



Improving Work Motivation of Nutrition Implementers in Health Centers: Analysis of the Influence of Work Experience, Competence, and Rewards

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ABSTRACT

Success in addressing nutritional problems can be achieved when nutrition implementers possess strong abilities and skills in executing nutritional service program activities at community health centers. High work motivation among nutrition implementers significantly contributes to the successful implementation of these programs. This study aims to analyze the influence of work experience, competence, and reward provision on the work motivation of nutrition implementers. This research employs a quantitative approach with a cross-sectional design. The population consists of all nutrition implementers in South Kalimantan Community Health Centers' work area in Indonesia. A sample of 253 respondents was selected using purposive sampling. The research instrument utilized was a questionnaire, and data analysis involved simple linear regression analysis. The findings indicate a significant effect of work experience on work motivation, with a significance value of $.00 < .05$. However, competence does not have a significant impact on work motivation, as its significance value is $.098 > .05$. Similarly, reward provision does not significantly influence work motivation, with a significance value of $.439 > .05$. In conclusion, work experience significantly affects the work motivation of nutrition implementers. Therefore, efforts to enhance the motivation of nutrition implementers are essential, as they will ultimately improve the effectiveness of nutrition service programs in health centers, contributing to the prevention of stunting and the overall enhancement of public health.

INTRODUCTION

The health development target for 2025 is to improve the public health status, demonstrated by increasing Life Expectancy, decreasing Infant Mortality Rate, decreasing Maternal Mortality Rate, and reducing the prevalence of malnutrition among toddlers. Therefore, the Ministry of Health has set the health development targets in the National Medium-Term Development Plan 2015-2019 to enhance the health and nutrition status of the population.¹ Nutritional problems in Indonesia are currently in the triple burden of nutrition status, which faces three nutritional problems: malnutrition, excess nutrition, and anemia. The nutrition sector faces various challenges that need to be addressed immediately to improve the nutritional status of the community. Although there has been progress in reducing stunting rates, this problem is still a major challenge, especially in areas with limited access to nutritious food. An unbalanced diet, lack of knowledge about nutrition, limited access to nutritious food, and poor sanitation and environmental hygiene have led to high malnutrition rates in several areas.²

Community Health Centers are healthcare facilities that provide nutritional services as part of their management process. The management of community health centers involves a series of processes including planning, organizing, implementing, and controlling to achieve goals effectively and efficiently. To meet established standards, adequate support is required in terms of resources—both in type, quantity, function, and competence. When resources are limited, it is essential to manage available resources optimally to ensure smooth service delivery.³ The success of community health centers in achieving its goals depends significantly on the role of healthcare personnel. Human resources, specifically healthcare workers, are crucial for delivering nutritional services at community health centers. Healthcare workers with competence in nutritional service delivery are referred to as nutrition implementers.⁴

Nutrition Implementers are healthcare workers in health centers tasked with technical field coaching. Nutrition implementers are crucial human resources in providing nutrition services to the community. The main tasks of nutrition implementers in the health center work area

include carrying out nutrition service activities, consultations, planning needs and compiling food indexes according to applicable regulations.⁵

Quality nutrition services can be achieved when nutrition implementers at the community health centers possess good abilities and skills in implementing nutrition service programs. Internal and external factors affecting nutrition implementers can influence their success in carrying out nutrition programs at the public health center. Research by Rosita (2019) indicates that internal factors such as motivation significantly impact work productivity. Higher motivation among nutrition implementers leads to better delivery of nutrition services.⁴ Additionally, Suwartini's study in 2023 highlights that high work motivation plays a crucial role in achieving organizational goals.⁵ Work motivation drives individuals to contribute maximally to the organization's success in achieving its objectives, thereby aligning personal goals with organizational goals.⁶

Work motivation is crucial for Nutrition Implementers who actively achieve institutional goals and deliver nutrition health services. Motivation is a significant driving force behind productivity; the set objectives cannot be attained without it. Individuals with high work motivation strive to utilize their abilities to the fullest, innovate, and contribute to achieving institutional goals.⁷ High work motivation reflects a sense of responsibility and enthusiasm, creating a desire to work diligently and deliver the best results. Therefore, work motivation is essential for enhancing job performance effectively and efficiently.⁸

Putri and Purwanto's (2020) research shows that work experience influences work motivation. Yenti's study in 2024 mentions that competence is a factor influencing work motivation. Findings demonstrate that higher competence correlates with higher work motivation among employees in an organization.⁹ Additionally, Kurnia's 2022 research states that rewards effect work motivation. This study states that giving rewards triggers employees' enthusiasm for work so that they can complete their tasks and achieve their targets well and with satisfaction.¹⁰

The work motivation of nutrition implementers is a crucial factor that can affect the

quality of nutrition services provided to the community. Various studies have shown that factors such as work experience, competence, and reward systems significantly influence work motivation. Work experience can increase workers' self-confidence and self-efficacy, increasing their motivation to work better. Competence refers to workers' abilities and skills to effectively and efficiently carry out certain tasks. High competence is often associated with increased work performance and motivation. In addition, giving rewards, both financial and non-financial, is recognized as one way to increase work motivation. Motivation theories such as Herzberg's Two Factor Theory (1966) and Vroom's Expectancy Theory (1964) show that rewards given fairly and appropriately can increase work satisfaction and motivation.¹¹

Based on the background above, the hypotheses in this study are as follows:

H1: Work experience has a positive influence on the work motivation of nutrition implementer.

H2: Competence has a positive influence on the work motivation of nutrition implementers.

H3: The provision of rewards has a positive influence on the work motivation of nutrition implementers.

H4: Work experience, competence, and the provision of rewards have a positive influence on the work motivation of nutrition implementers.

Nutrition implementers at health centers are the frontline implementers of nutrition programs who directly interact with the community. These workers need motivation to achieve success in addressing nutrition issues. High motivation enables them to work to their fullest potential, provide optimal services, and overcome various challenges in the field. Therefore, this study aims to analyze the influence of work experience, competence, and the provision of rewards on the work motivation of nutrition implementers.

MATERIAL AND METHOD

This study is a quantitative research with a cross-sectional approach. This research was conducted in the South Kalimantan Health

Center Working Area with a total of 176 Health Centers. The research was conducted in July 2024. The population of this study consists of all Nutrition Implementers at Community Health Centers in South Kalimantan. The sample size for this study is 253 respondents, selected using purposive sampling technique. Purposive sampling is a non-probability sampling method involving the categorization of subjects based on specific criteria determined by the research problem.

The inclusion criteria for this study are Nutrition Implementers at Community Health Centers in South Kalimantan, minimum education of Associate Degree in Nutrition, and minimum work experience of 3 months. The exclusion criteria for this study are nutrition service workers on long-term leave residing outside South Kalimantan and those who have responsibilities in more than one designated area. The research instrument used in this study was a questionnaire validated by five experts from the fields of industrial-organizational psychology, management, health promotion and behavioral science, and health policy and management. The reliability analysis of the scale dimensions yielded the following results: competence ($\alpha = .845$), work experience ($\alpha = .853$), and motivation ($\alpha = .947$). These values indicate that the measurement scores were reliable ($\alpha > .70$).

The questionnaire on work motivation consisted of 10 questions, the work experience questionnaire comprised 4 questions, the competence questionnaire included 19 questions, and the reward provision questionnaire consisted of 12 questions. Each question in the questionnaire used a Likert scale where respondents could rate their agreement on a scale of 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree. Data analysis was performed using multiple linear regression analysis in SPSS version 26, with work experience, competence, and reward provision as independent variables, and work motivation as the dependent variable. This research has obtained ethical clearance from the Ethics Commission of the Faculty of Medicine, Lambung Mangkurat University with the ethical clearance number No.067/KEPK-FKIK ULM/EC/V/2024.

RESULTS

This research was conducted on Nutrition Implementers at Community Health Centers in South Kalimantan, with a total of 253 respondents. Primary data was collected using questionnaires in July 2024. Based on the characteristics data in Table 1, it was found that the majority of respondents were female, totaling 230 individuals (91%), with the highest age group being between 31-30 years old totaling 159 individuals (63%), and the highest level of education being Associate Degree, totaling 174 individuals (69%).

Simple linear regression analysis was used to test the influence of the independent variable on the dependent variable. Decision-making in simple linear regression refers to the significance value obtained. If the significance value is <.05, it can be concluded that the independent variable has an effect on the dependent variable. However, if the significance value is >.05, it can be concluded that the independent variable does not have an effect on the dependent variable. The significance of the effect is determined based on the t-value. If the calculated t-value > t-table, then it is considered to have a significant effect.

Based on the multiple regression analysis, an R-squared value of .417 was obtained, indicating that 41% of the variance in the dependent variable (work motivation of nutrition implementers) can be collectively explained by the independent variables (work experience, competence, and rewards) (Table 2).

Table 1. Characteristics of Respondents

Characteristics	n = 253	%
Sex		
Female	230	91
Male	23	9
Age (Years)		
21-30	94	37
31-50	159	63
Level of Education		
Associate Degree	174	69
Bachelor Degree	79	31

Source: Primary Data, 2024

Table 2. Result of the R-Squared Value

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.646 ^a	.417	.410	9.637

Source: Primary Data, 2024

Furthermore, the F-statistic test shows an F-value of 59.459 with a p-value < .001. This indicates that the regression model as a whole is significant at the .05 significance level (Table 3). In other words, there is a significant simultaneous influence of work experience, competence, and reward provision on the work motivation of nutrition implementers.

Therefore, it can be concluded that collectively, work experience, competence, and reward provision have a significant influence on the work motivation of nutrition implementers.

Based on the multiple linear regression test (Table 4), it was found that work experience had a significance value of .00, which is < .05, indicating a positive and significant influence of work experience on the work motivation of nutrition implementers at community health centers in South Kalimantan. In contrast, competence had a significance value of .098, which is > .05, meaning there is no positive and significant influence of competence on the work motivation of nutrition implementers at community health centers in South Kalimantan. Additionally, reward provision had a significance value of .439, which is > .05, indicating that there is no positive and significant influence of reward provision on the work motivation of nutrition implementers at community health centers in South Kalimantan.

Table 3. Result of the F-Statistic Test

ANOVA					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	16565.301	3	5521.767	59.459	.000
Residual	23123.900	249	92.867		
Total	39689.202	252			

Source: Primary Data, 2024

Table 4. Results of the Coefficient for the Variable Work Experience

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
	Work Experience	3.084	.279		
Competence	.063	.038	.088	1.661	.098
Reward	.041	.053	.038	.775	.439

Source: Primary Data, 2024

DISCUSSION

In Table 4, work experience obtained a significance value of .00, which is $< .05$, and the t -value was 11.065, $> t_{table} = 2.042$. This implies that the null hypothesis (H_0) is rejected and the alternative hypothesis (H_a) is accepted, indicating a positive and significant influence of work experience on the work motivation of Nutrition Implementers at Community Health Centers in South Kalimantan. The coefficient value of the linear regression for work experience is 3.084, meaning that for every unit increase in work experience, there is a corresponding increase of 3.084 units in motivation. This research demonstrates that better work experience leads to improved work motivation, with each increment in work experience significantly enhancing the motivation of nutrition workers.

This study is consistent with Asri's research (2020), which suggests that work experience positively influences work motivation. Longer tenure enables nutrition implementers to understand their job responsibilities better and perform more effectively.¹² Additionally, Putri and Purwanto's (2020) research show that work experience partially influences work motivation.¹³ Similarly, Pandita's study (2020) supports these findings by highlighting that work experience positively and significantly impacts motivation. It suggests that increasing work experience can enhance employee motivation.¹⁴

Work experience is a measure of the length of time or period someone has spent understanding job tasks, providing ample opportunity for individuals to perform better.¹⁵ The broader one's work experience, the more skilled they become in task execution, and the more refined their thinking patterns and attitudes in achieving established goals. This can enhance self-confidence and abilities in task completion, thereby boosting work motivation.⁸ Motivation is the feeling that drives someone to work according to their desires and influences the work environment.¹⁶

The level of someone's learning generally influences their motivation, where the more someone learns, the greater their motivation tends to be. Increased learning is expected to broaden one's knowledge. Most nutrition implementers in this study have been working for 10-25 years. Workers with longer tenure possess

more experience and knowledge about the conditions and issues in their work area. Work experience enables them to share their skills and expertise, enhancing nutrition implementers' motivation. Job tenure also influences work motivation; for those with shorter tenure, they may not yet fully understand their work area or the characteristics of their colleagues at the community health center.¹⁷

Experienced nutrition implementers tend to be more proactive in identifying and solving nutritional problems in their community. Extensive experience allows them to be more diligent in attending training and professional development, thereby improving their competence and skills. Additionally, experienced nutrition implementers typically have a better understanding of their tasks and responsibilities, which boosts their confidence and motivation to perform better. With strong motivation, nutrition implementers are also more capable of teamwork, sharing knowledge and experiences, and supporting each other to achieve goals aimed at improving public health and addressing nutritional issues.¹⁷

High work motivation among nutrition implementers is crucial to ensure the effectiveness and success of nutrition programs, which positively impact public health as well as their personal and professional development. The main duties of nutrition implementers include identifying priority issues, planning, implementing, and reporting activities to address nutrition problems. Nutrition implementers with high motivation approach their tasks with enthusiasm and dedication. Conversely, those with low job motivation may lack enthusiasm, leading to quick surrender and encountering various difficulties in completing their work. With motivation, nutrition workers not only focus on achieving program targets but also on improving service quality and patient satisfaction. Therefore, work experience not only enhances technical skills but also boosts work enthusiasm and commitment, which should be a primary focus in human resource management in the healthcare sector.¹⁸

In Table 4, competence obtained a significance value of 0.098, which is $> .05$, and the t -value was 1.661, $< t_{table} = 2.042$. This leads to the conclusion that the null hypothesis (H_0) is accepted, and the alternative hypothesis (H_a) is

rejected, indicating no significant influence of competence on the work motivation of Nutrition Implementers at Community Health Centers in South Kalimantan. These findings suggest that although nutrition workers may have adequate competence, it is not sufficient to significantly enhance their work motivation.

These results align with Dammar's research (2022), indicating that competence does not have a significant influence on motivation.¹⁹ However, these findings contrast with Yenti's study (2024), which shows that competence influences the performance motivation.⁹

Competence refers to a set of responsible actions and intelligence required for someone to be considered capable of performing tasks in a specific job field. Etymologically, competence is defined as the behavioral dimensions of skill or excellence that a staff member possesses, including skills, knowledge, and good behavior. Competence becomes increasingly important for employees facing new challenges in an increasingly competitive workplace. It is a characteristic that underlies an individual's effectiveness in their work or fundamental characteristics that have a cause-and-effect relationship with criteria used as references for effective or superior performance in the workplace.²⁰

The competencies of Nutrition Implementers at Community Health Centers in the South Kalimantan area include a deep understanding of nutrition program policies, the ability to plan activities that support the implementation of nutrition programs, skills in creating accurate and comprehensive reports, and expertise in monitoring and evaluation to ensure programs run as expected. Additionally, they must have practical communication skills and coordinate well with various stakeholders, including colleagues, superiors, and the community. These competencies also encompass the capability to execute all assigned tasks efficiently and promptly when implementing nutrition program policies. Lastly, nutrition workers are skilled in teamwork, creating a harmonious and productive work environment, and making positive contributions to achieving common goals in Nutrition Implementers at Community Health Centers in South Kalimantan.²⁰

The lack of influence of competence on the work motivation of Nutrition Implementers at

Community Health Centers in the South Kalimantan area indicates that the skills and abilities possessed by nutrition workers do not directly affect their motivation levels at work. This could be due to other more dominant factors influencing work motivation, such as the work environment, leadership, welfare, or personal factors like individual needs and career aspirations. In this context, even with high competence, nutrition workers' work motivation can still be low if there are no other motivating factors in place. A less conducive work environment can reduce work motivation regardless of the level of competence.

In Table 4, the significance value for rewards is .0439, more significant than .05, and the t-value is 0,775, less than the critical t-table of 2.042. This leads to the conclusion that the null hypothesis (H0) is accepted and the alternative hypothesis (Ha) is rejected, meaning there is no significant influence of rewards on the work motivation of Nutrition Implementers at Community Health Centers in South Kalimantan. These results indicate that efforts to provide rewards as a form of work motivation for Nutrition Implementers at Community Health Centers in the South Kalimantan area have not proven effective in significantly increasing their work motivation.

This finding is consistent with Saputra's study (2021), which showed that rewards do not significantly influence work motivation.¹⁸ It also aligns with Dammar's research (2022), which similarly found no significant effect of rewards on motivation.¹⁹ However, this study contradicts Martinr and Uribe's research (2021), which demonstrated a positive and significant effect of rewards on work motivation.⁷

Reward or recognition is a form of appreciation given for achievements, either in material or non-material forms. In organizations, there is the concept of incentives, which are rewards organizational leaders provide to employees to enhance motivation and encourage high performance in achieving company or organizational goals. Rewards are given to employees who excel in their work, and companies implement this system to encourage competition and boost the morale of their workforce, resulting in positive outcomes for the company. However, some employees may not be motivat-

ed by rewards; instead, they may feel more motivated after receiving punishment for minor or serious mistakes.²¹

The recognition received by Nutrition Implementers at Community Health Centers in South Kalimantan includes various forms of appreciation. This includes training opportunities for personal development aimed at enhancing skills and knowledge. Additionally, they receive direct praise from superiors and colleagues as recognition for their performance and achievements. Furthermore, Puskesmas provides opportunities for leave and other forms of permission as a gesture of appreciation for their dedication and contribution to delivering quality healthcare services.

In essence, rewards aim to cultivate a sense of acceptance and recognition in the workplace, encompassing both compensation and interpersonal relationships among colleagues. These findings suggest that the types of rewards provided require further evaluation. For instance, whether these rewards adequately meet the preferences and needs of individuals in demanding job contexts, such as Nutrition Implementers at Community Health Centers in South Kalimantan. Additionally, a holistic approach to human resource management that includes career development, improved working conditions, and recognition of employee contributions could enhance long-term work motivation.²²

Evaluation of external factors such as working conditions, leadership, and organizational culture that may influence how rewards are perceived and responded to by employees is also crucial. Involving employees in decision-making processes related to rewards and recognition can enhance their sense of ownership over outcomes, thereby boosting intrinsic motivation among nutrition implementers. In the context of Community Health Centers and the healthcare sector, where challenges and workloads are significant, strategies that consider these complexities have the potential to effectively motivate nutrition workers to deliver quality services to the community.²³

CONCLUSION AND RECOMMENDATION

Experience plays a crucial role in enhancing the work motivation of nutrition implementers at community health centers in South Kaliman-

tan; the more experience they gain, the greater their motivation to fulfill their duties. In contrast, competencies and reward systems do not significantly impact their motivation. Despite having adequate skills, knowledge, and recognition for their performance, these factors fail to boost their motivation directly. To address this, community health centers should implement training and mentoring programs to enrich experience and enhance motivation. Job rotations can also alleviate monotony and improve the skills of nutrition implementers. Additionally, fostering good working conditions and prioritizing emotional and psychological well-being will help sustain high motivation and increase productivity. Future researchers should delve deeper into the factors influencing the work motivation of nutrition implementers and examine competency variables that are more relevant to motivation.

AUTHOR CONTRIBUTIONS

FR and SA were responsible for the conceptualization of the study, overall project administration, and drafting the manuscript. MAS coordinated data collection and conducted statistical analysis. MSN, H, and RA developed the methodology, designed the instruments, and edited the manuscript. NE, MM and IH handled manuscript formatting, while HTTT assisted with data collection and reviewed the final manuscript. All authors read and approved the final manuscript. FR = Fauzie Rahman; SA = Syamsul Arifin; MAS = Muhammad Abdan Shadiqi; MSN = Meitria Syahadatina Noor; H = Husaini; RA = Rosihan Adhani; NE = Neka Erlyani; MM = Muhamad Muslim; IH = Ifa Hafifah; HTTT = Ha Thi Thu Trang.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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