attitude	35.0	88%	32.6	82%
3	Motivation	33.3	83%	32.8	82%
4	Leadership	30.9	77%	30.0	75%
5	Insfrastructure	33.0	83%	31.0	77%
Overall average		33.4	84%	31.8	80%

Table 2. Comparison of 5 factors of performance between EMAS hospital and non-EMAS hospital

No	Variable	RS	N	Mean Rank	Asy mp. Sig
1	Ability	Non-EMAS	30	27.4	0.665
		EMAS	30	33.6	
2	Attitude	Non-EMAS	30	25.2	0.018
		EMAS	30	35.8	
3	Motivation	Non-EMAS	30	30.5	0.982
		EMAS	30	30.5	
4	Leadership	Non-EMAS	30	30.5	0.981
		EMAS	30	30.5	
5	Infrastructure	Non-EMAS	30	27.4	0.148
		EMAS	30	33.6	

The analysis result of table 2 shows that, based on the rank of mean scores, there is difference on skill, behavior, and infrastructure factor. However, only behavior factor of which score is less than α 0.05. Meanwhile, the score of skill and infrastructure factors are higher than α 0.05. On leadership factor, motivation gets the same rank of mean score, while p is higher than α 0.05. Based on the result of the table, it can be concluded that the performance of EMAS-hospital and non-EMAS hospital has significant different on the behavior factor.

3.2 Discussion

Based on the skill factor of EMAS hospital, it is seen that statement 6, explaining that I can treat maternal sepsis and severe infection during childbirth, gets the score of 92, which is lower than other statements. Sepsis treatment and severe infection on mothers is one of emergency treatments. According to Dellinger RP, et al (2012), sepsis is one of causes of morbidity and mortality in patients with critical illness and mortality rates in severe sepsis cases between 20-50%.

For non-EMAS hospital, the main problem is on skill factor, on statement 8 about anti-seizure administration in dose-appropriate for pregnant women with severe preeclampsia/eclampsia according to doctor's advice. Ability in giving care in emergency is the most important thing.

Moreover, responsibility of following doctor's advice becomes an important point in reducing the number of mother and child mortality.

Ability factor gives a big influence on the performance due to the fact that ability is often shows a person's potential in carrying out duties and tasks. A theory strengthening ability factor is stated by Nayono (1978) examining that ability is the availability of proficiency, agility, and skill, or other things that enable the member to do many things for the organization. Therefore, if health workers have formal education, non-formal education, experience, and motivation, then the performance will increase. Thus, inability of health workers in handling emergency case will be overcome properly and immediately.

A research conducted Irasanty et al (2008) shows that the late maternal referral is influenced by limited transportation in rural area, delay in family decision making, the lack of capacity of health workers when handling emergency cases, and delay of giving treatment by health workers. Based on geographical factor, distance and infrastructure are really influence the community in receiving referral in th rural area. It is strengthen the research result that the ability of health worker influences treatment on emergency case.

Based on a research conducted by Irianto and Raharjo (2016), it can be concluded that hospital service facility that is able to PONEK is the best service for mother with the need of obstetric treatment. PONEK of the community health center has better ability compared to the Non-PONEK. Moreover, there is difference on childbirth helper between PONEK and Non-PONEK health community center. The help of midwifery becomes an important thing in making referral in the earlier preparation when maternal complication is detected.

On motivation factor, the main point of EMAS hospital on statement 9 is supervision program on every activity during midwifery service that makes the health workers more spirited. This problem becomes a limitation when giving midwifery service immediately by health worker, so it lacks of good communication that can influence the relationship between patient and health workers. It should be conducted with approach in giving information about any treatments influencing patient satisfaction (Husna, 2009). This research is conducted by Beratha in 2013 that concludes that motivation training and health operational help (BOK) relates significantly to the worker performance. The research has big

expectation to the health department in making policy in developing workers' performance of KIA in the community center through education and training.

On motivation factor, the lowest problem of Non-EMAS hospital is on statement 9 about the supervision program on every activity in giving midwifery service that makes the workers more spirited. This research result is connected to a theory by Gibson showing the relationship between motivation and performance. Hadi's in 2009 research shows that nurses are more motivated, and there is small possibility to leave their work or profession. It can be interpreted that factors causing nurses leaving their profession is violence at work, danger, injuries, too-long-working hours, night-shifts effect, low salary, work burden, and absence of reward.

A research conducted by Fitria et al (2016) explains that there is significant difference on period of work time, work motivation, work circumstance, co-workers support, the employer support, and therapeutic communication. The relationship between work motivation and therapeutic communication is also strengthened by Mangkunegara (2002) stating that work motivation is a condition that can give influence in directing, maintaining and improving relationships with the work environment. A good work environment can make health workers improve their performance. Maintenance and enthusiasm in individuals is the key to increase work motivation. The results of this study relate to Nasution's 2009 research in Medan, stating that the results of the correlation test affecting the performance of nurses is motivation variable.

According to Candra's research (2012), it is concluded that motivation and work environment influence the performance of doctors in providing services to inpatients. Based on the result, the variable which most influences performance is the work environment; this includes bad leadership.

This research is in line with Pipin's research (2014) stating that supervision is the closest element to employees able to create a condition or work environment that can help increase employees' motivation so that organizational goals can be achieved. Conducive work environment includes the understanding of employees in the assignment and the tasks given must be fair as well as not exceed the limits of the ability of employees so that stress, in the scope of work, can be minimized. The theory of motivation stated by Herzberg in Luthans (2003) explains that, in order

to be able to carry out work well, it is necessary to have support in the form of an effective work atmosphere and supervision, as well as a dynamic relationship between fellow workers or employee and employer.

On leadership factor of EMAS hospital, the lowest score is on statement 5 and 6 about the role of a leader conducting supervision and supporting the health workers. The ability of a leader to supervise determines success or failure of an organization in implementing a policy. It is like the success of a health service program for mother and child in hospital. Based on the research by Burke et al (1992), it is stated that supervisor support is how far the employer support and care for his employees. Leaders who are able to support their employees can create a comfortable work atmosphere so that they can improve the quality of employees. The leader or employer is expected to be able to develop supervision and direction in the hospital. Thus, the task of a person can be done well in accordance with the responsibilities in his department. The most important thing must be done by the supervisor is through the support on the completeness of the facilities in the service. Even though health workers know what to do in service, they cannot optimally perform services due to lack of material completeness for example infrastructure (Guzzo and Gannett, 1988).

Robbin (2002), explains that subordinate and supervisor relationships and relations between employees are important elements in the organization. This relationship is related to communication and understanding between individual aspects and performance in achieving effective and efficient organizational goals. Thus, the close relationship between superiors and subordinates can create a comfortable work environment.

In general, research conducted in hospitals with EMAS programs and Non-EMAS hospitals on leadership factors had the lowest average value compared to other factors, while for the highest average scores on behavior factors in hospitals with EMAS programs. Based on the results that have been explained, there are significant differences in attitude factors, these factors can arise from the work environment and health workers themselves. In this case, the workforce has a performance target in working for the profession that is undertaken. A good, good personal performance, a good team greatly influences the success of an agency's program.

The results of the research analysis revealed that attitude factors had significant differences, while the other 4 factors did not have differences. According to Gibson's theory, attitude is the main factor forming behavior that is directly related to perception, personality and motivation. It can be concluded that attitude is a level of individual preparedness in terms of mental, ability from experience and from how to respond to others.

Based on attitudinal factors at EMAS hospital, it is known that statement number 3 regarding referral measures taken must be through the consent of the patient or family of the patient. The statement is the highest score. According to Gibson's theory (2006), the attitude of all positive or negative expressions is based on the experience of a respondent to another person or object. The theory is related to the results of research that individual attitudes have different work environments and different programs show different attitudes. In addition, attitude factors are also influenced by the experience or educational background of a respondent. The results of this study are in line with the research conducted by Darendeh (2013), concluding that salary, leadership, and attitude are very influential on employee performance.

Whereas for the lowest score in EMAS hospital there is a behavior factor statement number 9 regarding respondents who always check the data of patients who are unable to get social security. The positive attitude given has a positive effect on the performance of an organization or program. Gibson's theory also shows that there is a relationship between attitude and performance. This research is in accordance with the research of Ulug and Gibson's theory, with a good attitude and responsibility for work can create a good work environment so that it can improve the performance of each individual who carries out his work.

In the attitude factor in non-EMAS hospitals, the most score for number 1 statement regarding actions taken with responsibility can improve the quality of emergency services. While the lowest score is number 8 regarding the procedure of giving opinion. This shows that a person's attitude is formed from several things, from the responsibilities, experiences, knowledge or knowledge and norms that individuals have. According to Gibson's theory of attitudes that can be formed from experience in which the experience in question can affect an individual's response.

Atkinson in Azwar in 1994 stated that attitude is a predisposing evaluation that determines how individuals act, but attitudes and actions are often different. Real action is not only determined by one's attitude but other external factors. Different attitudes with behavior, behavior can not reflect a person's attitude because someone shows an opposite action to his attitude (Kholid, 2012).

In terms of infrastructure facilities at EMAS Hospital, the lowest value is in statement number 4 regarding tools and equipment for obstetric emergency management to be always in a ready-to-use condition. These results indicate that the low value of equipment readiness in emergency cases becomes a very important problem. The results of this study are in line with the research conducted by Harlen, et al (2013), that the variables of facilities and infrastructure affect the performance of early detection of high-risk pregnant women in antenatal care because generally it is a supporting tool for success; if it is not available, then all activities carried out will not be able to achieve the expected results. Like a midwife in carrying out her duties, in accordance with Permenkes RI No. 572/MenKes/VI/1996, must be equipped with supporting infrastructure so that the midwife --in the work-- has manual that must be guided and implemented.

According to Gibson's theory, the availability of facilities and infrastructure influences individual performance. The availability of service facilities as one of the supporting factors that must not be forgotten, facilities or equipment in service tasks, namely all types of equipment, work equipment and other facilities which function as the main tool or assistant in the execution of work.

In Ritonga's research (2007) conducted at the Tengku Mansyur Tanjungbalai General Hospital, in his research it was known that the administration and emergency services (ER) management were not in accordance with the number and criteria of health workers. Facilities that do not meet the requirements, insufficient funds to fulfill services, and staff development in education programs are lacking, the number and criteria are not appropriate, and the quality control has never been implemented.

Ernawati (2012) said that non-optimal performance in government hospital MCH services was influenced by low hospital characteristics and incomplete human resources. If the hospital has been fully accredited, then performance improvements can be made. Factors affecting a

program are reliable management, competent human resources, and complete infrastructure.

In the research conducted by Gunarningsih (2006), the results showed that the factors which influence the implementation of the PONEK Program are knowledge, years of service, leadership, rewards, policies, and attitudes. Skill management training for PONEK officers can improve knowledge and experience. This is in line with the results of a preliminary study, conducted at the hospital with the EMAS program, that health workers are greatly assisted in improving their knowledge and skills so they can overcome problems in the work case. With the EMAS program, all health workers can be helped in terms of the system, the completeness of infrastructure, and increasing knowledge in the implementation of services.

According to research conducted by Trisnantoro, et al (2013), there are still problems and challenges faced by local health centers and hospitals in supporting the process of maternal referral, for example infrastructure. The ability of hospitals, that are still preparing themselves as PONEK hospitals, is an important problem, even though the service has been done for 24 hours. Then the lack of cooperation, coordination, and communication, between hospitals, public health center, and district health offices, add obstacles to the referral system. Incomplete recording, SOPs, weak systems, add problems in referrals.

The EMAS program can improve the ability of individuals in direction and supervision; provide guidance, guidance to health workers, and the completeness of infrastructure, so that teamwork increases and the dissemination of information about the program can be widespread. Good referrals become a benchmark for the performance of maternal health care programs in hospitals and in health centers.

Research conducted by Kaligis in 2016, explained that RSUP Prof. DR.D Kandou has implemented the PONEK program with good results. It is proven by the activities of the PONEK program that has been implemented in order to reduce MMR and IMR, to obtain results in the IMD program in 2014, reaching 7% of the total spontaneous births of 1926 birth, and increased by 51% of the total spontaneous births of 561 births in 2015. The data proves that the PONEK program held by the government provides benefits in service and makes the human resource management system more reliable.

The performance of a good health care program can provide quality services and perform good integrity so that the service program can succeed well. According to research by Jongh et al (2016), the services provided, the design of the health system and the integration process of the socio-political context are considered because they involve all management so that the benefits of integrated antenatal services can be realized. The quality of maternal and child health services is influenced by gaps in factors in health services.

3 CONCLUSION

Based on the results and discussion of 2 hospitals, namely hospitals with EMAS programs and non-EMAS hospitals, it can be concluded that the performance of hospitals with the EMAS program compared to non-EMAS hospitals has a difference in attitude factors.

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