



The Role of Human Resources Education in Improving the Competence and Commitment of Health Cadres in the Community

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ABSTRACT

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This study aims to analyze the role of Human Resources (HR) education in improving the competence and commitment of health cadres. Using a qualitative case study design, this study involved six health cadres and three service recipients as informants. Data were collected through in-depth interviews, observations, and documentation, and analyzed using NVivo 12 Plus. The results of the study show that health cadres have a high level of commitment, both in terms of affective, sustainable, and normative commitments, despite limited facilities and suboptimal rewards. The community recognizes the important role of cadres in maintaining their health, but there is a real need to improve cadres' medical knowledge and technical skills. Human resource education has been proven to improve cadre competence, but continuous training and facility improvements are still needed to support cadre performance. This study identifies that a positive attitude of cadres, openness to criticism, and good social relations with the community are key factors in improving the quality of health services. The implications of these findings are the importance of a more structured HR education strategy and adequate facility support to ensure sustainability and optimal quality of health services at the community level.

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INTRODUCTION

Public health is an essential aspect of maintaining the quality of life of individuals, with a direct effect on social and economic wellbeing (Farochi et al., 2023). In the national health system, the role of health Human Resources (HR), especially health cadres, is crucial to increase the accessibility and effectiveness of health services at the community level (Nyawira et al., 2022; Sipatu et al., 2022). Under Law No. 36 of 2009, the state is responsible for ensuring equitable and

high-quality health services, and, for this reason, health workers with high competence and commitment are needed (Nampewo et al., 2022; Agustin et al., 2023). This research is important to see how human resource education can contribute to developing the competence and commitment of health cadres in the community. With improvements in the quality of cadres, public health services will be more optimal, especially in areas that need additional, affordable health workers (Ballard et al., 2023; Baharun, 2024). Therefore, the analysis of the role of human resource education in improving the quality of health cadres is a relevant issue for study.

People in many areas, mainly rural and remote areas, still face limited access to quality health services. One reason is the lack of competence among field health cadres (Aprianto, 2021; Kolié et al., 2023). Health cadres, who are generally non-professional personnel recruited from the local community, play an important role in supporting public health activities (Saks, 2021). However, the limitations of education, training, and incentives received by cadres often hinder them from mastering the competencies needed to carry out their duties effectively (Nafale, 2022; Obicci, 2025). This has a direct impact on the quality of health services received by the community. Therefore, the main problem that needs to be overcome is how to improve the competence and commitment of health cadres through the right HR education approach.

The phenomenon observed is that some health cadres have not fully mastered the basic skills required by existing regulations. This limitation is mainly due to the lack of training facilities, budget, and government support (Winarsa et al., 2020; Malakoane et al., 2020). In addition, although most cadres show a high commitment to their work, there are still challenges related to welfare and low incentives (Haryanti et al., 2021; Rahmayanti et al., 2022). This affects the spirit and sustainability of the role of cadres in society. On the other hand, the community realizes that cadres play an important role in maintaining their health, so that insufficient competence and commitment of cadres can hinder the progress of health programs at the community level. This phenomenon shows the importance of human resource education in increasing the capacity and motivation of health cadres.

Several previous studies have highlighted the importance of competence and commitment in improving health workers' performance. Research (Kusumadewi, 2024) shows that cadres' competence is influenced by individual characteristics and skills, even though these are not optimal. In addition, research (Suprpto et al., 2022; Krislegino et al., 2023) found that training and mentoring can improve cadres' competence, particularly in elderly posyandus. However, many studies have not addressed how HR education can systematically improve

both aspects. This research will fill this gap by focusing on the role of education in improving the competence and commitment of health cadres.

Previous research has also highlighted that human resource education can improve the quality of health workers. Although many studies have examined the training aspect, there is still a lack of research linking HR education to its impact on overall health cadre commitment. This shows a research gap: there is little research on the influence of human resource education on the long-term commitment of health cadres in the community. Therefore, this study seeks to fill this gap by delving deeper into the role of education in human resource development in the health sector.

This research offers a novel examination of how human resource education can affect the competence and commitment of health cadres. While research has examined technical training and its impact on cadre competence, this study emphasizes the broader role of HR education, encompassing the development of technical skills, basic knowledge, and cadres' positive attitudes towards their work. In addition, this study also considers motivational factors, such as government incentives and support, which have received less attention in previous studies. This research is relevant to the development of public health policies.

The main problem that this research seeks to answer is how human resource education can improve the competence and commitment of health cadres in the community. This research argues that effective and sustainable education will increase cadres' capacity to carry out their duties and strengthen their commitment to the organization and society. This research is expected to contribute to formulating a more targeted and sustainable strategy to improve the quality of health cadres. In addition, this research also aims to provide policy recommendations to the government and related agencies regarding the importance of human resource education for health cadres.

Improving the competence and commitment of health cadres is an important factor in achieving success in public health programs. Therefore, quality human resource education must be a priority in developing health workers at the community level. Through this research, it is hoped to provide a clearer picture of the role of human resource education in strengthening the capacity and motivation of cadres and in contributing to the development of more effective health cadre policies and training programs.

RESEARCH METHOD

This research was carried out in Ampana Kota District, which includes one village and two sub-districts: Malotong, Bonerto, and Buntonggi. The approach is qualitative, with a case study design, aiming to understand the

subjective meaning of health cadres' experiences in carrying out their duties in society. Informants were selected using a purposive sampling technique consisting of six health cadres and three health service recipients. Data was collected through observations, in-depth interviews, documentation, and audio recordings.

The validity of the data is tested through triangulation to ensure the consistency and accuracy of information obtained from various sources. The data analysis technique refers to the Miles, Huberman, and Saldana interactive analysis model, which includes data collection, data condensation, data display, and conclusion drawing/verification. The analysis process was carried out continuously during the study. The collected data is analyzed using an application to test, sort, and synthesize it. This method enables researchers to gain an in-depth understanding of the competencies and commitments of health cadres and how these two aspects affect the quality of health services in Ampana Kota District.

RESULT AND DISCUSSION

Result

This research was carried out in the Ampana Kota District, which consists of one village and two sub-districts. In this study, six health cadres serve as main informants, and three people who receive health cadre services serve as supporting informants. The list of informants in this study can be seen in Table 1.

Table 1. List of Informants in Ampana Kota District

No.	Informant Initials	Age	Position	Mass of Devotion	Village/Village of Origin
1	A	36 yrs	Purwa	6 yrs	Kel. Malotong
2	M	38 yrs	Purwa	12 yrs	Kel. Malotong
3	CJ	24 yrs	Purwa	2 Yrs	Kel. Bonerato
4	A	32 yrs	Madya	10 yrs	Kel. Bonerato
5	M. Y. K	35 yrs	Purwa	15 yrs	Buntongi Village
6	I. A. U	27 yrs	Purwa	8 yrs	Buntongi Village

Based on the interview results, the right themes and sub-themes are analyzed using the application, displayed as images (the *project map*), and then explained further.

Knowledge

Cadre knowledge analysis consists of (understanding of cadre duties, limitations of cadre knowledge, and increasing cadre knowledge). The following results of the analysis of cadre knowledge can be seen in Figure 1.

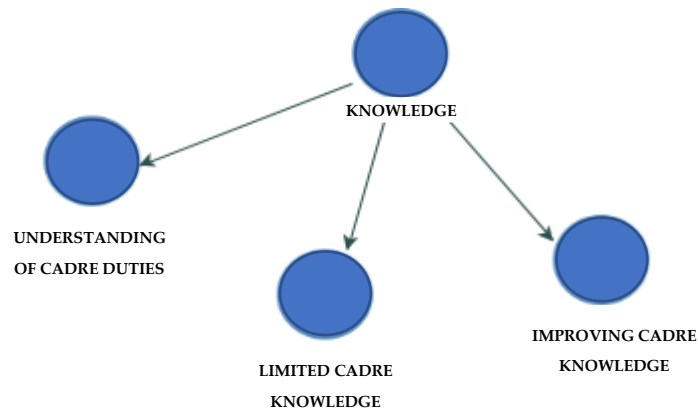


Figure 1. Knowledge

Based on the interview results, most health cadres mastered basic knowledge about weighing and measuring infants and toddlers, such as height, weight, head circumference, and upper arm circumference. They also visited the homes of pregnant women and children under five to monitor their health. The community who received the service confirmed that the cadres' knowledge was quite good, including filling out the KIA book and monitoring children's growth and development. This proves that the knowledge possessed by cadres is very useful in helping parents understand their children's nutritional status.

However, some cadres acknowledged limitations in more technical medical knowledge, such as injection skills, blood sugar checks, and blood pressure measurements. These limitations occur due to a lack of adequate training and facilities, such as medical equipment that is not yet available. Nevertheless, the community still considers the knowledge of cadres to be quite useful in providing basic information about children's health and growth and development, although there is still room for improvement in further medical competence.

The cadres and the community hope that there will be an increase in the capacity of cadres through further training and technical guidance from health professionals. This increase in knowledge and skills will help cadres to provide better, responsive, and quality services to the community. Good knowledge will affect the quality of service and work results, including the duties of health cadres.

Skills

The results of the cadre skills analysis consist of (understanding of 25 competencies, cadre technical skills, good communication skills, cadre reporting skills, basic technology skills, skills that benefit the community, and cadre skill improvement). The results of the analysis related to the skills possessed by cadres

can be seen in Figure 2.

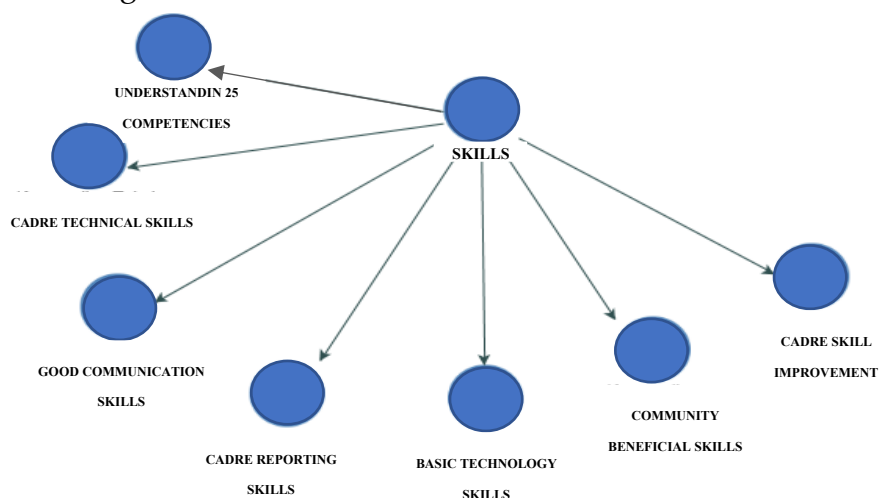


Figure 2. Skills

Based on the results of the analysis, not all health cadres have mastered the 25 basic competencies that have been determined. Most cadres only master basic skills, such as weighing and measuring height, head circumference, and arm circumference of toddlers. However, these basic skills have been well mastered by cadres and are considered useful by the community, because they help monitor children's growth and development. Cadres also have good communication skills in conveying health information clearly and easily understood by the public.

Cadres have proven to be able to carry out administrative tasks, such as compiling posyandu reports, although some of them still need the help of colleagues. Basic technologies such as the use of mobile phones to share information and fill in data are also beginning to be used by cadres, although some still have not mastered the more complex applications for data input. Overall, the skills possessed by cadres have made a positive contribution to society, especially in monitoring the health and growth and development of children in all age groups.

However, there are still limitations in medical skills and some more complex competencies, which shows the need for continuous training to strengthen the capacity of cadres. Improving technical skills, communication, and the use of technology are very important to improve the quality of services provided to the community. With a better mastery of the 25 basic competencies, it is hoped that public trust in health services can increase.

Attitude

The attitude of cadres is a determining factor in the success of service delivery because it is directly related to how they interact with the community. Based on the analysis, cadre attitudes consist of (patience in dealing with the community, friendliness and politeness, and improving cadre attitudes). The analysis results related to cadre attitudes can be seen in Figure 3.

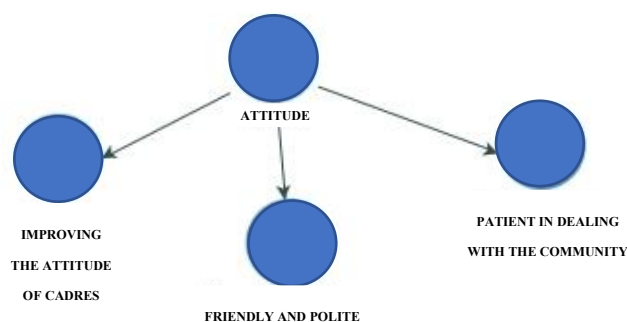


Figure 3. Attitude

The results of the interviews show that health cadres generally have a positive, friendly, and polite attitude in providing services to the community. This attitude is important to maintain good communication, so that people feel comfortable and do not hesitate to come to the posyandu. In addition, patience is also one of the main qualities of cadres, especially in dealing with people with various different backgrounds and characters. This friendliness and patience is very helpful in building trust between cadres and the community.

Although most of the cadres have shown a good attitude, there is hope from the community that the attitude of cadres can be further improved, especially in terms of patience and friendliness. Some people hope that cadres can be more patient and not show negative expressions when serving, especially when facing participants who are less enthusiastic. Therefore, the attitude of cadres is an aspect that needs to be strengthened to ensure the success of health services and increase community involvement in posyandu activities.

The commitment of health cadres also consists of affective, sustainable, and normative commitments, which affect the way they interact with the community. The positive attitude of cadres greatly affects the effectiveness of communication and the quality of services provided, both in the context of posyandu and in other health facilities.

Affective Commitment

Analysis related to the affective commitment of health cadres consisted of (emotional satisfaction at work, proud to be a cadre, accepting positive criticism and social relations of cadres). The following analysis results of the cadres'

affective commitment can be seen in figure 4.

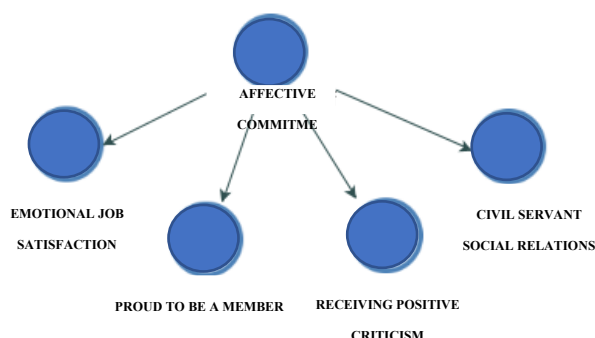


Figure 4. Affective Commitment

Based on interviews, health cadres felt great emotional satisfaction in carrying out their roles, feeling proud to be able to help the community, especially pregnant women and the elderly. The community also recognizes the sincerity and attention given by the cadres, which shows a sense of pride and satisfaction not only from the cadre side but also from the side of the service recipients. The cadres feel that their work is more than just an obligation, but also a form of important contribution to public health, especially in accordance with the provisions of Permendagri Number 13 of 2024 concerning posyandu.

Cadres also showed an attitude of openness to criticism and input from the community and colleagues. Although sometimes they feel disappointed, they use criticism as a means to improve themselves and improve the quality of service. This reflects their emotional maturity and commitment to continue to evolve in carrying out their duties. In addition, harmonious social relations between cadres, the community, and colleagues create a pleasant working atmosphere, which further strengthens the cadres' affective commitment to their work.

The results of this study show that the affective commitment of health cadres is formed through emotional satisfaction, pride in the profession, openness to criticism, and good social relationships. These aspects play an important role in motivating cadres to continue to survive and serve. Emotional attachment to work will have an impact on the performance and quality of health services.

Ongoing Commitment

The results of the analysis related to sustainable commitment consisted of (actively participating in posyandu, proud to receive salaries, limited posyandu facilities, limited cadre salaries, benefits and allowances, difficulty in contacting cadres and increasing salaries & facilities). The image related to the analysis of

sustainable commitments can be seen in figure 5.

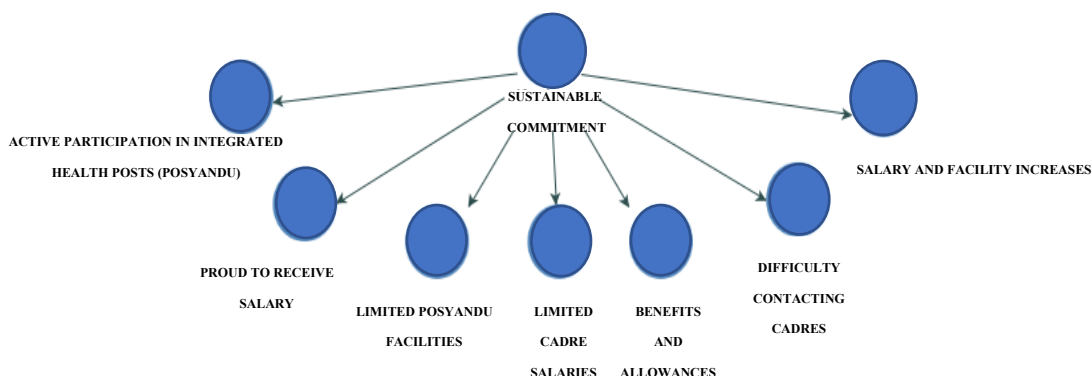


Figure 5. Ongoing Commitment

Based on interviews, the continuous commitment of health cadres is very high, as evidenced by their willingness to remain active in posyandu activities despite facing limitations of facilities and salaries that are not optimal. Even though the posyandu facilities are limited, such as damaged or incomplete measuring instruments and scales, cadres feel proud of their work and prioritize inner satisfaction in serving the community. The community also recognizes the importance of the role of cadres and supports increased salaries and facilities as a form of appreciation for their hard work.

The ongoing commitment of cadres is driven by emotional satisfaction and social support from the community. Cadres feel valued by society and have strong emotional bonds, which strengthen their motivation to stay in the role. The community also realizes that the role of cadres is very important, and if they stop, it will make it difficult for them to get the services they need. Ongoing commitment affects the quality of performance, both at the community level and in health institutions.

Normative Commitment

In addition to affective commitment and sustainable commitment, health cadres also show normative commitment, which is reflected in a sense of responsibility and loyalty in carrying out their duties sincerely. The results of the analysis related to normative commitment consist of (persistence because of responsibility, the importance of cadre loyalty, willingness to sacrifice time, debt to cadres, feelings of quit being cadres and motivation and commitment of cadres). The results of the analysis of the normative commitment of health cadres can be seen in figure 6.

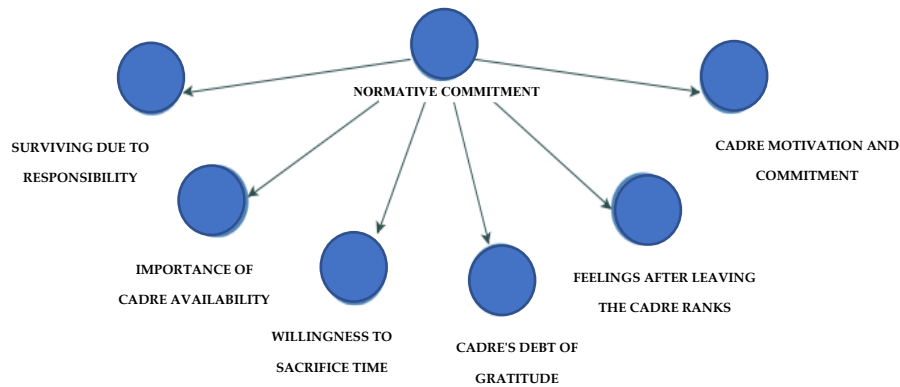


Figure 6. Normative Commitment

The results of the study show that the normative commitment of health cadres is relatively high, characterized by a sense of moral responsibility, loyalty, and sincerity in carrying out their duties. The cadres feel that they have a responsibility to the community, especially in providing health services to pregnant women, toddlers, and the elderly, in accordance with Permendagri No. 13 of 2024. Although the facilities and rewards are limited, they remain active because they consider this task to be a social service that must be carried out with sincerity.

Cadres also show a high level of loyalty to their roles and organizations, even willing to sacrifice personal time to carry out posyandu duties. Some cadres expressed a sense of indebtedness to the government and society, which strengthened their loyalty to continue serving. They feel that their duties as cadres have become an important part of their lives, which gives them satisfaction and pride. The community also feels lost if the cadres they know stop, because the role of cadres is very important in helping to maintain the health of residents.

Overall, the normative commitment of health cadres is built on the basis of moral responsibility, loyalty, and selfless devotion. Cadres feel called to continue to serve because of encouragement and concern for the community, not because of material rewards. Normative commitment affects the performance of health workers, including health cadres, in providing quality services despite facing limited facilities and rewards.

Discussion

The results of this study show that health cadres are firmly committed to fulfilling their duties despite limited facilities and suboptimal rewards. These findings align with research (Sari et al., 2024), which also indicates that strong knowledge and basic skills among cadres affect the quality of services provided.

Although cadres master basic competencies in monitoring children's growth and development, more complex medical knowledge remains an obstacle. This indicates gaps that need to be addressed through continuous training and the improvement of medical facilities. The knowledge held by cadres has proven beneficial to the community, but there is a real need to strengthen their medical competence to improve the quality of health services.

The skills that cadres have, such as weighing and measuring height, as well as good communication skills, have been recognized as important aspects of health services. However, most cadres still do not fully master the 25 basic competencies. This aligns with previous research that emphasizes strengthening cadre skills, both technical and administrative (Aini et al., 2024). Some cadres are already utilizing basic technologies for communication and data filling, but limitations in the use of more complex applications point to the need for further training. The practical implications of these findings are the need for more structured training programs and access to more adequate facilities to ensure cadres can master broader and more technical skills.

The attitude of friendly, patient, and polite cadres is a proven main factor in the success of health services, as this study found. A cadre's positive attitude significantly affects effective communication with the community (Sulistiyanto et al., 2023). Although most cadres show a positive attitude, the community hopes that cadres will be more patient and avoid negative expressions, especially when dealing with less enthusiastic participants (Febian & Rohmah, 2025). This shows that the aspect of cadre attitudes needs to be continuously strengthened to ensure the success of health services and build better relationships with the community. The theoretical implication of these findings is that cadre attitudes are an important factor in social service theory, which can affect the effectiveness of health programs.

The affective commitment of health cadres, which is shaped by emotional satisfaction, pride in the profession, and openness to criticism, is also the main driver of the success of health services. Affective commitment directly affects the performance of health workers (Muhyi, 2021; Manurung et al., 2022). Cadres who feel valued and have strong social ties with the community will be more motivated to continue serving. The practical implication of these findings is that strengthening social relations between cadres and the community will improve the quality of health services.

The normative commitment of health cadres is formed from a sense of moral responsibility, loyalty, and selfless devotion. Cadres feel that their duties are social mandates that must be carried out with sincerity, even though facilities and rewards are limited. These findings align with Wahono et al. (2025), who found that normative commitment affects the quality of employee performance

(Ariyan & Sugiyanto, 2020). On the other hand, the community recognizes that cadres play an important role in maintaining their health, and if cadres quit, it will make it difficult for them to get services. These findings show that to improve service quality, normative commitment needs to be strengthened, which can be achieved by providing greater social support and improving facilities and incentives for cadres.

CONCLUSION

This study concludes that health cadres demonstrate a high level of commitment despite facing limitations in facilities, training, and incentives. They maintain a positive attitude toward serving the community and take pride in contributing to the health of pregnant women, toddlers, and the elderly, in accordance with Permendagri No. 13 of 2024. However, the findings reveal gaps in technical medical knowledge, emphasizing the need for continuous training to enhance their competencies. The study's main strength lies in its contribution to the development of public health science, particularly in the area of human resource education and capacity building for community-level health cadres. It provides valuable insights into how education and training influence cadre competence, commitment, and service quality, thereby enriching theoretical perspectives on social services in health care. Nonetheless, the study is limited by its small sample size and narrow time coverage, involving only six cadres and three service recipients. Future research should expand the sample and explore the effects of technical training, facility improvements, and incentives on the motivation, competence, and long-term commitment of health cadres to achieve more comprehensive and sustainable improvements in community health services.

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