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Competency Development of Health Administrators Through Training: Evidence from the Directorate General of Health Workforce, Ministry of Health of the Republic of Indonesia

Murwaniyah[1], Firman Hadi Rivai[2], R.N. Afsdy Saksono[3]

Abstract:

This study aims to analyze the factors that influence the implementation of competency development of Health Administrator and to recommends a model for implementing of competency development of Health Administrator through training at The Directorate General Of Health Workforce, Ministry of Health. Methods used is a Case Study with Qualitative Approach. Data collection is carried out through interview and document review. Research results show there are factors affecting the implementation of competency development of Health Administrator through training at the Directorate General Health Workforce has not been running optimally. First, the technical competency standards for functional health positions that will be used as a reference for competency development have not been completed, Second, there is no technical training that meets the needs of the technical competency gap in health administrators. Third, health administrators who take online training find it difficult to concentrate because they are still busy doing office work. Based on the results of study, the author formulates and recommends a model for implementing of competency development of Health Administrator through training.

Keywords: *competency development; training; Health Administrator; Plataran Sehat*

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1. Introduction

The success and sustainability of an organization are largely determined by the quality of its human resources, which is fundamentally shaped by employee competence. Competence reflects the integration of knowledge, skills, and attitudes that enable individuals to perform their duties effectively and achieve optimal performance. Empirical studies consistently show that well-managed competency development contributes to improved individual performance, organizational effectiveness, and service quality, particularly in public sector and health organizations (Okwir et al., 2018; Withers, 2019).

[1]*Politeknik STIA LAN Jakarta, Indonesia. mw_nia@yahoo.com*
[2]*Politeknik STIA LAN Jakarta, Indonesia.*
[3]*Politeknik STIA LAN Jakarta, Indonesia.*

In the Indonesian public sector context, competency development has become a strategic and mandatory agenda. Law Number 20 of 2023 stipulates that competency development is a fundamental right of the State Civil Apparatus (Aparatur Sipil Negara/ASN), including civil servants and government employees with work agreements (PPPK). This mandate is reinforced by Government Regulation Number 17 of 2020 on Civil Servant Management, which emphasizes that competency development is essential to ensure professionalism, accountability, and high performance within government institutions (Arnasari et al., 2019).

Competency development for ASN is primarily implemented through education and training mechanisms, as regulated in Government Regulation Number 11 of 2017 and Regulation of the National Institute of Public Administration (LAN) Number 10 of 2018. These regulations allow competency development through classical and non-classical training pathways, with a minimum requirement of 20 lesson hours per year for civil servants and up to 24 lesson hours for PPPK. Training is therefore expected to function as a systematic instrument to align individual competencies with job standards and organizational needs (Habut & Indra, 2024).

However, in practice, the implementation of competency development through training still faces significant challenges. Various studies report limited availability of relevant technical and functional training, weak alignment between training content and job competency standards, and suboptimal utilization of non-classical, workplace-based learning approaches (Hery Pranoto et al., 2025; Karyadi et al., 2025). Similar conditions are observed in health workforce training, where training programs often fail to produce meaningful improvements in competency and performance (Shumayla et al., 2024; Sultan et al., 2025).

In the health sector, the Directorate General of Health Workforce of the Ministry of Health of the Republic of Indonesia plays a strategic role in formulating and implementing health workforce policies. This role requires the support of highly competent ASN, particularly those occupying functional positions such as Health Administrators (Adminkes). Health Administrators carry out diverse tasks, including policy analysis, planning, coordination, monitoring, and evaluation of health programs, which demand strong managerial, analytical, and interprofessional competencies (Hahn & Lapetra, 2019; Liang et al., 2018).

Despite the strategic importance of the Health Administrator functional position, empirical conditions indicate that many Adminkes have not yet met the required standards for competency development. This includes inadequacies in both the number of training hours completed and the relevance of training programs attended. Studies on health workforce competency development highlight that ineffective training design and weak competency mapping often result in limited improvements in professional capacity and organizational performance (Ajeng Wijayanti et al., 2025; Brommeyer & Liang, 2022).

These issues are further exacerbated by the lack of systematic and evidence-based competency needs analysis. Although each work unit is required to prepare a competency development plan, training implementation often lacks a clear linkage to job competency standards and organizational priorities. Research consistently emphasizes that competency development initiatives not grounded in structured needs analysis tend to be inefficient and produce minimal impact (Akakemam & Liang, 2023; Meilianti et al., 2021; Utomo et al., 2018).

Previous studies have extensively discussed competency-based education, competency frameworks, and health workforce development at national and global levels (Developing Competencies in Public Health, 2024; Janssens et al., 2023; Pineda, 2025; Sindim et al., 2022). Nevertheless, empirical research that specifically examines the implementation of competency development for Health Administrators through training within central government institutions—particularly at the Directorate General of Health Workforce—remains limited. This indicates a clear research gap in understanding how training is implemented, aligned with competency standards, and translated into functional performance outcomes.

Based on these considerations, this study aims to examine the implementation of competency development for the functional position of Health Administrator through training at the Directorate General of Health Workforce, Ministry of Health of the Republic of Indonesia. The novelty of this research lies in its specific focus on the alignment between training implementation, competency standards, and job requirements within a strategic health governance institution. The study is expected to provide empirical insights and formulate a more effective and targeted competency development model to strengthen professional performance and health workforce governance.

2. Methodology

This study used a case study method with a qualitative approach to gain an in-depth understanding of the phenomenon of competency development for the functional position of Health Administrator from the perspective of the participants. Data were collected through in-depth interviews, participatory observation, and document review, with primary data sources coming from purposively selected key informants, consisting of structural officials, functional officials, and Health Administrators at various job levels who were directly involved in the formulation and implementation of competency development. Secondary data were obtained from official agency documents, such as regulations, internal policies, organizational structures, and personnel data. Data analysis was conducted qualitatively and took place throughout the research process through the stages of data reduction, data presentation, and conclusion drawing and verification. Data validity was maintained by using source and technique triangulation, namely comparing the results of interviews, observations, and documentation to obtain valid and accountable findings.

3. Empirical Findings/Result

Factors Affecting the Implementation of Human Resource Development in Organizations

Support from top management is a key factor that greatly influences the success of human resource development in organizations. In the Ministry of Health, this support is manifested through strategic policies, budget provision, infrastructure, administrative facilities, and the development of an integrated learning system. The launch of the Ministry of Health Corporate University (Kemenkes Corpu) on October 17, 2023, is clear evidence of top management's commitment to promoting the continuous development of ASN competencies. Kemenkes Corpu is designed as an integrated learning platform that supports the strategic objectives of health transformation by emphasizing the culture of ASN as learners through self-learning, social learning, and experiential learning approaches. The implementation of competency development is reinforced by directive assignments from leaders that are integrated into the planning and performance assessment of ASN, where each employee is required to complete a minimum of 20 hours of competency development per year and the head of the work unit is responsible for ensuring that at least 80% of employees in their unit participate in competency development. Competency development is carried out through various classical and non-classical learning methods, such as technical, functional, and leadership training, workshops, seminars, coaching, mentoring, internships, benchmarking, and field assignments that can be converted into learning hours. This policy and system support shows that the active role of top management not only strengthens the implementation of ASN competency development but also encourages the creation of a learning culture oriented towards improving individual performance and achieving organizational goals.

The involvement of the Directorate General of Health as the supervisor of functional health positions plays an important role in determining the direction and system for implementing competency development for human resources in the health sector. Based on information from Key Informants on Occupational Safety and Health, competency development in the health sector is carried out through three main forms, namely technical health training, organizational performance support training, and other technical competency improvements. Technical health training aims to fulfill specific technical competencies in the health sector through intensive learning based on a registered curriculum and organized by institutions accredited by the Ministry of Health, and results in a certificate with Professional Credit Units (SKP). Organizational performance support training focuses on improving competencies that support organizational performance through similar mechanisms, with or without SKP points. Meanwhile, other technical competency improvements include seminars, conferences, socialization, workshops, coaching, mentoring, internships, and technical guidance, which are more flexible and contextual

according to task requirements and career development. The implementation of competency enhancement can be carried out through classical, digital, or blended learning methods, combining theoretical learning and field practice. This approach enables more adaptive, applicable, and relevant competency development in line with job demands, while strengthening the effectiveness of Health Administrator competency development in supporting organizational performance.

Based on the account of the K3 Key Informant, the method of improving the competence of civil servants in the health sector is carried out through three main approaches, namely classical, digital, and blended learning methods. The classical method is carried out face-to-face with reference to the established curriculum, the digital method utilizes information technology through an integrated learning platform, while the blended method combines online theoretical learning with direct assignments and field practice. These findings indicate that competency development no longer relies solely on classical training but is increasingly directed towards flexible learning in the work environment through non-classical approaches. This is in line with Sri Suprapti's (2019) research, which proves that non-classical training models, such as preceptorship, have a significant impact on improving competency achievement compared to classical training.

Top management support for the competency development of Health Administrators is also reflected in the ease of conducting training independently by work units or through collaboration with government-accredited training institutions, while maintaining coordination with P2KASN. To support the achievement of the minimum target of 20 hours of lessons per year, P2KASN provides digital learning infrastructure through the Ministry of Health's Learning Management System (LMS) and a transparent lesson hour conversion mechanism. In addition, the training delivery system is supported by an integrated accreditation and registration mechanism through SIAKSI and Plataran Sehat, so that the training, certification, and conversion of Professional Credit Units (SKP) processes can be documented in an accountable manner.

The leadership's commitment is further strengthened through the provision of infrastructure, administrative facilities, the allocation of a competency development budget, and the direct involvement of leaders as resource persons or instructors in training. This support enables employees, especially Adminkes, to gain broader access to training without administrative or financial barriers. These findings are in line with the research by Arnasari et al. (2019), which confirms that sufficient budget and leadership coordination are determining factors for the sustainability and effectiveness of ASN competency development. Thus, it can be concluded that top management support plays a strategic role in creating a structured, adaptive, and sustainable competency development system for Health Administrators.

The commitment and involvement of units that handle training in the health sector are important factors in the implementation of competency development for Health Administrators. Within the Directorate General of Health Workforce, the

implementation of competency improvement for health workers falls under the Directorate of Health Workforce Quality Improvement and the Directorate of Health Workforce Development and Supervision. Regulatory-wise, the competency development of ASN has been regulated in PP No. 17 of 2022 and PermenPANRB No. 38 of 2017, which emphasize that job competency standards are the main reference for competency development, including for the functional position of Health Administrator, which is supervised by the Ministry of Health.

The results of the interviews show that the formulation of technical competency standards for functional health positions, including Adminkes, has not yet been finalized in the form of a Minister of State Apparatus Empowerment and Bureaucratic Reform Decree. Although the Technical Competency Dictionary has been approved by the Minister of State Apparatus Empowerment and Bureaucratic Reform and can be used as an initial reference, the absence of definitive competency standards hinders the process of mapping competency gaps, analyzing training needs, and developing a curriculum and training modules specifically for Adminkes. As a result, the training available on the LMS/Plataran Sehat is not aligned with the specific needs of Adminkes and is still general in nature across positions.

This situation has resulted in the suboptimal follow-up of assessment results and individual development plans (RPI), with Adminkes participating in available training solely to meet the minimum target of 20 JPL per year, rather than based on actual competency needs. This finding is reinforced by statements from Adminkes informants who mentioned the lack of functional and technical training after appointment. Thus, it can be concluded that weak coordination and commitment from technical unit leaders in completing competency standards and competency development planning has resulted in the implementation of Adminkes competency development not running optimally and not being fully based on individual or job needs.

The development of information technology has driven the transformation of ASN competency development strategies at the Ministry of Health, from classical learning to digital and blended learning. Through the Ministry of Health Corporate University, the Ministry of Health has developed the **Plataran Sehat** digital learning platform, which is integrated with the Satu Sehat SDMK system. This platform enables flexible, standardized training that can be accessed without space and time limitations and supports a comprehensive learning process, from training and evaluation to certificate issuance and SKP collection. The use of this technology is also supported by the readiness of infrastructure in training units, such as the use of Smart TVs and multimedia devices, which is in line with the policy on the use of information technology in developing ASN competencies.

In terms of organizational complexity, the change in nomenclature from the Health Human Resources Development Agency to the Directorate General of Health Workforce has impacted the structuring of the budget system, which is now centralized in a single DIPA at the Secretariat of the Directorate General of Health

Workforce. Although this policy requires a more detailed and bureaucratic administrative process, the results of the study show that these changes do not hinder the implementation of Adminkes competency development. On the contrary, budget centralization actually facilitates cross-unit coordination and increases the accountability of training budget management.

Learning style is also a factor that affects the effectiveness of competency development. Interview results show that online training conducted concurrently with office tasks causes low concentration among participants, especially Adminkes. Additionally, the lack of technical competency standards for Adminkes functional positions means that the training provided is still general in nature and focuses more on managerial, social, and cultural competencies. This condition indicates the need to adjust learning methods to participants' learning styles and to emphasize the policy of task exemption during training.

Meanwhile, the performance of other HR management functions is considered to be running quite well. Coordination between the Directorate of Health Workforce Development and Supervision as the functional position supervisor, the Directorate of Health Workforce Quality Improvement as the policy and curriculum designer, the Health Training Center as the training organizer, P2KASN as the manager of managerial and socio-cultural training, and the Secretariat of the Directorate General of Health Workforce as the budget provider, has been harmonious. This coordination supports the integrated implementation of ASN competency development, although the follow-up to the Adminkes competency gap-based training needs analysis has not been optimal.

Model for Implementing Health Administrator Competency Development Through Training

a. Analysis

At the analysis stage, researchers identified and validated issues in the competency development of Health Administrators (Adminkes), set training instructional objectives, and analyzed the characteristics of training participants. The results of observations and interviews showed that the competency development of Adminkes through training has not been optimal because the competency standards for the Adminkes functional position have not been compiled, so that the analysis of training needs and the utilization of assessment results have not been effective. As a result, the available training is not based on real needs and does not refer to the technical competency gaps of Adminkes.

In addition, the implementation of Adminkes functional training has not been evenly distributed within the Directorate General of Health Workforce due to participant quota limitations and the absence of a systematic selection pattern. Given the requirement to complete a minimum of 20 hours of training per year, Adminkes tend to attend general training available at Plataran Sehat, rather than functional or technical training relevant to their positions. This means that individual development plans (RPI) based on competency gaps cannot be followed up due to the lack of appropriate training.

Based on the analysis results, the performance gap of Adminkes is not caused by a lack of motivation or limited infrastructure, but rather by limited technical knowledge and skills. Therefore, competency development through training is the appropriate intervention. The instructional objectives of the training were formulated with reference to the Adminkes Functional Position Competency Dictionary and the provisions of the main duties of Adminkes, which include the ability to understand, implement, organize, evaluate, and develop health administration policies and services, health policy analysis, and licensing of health service facilities.

An analysis of participants shows that most Adminkes in the Directorate General of Health Workforce have not participated in technical or functional training in the last two years, with a minimum educational background of a bachelor's degree and 1-4 years of work experience as Adminkes. In addition, the Ministry of Health's e-office system currently only displays gaps in managerial, social, and cultural competencies, while gaps in technical competencies have not been mapped. At this stage, the Directorate of Health Workforce Quality Improvement acts as the party responsible for planning and mapping training, in coordination with the Directorate of Health Workforce Development and Supervision. The results of this analysis stage form the basis for the training design in the next stage of the ADDIE model.

b. Design

Based on the results of the Adminkes competency development needs analysis, the design stage focuses on designing technical training that can achieve the established instructional objectives. The main activities at this stage include identifying resources, determining learning methods, scheduling training, and planning evaluations.

The identified resources include technology, facilities, human resources, and budget. From observations of health training providers, particularly the Jakarta Health Training Center, it was found that training facilities and infrastructure were adequate and in line with Health Training Resource Standards, including classrooms, dormitories, learning technology equipment, and support from lecturers and administrative staff. Thus, the implementation of Adminkes training can be supported by available resources without significant obstacles.

The chosen learning method is online (digital learning), in line with the Ministry of Health Corporate University policy that emphasizes the use of information technology. The delivery of theoretical material, group discussions, and assignments are carried out digitally to increase the flexibility and efficiency of training. Based on a budget simulation referring to the implementation of online training in the previous year, the training cost requirements are relatively minimal and focused on non-operational expenditures, so the training is considered financially feasible.

The training is designed to last for 14 days with a maximum of 30 participants per class. Considering that there are still 60 Adminkes who have not attended technical training, the implementation is planned in two batches in one fiscal year. The division of batches aims to maintain the effectiveness of learning while ensuring the continuity of organizational tasks. The evaluation plan includes the preparation of material comprehension tests and assessments of participant activity, task completion, and skills during the training.

At this design stage, the main role is carried out by the working team under the Directorate of Health Workforce Quality Improvement, specifically those handling quality assurance, training evaluation, and digital learning development, in coordination with the technical implementation unit of the health training center. Feedback at this stage is used to ensure the suitability of the training design before entering the development stage in the ADDIE Model.

c. Development

The development stage is the process of realizing the training design that has been prepared in the design stage into learning tools that are ready for use. At this stage, the content and training materials are compiled and validated, learning methods and media are developed, assignments are prepared, learning guides for participants and facilitators are compiled, and limited trials are conducted. The main objective of the development stage is to produce learning resources that are relevant, systematic, and in line with the competency requirements of Health Administrators (Adminkes).

The training content and materials are developed with reference to the duties and functions of Adminkes and the organizational needs of the Directorate General of Health Workforce. The training materials are grouped into basic materials, core materials, and supporting materials. The basic materials cover policies and general understanding related to health administration and the functional position of Adminkes. The core material focuses on strengthening technical competencies, which include health administration services, analysis and formulation of health program policies, organization, facilitation, monitoring and evaluation of policies, accreditation, licensing, report writing, and the development of technical papers and guidelines. The supporting material is aimed at building a commitment to learning and the formulation of follow-up plans for participants.

The learning methods developed include interactive lectures, group discussions, structured assignments, and field practice. The learning proportion emphasizes assignments and practice to strengthen participants' skills, while the delivery of theory is limited to be more applicable. Assignments are designed to be integrated with the training schedule to encourage the direct application of material in the context of participants' work.

Digital learning support media are developed to support online training, including learning modules, presentation slides, learning videos, worksheets, video conferencing services, and the use of a Learning Management System (Plataran

Sehat). In addition, learning guidelines for participants and facilitators are compiled, containing a logical, systematic, and synchronized learning flow between content and methods.

As part of the validation process, limited trials can be conducted on small groups representing the target participants to obtain feedback on the content, methods, and learning media. This development stage involves a working team under the Directorate of Health Workforce Quality Improvement, which is responsible for curriculum development, modules, learning digitization, and coordination with the training implementation unit. The results of the development stage form the basis for the implementation of training in the ADDIE Model.

d. Implementation

The implementation stage is the phase of directly applying all the training designs and tools that have been developed. At this stage, the learning environment is prepared and all training components are put into operation to actively involve participants in the learning process. The main focus of the implementation stage is the readiness of the instructors, the readiness of the participants, and the implementation of the training according to the predetermined design.

The Adminkes training is conducted in a structured manner following the schedule and curriculum that has been prepared. Training participants are classified based on criteria tailored to the training objectives, namely functional officials of the Health Administrator in the central environment of the Directorate General of Health Workforce with a minimum term of office of one year, covering all job levels (from first expert to associate expert), and obtaining recommendations from work unit leaders.

Instructors and facilitators are selected based on their educational background, work experience or teaching experience relevant to the training subject, and pedagogical competence, including possession of training certificates such as Training of Trainers or Basic Lecturer. Instructors come from lecturers, structural officials, and functional officials within the Ministry of Health who are competent in their fields.

The training is conducted over 14 days and consists of three main stages, namely the initial stage, the core stage, and the final stage. The initial stage includes an orientation on the training program, an explanation of the curriculum and evaluation mechanisms, a pre-test to measure participants' prior knowledge, and Building Learning Commitment activities to build readiness and commitment to learning. The core stage focuses on delivering knowledge and skills through active learning methods such as interactive lectures, discussions, and exercises. The final stage is aimed at reinforcing the material, checking participants' understanding, assigning tasks, and developing follow-up plans as a form of implementing the training results in the workplace.

The implementation phase is coordinated by the Health Training Center or Regional Health Training Center as the organizer, with support and monitoring from the working team at the Directorate of Health Workforce Quality Improvement to ensure the quality and achievement of training objectives.

e. Evaluation

The evaluation stage is a process to assess the success of the Adminkes training implementation and the suitability of the ADDIE model with the established competency development objectives. Evaluation is carried out continuously (formatively) at each previous stage, as well as summatively after the implementation stage, to assess the quality of the training process and results.

The evaluation is carried out through several main mechanisms. First, the evaluation of participants' learning outcomes is carried out through a post-test at the end of the training and compared with the pre-test scores to measure the increase in participants' knowledge and understanding. Second, the evaluation of the training reaction and process is carried out through interviews or questionnaires with participants to assess the relevance of the material, the performance of the facilitators, and the quality of the training implementation. Third, the evaluation of the application of training outcomes is carried out through observations in the workplace to assess the extent to which the knowledge and skills acquired can be implemented in the performance of Adminkes tasks.

The entire evaluation process involves a work team at the Directorate of Health Workforce Quality Improvement, which plays a role in the analysis, design, and development stages, as well as the training organizing unit (BBPK/Bapelkes). In addition, a post-training evaluation (PTE) is planned to be conducted at least six months after the training to assess changes in work behavior and improvements in participants' performance quality.

Based on the evaluation results and the overall ADDIE stages, the Adminkes training implementation model has several advantages, including the presentation of systematic and structured training stages, equal training opportunities through a batch system without disrupting the organization's tasks, and budget efficiency by utilizing online methods and internal facilities. However, the effectiveness of this model still depends on the completion and establishment of technical competency standards for the Functional Position of Health Administrator as the main reference for training development.

Overall, the ADDIE model is considered relevant and has the potential to be a solution in developing Adminkes competencies. This model is expected to improve the capacity and professionalism of Adminkes in carrying out their duties and support their readiness for competency tests. The results of discussions with related units indicate that this model is worth considering as a policy recommendation, with the proviso that there is a need to strengthen cross-unit coordination and accelerate the development of technical competency standards.

4. Discussion

The findings of this study indicate that the implementation of competency development for State Civil Apparatus (ASN), particularly Health Administrators (Adminkes), is strongly influenced by top management support, policy systems, organizational readiness, and the availability of clear competency standards. These results are consistent with the human resource development (HRD) literature, which emphasizes that effective competency development requires strategic commitment from top management as the main driver of organizational change and the establishment of a learning culture (Withers, 2019; Okwir et al., 2018).

Strong top management support at the Ministry of Health is reflected in strategic policies, budget allocation, infrastructure provision, and the development of an integrated learning system. The launch of the Ministry of Health Corporate University (Kemenkes Corpu) in October 2023 demonstrates a concrete commitment to promoting continuous learning among ASN. The Corporate University concept, which emphasizes self-learning, social learning, and experiential learning, aligns with the principles of competency-based education that position ASN as active learners oriented toward performance improvement (Habut & Indra, 2024; Janssens et al., 2023). The requirement for ASN to complete a minimum of 20 learning hours per year and the responsibility of work unit leaders to ensure that at least 80% of employees participate in competency development further strengthen accountability and consistency in policy implementation.

These findings support the study by Arnasari et al. (2019), which highlights that sufficient budget allocation and strong leadership coordination are critical determinants of the sustainability and effectiveness of ASN competency development. Moreover, the direct involvement of leaders as resource persons or instructors in training programs enhances program legitimacy and participant motivation, as also emphasized in the development of leadership competencies in the health sector (Hahn & Lapetra, 2019).

The role of the Directorate General of Health Workforce as the supervisory body for functional health positions is also crucial in determining the direction and system of competency development. The categorization of competency development into technical health training, organizational performance support training, and other technical competency enhancement activities reflects a comprehensive and adaptive approach. This approach is consistent with competency-based training frameworks that stress relevance, flexibility, and direct alignment with job demands (Meilianti et al., 2021; Sultan et al., 2025).

The adoption of classical, digital, and blended learning methods indicates a strategic shift in competency development at the Ministry of Health. The increasing emphasis

on non-classical and workplace-based learning confirms previous findings that flexible and practice-oriented learning models are more effective in improving competency achievement than conventional classroom-based training alone (Sri Suprapti, 2019; Sindim et al., 2022). The use of digital platforms such as Plataran Sehat, integrated with the Ministry of Health's human resource information systems, supports more accessible, efficient, and standardized learning, in line with the demands of digital transformation in the health sector (Brommeyer & Liang, 2022).

Despite these strengths, the study reveals a fundamental weakness in the implementation of Adminkes competency development, namely the absence of finalized technical competency standards for the Health Administrator functional position. The lack of a definitive decree from the Ministry of Administrative and Bureaucratic Reform has limited the ability to conduct systematic competency gap mapping, training needs analysis, and the development of job-specific curricula and modules. As a result, most training available on the learning management system remains generic and insufficiently tailored to the specific needs of Adminkes. This finding is consistent with Akakemam and Liang (2023), who argue that competency development without clearly defined standards tends to be ineffective and difficult to evaluate.

The absence of clear competency standards has also led to suboptimal follow-up on assessment results and Individual Development Plans (IDPs). Many Adminkes participate in available training programs primarily to fulfill the mandatory 20 learning hours requirement, rather than to address actual competency gaps. Similar challenges have been reported in previous studies, which found that training programs not based on systematic needs analysis have limited impact on performance improvement (Hery Pranoto et al., 2025; Karyadi et al., 2025).

From an organizational and technological perspective, changes in institutional structure and the centralization of the training budget have not significantly hindered the implementation of Adminkes competency development. On the contrary, budget centralization has improved cross-unit coordination and accountability in training management. This finding supports the argument that integrated performance and resource management systems enhance the effectiveness of HRD in complex public organizations (Okwir et al., 2018).

Learning styles also emerge as an important factor affecting training effectiveness. Online training conducted concurrently with routine work responsibilities tends to reduce participants' concentration and engagement, particularly among Adminkes. This highlights the need to better align learning methods with participant characteristics and to strengthen policies related to task exemption during training. Such findings reinforce the importance of learner-centered design in professional competency development (Hunter et al., 2023; Developing Competencies in Public Health, 2024).

Overall, the discussion of the ADDIE-based training model demonstrates that this model is relevant and systematic for developing Health Administrator competencies through training. Each stage—analysis, design, development, implementation, and evaluation—provides a structured framework for aligning organizational needs, individual competency gaps, and training outcomes. The strengths of this model include its systematic approach, efficient use of resources, flexible learning modalities, and continuity between planning, implementation, and evaluation stages.

However, the effectiveness of the ADDIE model in this context is highly dependent on the completion and formalization of technical competency standards for the Health Administrator functional position. Without clear and operational competency standards, training risks becoming an administrative formality rather than a strategic instrument for improving professionalism and organizational performance. Therefore, this model should be considered a viable policy recommendation, provided that cross-unit coordination is strengthened and the development of technical competency standards is accelerated, as consistently emphasized in the literature on health workforce and public sector competency development (Liang et al., 2018; Pineda, 2025).

5. Conclusions

Based on the results of the study, it can be concluded that the implementation of competency development for the Functional Position of Health Administrator at the Directorate General of Health Workforce has not been optimal. This is due to the incomplete development of technical competency standards as the main reference for competency development, the suboptimal follow-up on the results of training needs analysis so that the training provided is not based on technical competency gaps, and the limited effectiveness of online training due to the burden of routine work that interferes with concentration.

To address these issues, this study produced a model for implementing the competency development of Health Administrators through training by adopting the ADDIE model, which includes the stages of analysis, design, development, implementation, and evaluation. This model is systematically and structurally designed so that training can be designed based on competency needs, implemented effectively, and evaluated continuously. With the application of the ADDIE model, it is hoped that the competency development of Health Administrators can be more focused, efficient, and contribute to improving organizational performance.

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