

## STRENGTHENING OF MIDWIFERY PROFESSIONALISM THROUGH PEER TUTORS AT PUSKESMAS KARTASURA

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### ABSTRACT

*The purpose of this study was to describe the strengthening of midwifery professionalism through peer tutors at the Kartasura Health Center. This type of research is descriptive qualitative research, the research subjects are all midwives at the Kartasura Health Center, the research objects are professionalism and peer tutoring. Data collection methods: observation, interviews and documentation. Data validity was carried out by source and method triangulation. Data analysis techniques using interactive analysis techniques consist of three steps; data reduction, data display, and data verification. Research result; Based on field observations, it was found that the professionalism of midwives in treating patients was not optimal, this was indicated by their doubtful attitude, lack of confidence, lack of fast and precise actions, unable to make patients calm and comfortable, and when assisting the delivery process, their actions lacked confidence. The results of interviews with midwives obtained information; that in general midwives lack confidence, midwives have not yet obtained a professional title, midwives are less capable of performing humane actions, midwives feel that their patients are difficult to manage, midwives feel that facilities and infrastructure are limited. In conclusion, due to the still weak professionalism of midwives, it is necessary to strengthen it through peer-to-peer speeches, both theoretically and practically.*

Keywords: professionalism and peer tutors

### INTRODUCTION

Pregnancy is something naturally experienced by all women. Pregnancy always interacts with traditional birth attendants, midwives, obstetricians. The presence of traditional birth attendants in the past played a very important role in assisting the delivery process, even though the risk was quite large because traditional birth attendants lacked medical knowledge as well as knowledge of reproductive health and maternal and child health. Before midwives arrived, dukun babies were selling well because they were the only ones who could help with the delivery process, even though the risks were quite large, for example; bleeding, birth failure, mother dies and her baby dies and so on.

In line with the turning of time, people began to leave the dukun and began to use the services of midwives in assisting the delivery process. Midwives are safer because midwives have knowledge, experience and skills in assisting deliveries. However, there are also deliveries assisted by midwives who experience problems resulting in failure to assist in the delivery process. The existence of such a phenomenon must be sought for the root of the problem and then look for the best solution.

The focus of this research is to strengthen the midwifery profession through peer tutoring. The main problem in this research is how to strengthen the professionalism of midwives through peer tutors. The aim of this research is to describe the strengthening of midwifery professionalism through peer tutoring.

### THEORY STUDY

Everyone has the right to obtain health services so that they can live in physical and spiritual prosperity, so that they are able to develop society, nation and state as mandated in the 1945 Constitution of the Republic of Indonesia; that health services to the community, especially women, infants and children, are carried out by midwives in a responsible and accountable manner. quality, safe, and sustainable, are still faced with professionalism, competence, and authority constraints.

Regulations regarding health services by midwives and recognition of the profession and practice of midwifery have not been regulated as comprehensively as other health professions, so that midwives have not provided protection and legal certainty in carrying out health services to the community; d. that based on the considerations as

The term professionalism refers to earning a living by carrying out activities that require a certain level of skill, education or training. Generally, there will be standards of competence, education or knowledge that must be demonstrated while adhering to a code of ethics and ethical standards. Meanwhile, Eko M, 2019, defines professionalism as a person's behavior when working. Professionalism is also defined as the behavior of many types of behavior and attitudes of a person in a business or work environment. According to Pramudji: Professionalism is a certain type of work occupied by several people with certain abilities. According to Kortjen and Alfonso: professionalism is a match between the capabilities of the bureaucracy and the needs of the task. According to Longman: Professionalism is behavior, skill or quality as well as someone who is professional.

Based on the opinions above, it can be explained that professionalism has the following characteristics: 1. Having a Neat Appearance, 2. Confident But Not Arrogant, 3. Doing What Has Been Said, 4. Being an Expert in the Field You Study, 5. Behaving Morally and Ethically and 6. Being Responsible for Mistakes. C.V Good explains that this type of professional work has certain characteristics, namely: it requires special preparation or education for the perpetrator (requires relevant pre-service education), his skills meet the requirements that have been standardized by the authorities (for example: professional organizations, consortia, and the government), and the position received recognition from the community and the country. The profession has its own characteristics that distinguish it from other jobs. In detail the characteristics of professional positions are as follows: 1. Skills based on theoretical knowledge: Professionals are assumed to have extensive theoretical knowledge and have skills based on this knowledge and can be applied in practice. 2. Professional associations: Professions usually have bodies organized by their

members, which are intended to enhance the status of their members. These professional organizations usually have special requirements to become members. 3. Extensive education: Prestigious professions usually require a long course of higher education. 4. Competency exam: Before entering a professional organization, there is usually a requirement to pass a test which tests primarily theoretical knowledge. 5. Institutional training: Apart from examinations, it is also usually required to undertake institutional training where the prospective professional gains practical experience before becoming a full-fledged member of an organisation. Improvement of skills through professional development is also required. 6. Licensing: The profession establishes registration requirements and a certification process so that only those with a license can be considered trustworthy. 7. Work autonomy: Professionals tend to control their work and theoretical knowledge to avoid outside intervention. 8. Code of ethics: Professional organizations usually have a code of ethics for their members and disciplinary procedures for those who break the rules. 9. Self-regulation: Professional organizations must be able to organize their own organizations without government interference. Professionals are managed by those who are more senior, respected practitioners, or those with the most high qualifications. and 10. Public service and altruism: Income earned from professional work can be maintained as long as it is related to public needs, such as medical services contributing to public health.

Furthermore, in the context of midwifery and midwives, several meanings can be given as follows: According to the law of the Republic of Indonesia number 4 of 2019 concerning midwifery, it is explained that midwifery is everything related to midwives in providing midwifery services to women during pre-pregnancy, pregnancy, childbirth, postpartum, newborns, infants, toddlers, and preschool children, including women's reproductive health and family planning in accordance with their duties and authorities, while a midwife is a woman who has completed an education program

Midwifery both domestically and abroad which is legally recognized by the Central Government and has fulfilled the requirements to practice Midwifery. According to the World Health Organization (WHO), a midwife is someone who has been recognized regularly in a midwifery education program as legally recognized, where he is placed and has completed midwifery education and has obtained qualifications and registered, legalized and obtained permission to practice midwifery. According to the 2016 Indonesian Midwives Association (IBI), a midwife is a woman who has graduated from midwifery education recognized by the government and professional organizations in the territory of the Republic of Indonesia and has the competence and qualifications to be registered, certified, and legally licensed to practice midwifery. According to Permenkes number 28 in 2017, a midwife is a woman who has graduated from midwifery education who has been registered in accordance with statutory provisions. The midwife's role is as executor (independent task, collaboration task, dependency/referral task). Based on the opinions above, the characteristics of midwives can be explained including: Prepared through formal education; In carrying out their duties midwives have a tool called Midwifery Service Standards; Midwives have clear knowledge groups in carrying out their profession; Have the authority to carry out the practice (Permenkes no.1464 of 2010); and Providing safe and satisfying services in accordance with the needs of the community and having a professional forum, namely the Indonesian Midwives Association. Departing from the above conception of professionalism and midwives, it can be concluded that the professionalism of midwives is the basis for the social contract between the midwifery profession and society so that professionalism is a very important professional behavior. Midwives as a profession have certain characteristics, namely: 1. Midwives are prepared through formal education so that graduates can carry out the work for which they are professionally responsible 2. Midwives have tools that are used as guidelines in carrying out their profession, namely midwifery service standards, a code of ethics, and midwifery ethics 3. Midwives have clear knowledge groups in carrying out their profession 4. Midwives have authority in carrying out their duties 5. Midwives provide safe and satisfying services according to community needs 6. Midwives have professional organizations 7. Midwives have special characteristics and are known and needed by the community and 8. The midwifery profession is used as a job and the main source of livelihood.

Midwives in carrying out their professionalism in independent practice are regulated by laws and regulations. Professional midwives must have fulfilled the competency test so that midwives legally have the competence of knowledge, skills and attitudes to provide midwifery services.

In relation to the professionalism of the position of a midwife, it is necessary to discuss that midwives are classified as professional positions. Positions can be viewed from two aspects, namely structural positions and functional positions. Structural positions are positions that explicitly exist and are arranged in stages within an organization, while functional positions are positions that are reviewed and valued from the aspects of their vital functions in the life of society and the state. In addition to its vital function and role in public life, functional positions are also qualitatively oriented. It is in this context that the position midwife is a functional professional position, and it is only natural that the midwife receives professional allowances.

Midwives' obligations to their profession include: 1. Every midwife must maintain a good name and uphold the image of her profession by displaying a high personality and providing quality services to the community. Every midwife must always develop themselves and improve their professional abilities in accordance with developments in science and technology. 3. Every midwife must always develop herself and improve her professional skills in accordance with developments in science and technology.

Midwives' professional behavior includes: 1. Acting according to their expertise 2. Having high morals 3. Being honest 4. Not doing trial and error 5. Not making excessive promises 6. Developing partnerships 7. Communication skills 8. Knowing your limits and 9. Advocating for mother's choice.

Based on Law no 24 of 2019 midwives have rights and obligations. Midwives' rights include: a. Midwives have the right to receive legal protection in carrying out their duties according to their profession. b. Midwives have the right to work according to professional standards at every level/level of health services. c. Midwives have the right to refuse the wishes of patients or clients and families that are contrary to laws and regulations and the professional code of ethics. d. Midwives have the right to privacy/independence and demand that their reputation be defamed. e. Midwives are entitled to the opportunity to increase their career paths and appropriate positions, both through education and training. f. Midwives are entitled to the opportunity to move up the career ladder and appropriate positions. g. Midwives are entitled to appropriate compensation and welfare, while the midwife's obligations include: a. Midwives must comply with hospital regulations in accordance with the legal relationship between the midwife and the maternity hospital and the service facility where she works. b. Midwives are required to provide midwifery care services according to professional standards by respecting patient rights. c. Midwives are required to refer patients with complications to doctors who have the ability and expertise according to the patient's needs. d. Midwives are obliged to provide

opportunities for patients to be accompanied by their husbands or family. e. Midwives are obliged to provide opportunities for patients to undergo worship according to their beliefs. f. Midwives are obliged to keep everything they know about a patient confidential. g. Midwives are required to provide accurate information about the actions to be performed and the risks that may arise. h. Midwives must ask for written consent (informed consent) for the action to be performed. i. Midwives are required to document the midwifery care provided. j. Midwives are required to follow the development of science and technology and add to their knowledge through formal or non-formal education. k. Midwives are required to cooperate with other professions and related parties on a reciprocal basis in providing midwifery care.

Although normatively the existence of the midwifery profession already exists, in reality various problems are found in the field, for example: unprofessionalization of midwives in carrying out their duties, failure to assist in the delivery process, bleeding, death of both the mother and the baby being born. The existence of these various phenomena must be addressed, meaning that the root of the problem must be sought so that midwives can minimize problems in carrying out their main duties. That's why it is very obligatory for a midwife to always improve self-quality

Improving the quality of midwives can be done through: attending a higher level of formal education, attending training, attending symposiums, attending seminars and carrying out peer tutoring. According to Benny. A (2011: 44), expressed the opinion that the peer tutoring method can be interpreted as presenting information, concepts and principles that involve the active participation of participants in sharing. Mulyadi (2010: 85) argues that peer tutors are a midwife who is selected and assigned by a group of midwives to help explain the problems faced by other midwives in carrying out their main duties. Ridwan, (2016: 198), the notion of peer tutoring or peer tutoring is a method of sharing with the help of another midwife who is competent in this case mastering material to share with midwives who have problems carrying out their main tasks.

The requirements for a peer tutor/peer tutor are: the person concerned has better knowledge, experience and skills, has a caring character, has the ability to convey to others using the learning by doing method, is willing and able to respect the opinions of others, is polite and ethical.

## METHOD

This type of research is a qualitative descriptive research. According to Sugiyono, 2017, descriptive qualitative research, descriptive is a problem formulation that guides research to explore or photograph social situations that will be thoroughly, broadly and in-depth researched. Meanwhile, according to John W. Creswell in the book Research Design, qualitative research is: "Qualitative research methods are a type of method for describing, exploring and understanding the meanings that a number of individuals or groups of people ascribe to social or humanitarian issues. According to his book, Sukmadinata (2006) explains that research using descriptive method is a research characteristic that specifically reveals various social and natural phenomena that exist in people's lives.

Based on some of the opinions above, it can be explained that qualitative descriptive research has the following characteristics: 1. The formulated problem must be appropriate, 2. Research objectives should not be too broad, 3. Data are facts, 4. Comparator must have validation, 5. Research place and time are clear, and 6. Research results are explained in detail.

Meanwhile, Chreswell emphasized that the characteristics of this research method include: 1. Describing Variables, 2. There is a Causal Relationship, 3. Research Results Presented According to Data, 4. Data Collected in a Specific Period and 5. Flexible Research Areas of Research Subjects are all midwives at the Kartasura Health Center, the objects of research are professionalism and peer tutors/colleagues. Data collection methods: observation, interviews and documentation. Data validity was carried out by source and method triangulation. Data analysis techniques using interactive analysis techniques consist of three steps; data reduction, data display, and data verification.

## RESEARCH RESULTS AND DISCUSSION

### 1. Research Results

Based on the results of field observations conducted from 2 – 28 February 2023 it was found that, there were 15 midwives at the Kartasura Health Center with details as in table 1 below:

Table 1 Description Midwife I PUSKESMAS Kartasura January to February 2023

No	Indicator	D3	D4	S2	S3	Already	Not yet	1-5 years	6-10 years	11-15 years	More than 15 years
1	Educational level	2	13	0	0						
2	Professional status					8	7				
3	Years of service							7	7	1	0

The results of interviews with 15 midwives obtained information as shown in table 2 below:

Table 2 Problems faced by midwives at PUSKESMAS Kartasura

No	Problem Elements	Frequency
1	Understand midwife normative rules	14 midwife
2	Understand the midwife's code of ethics	8 midwife
3	Failure to assist the birth process	2 midwife
4		8 midwife
5	The mother who gave birth died	0
6	Babies born dead	0
7	Mother and baby safe and sound	12
8	Patients are safe, comfortable and enjoy	9
9	Mental dropping	9 midwife
10	Lack of confidence and nervous	2

The results of interviews with mothers after the delivery process at PUSKESMAS Kartasura between January-February 2023, as shown in table 3 below.

Table 3 Impressions of postnatal mothers at PUSKESMAS Kartasura

No	Indicator	Impression
1	Midwife courtesy	In general, the midwives are friendly but some are less friendly
2	Midwife mentality	The midwife's mentality is very good, namely being calm in assisting the delivery process
3	Midwife confidence	Midwives feel very good about themselves, this is evidenced when they take solid actions
4	The caring attitude of midwives to patients	here are some midwives who are less communicative
5	How to deal with problems faced by patients	Less coordinated with colleagues
6	Midwife follow-up after delivery	Give good advice
7	Coordinate with other fields	Lack of coordination with other midwives

## 2. Discussion

Based on the results of the research above, an explanation can be given as follows:

1. Regarding the portrait of midwives at PUSKESMAS Kartasura, where there are still many midwives who do not have formal legal status as midwives, of course, they are very influential in carrying out their main duties as midwives, so it is very possible for problems to arise in assisting the delivery process.
2. Judging from the problems faced by midwives at PUSKESMAS Kartasura, they are very complex and varied, thus requiring collaborative, coordinative and integral handling with other midwife colleagues. In this way, suggestions and input will be obtained that can help solve problems encountered when helping carry out the delivery process.
3. Judging from the impressions of mothers who underwent childbirth at PUSKESMAS Kartasura, it can be explained that the many suggestions given by patients should indicate the need to strengthen midwifery professionalism for midwives at PUSKESMAS Kartasura. efforts for this can be done with peer tutors, so that the sharing process will be mutually open and so that it is easy to understand and implement.

Professionalism in midwifery, which contains eight competencies that must be fulfilled by midwives, namely: 1. Midwives have the required knowledge and skills from the social sciences, public health and ethics which form the basis of high quality care according to culture, for women, newborns and their families; 2. Midwives provide high quality care, culturally responsive health education and comprehensive services in the community in order to promote healthy family life, pregnancy planning and readiness for parenthood; 3. Midwives provide high quality antenatal care to optimize health during pregnancy which includes: early detection, treatment or referral of certain complications; 4. Midwives provide high quality care, are culturally responsive during labour, lead during clean and safe deliveries, handle situations certain emergencies to optimize the health of women and their newborns; 5. Midwives provide care for postpartum and lactating mothers that is of high quality and responsive to local culture; 6. Midwives provide high quality, comprehensive care for healthy newborns up to 1 month; 7. Midwives provide high quality, comprehensive care for healthy infants and toddlers (1 month – 5 years); 8. Midwives provide high quality and comprehensive care to families, groups and communities according to local culture; Carry out midwifery care for women/mothers with reproductive system disorders. (Decree of the Minister of Health of the Republic of Indonesia No. 369/MENKES/SK/III/2007)

Not only from formal education, midwives can develop midwifery services, but also from non-formal education in the form of continuous training organized by the profession. With these trainings, it is hoped that midwives can develop themselves and their abilities, so that midwives can provide quality services

Strengthening the professionalism of midwifery at PUSKESMAS Kartasura with peer tutors is very helpful in increasing the knowledge, experience and skills of midwives in providing delivery services so as to reduce the risks that endanger the mother and the baby being born.

## CONCLUSION

Based on the results of the research and discussion above, it can be concluded that strengthening midwifery professionalism at PUSKESMAS Kartasura through peer tutors really helps midwives to increase their knowledge, experience and skills in providing better delivery services.

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