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The Effect of Social Support on Performance with Work Motivation as an Intervening Variable

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Abstract

This study aims to analyze the effect of social support on midwives' performance, with work motivation as a mediating variable among midwives at community health centers in Bondowoso District. A quantitative approach was used in this study with path analysis processed using SPSS software version 25.0. The study population included all midwives working at Puskesmas in Bondowoso District, totaling 565 individuals, with a sample size of 113 respondents selected using purposive sampling. The analysis results indicated that social support significantly influences work motivation and midwives' performance. Work motivation has a dominant influence on performance improvement and partially mediates the relationship between social support and performance. These findings emphasize the importance of social support in fostering optimal work motivation to enhance healthcare workers' performance. The practical implications of this study can serve as a basis for strategic policy decisions by Puskesmas management to support improved healthcare service quality.

Keyword: Social support, work motivation, midwife performance, path analysis, health services.

1. Introduction

Public services are one of the main indicators of good governance, especially in efforts to achieve public welfare. Dwiyanto (2015) states that the quality of public services reflects the capability of the bureaucracy in carrying out its function as a public servant. In the context of health services, Community Health Centers (Puskesmas) serve as the frontline providers of basic health services, significantly influencing the level of public health. However, various challenges remain, particularly regarding the performance of health workers, such as midwives, in carrying out their service duties. Data from the Bondowoso District Health Office (2024) shows that several health service indicators have not met the set targets, such as high maternal and infant mortality rates, high prevalence of stunting, and low life expectancy. This situation indicates a gap between the public's expectations for quality health services and the reality on the ground.

The performance of midwives as one of the main health workers in maternal and child health services is crucial to the success of health programs at the grassroots level. Mangkunegara (2017) states that performance is the result of work in terms of quality and quantity achieved by employees in accordance with the responsibilities assigned to them. Optimal performance is influenced by a number of factors, both internal and external, which interact within the dynamics of public service organizations. From a human resource management perspective, one of the crucial aspects influencing performance is work motivation. Robbins and Judge (2017) emphasize that motivation serves as the driving force behind the intensity, direction, and perseverance of individuals in achieving organizational goals. High motivation enables healthcare workers to remain committed and productive despite facing various work-related pressures.

In addition to motivation, social support is also an important variable that influences performance. Adequate social support from coworkers, supervisors, and organizations plays an important role in creating a conducive work environment, strengthening employee resilience, and contributing positively to service quality improvement. Sarafino (2011) explains that social support includes emotional support, information, and direct assistance that a person receives from their social environment. This support can enhance an individual's resilience to workplace stress and encourage more positive engagement in tasks.

Previous studies have demonstrated a relationship between social support, work motivation, and healthcare worker performance. Lestari and Mujiati (2023), as well as Nugroho and Widowati (2022), found that social support and work motivation have a positive influence. Similar findings

were reported by Sari and Hadijah (2023), who emphasized the importance of motivation as a mediating variable in the relationship between social support and midwives' performance. However, some other studies, such as those by Cahya et al. (no year) and Hidayat (2021), indicate that the influence of motivation on performance is not necessarily significant in all contexts, depending on organizational characteristics and individual factors.

Based on this background, this study aims to examine the effect of social support on midwives' performance with work motivation as a mediating variable at the Bondowoso District Health Center. This study is expected to contribute theoretically and practically to efforts to improve the quality of health services through a more holistic and contextual approach to human resource management.

2. Methods

Types and Approaches to Research

This study uses a quantitative approach with descriptive and verificative research types. The quantitative approach was chosen because it is suitable for measuring the relationship between variables objectively based on numerical data obtained from respondents. Descriptive research aims to describe the characteristics of the research variables as they exist in the field, while the verifiable approach is used to test the causal relationship between independent, intervening, and dependent variables based on a predetermined theoretical framework. This approach is also relevant to the research objective of testing the direct and indirect effects between variables using path analysis techniques. Thus, this method allows researchers to examine the structure of variable relationships in the research model comprehensively and systematically.

Research Location and Time

The study was conducted in all Community Health Centers (Puskesmas) under the auspices of the Bondowoso District Health Office, East Java. This location was chosen because it has health service characteristics that reflect the challenges of primary care in rural areas. The study was conducted over a period of two months, from May to June 2025. During this period, the researchers coordinated with the Puskesmas and the local Health Department for the implementation of the survey, instrument validation, and field data collection.

Population and Sample

The population in this study consisted of all midwives who were civil servants (PNS) and government employees with work agreements (PPPK) actively working in community health centers throughout Bondowoso Regency. Based on data from the Health Office, the population numbered 565 people, spread across various subdistricts. In this study, proportional sampling was used to determine a representative sample size. The sample proportion was set at 20% of the total population, resulting in 113 midwives as respondents. This proportion was determined considering time and resource constraints while ensuring data representativeness. Inclusion criteria included midwives with a minimum of two years of work experience and who had completed standard midwifery service training.

Data Collection Techniques

The main data collection technique in this study was the distribution of closed questionnaires to all respondents. The questionnaires were designed in the form of a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree) to measure respondents' perceptions of the indicators for each variable. In addition to the questionnaire, the researcher also conducted a documentation study to obtain secondary data, such as Puskesmas profiles, midwife performance reports, and service policy documents from the Health Office. Non-participatory observation was also conducted to directly observe the working context of midwives in several Puskesmas. These three techniques—questionnaires, documentation, and observation—were used triangulatively to enhance the external validity of the research.

Research Variables

This study consists of three main variables, namely the independent variable (X) social support, the intervening variable (Z) work motivation, and the dependent variable (Y) midwife performance. Social support is hypothesized to have a direct effect on performance, as well as an indirect effect through work motivation. Thus, work motivation acts as a partial mediating variable in the structural model being tested.

Each variable is operationalized based on theoretical foundations that are widely recognized and used in academic literature. Social support refers to Sarafino's (2011) definition, namely comfort, attention, appreciation, and assistance received by individuals from other people or groups. The indicators used cover five aspects: emotional support, appreciation support, instrumental support, information support, and network support. Work motivation is based on Maslow's theory of needs (Hasibuan, 2014), which divides motivation into five main needs: physiological, safety, social, self-esteem, and self-actualization. The questionnaire was designed based on indicators representing each level of these needs. Midwives' performance refers to Moeheriono's (2014) statement that performance is the measurable outcome of work based on effectiveness, efficiency, quality, timeliness, productivity, and workplace safety. Performance evaluation is based on respondents' perceptions of the implementation of midwifery service tasks and responsibilities at the health center. The research instrument underwent a pilot test (try-out) with 30 respondents outside the study sample to ensure the validity and reliability of the statement items. Details of the operational variables can be seen in Table 1.

Variable	Sub Variables / Dimensions	Indicators	Sources	Skala
Social Support (X)	Emotional Support, Appreciation, Instrumental Support, Information, Networking	1. Feeling valued 2. Empathy from coworkers 3. Direct assistance with tasks 4. Advice and feedback 5. Feeling accepted as part of the work group	Sarafino (2011)	Likert 1–5
Work Motivation (Z)	Physiological needs, safety, social needs, self-esteem, self-actualization	1. Fair pay 2. Job security 3. Social relationships 4. Recognition 5. Opportunities to develop potential	Hasibuan (2014); Maslow	Likert 1–5
Midwife Performance (Y)	Effectiveness, efficiency, quality, timeliness, safety, productivity	1. Accuracy in performing tasks 2. Quality of midwifery care 3. Timeliness of service 4. Patient safety 5. Work output in line with targets	Moeheriono (2014)	Likert 1–5

Table 1. Operational Variables

Data Analysis Techniques

The collected data were analyzed using SPSS software version 25.0. The analysis stages included:

a. Descriptive analysis, to describe the characteristics of the respondents and the distribution trends of each variable.
b. Validity and reliability tests, conducted using Pearson correlation analysis and Cronbach's Alpha. An item is considered valid if it has a value of $r > 0.30$, and reliable if the value of $\alpha > 0.70$.
c. Classical assumption tests, including normality tests (Kolmogorov-Smirnov), multicollinearity tests (VIF and Tolerance), and heteroscedasticity tests (Glejser test).
d. Path analysis was used to determine the direct and indirect effects between variables and to test the mediating role of work motivation.
e. The Sobel test was conducted to test the significance of indirect effects by calculating the z-value from the coefficient and standard error calculations using an online calculator (https://www.danielsoper.com/statcalc).

Hypothesis

The conceptual model of this study aims to analyze the influence of social support on midwives' performance, with work motivation as a mediating variable, as shown in Figure 1. The conceptual model in this study is based on motivation theory (Robbins & Judge, 2017; Maslow in Hasibuan, 2014) and social support theory (Sarafino, 2011), and is supported by various previous empirical findings (Lestari & Mujiati, 2023; Sari & Hadijah, 2023). In this model, there are three main pathways of relationships between variables and one mediation pathway:

a. H1: Social support has a direct impact on work motivation. This is in line with Sarafino's (2011) opinion that social support increases resilience and work enthusiasm, as well as Robbins and Judge's (2017) findings that the social work environment plays a role in shaping motivation.

b. H2: Social support is also assumed to have a direct influence on performance. Emotional and instrumental support from the work environment can improve the effectiveness, efficiency, and quality of an individual's work (Luthans, 2015).
c. H3: Work motivation directly affects midwives' performance. Maslow's theory of motivation explains that when individuals' basic needs are met, they will be motivated to achieve optimal work performance (Hasibuan, 2014).
d. H4: In addition to direct effects, there are indirect effects of social support on performance through the mediation of work motivation. This means that social support can increase motivation, and it is this motivation that in turn strengthens individual performance (Nugroho & Widowati, 2022; Firmansyah & Rahmawati, 2020).

This model will be tested using a quantitative approach through path analysis to determine the strength and significance of direct and indirect relationships between variables. By understanding the mediating role of work motivation, this study is expected to provide practical contributions to human resource management in the health care sector.

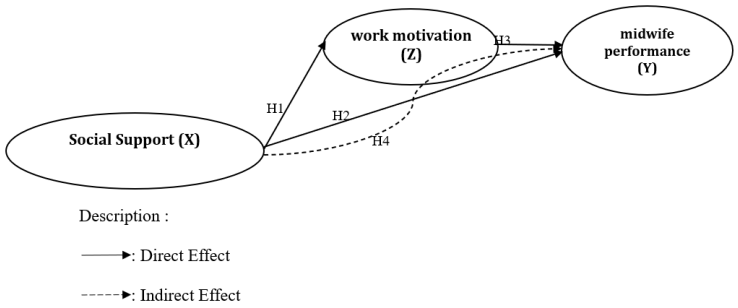

Figure 1. the conceptual framework

3. Results and Discussion

Deskripsi Variabel

Data mengenai tingkat dukungan sosial, motivasi kerja, dan kinerja bidan diperoleh melalui Distribution of questionnaires filled out directly by midwives working at community health centers throughout Bondowoso Regency. The results of data collection and processing provided a more detailed picture of respondents' responses to each indicator variable in this study. A descriptive analysis was conducted on 15 statements reflecting the independent variable (social support), the mediating variable (work motivation), and the dependent variable (midwives' performance). The frequency distribution of scores for each indicator was tabulated based on respondents' choices on a Likert scale of 1 to 5, where a score of 1 indicates strongly disagree and a score of 5 indicates strongly agree. Table 2 presents the complete distribution of frequencies and percentages of respondents' answers to each indicator.

No	Indicators	Score1	(%)	Score 2	(%)	Score 3	(%)	Score 4	(%)	Score 5	(%)	Total	(%)
1	X_1	9	8.0	10	8.8	28	24.8	51	45.1	15	13.3	113	100.0
2	X_2	4	3.5	14	12.4	27	23.9	51	45.1	17	15.0	113	100.0
3	X_3	5	4.4	3	2.7	19	16.8	62	54.9	24	21.2	113	100.0
4	X_4	4	3.5	4	3.5	28	24.8	61	54.0	16	14.2	113	100.0
5	X_5	4	3.5	6	5.3	20	17.7	57	50.4	26	23.0	113	100.0
6	Z_1	7	6,2	9	8,0	23	20,4	51	45,1	23	20,4	113	100,0
7	Z_2	4	3,5	9	8,0	20	17,7	53	46,9	27	23,9	113	100,0
8	Z_3	6	5,3	7	6,2	24	21,2	52	46,0	24	21,2	113	100,0
9	Z_4	4	3,5	5	4,4	17	15,0	60	53,1	27	23,9	113	100,0

No	Indicators	Score1	(%)	Score 2	(%)	Score 3	(%)	Score 4	(%)	Score 5	(%)	Total	(%)
10	Z_5	5	4,4	6	5,3	26	23,0	59	52,2	17	15,0	113	100,0
11	Y_1	4	3,5	1	0,9	21	18,6	67	59,3	20	17,7	113	100
12	Y_2	6	5,3	2	1,8	22	19,5	67	59,3	16	14,2	113	100
13	Y_3	5	4,4	1	0,9	6	5,3	64	56,6	37	32,7	113	100
14	Y_4	5	4,4	1	0,9	11	9,7	70	61,9	26	23,0	113	100
15	Y_5	4	3,5	2	1,8	3	2,7	64	56,6	40	35,4	113	100

Table 2. Description of independent variables (X)
Source: primary data, processed 2025

The results of the descriptive analysis show that most respondents gave high ratings (scores of 4 and 5) on all research indicators. In the social support variable (X), the most dominant indicator was X3 (tangible support from colleagues/superiors), with 76.1% of respondents agreeing to strongly agreeing. This indicates that direct assistance when facing work-related stress is the most felt form of social support among midwives. For the work motivation variable (Z), the highest indicator was Z4 (receiving advice or guidance), with 77% of respondents agreeing or strongly agreeing. This highlights the importance of informative support in fostering work motivation. Meanwhile, for the performance variable (Y), indicator Y5 (completing tasks on time and in line with targets) dominates, with 92% of respondents giving high scores. This means that the majority of midwives feel capable of performing their tasks efficiently and effectively.

Instrument Test

Validity testing aims to measure the extent to which research instruments are able to reveal data that corresponds to the concepts being measured. In other words, validity indicates the accuracy and precision of a measuring instrument in performing its measuring function (Ghozali, 2011). In this study, validity testing was conducted using the Pearson Product Moment correlation technique, by correlating the scores of each statement item with the total score of the variable. An item is considered valid if the correlation coefficient obtained is greater than the table value or critical value of 0.30. Items with values below this threshold are considered invalid and will be considered for elimination from further analysis.

Meanwhile, reliability testing is used to measure the consistency of an instrument in producing the same results when repeated measurements are taken under similar conditions. Reliability indicates the degree of reliability of an instrument in measuring the same variable consistently. In this study, reliability testing was conducted using Cronbach's Alpha method. An instrument is considered reliable if the Cronbach's Alpha value is greater than 0.60 (Ghozali, 2011). The higher the alpha value obtained, the higher the internal consistency of the items within a construct or variable. Based on the analysis results, all items in this research instrument demonstrate validity that meets the criteria and high reliability values, making them suitable for use in data collection for this research. A summary of the validity and reliability test results is presented in Table 3.

No	Item	r_{hitung}	Description	*Cronbach Alpha*	Description
1	X_1	0,734	Valid	0,860	Reliable
	X_2	0,793	Valid		Reliable
	X_3	0,855	Valid		Reliable
	X_4	0,872	Valid		Reliable
	X_5	0,771	Valid		Reliable
2	Z_1	0,715	Valid	0,797	Reliable
	Z_2	0,778	Valid		Reliable
	Z_3	0,671	Valid		Reliable
	Z_4	0,803	Valid		Reliable
	Z_5	0,759	Valid		Reliable
3	Y_1	0,900	Valid	0,934	Reliable
	Y_2	0,891	Valid		Reliable
	Y_3	0,894	Valid		Reliable
	Y_4	0,895	Valid		Reliable
	Y_5	0,870	Valid		Reliable

Table 3. Validity and reliability test
Source: primary data, processed 2025

Based on the results of the validity and reliability tests in Table 4.8, all items of the social support (X), work motivation (Z), and midwife performance (Y) variables have a calculated r value greater than 0.30. This indicates that all items are statistically valid and capable of measuring the intended construct.

Additionally, the Cronbach's Alpha values for each variable are above 0.60, with most exceeding 0.80. This indicates that the entire instrument has high reliability, with excellent internal consistency. The performance variable (Y) has the highest reliability with an alpha value of 0.934, indicating very strong stability in measurement. Therefore, it can be concluded that this research instrument is suitable for use in data collection as it meets the validity and reliability criteria according to applicable standards (Ghozali, 2011).

Next, a multicollinearity test was conducted to determine whether there was a high linear relationship between the independent variables in the regression model. In this study, multicollinearity was detected using the Variance Inflation Factor (VIF) value. The results of the multicollinearity test can be seen in Table 4. Based on the analysis results, all VIF values of the independent variables are below 10, which means they are still within the tolerance limit and do not indicate any signs of multicollinearity. Thus, it can be concluded that there is no detrimental intercorrelation between the independent variables in the regression model, making the regression model suitable for further analysis.

No	Regression Model for	Independent Variables	VIF value	Description
1	Z (Work Motivation)	Social Support (X)	1,734	No multicollinearity
2	Y (Midwife performance)	Social Support (X)	3,388	No multicollinearity
		Work Motivation (Z)	3,313	No multicollinearity

Table 4. Reliability of the instrument.
Source: primary data, processed 2025

A heteroscedasticity test is conducted to determine whether there is variance inequality in the residuals of a regression model. Variance inequality in residuals from one observation to another is called heteroscedasticity, while if the variance is constant, it is called homoscedasticity. A good regression model requires no heteroscedasticity, as its presence can interfere with the validity of model estimates. According to Ghozali (2005), if the points on the scatterplot are randomly scattered and spread both above and below the horizontal axis (Y = 0) without forming a specific pattern, it can be concluded that there is no heteroscedasticity. Based on the observation of the scatterplot graphs in this study, Figures 2 and 3, it is evident that the residual points are randomly and symmetrically distributed around the zero line. Therefore, it can be concluded that the regression model meets the assumption of homoscedasticity and is suitable for further analysis.

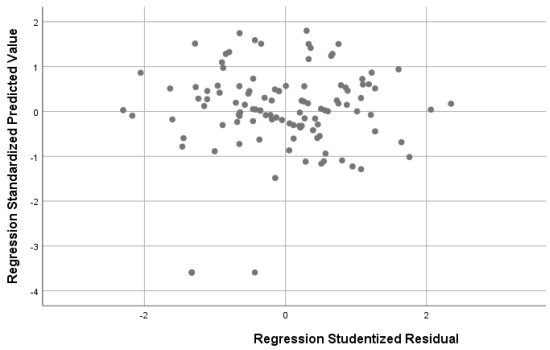

Figure 2. Results of Heteroscedasticity Testing of the Effect of X on Z

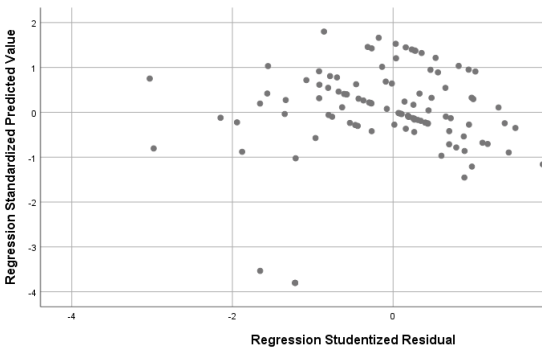

Figure 3. Results of Heteroscedasticity Testing of the Effect of X and Z on Y

The normality test aims to determine whether the data in the regression model is normally distributed. In this study, the test was conducted using a Normal Probability Plot (P-Plot) graph against standardized residuals. According to Ghozali (2011), if the residual points are scattered

around the diagonal line and follow the direction of that line, then the data can be said to be normally distributed. Based on the results of the P–Plot graph in Figures 4 and 5, it can be seen that the residual points are scattered close to the diagonal line. Thus, it can be concluded that the regression model meets the normality assumption.

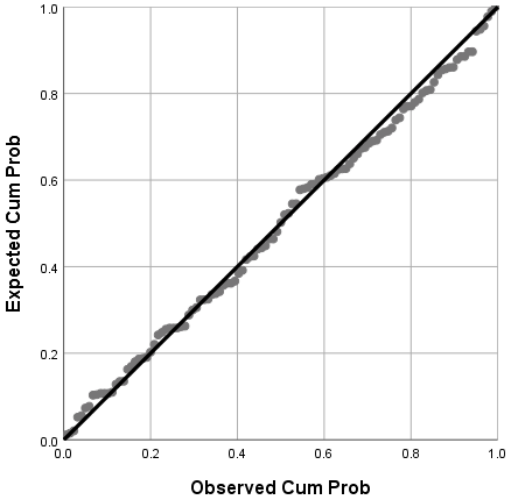

Figure 4. Normality Test Results

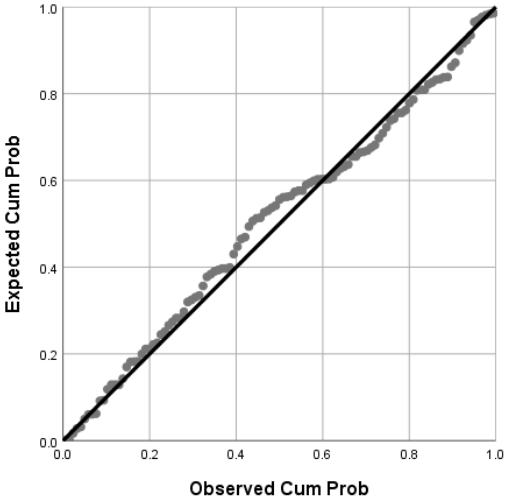

Figure 5. Normality Test Results

Path Analysis

This section describes the results of path analysis used to test the direct and indirect effects between variables in the research model, namely the effect of social support (X) on work motivation (Z) and midwife performance (Y) at community health centers in Bondowoso Regency, with work motivation as the mediating variable. This analysis aims to determine to what extent the relationships between variables formulated in the research hypotheses can be accepted or rejected based on statistical significance results. Each path tested represents one hypothesis and produces a path coefficient, t-statistic, and p-value. Details of the path analysis can be seen in Table 5.

No.	Hypothesis	Beta (β)	t-count	ρ-value	Description
1	The influence of social support on work motivation	0,707	10,243	0,000	Significant
2	The influence of social support on midwives' performance	0,333	3,512	0,001	Significant
3	The effect of work motivation on midwives' performance	0,488	5,201	0,000	Significant

Table 5. Results of direct effect test
Source: SPSS Data Processing Results (2025)

Social Support for Work Motivation A path coefficient of 0.707 with a t-value of 10.243 and a p-value of 0.000 indicates that social support has a positive and significant effect on work motivation. This means that the higher the level of social support received by midwives, the higher their work motivation. This shows that a supportive work environment plays a crucial role in boosting midwives' enthusiasm and internal motivation in performing their duties. Meanwhile, Social Support on Midwives' Performance The path from social support to midwives' performance shows a coefficient of 0.333, a t-value of 3.512, and a p-value of 0.001, which means that this relationship is significant. Thus, it can be concluded that social support directly has a positive impact on improving performance. This indicates that forms of emotional support, recognition, practical assistance, information, and a sense of belonging to the work group impact the optimization of services provided by midwives. Furthermore, regarding Work Motivation on Midwives' Performance The analysis results show that work motivation has the strongest positive influence on performance, with a coefficient value of 0.488, a t-value of 5.201, and a p-value of 0.000. This means that work motivation is the primary determinant of midwives' performance. With high motivation, midwives will be more enthusiastic, diligent, and focused in providing health services.

Indirect effect testing was conducted to determine whether there was a mediating role of work motivation (Z) in the relationship between social support (X) and midwife performance (Y). An indirect effect is considered significant if all paths are also significant (Ghozali, 2011). Based on the analysis results, it was found that social support (X) has an indirect effect on midwife performance (Y) through work motivation (Z) of 0.345, obtained from the product of the path coefficients X → Z (0.707) and Z → Y (0.488). This value is even greater than the direct effect of X on Y, which is 0.333. This finding indicates that work motivation acts as a mediator that strengthens the relationship between social support and performance. The following Table 6 presents the Path Coefficients of Indirect Effects.

Independent Variable	Intervening Variables	Dependent Variable	Standardized Coefficient	Description
Social Support (X)	Work Motivation (Z)	Midwife Performance (Y)	0,345	Significant (0,707 × 0,488)

Table 6. Results of indirect effect test

The results of the analysis show that social support has a significant indirect effect on midwives' performance through work motivation, with a coefficient value of 0.345. This value is greater than its direct effect on performance, which is 0.333, indicating that work motivation strengthens the relationship between social support and performance. Additionally, social support is the strongest predictor of work motivation (β = 0.707), while work motivation is the dominant factor influencing performance (β = 0.488).

The mediation effect in this study was tested using the Sobel test to determine whether the work motivation variable significantly mediates the relationship between social support and midwife performance. The calculation was performed using an online calculator developed by Daniel Soper, which is commonly used to test the statistical significance of mediation. In this calculation, the path coefficient value from social support to work motivation (A) was 0.707, and the path coefficient from work motivation to midwife performance (B) was 0.488. Meanwhile, the standard error value for A (SEA) was 0.069, and the standard error for B (SEB) was 0.094. Based on the calculation results using the Sobel calculator, a test value of 4.631 was obtained. This value is greater than the critical threshold of 1.96, indicating that the mediating effect is significant at the 5% significance level ($p < 0.05$). The details of the calculation using the Sobel calculator can be seen in Figure 6.

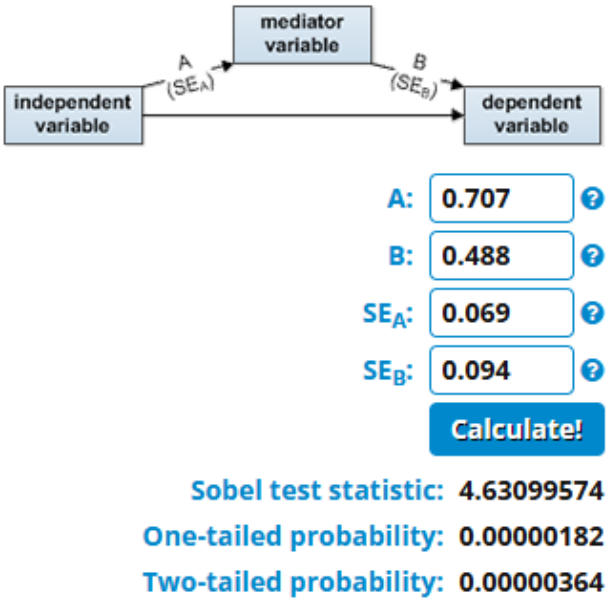

Figure 6. Results of the Sobel Test analysis of social support variables on midwife performance mediated by work motivation
Source: Sobel Test Calculator 2023

Structural Model

This section explains the calculation of the influence of social support variables (X) that have a direct and indirect effect on midwives' performance (Y), through the intervening variable of work motivation (Z). The path diagram of the path coefficient test results is presented as follows :

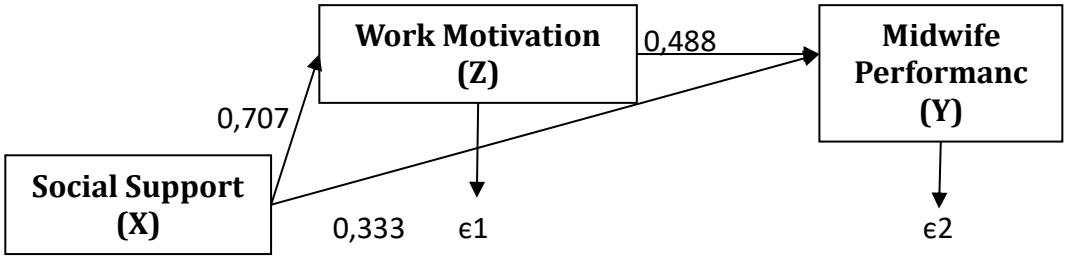

Figure 7. Path diagram of path coefficient test results

Based on the path coefficient testing as shown in Table 6, the model in the form of a path diagram resulting from the path coefficient testing is presented in Figure 7. To see the role of the intervening/mediating variables in this study, according to Subagyo (2018), there are three analysis models involving mediator variables, as follows:

a. Full mediation, meaning that the independent variable cannot significantly influence the dependent variable without going through the mediator variable.
b. Partial mediation, meaning that by involving mediator variables, independent variables directly or indirectly influence dependent variables
c. Unmediated, meaning that without involving mediator variables, independent variables can directly influence dependent variables

Overall, work motivation acts as a partial mediator, because in the model there is a significant relationship between the independent variable (social support) and the dependent variable (performance) even though motivation as a mediator is also involved.

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Coefficient of Determination

The coefficient of determination is a measure that shows the amount of variation in the dependent variable that can be explained by the independent variable. The coefficient of determination values in this study are as follows

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.836[a]	.698	.693	.55439889	2.017

a. Predictors: (Constant), Social Support
b. Dependent Variable: Work Motivation

Table 7. Coefficient of Determination of X Against Z

The results of the path analysis show that the adjusted R-square coefficient is 0.693. This means that 69.3% of the variation in work motivation variables can be explained by social support variables, while the remaining 30.7% is explained by other variables and errors that are not explained in this study.

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.843[a]	.711	.703	.54529050	1.780

a. Predictors: (Constant), Work Motivation, Social Support
b. Dependent Variable: Midwife Performance

Table 8. Coefficients of Determination of X and Z Against Y

The results of the path analysis show that the adjusted R-square coefficient of determination is 0.703. This means that 70.7% of the variation in midwife performance variables can be explained by

social support and work motivation variables, while the remaining 29.7% is explained by other variables and errors that are not explained in this study.

Hypothesis Testing

The results of the study indicate that social support has a significant influence on the work motivation of midwives at the Bondowoso District Health Center, as evidenced by a β coefficient value of 0.707 and a significance value of $\rho < 0.001$. This means that the higher the level of social support received by midwives, the higher their work motivation. This finding reflects that emotional support, practical assistance, and recognition from superiors or colleagues play a crucial role in fostering individual work enthusiasm. This aligns with social motivation theory, which states that a supportive work environment can enhance intrinsic motivation because individuals feel valued and psychologically supported (Robbins & Judge, 2017). The results of this study are also consistent with the findings of Sari and Hadijah (2023) and Firmansyah and Rahmawati (2020), which indicate that social support from the work environment can significantly increase the motivation of healthcare workers.

Social support has also been shown to have a direct impact on midwives' performance, as indicated by a β value of 0.333 with a ρ value of 0.001. This confirms that social support not only has a psychological impact but also directly drives work performance. Midwives who feel supported are more motivated to demonstrate their best performance, whether in terms of responsibility, service quality, or work discipline. Social support functions as a psychological buffer against high work pressure in the Puskesmas environment. This finding is reinforced by the research of Prasetyo and Wahyuni (2019), who confirm that social support can enhance achievement motivation and positively impact midwives' performance.

Work motivation has the strongest influence on midwives' performance, with a β coefficient of 0.488 and $\rho < 0.001$. These results prove that motivation is the main factor that drives midwives to perform optimally in carrying out their health service duties. Midwives who are highly motivated will be more disciplined, responsible, and provide the best service to the community. This finding aligns with Herzberg's theory, which states that motivational factors such as recognition, achievement, and self-development can enhance job satisfaction and performance. This finding is further supported by the research of Nugroho and Widowati (2022), who found that work motivation directly influences the improvement of healthcare workers' performance.

Path analysis shows that social support also indirectly influences midwives' performance through work motivation, with an indirect coefficient value of 0.345. The Sobel test results produced a z-value of 4.63 (> 1.96), indicating that work motivation significantly mediates the relationship between social support and performance. These findings suggest that social support can foster motivation, and it is this motivation that subsequently drives performance improvement. In other words, work motivation acts as a partial mediator, as while social support still has a direct influence on performance, the presence of motivation substantially strengthens this relationship. These findings confirm the results of Putri and Supartha (2022) and Kusuma and Rahardjo (2022), who stated that social support enhances work engagement through motivation. Therefore, in the context of healthcare human resource management, creating a supportive work environment is crucial for fostering work enthusiasm and improving healthcare workers' performance.

4. Conclusion

Based on the results of a study conducted on midwives at community health centers in Bondowoso Regency, it can be concluded that social support plays a very important role in shaping their motivation and improving their performance. Social support provided by superiors, colleagues, and the work environment in general—whether in the form of emotional support, recognition, or tangible assistance—has been proven to significantly enhance the work motivation of midwives. A supportive work environment fosters a sense of safety, appreciation, and inclusion, enabling midwives to feel more motivated in performing their health care duties.

High work motivation ultimately has a direct impact on improved performance. When midwives feel internally driven to excel, develop their skills, and receive recognition for their contributions, they tend to demonstrate better performance. This is reflected in their sense of responsibility, work efficiency, and commitment to providing optimal service to the community.

Furthermore, this study also shows that work motivation plays a mediating role in the relationship between social support and performance. This means that social support not only has a

direct impact on midwives' performance but also increases their motivation, which ultimately drives improved work performance. In other words, when midwives feel supported and cared for, this fosters higher work enthusiasm and strengthens their contributions to achieving organizational goals.

Overall, it can be concluded that social support and work motivation are two mutually reinforcing components in influencing midwives' performance. Social support forms the foundation of a healthy and collaborative work environment, while work motivation serves as the primary driver for achieving outstanding and sustainable performance. Therefore, the success of primary healthcare services heavily depends on efforts to create a supportive work environment while fostering strong work motivation among healthcare workers, particularly midwives.

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