

Implementation of Competency-Based Training Policy to Improve Employee Performance at The North Nias Regency Health Office

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ABSTRACT

This study investigates the implementation of a competency-based training policy and its effect on employee performance at the Health Office of North Nias Regency. Using a qualitative descriptive approach, primary data were gathered through in-depth interviews, direct observation, and document review involving managerial and operational staff. Analysis followed an interactive model of data reduction, display, and conclusion drawing. Findings indicate that competency-based training has positively influenced technical skills, job knowledge, motivation, work discipline, task execution, and responsibility in public service delivery. Nevertheless, the implementation is constrained by limited training budgets, inadequate facilities and infrastructure, unequal training opportunities, insufficient post-training evaluation and follow-up, and heavy operational workloads that reduce training participation. The study concludes that competency-based training contributes to improved employee performance when supported by comprehensive planning, sufficient resources, systematic evaluation, and institutional commitment. Recommendations include strengthening budgetary allocations, upgrading training facilities, implementing structured post-training evaluation, and aligning training programs more closely with job-specific competency needs.

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1. INTRODUCTION

Human resource quality is a decisive factor in the capacity of public institutions to deliver services effectively; therefore, personnel development policies are central to organizational performance and public trust. In government health agencies, employee competence directly influences the accessibility, quality and responsiveness of health services; consequently, training policies must be tailored to close competency gaps relevant to specific job functions (Banna et al., 2021).

Competency-based training (CBT) has been promoted as a strategic approach that aligns training content with required professional competencies, enabling measurable improvements in technical skills and behavioral attributes. The Health Office of North Nias Regency adopted competency-based training as part of its human resource development strategy to strengthen service delivery, professionalize the workforce, and meet evolving public health demands (Abbasi et al., 2021).

Despite formal adoption, implementation quality varies widely and is shaped by factors such as leadership commitment, financial resources, infrastructure, availability of qualified trainers, and

the rigour of needs assessment (Putri et al., 2019). Empirical reports and initial observations at the Health Office indicate that some training initiatives are well conceived and beneficial, whereas others remain incidental, lacking systematic planning and evaluation. A central challenge is resource limitation budget constraints affect the scale and continuity of training programs, creating disparity in access among staff and reducing program sustainability (Widyastuti & Hermanto, 2022).

Another recurring issue is the mismatch between training content and the specific competency requirements of particular positions, which reduces on-the-job applicability and diminishes the return on investment in capacity building. The Health Office's internal processes for identifying training needs rely on annual performance appraisals and gap analyses, yet those mechanisms do not always ensure full staff participation in competency mapping (Marjudi et al., 2023).

Infrastructure and facilities for training classrooms, equipment, learning materials, and ICT support are unevenly available; this undermines practical, hands-on training especially in technology and clinical skill modules. Workload pressures and scheduling difficulties further limit employee participation, as operational demands restrict the time staff can allocate to training and follow-up activities. Post-training evaluation and follow-through critical for reinforcing transfer of learning are reported to be weak or irregular, making it difficult to track changes in workplace performance attributable to training (Giarretta & Chesini, 2021).

Organizational culture and managerial support influence training effectiveness: where leaders actively champion learning, outcomes and the institutionalization of new practices are stronger. Given the multifaceted nature of training implementation, a focused qualitative examination is essential to understand both the enabling conditions and obstacles that shape outcomes at the North Nias Health Office (Pantos, 2023). This study therefore analyzes the implementation of competency-based training in this context, identifies supporting and inhibiting factors, and proposes pragmatic recommendations to enhance the impact of training on employee performance.

2. RESEARCH METHOD

This research employed a qualitative descriptive design aimed at producing an in-depth understanding of how competency-based training policy was implemented and how it affected employee performance at the Health Office of North Nias Regency. The researcher acted as the primary instrument, using open-ended interviews, participant observation, and document analysis to collect rich, contextualized data. Informants were purposefully selected and included key managerial figures, unit heads, and staff who had direct experience with the design, delivery, or participation in training programs (Ningrat & Nurzaman, 2019). Data collection instruments consisted of semi-structured interview guides, observation checklists, and a review of policy documents, training reports, and evaluation records to triangulate findings. Data analysis followed an interactive model of qualitative analysis data reduction, data display, and conclusion drawing/verification allowing patterns and themes to emerge. The iterative process included coding of interview transcripts, organizing observational notes, and corroborating documentary evidence to develop credible findings and recommendations (Kumari Anitha & Devi Chitra N, 2022).

3. RESULTS AND DISCUSSIONS

Results

The Health Office has institutionalized competency-based training in policy documents and routinely schedules capacity-building activities intended to align staff skills with organizational objectives. Needs assessment is nominally conducted through annual performance appraisals and gap analyses; these processes provide the basis for identifying priority training topics though not all staff perceive the mapping to be fully inclusive. Several training programs produced clear gains in technical skills and procedural knowledge, particularly in areas where practical, hands-on sessions and experienced instructors were available (Efimov et al., 2021).

Participants and supervisors reported improved discipline, job responsibility, and consistency in task performance following selected training interventions, indicating positive behavioral and output changes. Notwithstanding positive outcomes, budgetary limitations significantly constrained the number, frequency, and depth of training activities; some planned

modules were postponed or simplified due to funding shortfalls. Physical and technological infrastructure shortfalls limited training rooms, inadequate equipment, and insufficient digital learning supports reduced training quality and the ability to deliver certain competency areas effectively. Unequal access to training was evident: staff in certain units or with particular job grades had more opportunities to participate, while others reported limited exposure due to scheduling or selection practices (Yang et al., 2023).

Post-training evaluation was inconsistently executed: while some courses included immediate feedback forms, systematic longitudinal assessment of skill transfer and workplace performance change was largely absent. Implementation was supported by managerial commitment in principle leaders allocated some budget and voiced support but operational follow-through such as mentoring, coaching, and performance monitoring after training was not consistently implemented (Arner et al., 2020). Overall, competency-based training contributed to improved capacities and motivated staff, but its transformative potential remained bounded by resource constraints, weaknesses in evaluation and follow-up, and limited alignment between some training content and specific job requirements.

Discussion

The observed improvements in skill, discipline, and responsibility following training align with human resource development theory that links targeted capacity building to performance outcomes. However, consistent with the wider literature on public-sector training, the effectiveness of CBT depends not only on the quality of training design but also on broader enabling conditions such as budgetary sufficiency and infrastructural readiness (Pantos, 2023).

The reliance on annual appraisal and gap analysis as the primary needs-assessment mechanism is appropriate but incomplete when such processes do not fully engage supervisors and frontline staff in competency mapping. The partial mismatch between training topics and daily job demands suggests a need for more granular job analysis and customization of curricula to role-specific competency standards (Cornelli et al., 2023).

Budget constraints mirror systemic resource limitations in regional government units and underscore the need for strategic prioritization, diversified funding sources, and cost-effective learning modalities (e.g., blended learning). Infrastructure inadequacies especially for practical and technology-dependent competencies impair experiential learning and the fidelity of skill acquisition, reinforcing the importance of investing in facilities and ICT supports (Deng et al., 2021).

Participation inequities highlight organizational governance and coordination issues; transparent selection criteria and equitable scheduling can mitigate perceived unfairness and maximize organizational returns. The weak implementation of post-training follow-up reduces the probability of transfer of training to the workplace; applied models of transfer (e.g., post-training coaching, peer learning, action plans) should be institutionalized (Emara & Zhang, 2021).

Managerial support was evident rhetorically but underrealized in practice; leadership must operationalize support via dedicated staff time, mentoring programs, and integration of training outcomes into performance evaluations. The findings suggest that competency-based training yields short-term improvements in knowledge and motivation but sustained performance gains require systemic reinforcement mechanisms, including monitoring and reward structures (Giaretta & Chesini, 2021).

The study also raises questions about scalability and sustainability: without predictable budgeting and routine evaluation, episodic training is unlikely to yield long-term organizational transformation. Aligning training programs with strategic health priorities (e.g., maternal and child health, disease surveillance, health information systems) will enhance relevance and policy coherence (Thi et al., 2021).

The administrative burden and heavy workloads that limit training participation suggest exploring flexible delivery modes (e.g., modular scheduling, microlearning, on-the-job mentoring) to reduce opportunity costs for participants. Investing in capacity building for trainers and developing local training resources can reduce dependence on external providers and help tailor content to contextual needs. Finally, embedding a culture of continuous learning through knowledge sharing,

routine reflective practice, and institutional incentives can sustain improvements and make competency development an organizational norm rather than a discrete event (Putri et al., 2019).

4. CONCLUSION

Competency-based training at the Health Office of North Nias Regency has demonstrated measurable benefits for employee skills, motivation, and certain performance indicators, but its full potential is constrained by limited budgets, inadequate training facilities and ICT support, uneven access, weak post-training evaluation, and operational pressures; therefore, the office should (1) secure and prioritize training budgets, (2) upgrade physical and digital training infrastructure, (3) conduct inclusive and job-specific needs analyses, (4) institutionalize post-training follow-up (mentoring and performance monitoring), and (5) promote equitable selection and flexible delivery modes to ensure sustainable enhancement of employee performance.

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