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The Effects of Competence and Hardiness on Midwife Performance in the Maternity Ward of Dr. Slamet Garut Regional Hospital

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ABSTRACT: Midwife performance plays a crucial role in ensuring safe, responsive, and high-quality maternity services. This study examined the effects of competence and hardiness on midwife performance in the Maternity Ward of Dr. Slamet Garut Regional Hospital. A quantitative descriptive-verificative design was employed involving all 70 maternity ward employees through a saturated sampling technique. Data were collected using structured Likert-scale questionnaires and analyzed using descriptive statistics, multiple linear regression, t-tests, F-tests, and the coefficient of determination. Competence was measured through motives, traits, self-concept, knowledge, and skills, whereas hardiness was assessed based on commitment, control, and challenge. Midwife performance was evaluated using work quantity, work quality, and efficiency and timeliness. The findings revealed that competence (89.62%), hardiness (89.76%), and midwife performance (85.57%) were all categorized as very good. Regression analysis demonstrated that both competence and hardiness had positive and significant partial effects on midwife performance, with hardiness showing a stronger standardized effect than competence. Simultaneously, both variables significantly influenced performance, explaining 53.6% of its variance (Adjusted $R^2 = 0.536$). These findings emphasize that strengthening psychological hardiness alongside professional competence is essential for improving midwife performance in demanding maternity healthcare environments.

KEYWORDS: competence, hardiness, midwife performance, maternity ward, hospital human resource management, psychological resilience

I. INTRODUCTION

Healthcare systems worldwide are expected to provide safe, accessible, and high-quality maternal healthcare services while ensuring the well-being and performance of healthcare professionals. As frontline healthcare providers, midwives play a vital role in safeguarding maternal and neonatal health through comprehensive care during pregnancy, childbirth, and the postpartum period. Consequently, improving midwife performance has become a strategic priority for hospitals because it directly influences service quality, patient safety, and healthcare outcomes. Effective human resource management is therefore essential to ensure that healthcare professionals perform according to professional standards and organizational objectives (Zebua, 2021; Taufik & Warsono, 2020).

The maternity ward represents one of the most demanding clinical environments within a hospital. Midwives are required to make rapid clinical decisions, perform complex obstetric procedures, communicate effectively with multidisciplinary teams, and provide continuous emotional support to mothers and their families. These responsibilities require not only professional competence but also the psychological capacity to cope with high workloads, stressful situations, and unpredictable clinical conditions. Therefore, both technical capability and personal resilience are fundamental determinants of sustainable performance in maternity services (World Health Organization, 2015; Peraturan Pemerintah No. 28 Tahun 2024).

Competence has long been recognized as a key determinant of employee performance because it encompasses the knowledge, skills, motives, traits, and self-concept required to perform professional responsibilities effectively (Rosmaini & Tanjung, 2019; Karim, 2020). In healthcare organizations, competent professionals are more likely to provide accurate clinical services, comply with professional standards, and contribute to improved organizational performance. Previous studies have consistently reported a positive relationship between competence and employee performance across hospital settings (Rusvitawati et al., 2019; Azizah et al., 2022; Laksana & Mayasari, 2021).

Beyond technical competence, healthcare professionals increasingly require psychological resilience to perform effectively under demanding working conditions. Hardiness, characterized by commitment, control, and challenge, enables individuals to perceive stressful situations as opportunities for growth rather than threats (Vagni et al., 2020; Arsyad & Sulistiyana, 2021). In maternity services, where midwives

frequently encounter emergency cases, emotional demands, and heavy workloads, hardiness may help maintain motivation, reduce the negative impact of occupational stress, and support consistent professional performance. Previous studies have also suggested that hardiness contributes positively to employee performance by strengthening resilience and adaptive coping mechanisms (Marisa & Utami, 2021; Ernita et al., 2022; Ullah & Budiani, 2023).

Although previous studies have demonstrated the importance of competence and hardiness, empirical evidence examining their combined influence on midwife performance in specialized maternity services remains limited, particularly in Indonesian public hospitals. Most existing studies have investigated healthcare employees in general or focused on nurses rather than midwives, leaving a gap in understanding how professional competence and psychological resilience jointly influence performance within maternity wards.

Dr. Slamet Garut Regional Hospital provides comprehensive maternity services for the Garut Regency and serves patients with diverse clinical conditions requiring timely, accurate, and coordinated obstetric care. Preliminary observations reported in this study identified several operational challenges, including increasing workloads, limited human resources, demanding clinical cases, and work-related psychological pressure. These conditions highlight the importance of strengthening both competence and hardiness to maintain high levels of midwife performance.

Therefore, this study aims to analyze the levels of competence, hardiness, and midwife performance among healthcare professionals in the Maternity Ward of Dr. Slamet Garut Regional Hospital. Furthermore, this study examines the partial and simultaneous effects of competence and hardiness on midwife performance. The findings are expected to contribute to the development of hospital human resource management strategies by providing empirical evidence on the importance of integrating professional competency development with psychological resilience enhancement to improve performance in specialized maternity services.

II. LITERATURE REVIEW

A. Competence

Competence is widely recognized as one of the primary determinants of employee performance because it reflects an individual's ability to perform assigned tasks effectively in accordance with organizational standards. In healthcare organizations, competence is particularly important because the quality of healthcare services depends on the knowledge, technical skills, professional attitudes, and decision-making abilities of healthcare professionals. Midwives are expected to integrate clinical expertise, ethical responsibility, communication skills, and professional judgment to provide safe and effective maternal healthcare services.

Competence encompasses a combination of knowledge, skills, motives, traits, and self-concept that enable individuals to perform their professional responsibilities successfully (Rosmaini & Tanjung, 2019). According to Karim (2020), competence represents an essential organizational resource because it directly influences employees' ability to achieve performance targets and adapt to changing workplace demands. In this study, competence is measured using five dimensions: motives, traits, self-concept, knowledge, and skills.

In maternity services, competent midwives are better prepared to manage obstetric procedures, provide accurate clinical interventions, communicate effectively with patients and multidisciplinary teams, and comply with professional standards. Previous empirical studies have consistently reported that competence has a positive influence on employee performance in healthcare organizations (Rusvitawati et al., 2019; Laksana & Mayasari, 2021; Azizah et al., 2022).

B. Hardiness

Hardiness is a psychological characteristic that enables individuals to remain resilient and perform effectively under stressful working conditions. In healthcare environments, where professionals frequently encounter emergency situations, emotional demands, and heavy workloads, hardiness contributes to employees' ability to maintain psychological stability and work effectiveness.

According to Vagni et al. (2020), hardiness consists of three interrelated dimensions: commitment, control, and challenge. Commitment reflects an individual's willingness to remain actively involved in work responsibilities. Control represents the belief that personal actions can influence work outcomes despite difficult circumstances. Challenge reflects the tendency to perceive change and adversity as opportunities for learning and professional growth rather than as threats.

For midwives working in maternity wards, hardiness is particularly relevant because they routinely manage high-risk pregnancies, childbirth emergencies, and emotionally demanding situations. Individuals with higher levels of hardiness are generally more capable of adapting to occupational stress, maintaining work motivation, and delivering consistent healthcare services. Previous studies have shown that hardiness contributes positively to employee performance and reduces the negative effects of occupational stress and burnout (Marisa & Utami, 2021; Ullah & Budiani, 2023). Furthermore, Ernita et al. (2022) reported that hardiness strengthens service performance mechanisms by enhancing employees' resilience in demanding work environments.

C. Midwife Performance

Performance refers to the level of achievement attained by employees in carrying out duties and responsibilities

according to organizational objectives. In healthcare organizations, midwife performance reflects the effectiveness with which midwives provide safe, timely, accurate, and patient-centered maternity services while complying with professional standards.

According to Syam et al. (2023), employee performance can be evaluated through the quantity and quality of work produced as well as the efficiency with which assigned tasks are completed. Similarly, Farida et al. (2023) emphasize that employee performance should be assessed based on productivity, service quality, and timely completion of responsibilities.

In this study, midwife performance is measured using three dimensions: work quantity, work quality, and efficiency and timeliness. These dimensions reflect the ability of midwives to complete clinical duties according to established standards while maintaining service quality and operational efficiency.

Improving midwife performance requires not only continuous competency development but also psychological resilience that enables healthcare professionals to maintain consistent performance despite demanding work conditions. Therefore, competence and hardiness are expected to function as complementary factors influencing professional performance within maternity services.

D. Conceptual Framework

Human resource management emphasizes that organizational performance is strongly influenced by the quality of its human resources. Within hospital settings, competence equips healthcare professionals with the knowledge, skills, and professional capabilities necessary to perform clinical duties effectively. Meanwhile, hardiness enables employees to maintain psychological resilience, adapt to workplace pressures, and sustain high levels of performance under demanding conditions.

Based on the theoretical review and previous empirical findings, competence and hardiness are expected to have positive effects on midwife performance both individually and simultaneously. The conceptual relationships among these variables are illustrated in

E. Research Hypotheses

Based on the theoretical review and conceptual framework, the following hypotheses are proposed:

H1: Competence has a positive and significant effect on midwife performance in the Maternity Ward of Dr. Slamet Garut Regional Hospital.

H2: Hardiness has a positive and significant effect on midwife performance in the Maternity Ward of Dr. Slamet Garut Regional Hospital.

H3: Competence and hardiness simultaneously have a positive and significant effect on midwife performance in the Maternity Ward of Dr. Slamet Garut Regional Hospital.

III.RESEARCH METHODS

A. Research Design

This study employed a quantitative research approach using a descriptive-verificative design. The descriptive approach was applied to describe the existing conditions of competence, hardiness, and midwife performance in the Maternity Ward of Dr. Slamet Garut Regional Hospital. Meanwhile, the verificative approach was used to examine the causal relationships between competence and hardiness as independent variables and midwife performance as the dependent variable through statistical hypothesis testing. This research design follows the positivist paradigm, which emphasizes objective measurement and empirical verification using quantitative data (Sugiyono, 2020; Arikunto, 2015).

B. Research Setting and Participants

The study was conducted in the Maternity Ward of Dr. Slamet Garut Regional Hospital, Indonesia. This unit provides comprehensive maternal healthcare services, including antenatal, intrapartum, and postpartum care, requiring healthcare professionals to perform under demanding clinical conditions. The study population consisted of all employees assigned to the Maternity Ward. Since the total population comprised 70 employees, a saturated sampling (total sampling) technique was employed, whereby all members of the population participated as research respondents.

The inclusion criteria included employees who had worked in the Maternity Ward for at least one year and were willing to participate in the study. Employees who were on leave, had less than one year of service, or declined participation were excluded from the study.

C. Research Variables and Measurement

This study examined one dependent variable and two independent variables. The independent variables consisted of competence (X_1) and hardiness (X_2), while the dependent variable was midwife performance (Y). Competence was measured using five dimensions consisting of motive, traits, self-concept, knowledge, and skills (Karim, 2020; Rilda et al., 2022). Hardiness was measured using three dimensions: commitment, control, and challenge, following the hardiness framework proposed by Vagni et al. (2020). Midwife performance was assessed using three dimensions: work quantity, work quality, and efficiency and timeliness, adapted from the employee performance indicators described by Farida et al. (2023). The operational definitions of the research variables are presented in Table 1.

Table 1. Operationalization of Research Variables

Variable	Dimensions	Number of Items	Scale
Competence (X1)	Motive, traits, self-concept, knowledge, skills	12	Likert 1-5

Hardiness (X2)	Commitment, control, challenge	6	Likert 1-5
Midwife performance (Y)	Quantity, quality, efficiency and timeliness	6	Likert 1-5

D. Data Collection

Primary data were collected using a structured questionnaire based on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire consisted of: 12 items measuring competence; 6 items measuring hardiness; and 6 items measuring midwife performance. Secondary data were obtained from institutional documents, government regulations, and relevant scientific literature to support the theoretical framework and interpretation of the research findings.

E. Instrument Validity and Reliability

The validity of the research instrument was evaluated using the Pearson Product-Moment correlation method. Based on a sample of 70 respondents, the critical r-table value was 0.235. All questionnaire items produced correlation coefficients greater than the critical value and significance levels below 0.05, indicating that every measurement item was valid. Instrument reliability was assessed using Cronbach's Alpha. The competence instrument achieved a reliability coefficient of 0.945, the hardiness instrument 0.874, and the midwife performance instrument 0.921. Since all coefficients exceeded the recommended threshold of 0.70, the instruments demonstrated satisfactory internal consistency and were considered reliable for further statistical analysis.

F. Data Analysis

Data analysis consisted of descriptive and inferential statistical procedures. Descriptive statistics were used to evaluate respondents' perceptions regarding competence, hardiness, and midwife performance using percentage score interpretation. Inferential analysis was conducted using multiple linear regression to examine the effects of competence and hardiness on midwife performance. Prior to regression analysis, several classical assumption tests were performed, including the Kolmogorov-Smirnov normality test, multicollinearity assessment using tolerance and Variance Inflation Factor (VIF), and heteroscedasticity assessment using scatterplot analysis.

Hypothesis testing was performed using the t-test to evaluate the partial effects of competence and hardiness, while the F-test was employed to assess their simultaneous effect on midwife performance at a significance level of 5% ($\alpha = 0.05$). Furthermore, the coefficient of determination (Adjusted R^2) was calculated to determine the proportion of variance in midwife performance explained by the proposed regression model.

IV. RESULTS AND DISCUSSION

A. Respondent Characteristics

A total of 70 employees from the Maternity Ward of Dr. Slamet Garut Regional Hospital participated in this study. All respondents were female (100%), reflecting the gender composition commonly found in maternity healthcare services. The largest age group was 30–39 years (52.86%), followed by 40–49 years (38.57%), indicating that most respondents were in their productive working years with considerable professional experience. Regarding educational background, 50.00% of respondents held a bachelor's degree, 48.57% held a diploma qualification, and one respondent (1.43%) had completed a master's degree. This educational profile indicates that the maternity ward is staffed by healthcare professionals with adequate academic qualifications to support maternal healthcare services. The respondent characteristics are summarized in Table2.

Table 2. Respondent Profile

Profile	Category	Frequency	Percentage
Gender	Female	70	100.00%
Age category	20-<30 years	4	5.71%
Age category	30-<40 years	37	52.86%
Age category	40-<50 years	27	38.57%
Age category	>50 years	2	2.86%
Education	Diploma	34	48.57%
Education	Bachelor/S1	35	50.00%
Education	Master/S2	1	1.43%

B. Descriptive Analysis

1. Competence

The descriptive analysis showed that competence achieved an overall percentage score of 89.62%, which falls within the very good category. Among the five competence dimensions, motive recorded the highest score (92.19%), followed by skills (90.29%), traits (90.14%), and self-concept (90.14%). The knowledge dimension obtained the lowest percentage (85.90%), although it remained within the very good category. These findings indicate that respondents possess strong professional motivation, confidence, and practical clinical skills. Nevertheless, the relatively lower score for knowledge suggests that continuous education and updating of clinical knowledge remain important priorities for maintaining professional competence in maternity services. The descriptive results are presented in Table 3.

Table 3. Descriptive Results for Competence

Dimension	Actual Score	Maximum Score	Percentage	Category
Motive	968	1,050	92.19%	Very good
Traits	631	700	90.14%	Very good
Self-concept	631	700	90.14%	Very good
Knowledge	902	1,050	85.90%	Very good
Skills	632	700	90.29%	Very good
Competence (X1)	3,764	4,200	89.62%	Very good

2. Hardiness

The overall hardiness score reached 89.76%, which was categorized as very good. Among its dimensions, control achieved the highest score (90.00%), followed by commitment (89.86%) and challenge (89.43%). These findings indicate that respondents generally possess strong psychological resilience, enabling them to remain committed to their professional responsibilities, maintain confidence in managing demanding situations, and perceive workplace challenges as opportunities for learning and professional development. The detailed results are shown in Table 4.

Table 4. Descriptive Assessment of Hardiness

Dimension	Actual Score	Maximum Score	Percentage	Category
Commitment	629	700	89.86%	Very good
Control	630	700	90.00%	Very good
Challenge	626	700	89.43%	Very good
Hardiness (X2)	1,885	2,100	89.76%	Very good

3. Midwife Performance

Midwife performance achieved an overall percentage score of 85.57%, which was categorized as very good. The highest score was observed in the work quantity dimension (86.14%), followed by work quality (85.57%) and efficiency and timeliness (85.00%). Although overall performance was evaluated as very good, the comparatively lower score for efficiency and timeliness indicates opportunities for improving workflow management, time utilization, and service coordination within the maternity ward. The descriptive findings are summarized in Table 5.

Table 5. Descriptive Assessment of Midwife Performance

Dimension	Actual Score	Maximum Score	Percentage	Category
Quantity	603	700	86.14%	Very good
Quality	599	700	85.57%	Very good
Efficiency and timeliness	595	700	85.00%	Very good
Midwife performance (Y)	1,797	2,100	85.57%	Very good

C. Classical Asumption Tests

Prior to hypothesis testing, several classical assumption tests were conducted to ensure the suitability of the regression model. The Kolmogorov–Smirnov test produced an Asymp. Sig. value of 0.055, indicating that the residuals followed a normal distribution because the significance value exceeded the threshold of 0.05. The multicollinearity assessment showed tolerance values of 0.370 and Variance Inflation Factor (VIF) values of 2.701 for both independent variables. These results indicate that multicollinearity was not present.

Furthermore, the scatterplot analysis demonstrated that the residuals were randomly distributed without any discernible pattern, confirming the absence of heteroscedasticity. Overall, these findings indicate that the regression model satisfied the required statistical assumptions and was therefore appropriate for further hypothesis testing.

D. Multiple Regression Analysis

Multiple linear regression analysis was employed to examine the effects of competence and hardiness on midwife performance. The regression equation obtained from the analysis was:

$$Y = 4.358 + 0.179X1 + 0.434X2$$

The regression coefficient for competence (0.179) indicates that an increase in competence contributes positively to midwife performance while holding hardiness constant. Similarly, the regression coefficient for hardiness (0.434) demonstrates that higher psychological resilience contributes positively to performance while controlling for competence. The regression coefficients are presented in Table 6.

Table 6. Multiple Linear Regression Results

Variable	B	Std. Error	Beta	t	Sig.	Decision
Constant	4.358	2.376	-	1.834	0.071	-
Competence (X1)	0.179	0.069	0.349	2.586	0.012	Sig. (+)
Hardiness (X2)	0.434	0.135	0.433	3.213	0.002	Sig. (+)

E. Hypothesis Testing

1. Effect of Competence on Midwife Performance

The t-test demonstrated that competence had a positive and significant effect on midwife performance (t = 2.586; p = 0.012). Since the calculated t-value exceeded the critical value (2.586 > 1.666) and the significance level was below 0.05, Hypothesis 1 was accepted. These findings indicate that improvements in professional competence significantly contribute to better performance among midwives working in maternity services.

2. Effect of Hardiness on Midwife Performance

The t-test also confirmed that hardiness had a positive and significant effect on midwife performance (t = 3.213; p = 0.002). Therefore, Hypothesis 2 was accepted. Importantly, the standardized regression coefficient (β = 0.433) was higher than that of competence (β = 0.349), suggesting that hardiness exerted a stronger influence on midwife performance.

3. Simultaneous Effect of Competence and Hardiness

The F-test produced an F-value of 40.785 with a significance value of 0.000, indicating that competence and hardiness jointly had a positive and significant effect on midwife performance. The Adjusted R^2 value of 0.536 indicates that 53.6% of the variation in midwife performance was explained by competence and hardiness, while the remaining 46.4% was attributable to other organizational and individual factors not included in the regression model.

Table 7. Model Fit and Explanatory Power

Indicator	Value	Interpretation
F-test	40.785; Sig. = 0.000	Competence and hardiness are simultaneously significant predictors of midwife performance
R	0.741	Strong relationship between predictors and performance
R-square	0.549	54.9% of performance variance is explained by the model
Adjusted R-square	0.536	53.6% of performance variance is explained after adjustment

F. Discussion

The findings demonstrate that both competence and hardiness significantly contribute to improving midwife performance in the Maternity Ward of Dr. Slamet Garut Regional Hospital. Competence provides the professional knowledge, technical skills, and behavioral characteristics necessary to deliver high-quality maternal healthcare services. Midwives with higher competence are more capable of performing clinical procedures accurately, making appropriate decisions, and maintaining professional standards. These findings are consistent with previous studies by Rosmaini and Tanjung (2019), Rusvitawati et al. (2019), and Laksana and Mayasari (2021), which reported that competence is an important determinant of employee performance in healthcare organizations.

A particularly noteworthy finding is that hardiness demonstrated a stronger influence on midwife performance than competence, as reflected by its higher standardized regression coefficient (β = 0.433 compared with β = 0.349). This suggests that psychological resilience plays a particularly important role in maternity healthcare services, where professionals are frequently exposed to emergency situations, emotional demands, and high workloads. Midwives who possess stronger hardiness are more likely to remain committed to their responsibilities, maintain emotional stability, and respond effectively to challenging clinical situations. These findings support previous studies by Vagni et al. (2020), Marisa and Utami (2021), Ernita et al. (2022), and Ullah and Budiani (2023), which emphasize the importance of hardiness in maintaining employee well-being and performance under stressful working conditions.

Although all three variables were categorized as very good, descriptive analysis identified knowledge as the lowest dimension of competence and efficiency and timeliness as the lowest dimension of performance. These findings suggest that hospital management should continue strengthening professional development through regular clinical training, evidence-based knowledge updating, mentoring, and competency evaluation. At the same time, resilience-building initiatives such as stress management programs, supportive leadership, peer support, and employee well-being interventions should be integrated into hospital human resource management practices to sustain high levels of performance.

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