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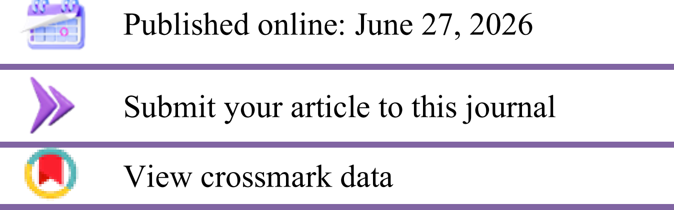

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Research Article

Inclusive Leadership, Meaningful Work, and Midwives' Contraceptive Access Service Performance: The Mediating Role of Psychological Capital

Lilis Setyowati*, Untung Lasiyono, and Yusuf Iskandar

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Abstract

This study examines whether inclusive leadership and meaningful work enhance midwives' performance in delivering contraceptive access services and whether psychological capital explains these relationships. A cross-sectional explanatory survey was conducted among 100 practicing midwives affiliated with 39 Independent Midwifery Practices (TPMBs) in Cengkareng, West Jakarta. Data were analyzed using partial least squares structural equation modeling. All constructs demonstrated adequate convergent validity (AVE = 0.584–0.653) and strong internal consistency (composite reliability = 0.944–0.958; Cronbach's α = 0.935–0.952). Inclusive leadership positively predicted performance (β = 0.336) and psychological capital (β = 0.474), while meaningful work predicted performance (β = 0.194) and psychological capital (β = 0.509). Psychological capital was positively associated with performance (β = 0.459). The indirect effects of inclusive leadership (β = 0.218) and meaningful work (β = 0.234) were significant. Because both direct and indirect paths remained positive and significant, psychological capital operated as complementary partial—not full—mediation. The model explained 85.5% of psychological capital and 88.5% of performance variance. The findings position inclusive, psychologically enabling management as a human-centered pathway to more responsive contraceptive access services for women.

Keywords: Contraceptive Access; Inclusive Leadership; Meaningful Work; Midwife Performance; Psychological Capital.

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INTRODUCTION

High-quality midwifery is central to women-centered care because it combines technical competence, interpersonal respect, continuity, and responsiveness to women's reproductive needs [1], [2]. Contraceptive access services are a particularly consequential part of this mandate. Midwives are often trusted entry points for counseling, method provision, referral, and follow-up, yet these services depend not only on commodities and clinical protocols but also on the quality of day-to-day provider interactions [3]. In Indonesia, both structural and process quality at family-planning service delivery points are associated with modern contraceptive use, underscoring the importance of skilled personnel, privacy, respectful communication, and context-sensitive service organization [4], [5].

This study addresses the organizational conditions that may strengthen midwives' service performance in Independent Midwifery Practices (TPMBs). The focus is intentionally human-centered: contraceptive access can be undermined when providers do not feel heard, supported, psychologically resourced, or able to make service improvements. Inclusive leadership is therefore salient. It denotes leader behaviors that invite and appreciate employee contributions, remain accessible and available, and create conditions in which professional voice can be expressed without fear [6], [7]. Contemporary scholarship further frames inclusive leadership as a relational process that simultaneously supports belongingness and the recognition of individual uniqueness [8], [9]. In health and service settings, this leadership style has been associated with engagement, innovation, and task performance because it legitimizes feedback, participation, and collaborative problem solving [10], [11], [12], [13].

Meaningful work provides a complementary motivational lens. Rather than referring merely to job satisfaction, meaningful work captures an employee's subjective experience that work is significant, positively valued, and connected to a broader purpose [14], [15]. Its core dimensions include positive meaning, meaning making through work, and orientation toward the greater good [14], [16]. Empirical studies show that meaningful work is related to desirable outcomes such as engagement, performance, commitment, and well-being because it links everyday tasks with personal growth and social contribution [17], [18], [19]. For midwives, the meaning of work may be especially consequential because contraceptive counseling and access services require sustained empathy, professional judgment, and a commitment to women's autonomy.

Psychological capital (PsyCap) provides the intervening resource mechanism in the present model. PsyCap is a positive developmental state reflected in self-efficacy, hope, optimism, and resilience [20]. It has been linked with employee attitudes, adaptive behavior, and performance across occupations [21], [22], including health-related work in which emotionally demanding encounters and constrained resources are common [23], [24]. The logic of this study is that inclusive leaders make participation safer and more feasible, while meaningful work connects service activities to a prosocial purpose. These contextual resources can cultivate PsyCap, which in turn enables midwives to persevere, solve problems, and provide accountable contraceptive access services.

Prior research has often examined inclusive leadership, meaningful work, and PsyCap separately or within broad employee populations. Far less is known about how these resources operate together in the performance of midwives who support women's reproductive choices

in community-based practices. This study therefore develops and tests an integrated model in which inclusive leadership and meaningful work have direct and indirect effects on midwife performance through PsyCap. Its contribution is twofold: it relocates leadership and work-design research into the women-centered reproductive health service context, and it clarifies whether PsyCap fully substitutes for, or partially complements, the direct organizational pathways to service performance [25], [26], [27], [28], [29], [30]. Figure 1 presents the proposed model.

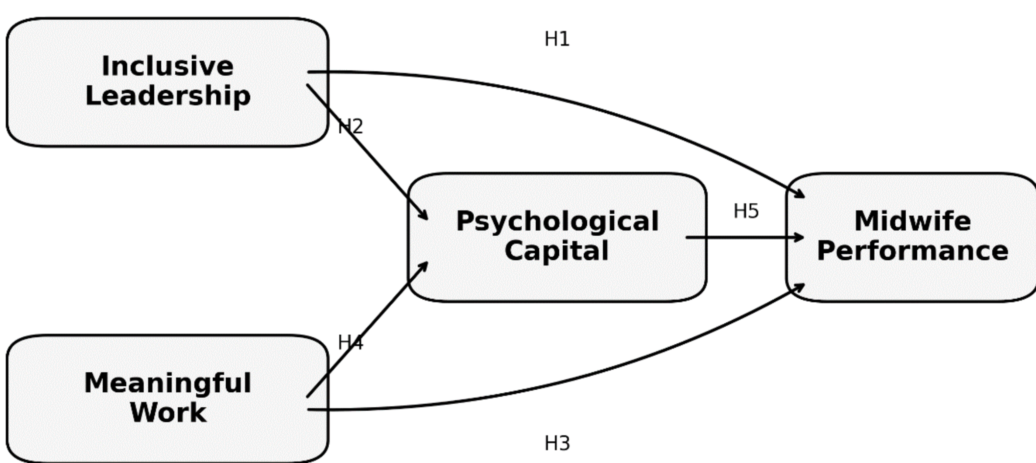

Figure 1. Conceptual Framework of the Proposed Relationships

METHODS

Research Design

This research used a quantitative, cross-sectional explanatory design. The design was appropriate because the study aimed to estimate the structural relationships among latent constructs and to test the mediating role of psychological capital. The study used a reflective measurement specification and partial least squares structural equation modeling (PLS-SEM), which is suitable for prediction-oriented models with multiple latent variables and complex indirect effects [31], [32].

Participants and Sampling

The final analytic sample consisted of 100 practicing midwives affiliated with 39 Independent Midwifery Practices (TPMBs) in Cengkareng, West Jakarta. The unit of analysis was the individual midwife, because inclusive leadership, meaningful work, PsyCap, and performance were measured as individual perceptions and work-related outcomes. Simple random sampling was applied to the eligible midwife roster available through the participating practices. The use of “patients” as the study sample in the original draft was corrected because patients cannot

validly report midwives' internal perceptions of leadership, work meaning, or PsyCap. The study is therefore positioned as a workforce and service-quality analysis rather than a patient-satisfaction survey.

Operational Definitions of Variables

All constructs were measured using a Likert-type questionnaire adapted to the TPMB service context. Inclusive leadership was operationalized as the perceived openness, accessibility, availability, fairness, participation, and recognition demonstrated by the immediate leader. Meaningful work was operationalized as positive meaning, meaning making through work, and greater-good motivation. PsyCap was operationalized through self-efficacy, hope, optimism, and resilience. Midwife performance referred to the extent to which a midwife responsibly, proficiently, collaboratively, and punctually performs contraceptive access service tasks. Table 1 summarizes the operationalization. The construct definitions were anchored in established scholarship on inclusive leadership, meaningful work, and PsyCap [6], [8], [14], [20].

Table 1. Operational Definitions and Measurement Domains.

Construct	Operational Definition	Measurement Domains
Inclusive leadership (IL)	Perceived leader behaviors that value voice, participation, accessibility, and fair opportunity.	Openness; accessibility; availability; fairness; participation; recognition of diverse perspectives
Meaningful work (MW)	Perceived significance and positive value of one's work and its contribution beyond the self.	Positive meaning; meaning making; greater-good motivation
Psychological capital (PC)	Positive psychological resource enabling goal-directed and resilient work behavior.	Self-efficacy; hope; optimism; resilience
Midwife performance (MP)	Self-reported quality of work behavior in providing contraceptive access services.	Collaborative problem solving; responsibility for results; proficiency; professional conduct; timeliness and discipline

Hypotheses Development

Inclusive leaders create an interpersonal environment in which employees can contribute ideas, seek assistance, and respond constructively to operational challenges [6], [7], [10]. In a midwifery setting, this should improve task coordination and responsible contraceptive service delivery. Inclusive leadership may also develop PsyCap by reinforcing employees' confidence, hopefulness, optimism, and resilience [11], [25]. Accordingly, H1: Inclusive leadership positively affects midwife performance; H2: Inclusive leadership positively affects psychological capital.

Meaningful work should improve performance because employees who perceive their work as significant are more likely to invest effort, persist through obstacles, and connect their behavior to a prosocial purpose [16], [17], [18]. Meaningful work may also build PsyCap by providing an internal source of motivation and a coherent sense of purpose [19], [28], [29].

Therefore, H3: Meaningful work positively affects midwife performance; H4: Meaningful work positively affects psychological capital.

PsyCap has consistently been theorized as a performance-relevant resource because self-efficacy supports competent action, hope supports goal-directed pathways, optimism supports positive expectancy, and resilience supports recovery after difficulty [20], [21], [22]. Thus, H5: Psychological capital positively affects midwife performance. Finally, because leadership and work meaning can enhance PsyCap, which then supports performance, H6: Psychological capital mediates the relationship between inclusive leadership and midwife performance; and H7: Psychological capital mediates the relationship between meaningful work and midwife performance.

Data Collection Procedure

Questionnaires were distributed to eligible midwives in the participating TPMBs. The procedure consisted of respondent identification, voluntary questionnaire completion, response checking, coding, and tabulation before analysis. The study used de-identified responses for analysis. To preserve construct validity, the questionnaire was framed around respondents' work experiences in delivering contraceptive access services, including counseling, provision or referral, follow-up, and professional interaction with clients. This framing aligns the performance construct with the process-quality elements of family-planning services, including communication, client privacy, and respectful support [4], [5].

Data Analysis

Data were analyzed in SmartPLS 4 using a two-stage procedure. First, the measurement model was assessed through average variance extracted (AVE), composite reliability, and Cronbach's alpha. Second, the structural model was assessed through standardized path coefficients (β), R^2 values, t-statistics, and the significance of direct and indirect paths. PLS-SEM reporting recommendations emphasize the separate assessment of measurement quality, explanatory power, and path significance [31], [32]. A two-tailed 5% decision rule ($t > 1.96$) was used to determine statistical support. The reported original output did not retain blindfolding Q^2, PLSpredict, VIF, HTMT, cross-loadings, or bootstrap resample settings; these statistics are therefore not reconstructed or invented in this revision. Future replication should report these diagnostics, particularly HTMT for discriminant validity and out-of-sample prediction metrics [33], [34], [37].

Validity and Reliability

Convergent validity was assessed with AVE, with values above 0.50 indicating that a construct explains more than half of the variance of its indicators. Internal consistency was evaluated using composite reliability and Cronbach's alpha, with values above 0.70 indicating acceptable reliability. Although AVE supports convergent validity, it does not by itself establish discriminant validity. The current archived output did not include HTMT or inter-construct correlations; hence, this revision reports only the validity and reliability evidence supported by the supplied data [33], [34].

RESULTS AND DISCUSSION

Results

Measurement Model Assessment

Table 2 shows that all AVE values exceeded the 0.50 threshold, ranging from 0.584 for midwife performance to 0.653 for meaningful work. The results therefore provide evidence of convergent validity for all four constructs. Composite reliability ranged from 0.944 to 0.958 and Cronbach's alpha ranged from 0.935 to 0.952, demonstrating strong internal consistency. These values support the conclusion that the retained construct measures were sufficiently reliable for structural model testing [31], [32].

Table 2. Convergent Validity and Internal Consistency Reliability.

Construct	AVE	Composite Reliability	Cronbach's A	Interpretation
Inclusive leadership	0.648	0.957	0.950	Adequate convergent validity; strong reliability
Meaningful work	0.653	0.958	0.952	Adequate convergent validity; strong reliability
Psychological capital	0.607	0.949	0.941	Adequate convergent validity; strong reliability
Midwife performance	0.584	0.944	0.935	Adequate convergent validity; strong reliability

Structural Model and Explanatory Power

The structural model explained a substantial proportion of the endogenous constructs. Inclusive leadership and meaningful work jointly explained 85.5% of the variance in psychological capital ($R^2 = 0.855$). Inclusive leadership, meaningful work, and psychological capital jointly explained 88.5% of the variance in midwife performance ($R^2 = 0.885$). These results indicate that the proposed organizational and psychological resources were strongly associated with the performance of midwives in the study setting. Figure 2 summarizes the standardized paths and R^2 values.

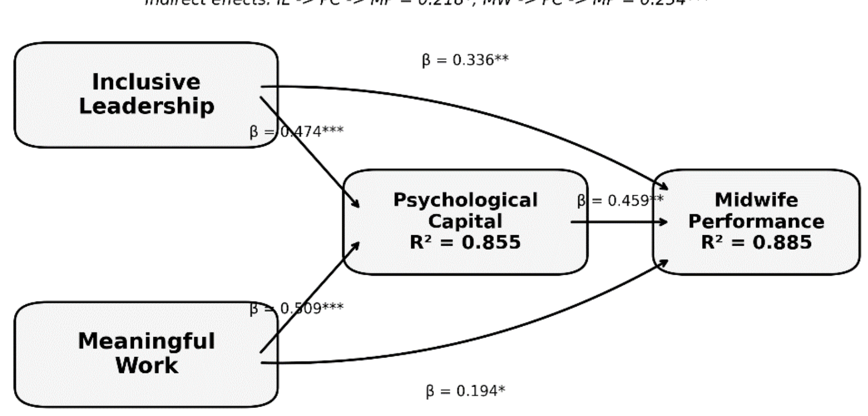

Figure 2. Estimated Structural Model and Standardized Path Coefficients

Table 3. Structural Path Estimates and Explanatory Power.

Endogenous Construct	Predictor Path	B	Magnitude	R²
Psychological capital	Inclusive leadership -> psychological capital	0.474	Moderate	0.855
Psychologic al capital	Meaningful work -> psychological capital	0.509	Moderate	0.855
Midwife performance	Inclusive leadership -> midwife performance	0.336	Moderate	0.885
Midwife performance	Meaningful work -> midwife performance	0.194	Small	0.885
Midwife performance	Psychological capital -> midwife performance	0.459	Moderate	0.885

Direct-Effect Hypothesis Testing

All five direct-effect hypotheses were supported. Inclusive leadership had a positive association with midwife performance (β = 0.336, t = 2.627), supporting H1. It also had a positive association with psychological capital (β = 0.474, t = 5.133), supporting H2. Meaningful work positively predicted midwife performance (β = 0.194, t = 2.130) and psychological capital (β = 0.509, t = 5.386), supporting H3 and H4. Psychological capital positively predicted midwife performance (β = 0.459, t = 3.374), supporting H5. Because the original PLS output listed p = 0.000 for all paths despite t-statistics that imply different significance levels, the revised table presents conservative threshold-based p interpretations derived from the reported t-statistics rather than false-precision p-values.

Table 4. Direct-Effect Hypothesis Testing.

Hypothesis	Path	B	T	Two-Tailed P Interpretation	Decision
H1	Inclusive leadership -> midwife performance	0.336	2.627	$p < .01$	Supported
H2	Inclusive leadership -> psychological capital	0.474	5.133	$p < .001$	Supported
H3	Meaningful work -> midwife performance	0.194	2.130	$p < .05$	Supported
H4	Meaningful work -> psychological capital	0.509	5.386	$p < .001$	Supported
H5	Psychological capital -> midwife performance	0.459	3.374	$p < .01$	Supported

Mediation Analysis

The mediation tests supported H6 and H7. The indirect effect of inclusive leadership on midwife performance through psychological capital was positive and significant (β = 0.218, t = 2.021). The indirect effect of meaningful work on midwife performance through psychological capital was also positive and significant (β = 0.234, t = 4.264). Consistent with

contemporary mediation guidance, mediation is classified by examining both the indirect path and the remaining direct path [35], [36]. In the present model, the direct effects of inclusive leadership (β = 0.336) and meaningful work (β = 0.194) remained positive and significant after PsyCap was included. Accordingly, both relationships represent complementary partial mediation. The indirect pathway accounts descriptively for 39.4% of the total inclusive leadership effect and 54.7% of the total meaningful work effect. The original claim of full mediation was therefore corrected because full mediation is not supported when a direct effect remains statistically significant in the same direction.

Table 5. Indirect Effects and Mediation Classification.

Hypothesis	Indirect path	Indirect β	t	pinterpretation	Direct effect retained?	Mediation type
H6	Inclusive leadership -> psychological capital -> performance	0.218	2.021	p < .05	Yes (β = 0.336)	Complementary partial
H7	Meaningful work -> psychological capital -> performance	0.234	4.264	p < .001	Yes (β = 0.194)	Complementary partial

Discussion

This study shows that inclusive leadership, meaningful work, and psychological capital are mutually reinforcing resources for midwives' contraceptive access service performance. The strong explanatory power of the model suggests that organizational life in TPMBs is not peripheral to service quality. Rather, leadership behaviors, the significance that midwives attach to their work, and their positive psychological resources coexist as a linked system that shapes how confidently and responsibly they deliver services. This interpretation is consistent with evidence that quality midwifery depends on relational, organizational, and professional conditions—not merely clinical knowledge or the availability of commodities [1], [2], [3].

The positive direct effect of inclusive leadership on performance supports the proposition that leaders who are open, accessible, and responsive enable better work behavior. In contraceptive access services, midwives may need to communicate sensitively, respond to client concerns, coordinate referrals, and resolve barriers involving method availability or counseling. An inclusive leader can facilitate these behaviors by legitimizing questions and feedback, distributing opportunities fairly, and recognizing frontline expertise. This finding aligns with inclusive leadership research showing that leader openness and the recognition of employee voice can promote engagement, innovation, and task performance [6], [7], [10], [11], [12], [13]. It also reflects the human-centered service orientation emphasized in women's health and social welfare: a workforce that feels included is better positioned to provide respectful, nonjudgmental, and responsive care.

Inclusive leadership also had a meaningful positive association with PsyCap. This result indicates that leadership may act as an institutional source of personal psychological resources. When midwives experience leaders as available and fair, they may be more confident in managing difficult counseling interactions (self-efficacy), more capable of identifying routes around service obstacles (hope), more likely to expect that solutions are possible (optimism), and better able to recover from setbacks (resilience). This pattern is theoretically consistent with the notion that supportive social conditions build positive psychological capacities and with evidence connecting inclusive leadership to adaptive or innovative workplace behavior [20], [21], [22], [25], [26].

Meaningful work showed the strongest direct association with PsyCap (β = 0.509), suggesting that a sense of purpose is especially important for psychological functioning in the present service setting. Midwives whose daily work is experienced as valuable to women, families, and communities are likely to view challenges as worthwhile and manageable. This finding extends meaningful-work research by emphasizing a service context in which the greater-good dimension is not abstract: contraceptive access supports women's ability to make informed reproductive decisions. The result is consistent with the WAMI perspective on meaningful work, the eudaimonic emphasis of meaningfulness, and evidence that purpose-oriented work supports engagement and performance [14], [15], [16], [17], [18], [19].

The direct effect of meaningful work on performance was smaller than the other direct paths but remained significant. This distinction is meaningful. Perceiving work as valuable does not automatically overcome operational constraints or clinical complexity; however, it can motivate midwives to sustain attention, responsibility, and professional conduct. The magnitude pattern suggests that service organizations should not rely on motivational messaging alone. Meaningful work needs to be accompanied by inclusive supervision and concrete resource development so that a sense of purpose can be translated into actual service performance. Recognition practices, reflective team sessions, and opportunities for midwives to see the impact of their counseling on women's access may strengthen this mechanism [17], [18], [28], [29].

PsyCap was a substantial predictor of midwife performance, supporting its role as a personal resource in demanding service encounters. The result accords with the broader PsyCap literature, which identifies self-efficacy, hope, optimism, and resilience as malleable capacities related to performance and positive work outcomes [20], [21], [22], [23], [24]. In the contraceptive access setting, PsyCap may help a midwife preserve respectful communication when clients are uncertain, seek appropriate information or referrals when cases are complex, and maintain accountability when procedures are time-sensitive. This has a direct welfare implication: psychologically resourced professionals are better equipped to uphold women-centered service quality at the point of care.

The most important analytical revision concerns mediation. The original manuscript described the inclusive leadership pathway as fully mediated by PsyCap. However, because inclusive leadership retained a significant direct effect on performance while its indirect effect through PsyCap was also significant, the appropriate classification is complementary partial mediation. The same applies to meaningful work. This distinction matters theoretically. PsyCap does not replace the direct importance of leader behavior or work meaning; instead, it amplifies their effect. Inclusive leadership can improve performance both by directly enabling

coordination and voice and by indirectly strengthening PsyCap. Likewise, meaningful work can motivate performance directly and, at the same time, build the psychological resources that sustain performance. This interpretation follows contemporary mediation logic, which distinguishes complementary partial mediation from full mediation based on the sign and significance of direct and indirect effects [35], [36].

The study offers three contributions. First, it integrates inclusive leadership, meaningful work, and PsyCap within a women-centered reproductive health service context, where workforce performance is closely tied to women's autonomy, access, and wellbeing. Second, it identifies a practical pathway for institutional capacity building in TPMBs: develop leadership practices and work design in tandem with individual psychological resources. Third, it corrects the substantive interpretation of the mediation model, showing that the effects are complementary rather than substitutive. For practice, TPMB managers should establish leader-development initiatives focused on listening, accessible supervision, fair participation, and feedback. They should also protect meaningful work by connecting routine tasks to the social value of respectful contraceptive access. PsyCap can be developed through mentoring, peer reflection, mastery-oriented feedback, and structured problem-solving support.

CONCLUSION

Inclusive leadership and meaningful work were positively associated with the performance of midwives delivering contraceptive access services in TPMBs in Cengkareng, West Jakarta. Both variables also strengthened psychological capital, which was itself a positive predictor of performance. Psychological capital mediated the effects of inclusive leadership and meaningful work; however, because the direct effects remained significant, both mediation relationships were complementary partial rather than full mediation. The model explained 85.5% of psychological capital and 88.5% of midwife performance variance. The findings support a women-centered service improvement strategy that combines inclusive supervision, purposeful work design, and PsyCap development to strengthen responsive, respectful, and accessible contraceptive care.

LIMITATIONS

Several limitations temper the conclusions. The cross-sectional design does not establish temporal or causal ordering. The sample was limited to one urban district and relied on self-reported measures, which may constrain generalizability and introduce common-method concerns. In addition, the archived analysis output did not include indicator-level loadings, HTMT, VIF, predictive validation, or effect-size statistics. These metrics should be reported in a preregistered or longitudinal replication using supervisor- or client-rated performance outcomes, multilevel modeling across practices, and documented bootstrapping settings. Such work would strengthen the inference that inclusive institutional conditions improve women-centered contraceptive access over time.

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AUTHOR CONTRIBUTION

L. conceptualized the study, developed the research design, and led the overall research process, including data collection, statistical analysis, and primary manuscript drafting. U.L. contributed to instrument development, data management, and supported data analysis and interpretation. Y.I. provided theoretical and analytical guidance, contributed to the refinement of the conceptual framework, and critically reviewed and revised the manuscript for important intellectual content. All authors have read and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

CONFLICT OF INTEREST

"The authors declare no conflict of interest."

DECLARATION OF USE OF AI IN SCIENTIFIC WRITING

The authors used ChatGPT for word refinement during the preparation of this work. After utilizing the tool, the authors thoroughly reviewed and edited the content as necessary, assuming full responsibility for the publication's content.

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