

# Determinants of community health center staff performance

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## ARTICLE INFO

### *Article history:*

Received Jul 10, 2025

Revised Jul 16, 2025

Accepted Aug 2, 2025

### *Keywords:*

Community Health Centers

Discipline

Job Satisfaction

Organizational Culture

Staff Performance

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## ABSTRACT

Employee performance is a key indicator reflecting the quality of services in community health centers. At Marisa Health Center, Pohuwato District, various service-related issues such as delays, unfriendly staff behavior, and late program report submissions indicated suboptimal employee performance. This study aimed to determine factors associated with staff performance at Marisa Health Center. A quantitative cross-sectional design was used, involving 108 staff selected through total sampling. Data were collected using a validated and reliable questionnaire and analyzed through univariate, bivariate (Chi-square test), and multivariate (logistic regression with the Backward Likelihood Ratio method) analyses, with ethical approval number KEPK/UMP/162/IV/2025. The results showed no significant association between performance and education ( $p = 0.983$ ), work motivation ( $p = 0.087$ ), or physical work environment ( $p = 0.432$ ). However, significant associations were found for work discipline ( $p = 0.015$ ;  $PR = 1.642$ ), organizational culture ( $p = 0.036$ ;  $PR = 1.519$ ), and job satisfaction ( $p = 0.008$ ;  $PR = 1.700$ ). Job satisfaction was the dominant factor influencing performance ( $Exp(B) = 2.818$ ;  $p = 0.014$ ), suggesting that dissatisfied employees were nearly three times more likely to perform poorly. These findings highlight the importance of improving satisfaction, discipline, and culture to enhance staff performance.

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## INTRODUCTION

Community health centers functioned as facilities for providing promotive, preventive, curative, and rehabilitative healthcare services. These centers implemented two main service efforts, namely public health services and individual health services. Public health services were efforts to maintain and improve health by preventing and addressing health problems at the family, group, and community levels. Meanwhile, individual health services focused on preventive, improvement, treatment, and recovery efforts directed at individuals (Permenkes, 2019).

As the primary level of healthcare providers, community health centers were expected to enhance service quality through improved employee performance. Human resources served as the driving element in an organization and determined its success. Quality human resources were

reflected through good performance, responsibility, goal achievement, and discipline. The human resources in community health centers included both health and non-health personnel such as general practitioners, dentists, nurses, midwives, health promotion officers, sanitarians, nutritionists, pharmacists, pharmacy assistants, laboratory analysts, and administrative staff in areas such as finance and information systems.

In practice, many community health centers received negative feedback from the public. Some individuals were reluctant to seek treatment due to poor service experiences. These complaints were often reported in both online and offline media. A study conducted in Southeast Minahasa found several public concerns regarding delays in service, unfriendly staff behavior, and the lack of clarity in information provided by the health center (Tumber et al., 2018). Poor employee performance could hinder the government's efforts to provide basic, comprehensive, and integrated health services.

A literature review identified several factors that positively influenced employee performance, such as organizational support, organizational culture, social support, interdependence among workers, role clarity, autonomy, skills and education level, personal characteristics, openness to change, enthusiasm, and creativity (Krijgheld et al., 2022). Another study found that motivation, cost of living, work environment, and compensation were also influential factors (Diamantidis & Chatzoglou, 2019). Motivation was a stimulus that encouraged responsible behavior among workers. The higher the work motivation, the better the performance achieved (Ulantini et al., 2022). Therefore, it was important for organizations to understand and assess the level of employee motivation and discipline.

In addition to motivation, discipline also significantly affected employee performance. Discipline helped ensure that staff worked in accordance with institutional rules, fostering a safe and orderly work environment while enabling the achievement of organizational goals. A study conducted at Padang City Regional Hospital found that work motivation, ability, wages, work environment, and discipline had an impact on staff productivity (Andari et al., 2021). Inadequate supervision and the absence of sanctions increased the likelihood of rule violations, which affected discipline and performance. Good discipline was demonstrated through a strong sense of responsibility in completing tasks assigned by the organization and could improve work spirit and contribute to goal attainment (Rahmah et al., 2021).

Pohuwato District was located at the westernmost part of Gorontalo Province. It bordered Buol District to the north, Tomini Bay to the south, Parigi Moutong District to the west, and Boalemo District to the east. The area covered 4,244.31 square kilometers or 34.75 percent of Gorontalo Province. Based on observations conducted on January 4 and January 15, 2024, at the District Health Office, Pohuwato District consisted of thirteen subdistricts and one regional hospital, with sixteen community health centers distributed across various locations. The service areas were categorized as rural, urban, and very remote, with either inpatient or non-inpatient service capacities.

The selection of Marisa Community Health Center as the research site was based on strategic considerations. Geographically, Marisa served as the administrative center of Pohuwato District and had the widest service coverage. Socioeconomically, it served the largest population across eight villages and employed the highest number of health personnel among all community health centers in the region. These factors, along with public complaints related to service delays and staff discipline, highlighted the importance of investigating the performance of health workers at this facility.

Based on a survey, Marisa Community Health Center had the highest number of personnel, with a total of 101 staff members. This included twenty-eight civil servants, thirteen government contract workers, twenty local contract workers, and forty volunteers. The center served eight villages and had the largest population among the sixteen community health centers, with a total of 21,260 residents in 2022. Interviews with staff revealed community criticism related

to delayed services due to late staff arrivals, unfriendly attitudes when serving patients, and delays in submitting monthly public health program reports. Some reports did not reach the target or were not submitted within the specified deadline. This study aimed to determine the factors associated with the performance of health center staff at Marisa Community Health Center, Pohuwato District, Gorontalo Province.

## RESEARCH METHOD

This study employed an analytical quantitative approach. Data collection was conducted using a structured questionnaire designed to identify the relationships between several independent variables and the performance of health workers at the Marisa Community Health Center, Pohuwato District, Gorontalo Province. The study used a cross-sectional design, where variable measurements were carried out at a specific point in time to analyze the relationships among variables (Adiputra et al., 2021). This design was chosen because it was more efficient, cost-effective, and had a lower risk of participant loss.

The research was conducted at the Marisa Community Health Center from April to May 2025. The population in this study consisted of all 108 health workers at the center. The sampling technique used was total sampling, meaning the entire population was included as research subjects (Sugiyono, 2021).

The primary instrument for data collection was a questionnaire that assessed variables such as education, work motivation, work discipline, physical work environment, organizational culture, job satisfaction, and performance. Each questionnaire was a modification of existing instruments and was structured into several dimensions containing both favorable and unfavorable statements. The sources of the modified questionnaires were as follows: Work motivation was adapted from McClelland's Achievement Motivation Theory, work discipline from the Brief Self-Control Scale, physical work environment from the Physical Work Environment Satisfaction Questionnaire, organizational culture from the Culture Assessment Questionnaire (OCAQ) and job satisfaction from the Individual Work Performance Questionnaire (IWPQ).

The collected data were coded, entered into the Statistical Package for the Social Sciences (SPSS) software, and cleaned to ensure accuracy and consistency before analysis. Validity and reliability testing was conducted at a comparative community health center using the Pearson Product Moment correlation test and Cronbach's Alpha reliability test. All instruments used met the criteria for validity and reliability. Data were analyzed using univariate, bivariate analysis with the chi square test, and multivariate analysis using logistic regression with the backward likelihood ratio method.

## RESULTS AND DISCUSSIONS

### Results

Based on Table 1, it was found that out of 108 respondents, the majority had a high level of education, totaling 103 individuals (95.4%). Regarding the work motivation variable, most respondents demonstrated low motivation, with 56 individuals (51.9%). In terms of work discipline, the majority of respondents were categorized as having low discipline, amounting to 60 individuals (55.6%). Concerning the physical work environment, most respondents rated the condition as adequate, with 55 individuals (50.9%). Furthermore, for the organizational culture variable, the majority of respondents perceived the organizational culture in their workplace as poor, totaling 56 individuals (51.9%). Regarding job satisfaction, most respondents reported being dissatisfied with their work, with 57 individuals (52.8%). Lastly, in the performance variable, the majority of respondents were assessed as having poor performance, totaling 58 individuals (53.7%).

**Tabel 1.** Frequency distribution of research variables

| Variable                  | n   | %    |
|---------------------------|-----|------|
| Education                 |     |      |
| Low                       | 2   | 1.9  |
| Medium                    | 3   | 2.8  |
| High                      | 103 | 95.4 |
| Work Motivation           |     |      |
| Low                       | 56  | 51.9 |
| High                      | 52  | 48.1 |
| Work Discipline           |     |      |
| Less Disciplined          | 60  | 55.6 |
| Disciplined               | 48  | 44.4 |
| Physical Work Environment |     |      |
| Inadequate                | 53  | 49.1 |
| Adequate                  | 55  | 50.9 |
| Organizational Culture    |     |      |
| Poor                      | 56  | 51.9 |
| Good                      | 52  | 48.1 |
| Job Satisfaction          |     |      |
| Dissatisfied              | 57  | 52.8 |
| Satisfied                 | 51  | 47.2 |
| Performance               |     |      |
| Poor                      | 58  | 53.7 |
| Good                      | 50  | 46.3 |

**Table 2.** Factors associated with performance

| Variabel                  | Performance |      |      |      | <i>P-value</i> | PR<br>(CI 95%)         |
|---------------------------|-------------|------|------|------|----------------|------------------------|
|                           | Poor        |      | Good |      |                |                        |
|                           | n           | %    | n    | %    |                |                        |
| Education                 |             |      |      |      |                |                        |
| Low                       | 1           | 0.9  | 1    | 0.9  | 0.767          | -                      |
| Medium                    | 1           | 0.9  | 2    | 1.9  |                |                        |
| High                      | 56          | 51.9 | 47   | 43.5 |                |                        |
| Work Motivation           |             |      |      |      |                |                        |
| Low                       | 35          | 32.4 | 21   | 19.4 | 0.087          | 1.413<br>(0.979-2.039) |
| High                      | 23          | 21.3 | 29   | 26.9 |                |                        |
| Work Discipline           |             |      |      |      |                |                        |
| Less Disciplined          | 39          | 36.1 | 21   | 19.4 | 0.015          | 1.642<br>(1.105-2.439) |
| Disciplined               | 19          | 17.6 | 29   | 26.9 |                |                        |
| Physical Work Environment |             |      |      |      |                |                        |
| Inadequate                | 31          | 28.7 | 22   | 20.4 | 0.432          | 1.191<br>(0.838-1.694) |
| Adequate                  | 27          | 25   | 28   | 25.9 |                |                        |
| Organizational Culture    |             |      |      |      |                |                        |
| Poor                      | 36          | 33.3 | 20   | 18.5 | 0.036          | 1.519<br>(1.047-2.206) |
| Good                      | 22          | 20.4 | 30   | 27.8 |                |                        |
| Job Satisfaction          |             |      |      |      |                |                        |
| Dissatisfied              | 38          | 35.2 | 19   | 17.6 | 0.008          | 1.700<br>(1.153-2.506) |
| Satisfied                 | 20          | 18.5 | 31   | 28.7 |                |                        |

Based on Table 2, work discipline ( $p = 0.015$ ; OR = 1.642; 95% CI = 1.105–2.439), organizational culture ( $p = 0.036$ ; OR = 1.519; 95% CI = 1.047–2.206), and job satisfaction ( $p = 0.008$ ; OR = 1.700; 95% CI = 1.153–2.506) were significantly associated with performance. Respondents who were less disciplined, perceived poor organizational culture, and felt dissatisfied with their job were more likely to have poor performance. Meanwhile, education ( $p = 0.767$ ), work motivation

( $p = 0.087$ ; OR = 1.413; 95% CI = 0.979–2.039), and physical work environment ( $p = 0.432$ ; OR = 1.191; 95% CI = 0.838–1.694) were not significantly associated with performance.

The results of multivariate analysis using the Backward Likelihood Ratio method showed that job satisfaction was the most dominant factor influencing performance. Respondents who were dissatisfied with their jobs were 2.818 times more likely to have poor performance compared to those who were satisfied (Exp(B) = 2.818; 95% CI = 1.237–6.420;  $p = 0.014$ ).

**Table 3.** Results of binary logistic regression test using backward LR method

| Variable         | B     | S.E.  | Sig.  | Exp(B) | 95% C.I. for EXP(B) |       |
|------------------|-------|-------|-------|--------|---------------------|-------|
|                  |       |       |       |        | Lower               | Upper |
| Work Motivation  | 0.849 | 0.421 | 0.044 | 2.337  | 1.025               | 5.329 |
| Work Culture     | 0.808 | 0.422 | 0.055 | 2.244  | 0.982               | 5.131 |
| Job Satisfaction | 1.036 | 0.420 | 0.014 | 2.818  | 1.237               | 6.420 |

### The Relationship Between Education and Performance among Health Workers at Marisa Community Health Center

The study showed no significant relationship between education level and health worker performance at Marisa Health Center ( $p = 0.767$ ;  $p > 0.05$ ). This indicated that a high level of formal education did not always result in optimal performance. Although formal education provided theoretical knowledge and skills (Johnson, 2022; Syaadah et al., 2023), it was not the sole determinant of performance. As a PONE facility, the center required competent staff; however, factors such as low motivation, unsupportive culture, and equal salaries between highly educated and less educated contract workers likely influenced the results. Previous studies emphasized that motivation, organizational culture, and compensation significantly affected performance, with motivation acting as a mediator (Kusuma et al., 2025).

According to the Job Demands-Resources (JD-R) theory, employee performance was significantly influenced by the combination of job demands and job resources. Employees tended to perform well when job demands were balanced with adequate resources and strong work motivation. Therefore, workplace factors such as supervisor support, role clarity, and opportunities for development were essential in shaping performance. The JD-R theory also emphasized the importance of work engagement as a result of sufficient job resources, where employees became more enthusiastic, energetic, and committed to their jobs (Bakker et al., 2023; Bakker & Demerouti, 2024). This finding was consistent with previous studies which reported that education level was not significantly associated with healthcare service utilization ( $p = 0.258$ ) (Nurdin et al., 2022). Based on Fahmi (2021) also found no significant relationship between education and employee performance ( $p = 0.221$ ). Similarly, Prasetyo & Kusdiyanto (2024) stated that education was not associated with health center performance (Prasetyo & Kusdiyanto, 2024).

Formal education provided essential theoretical knowledge; however, health worker performance was more influenced by non-academic factors. Motivation, job perception, work environment, and leadership were key determinants. Job satisfaction, recognition, workplace democracy, and fair evaluations also played a major role (Li & Meng, 2024; Nadarajan et al., 2025). Without motivation, discipline, and a supportive environment, a high education level alone did not ensure optimal performance (Buchbinder et al., 2023; Mcizana et al., 2024).

### The Relationship Between Work Motivation and Performance among Health Workers at Marisa Community Health Center

The study found no significant relationship between work motivation and the performance of health workers at Marisa Community Health Center, with a p-value of 0.087. Theoretically, work motivation was a critical factor that encouraged individuals to work optimally. According to Herzberg's Two-Factor Theory of Motivation, motivation was divided into intrinsic factors (motivators) such as achievement, recognition, and self-development, and extrinsic (hygiene) factors such as salary, working conditions, and organizational policies. This theory emphasized

that good motivation encouraged individuals to work more effectively, creatively, and responsibly (Koncar et al., 2022; Sketch, 2025). Additionally, the Hierarchy of Needs Theory explained that motivation was influenced by a hierarchy of needs, ranging from physiological, safety, social, esteem, to self- (Altymurat et al., 2021; Yurdakul & Arar, 2023). Higher-level needs would only motivate individuals if the more basic needs were sufficiently fulfilled (Navy, 2020; Yurdakul & Arar, 2023).

The findings aligned with previous studies reporting no relationship between motivation and performance (Maydinar et al., 2021). Based on Muhaimin et al. (2022), stated that there was no relationship between responsibility-related motivation and employee performance ( $p = 1.000$ ). Other research also found that motivation had a small effect size and weak correlation with employee performance (Syaibani, 2021). However, these results contradicted studies that reported a significant relationship between motivation and performance at health centers (Kurnianto & Peristiowati, 2022; Mutmainah et al., 2023).

Field notes from Marisa Health Center showed that low work motivation was caused by a labor system that did not ensure security or welfare. Most workers were contract-based or honorary staff, earning inconsistent incomes and receiving service fees based on internal discretionary policies. Although expected to perform high workloads, the rewards were often limited to work certificates used for civil service applications. This situation caused psychological stress and emotional fatigue, leading to decreased motivation and a mechanical work approach. Putra et al. explained that competency development involved cognitive, psychomotor, and affective dimensions that shaped the overall capability of an employee. Meanwhile, an effective compensation system included financial and non-financial aspects within a total reward framework, which strongly influenced work motivation dynamics. The strategic implication was that a systematic integration of competency development and compensation alignment would produce sustainable performance advantages (Putra et al., 2025).

### **The Relationship Between Work Discipline and Performance of Community Health Center Workers**

The results showed a significant relationship between work discipline and the performance of workers at the Marisa Community Health Center. Staff with high levels of discipline, such as punctuality, consistent adherence to working hours, and compliance with standard operating procedures (SOPs), tended to show better (Gandung, 2024; Suhadi et al., 2022). These findings align with Perceptual Control Theory (PCT), which posits that individuals act to align their perception of the environment with their internal goals or values. Humans are considered control systems that constantly compare their current perceptions with desired conditions and adjust behavior to reduce any discrepancies. PCT emphasizes that behavior is not a direct response to stimuli but a mechanism to stabilize perception, which is managed hierarchically from physical movements to abstract values (Mansell, 2021; Mansell et al., 2023). The results also aligned with the Theory of Inquiry, which emphasized that discipline emerged from reflective learning and autonomous regulation rather than external control (Kelp, 2021; Kunzl & Messner, 2023; Sandua, 2024).

Previous studies supported these findings, showing a significant effect of discipline on performance (Iqbal & Fitri, 2023). Based on Afrinalda (2020) also found that discipline significantly affects employee performance with a significance value of 0.000. Another study revealed a strong relationship between discipline and the performance of health workers, with a Chi-Square value ( $X^2$ ) of 17.835 and a phi coefficient ( $\phi$ ) of 0.651 (Akbar et al., 2020).

Field observations showed that the Community Health Center applied a centralized leadership style, with decisions made by leaders and limited staff involvement. This hierarchical culture emphasized discipline but risked lowering motivation and service quality. Previous studies confirmed that leadership and culture affect discipline and performance, with discipline improving outcomes (Lutfy & Wulansari, 2025). Implementing a consistent reward and sanction system can

enhance motivation and uphold standards when applied fairly (Jansen et al., 2024). Additionally, continuous coaching is vital for staff development, helping to close performance gaps and boost engagement. For coaching to be effective, it must be supported by organizational commitment, psychological safety, and strong leadership, while addressing barriers like limited capacity and heavy workloads (Rosita et al., 2024).

### **The Relationship Between the Physical Work Environment and Performance of Community Health Center Workers**

The results showed no significant relationship between the physical work environment and the performance of staff at the Community Health Center in Marisa. According to Two-Factor Theory, the work environment is classified as a hygiene or extrinsic factor. This factor does not directly increase motivation or performance but serves to prevent dissatisfaction. Thus, even if the physical environment is inadequate, performance may not decline as long as motivator factors such as achievement, recognition, and responsibility are fulfilled (Koncar et al., 2022; Michael Galanakis & Giannis Peramatzis, 2022; Sketch, 2025).

Furthermore, the Socio-Technical Systems Theory by Emery and Trist (1960) explains that optimal performance is achieved through a balance between technical and social systems. The physical environment is part of the technical system, but if social aspects such as team communication, supervisor support, and workplace climate are not aligned, changes to the physical aspects alone are insufficient to drive performance (Münch et al., 2022; Saurin & Patriarca, 2020; Sony & Naik, 2020). At Marisa Community Health Center, social factors such as teamwork, motivation, and job satisfaction appeared more influential than the physical environment. These results support previous studies that found no significant relationship between the physical work environment and employee performance (Duplon et al., 2022). Similarly, Nasrip & Pono (2024) found that the physical work environment had no significant influence on employee performance. Although they contrast with findings by Shaari et al. (2022), who reported a positive influence of the physical environment on performance (Shaari et al., 2022).

Although the organizational culture limited participation in decision making, it contributed to consistency and workflow efficiency. Some staff responded by innovating within available resources. Previous studies show that organizational culture and motivation have a greater effect on performance than physical conditions (Duplon et al., 2022; Nuraldy & Putri, 2025). Facilities could be compensated by coaching and strong psychological support, which foster optimal performance through innovation and adaptation (Knowles, 2021; Wang et al., 2022). Effective coaching enhances psychological capital, work attitudes, and performance with long-lasting effects (Fontes & Dello Russo, 2021).

### **The Relationship Between Organizational Culture and Performance of Health Workers at Marisa Public Health Center**

The results showed a significant relationship between organizational culture and the performance of health workers at Marisa Public Health Center ( $p = 0.036$ ). This supports Schein's (1992) theory, which explained that organizational culture consists of shared assumptions that guide behavior and decisions. These assumptions operate on three levels: artifacts, values, and underlying beliefs. A strong culture can improve motivation and performance, while a weak one can obstruct progress (Akpa et al., 2021; Christopher & Edwinah, 2022; Nanayakkara & Wilkinson, 2021).

In addition, this finding is in line with Herzberg's Two-Factor Theory, which differentiates between intrinsic motivators (achievement, recognition, growth) and extrinsic hygiene factors (salary, working conditions, organizational policy) (Koncar et al., 2022; Sketch, 2025). A positive organizational culture should support both elements. Cultures that emphasize achievement and development foster intrinsic motivation, while fair systems and supportive policies satisfy extrinsic needs (Jamali et al., 2024; Karepesina, 2023; Koncar et al., 2022).

Previous studies support this result. Saebah & Merthayasa (2024) found that organizational culture, professionalism, and commitment significantly influenced employee performance, accounting for 56.9% of performance variance (Saebah & Merthayasa, 2024). Ibarra-Gutierrez et al. (2022) also showed that organizational culture was significantly associated with work performance and service quality in healthcare (Ibarra-Gutierrez et al., 2022). Harli et al. (2024) emphasized that work motivation mediates the impact of leadership and culture on employee performance (Harli et al., 2024). Nevertheless, there were also positive aspects of the culture, such as managing change, evident from the transition from manual to electronic medical records – and a growing customer orientation reflected in proactive public screening programs. This supports findings that an adaptive and innovative culture can enhance service quality and responsiveness (Mulatsih et al., 2025; Sudiantini et al., 2022).

### **The Relationship Between Job Satisfaction and Performance of Health Workers at Marisa Public Health Center**

The study found a significant relationship between job satisfaction and the performance of health workers at Marisa Public Health Center. Multivariate analysis showed job satisfaction as the most dominant factor, where dissatisfied workers were 2.82 times more likely to show poor performance ( $\text{Exp}(B) = 2.818$ ; 95% CI = 1.237–6.420;  $p = 0.014$ ). Satisfied workers tended to be more motivated, responsible, and productive, while dissatisfaction led to stress, low motivation, and turnover (Briganti et al., 2023; Katebi et al., 2022; Razai et al., 2023).

These findings align with Herzberg's Two-Factor Theory, which emphasizes that job satisfaction arises from motivators (e.g., achievement, recognition) and hygiene factors (e.g., salary, working conditions). Satisfied employees tend to be more motivated and perform better (Koncar et al., 2022; Revadi et al., 2024; Sketch, 2025). They are also consistent with Vroom's Expectancy Theory, which explains motivation based on the expectation of outcomes and their value. When expectancy, instrumentality, and valence are high, individuals are more driven to perform, leading to improved satisfaction and job performance (Gyepi-Garbrah et al., 2023; Watters, 2021).

Supporting studies confirm a positive link between job satisfaction and healthcare worker performance, showing improvements in productivity, service quality, and morale (Faryal & Naqvi, 2023; Platis et al., 2015; Yadav & Shree, 2024). Briganti et al. (2023) also confirmed that job satisfaction led to better performance, while dissatisfaction contributed to lower performance and further worsened employee morale (Briganti et al., 2023). Similarly, Katebi et al. (2022) reported a moderate, positive, and significant relationship between job satisfaction and work performance, with India acting as a moderating variable (Katebi et al., 2022).

Job satisfaction enhances health worker performance by increasing productivity, loyalty, and motivation, ultimately improving care quality and outcomes (Wahyuhadi et al., 2023). In contrast, dissatisfaction raises the risk of errors, conflict, and turnover, which harms both performance and patient safety (Abdullah et al., 2020). Factors such as sufficient rest, work-life balance, and flexible hours help reduce fatigue and boost satisfaction, supporting better service delivery (Razai et al., 2023). Moreover, ongoing training and practical experience are key drivers of improved knowledge and performance, often more impactful than formal education (Liu et al., 2022; Rogers et al., 2023).

## **CONCLUSION**

Work discipline, organizational culture, and job satisfaction were significantly associated with performance. Among these, job satisfaction was the most dominant factor, with dissatisfied employees being 2.8 times more likely to perform poorly. To enhance employee performance, Community Health Centers should prioritize improving job satisfaction through supportive leadership, fair recognition systems, and a positive work culture, alongside strengthening discipline across all levels.

## ACKNOWLEDGEMENTS

The author would like to express sincere gratitude to Universitas Ahmad Dahlan for the academic guidance and support throughout the research process. Appreciation is also extended to the management and staff of the Community Health Center for their cooperation and assistance. This research was conducted with personal funding, and special thanks are given to all respondents who participated and contributed to the success of this study.

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