

## The Relationship Between Work Engagement and the Performance of Health Workers at BLUD UPTD Puskesmas Mekar, Kendari City, in 2025

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### Abstract

Community Health Centers play a strategic role in delivering primary health care services, where the performance of health workers is a crucial determinant of service quality. One important factor influencing performance is work engagement, which reflects a positive psychological state characterized by vigor, dedication, meaningful personal work, and effective communication. This study aimed to analyze the relationship between work engagement and the performance of health workers at BLUD UPTD community health center Mekar, Kendari City, in 2025. This research employed a quantitative analytic design with a cross-sectional approach. The population and sample consisted of all 84 health workers at BLUD UPTD Puskesmas Mekar, using a total sampling technique. Primary data were collected through structured questionnaires, while secondary data were obtained from institutional records. Data were analyzed using univariate and bivariate analyses, with the Chi-Square test applied at a significance level of  $\alpha = 0.05$ . The results showed that the majority of respondents had high levels of work engagement and high performance. Statistical analysis indicated significant relationships between vigor and performance ( $p = 0.004$ ), dedication and performance ( $p < 0.05$ ), meaningful personal work and performance ( $p < 0.05$ ), as well as communication and performance ( $p = 0.000$ ). These findings demonstrate that higher levels of work engagement are associated with better performance among health workers. In conclusion, work engagement plays an essential role in enhancing health worker performance in primary health care settings. Strengthening organizational support, improving communication, and fostering meaningful work experiences are recommended as strategic efforts to improve the quality of health services at community health centers.

**Keywords:** Work Engagement; Health Worker Performance; Primary Health Care; Puskesmas; Communication

### 1. Introduction

Community Health Centers are primary health care facilities that play a strategic role in community promotive and preventive efforts. The performance of health workers is a key factor in achieving service quality, in line with the implementation of Regulation of the Minister of Health of the Republic of Indonesia Number 19 of 2024 and Government Regulation Number 28 of 2024, which emphasize strengthening organizational systems, accountability, and performance evaluation of health workers [1]. However, the implementation of these policies has not been fully accompanied by improvements in service performance across all community health centers, making it necessary to examine the factors that influence the performance of health workers. One important factor affecting performance is work engagement. Work engagement is a positive psychological condition characterized by work enthusiasm (vigor), dedication to work (dedication), and the perception that work is meaningful (meaningful personal work), supported by effective workplace communication [2]. Health workers with high levels of work engagement tend to have better motivation, commitment, and work resilience, enabling them to provide high-quality services despite facing high workloads and emotional pressure [3].

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Various studies indicate that the level of work engagement among workers, including health workers, remains relatively low. Reports by Gallup (2020) and studies conducted in Indonesia show that the majority of the workforce falls into the not engaged category, which has a negative impact on performance and service quality [4]. In the context of health care services, low work engagement has the potential to increase work-related fatigue (burnout) and reduce the quality of services provided to patients [5].

In addition to policy factors and organizational systems, the working conditions of health workers at community health centers are also influenced by high workloads, limited staffing, and increasingly complex service demands [6]. Health workers are not only required to provide clinical services but also to carry out administrative duties, promotive-preventive activities, and community-based services. These conditions can affect the level of work engagement if they are not balanced with organizational support and a conducive work environment [7].

BLUD UPTD Puskesmas Mekar, Kendari City, shows service performance that has not yet reached optimal levels, both in outpatient services and in several indicators of the Minimum Service Standards. This condition indicates the need for continuous efforts to improve the performance of health workers. One approach that can be undertaken is to enhance the work engagement of health workers as part of human resource management [8].

Research on the relationship between work engagement and the performance of health workers at the community health center level, particularly at BLUD UPTD Puskesmas Mekar, Kendari City, remains limited. Therefore, this study aims to analyze the relationship between work engagement and the performance of health workers at BLUD UPTD Puskesmas Mekar, Kendari City, in 2025, as a basis for strengthening human resource management and improving the quality of primary health care services.

## 2. Material and methods

### 2.1. Research Design

This study is a quantitative research with an analytic approach using a cross-sectional study design. A cross-sectional study aims to determine the relationship between independent variables and dependent variables simultaneously and at the same point in time.

### 2.2. Study Participants and Sampling

The data in this study consist of two types, namely primary data and secondary data. Primary data were obtained directly through interviews using questionnaires, which included respondents' identity information. The secondary data used in this study were obtained from BLUD UPTD Puskesmas Mekar, Kendari City.

The population in a study is a very important element, as it serves as a source of information [9]. The population in this study consisted of all health workers at Puskesmas Mekar, totaling 84 individuals.

A sample is a subset of the population that represents the entire population. The sampling method used in this study was total sampling. Therefore, the sample size in this study consisted of 84 health workers at BLUD UPTD Puskesmas Mekar, which were divided into:

**Table 1** Number of Research Samples of Health Workers at BLUD UPTD Puskesmas Mekar in 2025

No.	Type of Health Worker	Number of Health Workers
1.	Head of Administrative Affairs (KTU)	1
2.	General Practitioner	3
3.	Dentist	2
4.	Health Administration Staff	4
5.	Epidemiologist	3
6.	Midwife	20
7.	Nurse	20

8.	Dental Nurse	4
9.	Nutritionist	7
10.	Pharmacist	2
No.	Type of Health Worker	Number of Health Workers
11.	Pharmacy Assistant	6
12.	Sanitarian	4
13.	Medical Laboratory Technologist (ATLM)	3
14.	Health Promotion Officer	4
Total		84

Source: Secondary Data, BLUD UPTD Puskesmas Mekar, 2025

### 2.3. Variables

Research variables are attributes, characteristics, or values of individuals, objects, or activities that vary and are determined by the researcher to be studied and to draw conclusions. In this study, the research variables consist of one dependent variable and several independent variables.

The dependent variable (also known as the output, criterion, or consequent variable) refers to the variable that is influenced or determined by other variable. In this research, healthcare workers' performance is designated as the dependent variable.

The independent variables (also referred to as stimulus, predictor, or antecedent variables) are variables that influence or cause changes in the dependent variable. In this study, the independent variables include work vigor, dedication, meaningful personal work, and communication, which are assumed to affect the performance of healthcare workers [10].

### 2.4. Instruments and Data Collection

This study used a structured questionnaire as the primary data collection instrument. The questionnaire was developed using a Likert scale and consisted of four independent variables vigor, dedication, meaningful personal work, and communication each measured using six items. The dependent variable, healthcare workers' performance, was also measured using six items for each professional group at Mekar Health Center.

Prior to data collection, the questionnaire was subjected to validity and reliability testing to ensure that all items accurately measured the intended constructs and produced consistent results. Only items that met the required validity and reliability criteria were included in the final instrument used for analysis. In addition, a camera or smartphone was used to document the research process and field activities during data collection.

Data processing was conducted through several systematic stages. First, data screening was performed to identify missing or incomplete responses. Next, data editing was carried out to verify the accuracy and completeness of all questionnaires. After that, data coding was applied by assigning numerical codes to each response. The coded data were then tabulated according to the research variables. Subsequently, the data were entered into a computer-based statistical program for analysis. Finally, data cleaning was conducted to ensure that no errors, inconsistencies, or missing values remained in the dataset.

### 2.5. Data Analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS). The analysis was conducted in two stages: univariate analysis and bivariate analysis. Univariate analysis was used to describe the frequency distribution of each variable in order to obtain an overall picture of the research variables.

Bivariate analysis was performed to examine the relationship between the independent variables and the dependent variable. The Chi-square test was applied to determine whether the relationships were statistically significant, using a significance level of  $\alpha = 0.05$ . The results were interpreted based on the p-value: a p-value less than 0.05 indicated a statistically significant relationship between variables, while a p-value greater than 0.05 indicated no significant relationship.

### 3. Results and discussion

#### 3.1. Respondent Characteristics

**Table 2** Respondent Characteristics

Respondent Characteristics	n	%
<b>Gender</b>		
Male	3	3.6
Female	81	96.4
<b>Age</b>		
≤ 30 years	10	11.9
> 30 years	74	88.1
<b>Profession</b>		
Doctor	5	6.0
Nurse	25	29.8
Midwife	20	23.8
Pharmacist	8	9.5
Health Administration Staff	5	6.0
Epidemiologist	3	3.6
Nutritionist	7	8.3
Sanitarian	4	4.8
Medical Laboratory Health Promotion Officer	3	3.6
Health Promotion Officer	4	4.8

Source: Secondary Data, BLUD UPTD Puskesmas Mekar, 2025

Based on the results of the study involving 84 health worker respondents at BLUD UPTD Puskesmas Mekar, Kendari City, in 2025, the majority of respondents were over 30 years of age, totaling 74 individuals (88.1%), while respondents aged ≤ 30 years numbered 10 individuals (11.9%). This indicates that the health workforce at Puskesmas Mekar is dominated by productive and experienced age groups, which may influence performance and stability in delivering health services.

In terms of gender, the respondents were predominantly female, with 81 individuals (96.4%), while male respondents numbered only 3 individuals (3.6%). This condition reflects the characteristics of the health workforce at community health centers, which are generally dominated by female workers, particularly in the nursing, midwifery, and public health professions.

Based on profession, the largest proportion of respondents were nurses, totaling 25 individuals (29.8%), followed by midwives with 20 individuals (23.8%) and pharmacists with 8 individuals (9.5%). Meanwhile, the professions with the smallest number of respondents were epidemiologists and medical laboratory technologists (ATLM), each totaling 3 individuals (3.6%). This distribution reflects the primary service needs of community health centers, which focus on nursing and midwifery services as core components of primary health care.

#### 3.2. Input

The Relationship Between Work Enthusiasm (Vigor), Dedication to Work, Meaningful Personal Work, Communication, and the Performance of Health Workers

**Table 3** Results of the Analysis of the Relationship between Vigor, Work Dedication, Meaningful Personal Work, Communication, and Health Worker Performance

The Relationship Between Research Variables	Performance of Health Workers				Amount	p-value
	High		Low			
	n	%	n	%	n	%
Spirit at work (vigor)						
High	78	100	0	0.0	78	100
Low	4	66.7	2	33.3	6	100
Dedication to Work						
High	82	100	0	0.0	82	100
Low	0	0.0	2	100	2	100
Meaningful Personal Work						
High	82	100	0	0.0	82	100
Low	0	0.0	2	100	2	100
Communication						
High	80	100	0	0.0	80	100
Low	0	0.0	4	100	4	100

Source: Primary Data, 2025

First, in terms of work enthusiasm (vigor), among 78 respondents (100%) who had high work enthusiasm, all demonstrated high health worker performance, and none showed low performance. In contrast, among the six respondents with low work enthusiasm, four respondents (66.7%) demonstrated high performance, while two respondents (33.3%) demonstrated low performance.

The Chi-square statistical test at a 95% confidence level ( $\alpha = 0.05$ ) yielded a p-value of 0.004, which is less than 0.05, indicating a significant relationship between work enthusiasm (vigor) and the performance of health workers at BLUD UPTD Puskesmas Mekar, Kendari City, in 2025.

Work enthusiasm (vigor) is a psychological condition characterized by high energy, mental resilience, and perseverance in facing job demands, enabling individuals to continue exerting maximum effort even under pressure (Mazzetti et al., 2023). The findings of this study indicate that the majority of respondents with high vigor (78 individuals; 92.9%) also demonstrated high performance.

Second, in terms of work dedication, all respondents who had high dedication to work demonstrated high health worker performance, while respondents with low dedication to work demonstrated low performance.

The Chi-square statistical test at a 95% confidence level ( $\alpha = 0.05$ ) yielded a p-value < 0.001, indicating a significant relationship between work dedication and the performance of health workers at BLUD UPTD Puskesmas Mekar, Kendari City, in 2025.

Dedication represents strong emotional involvement in one's work, characterized by feelings of pride, enthusiasm, and the belief that work is meaningful, thereby fostering high commitment and responsibility [11]. The findings indicate a significant relationship between dedication and health worker performance ( $p < 0.05$ ).

Most respondents demonstrated high dedication, as reflected in pride in their profession and commitment to providing services. In contrast, respondents with low dedication tended to show lower performance, which may be influenced by job burnout or a lack of appreciation. These findings are consistent with the VIVA model [12] and previous studies by Sitelpu (2020) and Qodariah (2019), which state that dedication influences health worker performance. However, the influence of dedication appears to be lower than that of communication due to its more internal and emotional nature. Repeated work fatigue may reduce dedication in the long term.

Third, in terms of meaningful personal work, all respondents who perceived their work as highly meaningful demonstrated high health worker performance, while respondents with low levels of meaningful personal work demonstrated low performance. The Chi-square statistical test at a 95% confidence level ( $\alpha = 0.05$ ) yielded a p-value  $< 0.001$ , indicating a significant relationship between meaningful personal work and the performance of health workers at BLUD UPTD Puskesmas Mekar, Kendari City, in 2025.

Meaningful personal work refers to the subjective perception that work has value, purpose, and provides positive contributions to oneself and others, thereby enhancing intrinsic motivation and work engagement [13]. The findings of this study indicate that higher perceptions of meaningful personal work are associated with higher levels of health worker performance ( $p < 0.05$ ).

These findings are consistent with the theory proposed by Schaufeli and Puranova (2022), particularly the Job Demands-Resources (JD-R) model, as well as previous studies by Shabrina and Mardiawan (2017) and reports from BMC Health Services Research (2022), which suggest that the meaning of work may decline when job demands exceed available resources. Therefore, meaningful personal work remains an important factor in improving the performance of health workers, especially in primary health care services.

Finally, with regard to communication, all respondents with a high level of communication demonstrated high-category health worker performance, while respondents with low communication demonstrated low-category performance.

The Chi-square statistical test at a 95% confidence level ( $\alpha = 0.05$ ) yielded a p-value  $< 0.001$ , indicating a significant relationship between communication and the performance of health workers at BLUD UPTD Puskesmas Mekar, Kendari City, in 2025.

Communication within an organization is the process of exchanging information, ideas, and meaning aimed at creating shared understanding and supporting work coordination. Effective communication enables team collaboration, role clarity, and improved organizational performance.

These findings are consistent with the Job Demands-Resources (JD-R) model, which states that communication is a job resource that directly influences performance and work engagement. This study also supports the findings of Qodariah (2019) and Relig Botella (2024), who emphasize that communication is a key factor in shaping health worker engagement and performance. Nevertheless, instances of miscommunication in shift coordination and patient handling still occur, indicating the need for improvements in internal communication, such as routine briefings and communication training, to continuously enhance performance.

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## 4. Conclusion

Based on the results of the study conducted at BLUD UPTD Puskesmas Mekar, Kendari City, in 2025, it can be concluded that there are significant relationships between all work engagement variables and health worker performance. These variables include vigor (p-value = 0.000), dedication (p-value  $< 0.05$ ), meaningful personal work (p-value  $< 0.05$ ), and communication (p-value = 0.000). Overall, the findings indicate that higher levels of work engagement—reflected through energy at work, emotional dedication, the meaningfulness of work, and effective communication—are associated with better performance of health workers in providing health services at BLUD UPTD Puskesmas Mekar, Kendari City, in 2025.

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### Compliance with ethical standards

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### *Conflict of Interest Statement*

The author states that this manuscript is free from any form of conflict of interest and has been processed in accordance with the applicable journal regulations and policies to prevent any form of publication ethics violations.

### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

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