

The Influence of Essential Health Efforts on the Success of the Stunting Program through the Work Commitment of Health Workers at the Kendari City Health Center

Fajar Kurniawan¹ , Nurwati² , Jafriati³ , Patwayati⁴ 

¹Pelita Ibu College of Health Sciences, Southeast Sulawesi, Indonesia

^{2,3,4}Halu Oleo University, Southeast Sulawesi, Indonesia

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ABSTRACT

This study aims to analyze the influence of Essential Public Health Efforts (SMEs) on the success of stunting prevention programs through the mediating role of health workers' work commitments at the Kendari City Health Center. This study uses a quantitative approach with an explanatory design to explain the causal relationship between variables. The research was carried out in May-July 2024, involving 105 health workers as a purposively selected sample. Data was collected using questionnaires and analyzed using Partial Least Squares (PLS).

*The results showed that Essential SMEs, such as health promotion and environmental sanitation, had a direct positive influence on the success of the stunting program (path coefficient 0.776). However, this influence became more significant through the mediation of work commitments of health workers (indirect effect of 0.740). Work commitment, which includes affective, normative, and continuity commitments, showed a strong influence on stunting programs (path coefficient 0.943). *R Square* analysis revealed that 61.6% of the variability of work commitment was explained by the implementation of Essential SMEs, while 94.4% of the success of the stunting program was explained by the combination of Essential SMEs and work commitment. A high Q Square value (0.944) indicates that the model has excellent predictive ability.*

The conclusion of the study emphasizes the importance of the role of work commitment as a mediator in strengthening the relationship between the implementation of Essential SMEs and the success of stunting programs. The implications of the study recommend strengthening the commitment of health workers through training, incentives, and better human resource management to optimize the impact of Essential SMEs in supporting national priority programs, such as stunting prevention.

KEYWORDS: ESSENTIAL HEALTH EFFORTS, SUCCESS OF STUNTING PROGRAMS, WORK COMMITMENT, HEALTH WORKERS

INTRODUCTION

Efforts to improve performance in an organization generally depend on the quality of human resources which is supported by several factors, including work motivation both internal and external and work commitment to efforts to achieve the organization's mission (Morton Deutsch, Peter T. Coleman, 2006). Several theories were found from various sources which are the main theories (grand theories) that are closely related to human resource management and organizational behavior with the function of planning, organizing, directing and controlling in the achievement of national priority programs, the national priority program referred to in this study is Stunting which is one of the five that is a national priority program, Where by improving the performance of essential public health efforts carried out at the health center, in this case the First Level Health Facility (FKTP) organization.

John P. Meyer and Natalie J. Allen identified three components of work commitment known as Affective Commitment, the presence of positive feelings and emotional identification of the organization (Meyer and Allen, 1991).

Based on several previous theories that have been simplified by Clayton Alderfer, it is explained that Maslow's hierarchy of needs is divided into three main levels, namely the need for existence, the need for relationships and the need for growth (Rice, 1997). Thus it is concluded that Mayo's Human Relations Approach emphasizes the importance of social relationships in the workplace and their impact on motivation (McCrie and Lee, 2022).

Healthcare governance includes the management, organization, and provision of health services effectively and efficiently. A health program is a series of activities or initiatives designed to promote, prevent, treat, and support the health and well-being of patients or communities served by a health organization or institution. In the context of health service management, organizational behavior refers to the way an organization or health institution interacts, manages, and provides health services to patients or the community served and achieves organizational goals.

Health Service Centers (Puskesmas) have a very important role in supporting the achievement of national priority programs in the health sector, especially stunting. Puskesmas is a public health service facility at the primary level that has the main goal of providing affordable and equitable health services to all levels of society (PMK No. 46, 2015).

Public health efforts in health centers consist of three main components, namely Human Resource Governance (HR), Public Health Efforts (SMEs), and Individual Health Efforts and are currently simplified into Public Health and Human Resources Efforts Governance and Individual Health Efforts Governance (Kemenkes RI., 2023). The governance of Public Health Efforts and Human Resources in health centers includes the management of health personnel with the aim of ensuring the availability of professional and trained personnel who are able to provide quality health services. Public health efforts are efforts to promote public health as a whole, It includes the development of public health programs that focus on disease prevention and health promotion, public counseling and education on health issues, Organizing health activities at the community level, including vaccination campaigns, health checks, and other activities (Kemenkes RI., 2023).

The National Health Priority Program in Indonesia has a number of national priority programs in the health sector launched by the government to improve people's welfare and quality of life. These programs aim to address major health problems and strengthen health systems. Some of the national health priority programs in Indonesia include, the National Immunization Program (PIN), Stunting Control, Eradication of Infectious Diseases, Non-Communicable Diseases and Maternal and Child Health Measures (Kemenkes RI., 2020).

National strategy objectives to combat stunting through specific nutrition (supplemental feeding for pregnant women, exclusive breastfeeding counselling, prenatal health screenings, supplementation for children, complete immunizations, and growth monitoring and promotion programs) and sensitive interventions (access to water and sanitation, access to social insurance, awareness, behaviour change, parenting, and parenting practices, and access to nutritious food programmes) and convergence of interventions (on leadership, coordination, technical assistance, community empowerment, and social accountability (Satriawan, 2018).

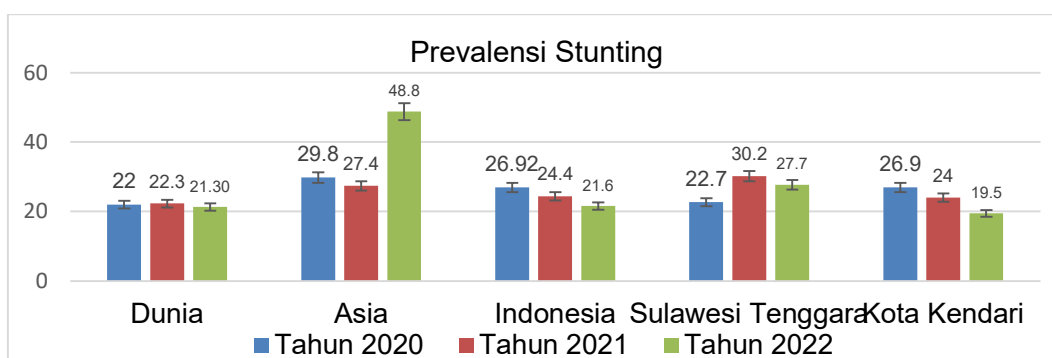
This research focuses on Essential Public Health Efforts with the aim of achieving national priority programs in Indonesia, specifically on 1 (one) of the 5 (five) national priority programs, namely on the main priority by handling and preventing stunting.

Stunting in children is one of the most significant obstacles to human development, globally affecting about 162 million children under the age of 5. Stunting, or being too short for a person's age, is defined as height that is more than two standard deviations below the World Health Organization's (WHO) median child growth standard. This is a largely irreversible outcome of inadequate nutrition and repeated bouts of infection during the first 1000 days of a child's life. Stunting has long-term effects on individuals and society, including reduced cognitive and physical development, reduced productive capacity and poor health and an increased risk of degenerative diseases such as diabetes (World Health Organization, 2020).

Projections show that 127 million children under 5 years old will be stunted by 2025. Therefore, further investment and action are needed to achieve the World Health Assembly's 2025 target of reducing that number to 100 million. The stunting rate or growth disorder in children worldwide is around 21.3%. This means that about 1 in 5 children worldwide are stunted. In 2020, globally, 149.2 million children under the age of 5 were stunted, 45.4 million were wasted, and 38.9 million were overweight. The number of stunted children is declining in all regions except Africa. More than half of all children affected by wasting live in South Asia and Asia as a whole is home to more than three-quarters of all children suffering from severe wasting. In terms of targets, at the country level, the greatest progress is being made towards stunting targets, with nearly two-thirds of countries seeing at least some progress (World Health Organization, 2021).

The prevalence of stunting in the last 3 years starting from world data to Kendari City taken from various references can be seen in the following graphic images:

Figure 1 Stunting prevalence graph

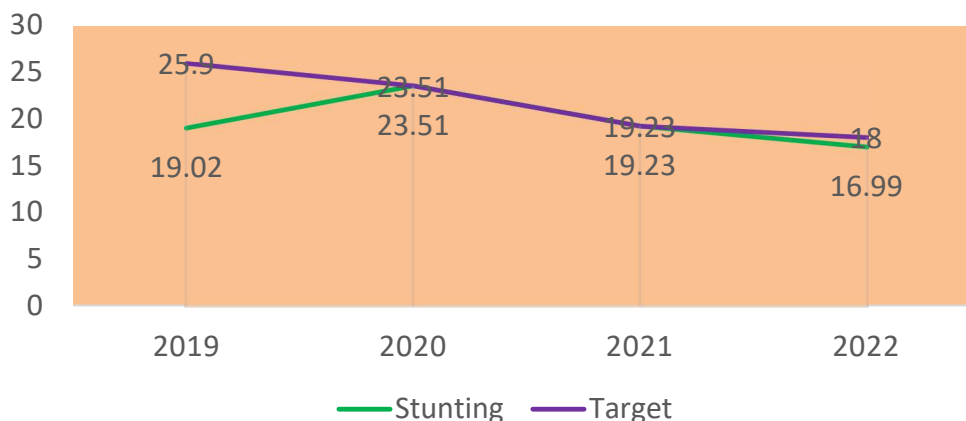


Source: (Kementerian Kesehatan RI, 2020; SDGs, 2021; United Nations Children’s Fund (UNICEF), 2021; World Health Organization, 2021; Montenegro *et al.*, 2022; Databoks, 2023; UNICEF, 2023).

This figure is still very high when compared to the threshold set by WHO, which is 20% (1 in 5 children are stunted). And the target to reduce the number of stunting in Indonesia reaches 14% (1 in 8 children experience stunting) and is optimized in 2030 with a prevalence of 0%. From the graphic image above, it can also be concluded that in the city of Kendari there are 19.5% (1 out of 5 children are stunted) even though it is included in the WHO standard, but it is still far from the target of reducing stunting in Southeast Sulawesi with a target of 14% (1 in 8 children are stunted).

It is known that until 2022 the target for the achievement of specific stunting indicators in Indonesia has not reached the target of the specified standards which can be illustrated in the following graphic image:

Figure 2 Stunting Specific Indicator Achievement



The specific target of stunting in question is 11 (eleven) indicators, among others, which can be seen in the following table. Table 1. Achievement of indicators of 11 (eleven) Specific Stunting Targets

No	SPECIFIC INDICATORS	% TARGET 2022	ACCESS	STATUS
1	The presence of toddlers at POSYANDU	75	84.77	On Track
2	Early Breastfeeding Initiation (IMD)	62	84.30	On Track
3	Exclusive Breastfeeding	50	84.45	On Track
4	PMT for Undernourished Toddlers	85	74.15	On Process
5	TTD for Pregnant Women	80	65.28	On Process
6	TTD Rematri	54	24.35	On Process
7	PMT for Pregnant Women SEZ	80	92.83	On Track
8	VITAMIN A	88	94.26	On Track
9	BBLR	3.8	4.0	On Process
10	Surveilans Gizi	80	100	On Track
11	Management of Malnutrition in Health Centers	20	30	On Track

From the table above, it can be explained that the 11 (eleven) indicators which are predisposing factors causing stunting or indirect causing factors are known to still find specific stunting indicator targets that have not been achieved, namely the discovery of Supplementary Feeding for undernourished toddlers that have not been met, the provision of Blood Supplement Tabelt for pregnant women and adolescent women that have not been fulfilled and the discovery of babies born with low birth weight (BBLR). This is due to the lack of coordination by the FKTP and several cross-sector agencies in accelerating stunting handling, which in principle is expected to achieve the target of stunting prevalence in 2022 reaching 16.99%, but in fact it cannot be met. Indicators of the 2022-2024 strategic plan related to the development of nutrition and maternal and child health in Indonesia in 2022 the prevalence target will reach 18.6%, in 2023 the prevalence target will reach 17.6% and in 2024 it will be 16% (Direktur Gizi dan Kesehatan Ibu dan Anak, 2022)

Health services for pregnant women play an important role in efforts to reduce stunting rates. Through regular

check-ups during pregnancy, pregnant women can obtain information and advice related to the right nutrition for optimal fetal growth. In addition, health services for pregnant women also include monitoring the health and growth of the fetus, as well as early treatment of health problems that may arise. By ensuring that pregnant women receive adequate health care during pregnancy, the potential risk of stunting in children can be minimized, providing a solid foundation for healthy growth and development later in life (Saleh *et al.*, 2021).

Health services for maternity mothers are one of the strategies in an effort to reduce stunting rates. During the delivery process, the mother needs comprehensive care to ensure that the birth of the child goes smoothly and safely. In addition, after giving birth, mothers also need adequate postpartum care to restore their physical condition. Good health services also include breastfeeding assistance and advice on healthy eating for mothers and babies. By providing quality health services during pregnancy and after childbirth, the potential risk of stunting in children can be minimized, providing a strong foundation for healthy growth and development in the future (Simpson, 2021).

Strategies to reduce stunting rates with health services for newborns are considered effective. Where newborns need special care and careful medical supervision to ensure that they start life in a healthy and optimal condition. This includes routine check-ups, immunizations, and advice related to nutrition and baby care as well as in providing assistance to mothers in breastfeeding, which has a significant impact on the growth and development of the baby. By providing proper health care to newborns, the potential risk of stunting can be reduced, creating a solid foundation for healthy growth and development during childhood (Vaivada *et al.*, 2020).

Reproductive Health with several key components such as education about sexuality, contraceptive services, antenatal care, safe birth management, breastfeeding, efforts to prevent sexually transmitted diseases, counseling for couples and families, and reproductive health education for adolescents are the most important elements in preventing stunting both directly and indirectly, with health monitoring during pregnancy helping to detect problems that can affect fetal growth, while counseling on breastfeeding and proper nutritional intake for mothers and babies supports optimal development of children. Prevention of sexually transmitted diseases is also important because infections during pregnancy can negatively affect the health of the fetus, potentially affecting the growth and development of the child after birth. The integration of various reproductive health services has a vital role in preventing stunting by ensuring the health of mothers and children from early pregnancy to adolescence (WHO, 2018; Schickedanz and Halfon, 2020).

Through regular check-ups, nutrition education, immunization programs, and early detection of health problems, health systems can provide the protection and support needed to ensure children enter adolescence in optimal physical and mental condition. By providing integrated health services at the age of primary education, the potential risk of stunting can be minimized, and children can grow and develop strongly and healthily, preparing a resilient generation for a better future (De Sanctis *et al.*, 2021).

Efforts to reduce stunting in Indonesia are a shared responsibility of various cross-sectoral agencies that work together to achieve this goal. Among them, the Ministry of Education and Culture also plays an important role in providing education and nutrition information to the community, especially in the school environment. In addition to government agencies, non-governmental organizations, international institutions, and the private sector also have a significant contribution to efforts to reduce stunting in Indonesia, by forming the necessary collaborations to achieve optimal results with the support of achieving minimum service standards as an effort to provide quality services.

The Minimum Service Standard, hereinafter referred to as SPM, is a form of reflection of governance or management system in the order at the First Level Health Facility (FKTP) in this case, the health center. An indicator of the success of all health service systems towards the achievement of national priority programs, one of which is Stunting, with this the need for managerial efforts of governance by involving the organizational behavior of each individual or health service actor itself.

Indonesia is still far from being achieved in efforts to reduce stunting cases where the public knowledge factor is of course the main factor and health service actors lack commitment in carrying out their duties, this can be seen

from the performance achievement indicators in Puskesmas, especially the Essential Public Health Efforts program services whose implementation has not been optimal, while the national strategic plan targets that in 2024 Indonesia with a prevalence of 16% of children under five With stunting and by 2030 Indonesia aspires to be free from stunting. The plan is not without reason, because it is known that the potential for stunting is almost impossible when viewed based on food sources, in Indonesia food sources are diverse with rich in good nutrition, and is a fairly good agricultural sector, thus the need for work commitment for health workers to suppress stunting by implementing essential SMEs in the success of the stunting program.

One of the impacts of stunting is the decline in the level of children's intelligence, where it is known that Indonesia is the 64th out of 65 countries with the lowest child intelligence in Asean according to the results of the Organisation for economic co-operation and development - programme for international student assessment survey (OECD, 2019).

Stunting with chronic nutritional problems due to nutritional deficiencies early in life, has a serious impact that goes beyond physical growth. Children who experience stunting tend to have limited cognitive abilities. Children who are stunted have a higher risk of learning difficulties and achieve lower academic achievement. Adults who experience stunting tend to have lower productivity and limited quality of life. Children who are stunted can experience limitations in physical abilities and energy. Stunted adults have a higher risk of developing chronic diseases such as diabetes, heart disease, and high blood pressure (World Health Organization, 2018).

Perry et al., (2023) explained that the prevalence of stunting decreased after essential public health efforts such as health services for pregnant women, nutrition for pregnant women and exclusive breastfeeding for babies. However, in some areas as a comparative, the research found that in endemic areas there is a need for improvement because it is suspected that there are inhibiting factors, namely there is a history of infection for pregnant women and children so that the stunting rate is still high, thus it can be assumed that there is low motivation and policy commitment to human resources in prioritizing stunting prevention by reducing the incidence of infection and prioritizing curative rather than preventive. .

Florida et al., (2023) The results of his research found that the high rate of stunting and ferritin deficiency (excessive release of iron) so that toddlers are vulnerable to stunting due to weak antibodies and are easily infected, the researcher recommends that the need to improve public health services by promoting health related to stunting.

Syafrawati et al., (2023) explained that the high commitment from the Health Center to maternal health through the class program for pregnant women, infants, and children under the age of five can also have an impact on reducing stunting. In addition, the correct implementation of tasks by actors assigned to specific and sensitive programs as well as integrated monitoring and evaluation of program implementation and outcomes can affect the prevalence of stunting, the researcher recommends accelerating the reduction of stunting by improving communication and coordination, establishing the reduction of stunting prevalence as a performance indicator between the relevant district governments and their various institutions (Commitment), and assisting village governments with planning and budgeting to support stunting prevention.

Prasetyo et al., (2023) Integrated framework-based management (forming commitments) in a regional-based stunting convergence system can be a solution to accelerate stunting reduction. Indra & Khoirunurrofik, (2022) In the results of the research that the village fund program can significantly reduce the prevalence of stunting in Indonesia, especially outside Java, it can be assumed that there is a commitment and motivation from the local government in handling stunting motivated by the existence of assistance funds for stunting prevention. Recommendations by researchers so that village budget funds can support national priorities in tackling the prevalence of stunting. In addition, it is important to build the capacity of village heads to increase awareness of health activities, especially early prevention of stunting, in addition to an adequate number of officers.

The phenomenon in the field based on the initial survey of the research is known to still have a high stunting rate and far from the set achievement target. Thus, a diverse paradigm arises related to this fact, reported based on information from 4 (four) heads of health centers, 3 (three) of which the head of the health center stated that the slow reduction of stunting is due to cross-sector cooperation that has not been built properly, even though cross-

program cooperation has been tried as much as possible. This reflects the governance of Public Health Efforts related to the national priority program, namely Essential SMEs, which is still not well implemented, which is suspected to be due to the lack of work commitment of health workers who are responsible for reducing the incidence of stunting in Indonesia, especially in Kendari City. This is known to be a lack of commitment and motivation for health workers at health centers, especially program holders.

Based on several Gap Reaserch, data and phenomena that appear in the field, researchers are interested in conducting in-depth studies in obtaining information in the hope that it can be used as a reference for solving these problems, as for some of the variables that are loaded based on needs based on the background review, namely the researcher focuses on Essential Public Health Efforts in its implementation of the achievement of national priority programs by studying in depth based on work commitments for health workers at health centers.

Work commitment is very important in efforts to handle stunting, Handling stunting requires high dedication and consistency from health workers. Health workers who have high motivation will tend to provide better and quality health services to patients. They will ensure that every step in handling stunting is carried out carefully and in accordance with the latest clinical guidelines. It is important to support patients and families in understanding, accepting, and following the interventions needed to prevent or overcome stunting. Motivated health workers will be able to provide emotional support and education to patients and their families.

.OBJECTIVES

1. Understanding

The Essential SME Program (Essential Public Health Efforts) is part of a public health program that includes a number of programs and activities that are considered to be the core or most important in an effort to improve overall public health. Essential SMEs focus on preventive and promotive health services as well as efforts to meet the basic health needs of the community (Kemenkes RI., 2020).

2. Types of Essential SME Programs

Essential SME programs include, but are not limited to:

a. Health Promotion

Health promotion includes a variety of activities aimed at increasing public awareness and knowledge about the factors that affect their health. This can include counseling about healthy lifestyles, promotion of balanced diets, anti-smoking campaigns, promotion of exercise, and education about mental health.

b. Environmental Health

Environmental sanitation focuses on efforts to maintain and improve the quality of the environment around us. This includes efforts to control air pollution, proper waste management, provision of access to clean water, proper sanitation, and environmental cleanliness which are important factors in preventing infectious diseases and improving overall public health.

c. Family Health

Family health programs aim to improve the overall well-being of families, including physical, mental, and emotional health. This includes reproductive health services, counseling on infant and toddler care, support for pregnant women, and the promotion of healthy parenting.

d. Nutrient

Nutrition efforts aim to ensure that people get adequate and balanced food intake to support optimal growth and development. This includes the promotion of exclusive breastfeeding to infants, nutrition education, distribution of nutritional supplements, and interventions to address nutritional problems such as malnutrition and obesity.

e. Disease Prevention and Control

It includes a wide range of activities to prevent and control the spread of infectious and non-communicable diseases in the community. This includes immunization programs, infectious disease monitoring, early detection of diseases, vaccination campaigns, promotion of clean and healthy living behaviors, and management of disease cases that occur.

3. Indicators of Achievement of Essential SME Programs:

The indicators of the achievement of the Essential SME program can vary according to each program

a. Health Promotion

This indicator refers to activities that aim to increase public awareness about the importance of maintaining health and preventing disease. Examples include the number of promotional campaigns conducted, community participation in health promotion activities, increased public knowledge about healthy lifestyles, and the adoption rate of healthy behaviors.

b. Environmental Health

This indicator reflects efforts to improve the physical environment around the community. This can be measured by the number of infrastructure projects that improve sanitation, waste management, access to clean water, and improve air quality and the environment in general.

c. Family Health

Family health indicators include monitoring family welfare, including their access to basic health services such as reproductive health services, availability of nearby health facilities, nutritional adequacy, and the success of family health education programs.

d. Nutrient

Nutrition indicators measure the availability and access of people to nutritious food and healthy nutrition practices. These can include the prevalence of stunting, wasting, and underweight in children, the success of exclusive breastfeeding programs, access to supplemental feeding programs, and the level of public awareness about healthy diets.

e. Disease Prevention and Control

An indicator of the success of efforts to prevent and control the spread of infectious and non-communicable diseases. This can include the number of cases of the disease detected, immunization coverage, adherence to prevention programs such as condom use or vaccination, as well as the effectiveness of early detection and treatment programs (World Organization Health, 2021; Kemenkes RI., 2023).

2.1.1 Work Commitment

1. Understanding

Work commitment to the organization is a condition where employees are very interested in their organizational goals, values, and goals. Furthermore, Commitment to Work in the Organization means more than just formal membership, because it includes an attitude of liking the organization and a willingness to strive for a high level of effort for the benefit of the organization to achieve its goals (Steers and Sanchez-Runde, 2017).

According to (Drucker, 2005) Work Commitment to the Organization is a measure of the employee's willingness to survive with an effort in the future. Commitment often reflects employees' confidence in the organization's mission and goals, willingness to put in the effort to get the job done, and a desire to continue working there.

According to (Kinicki Kreitner, 2010) states that the Work Commitment to the Organization reflects how the individual identifies himself with the organization and is bound to his or her goals. According to (Mueller & Straatmann, (2014) argues that Organizational Work Commitment is an identification of a person who is relatively strong in involvement in the organization and is willing to work hard to achieve organizational goals.

According to (Luthans, 2011) defines Work Commitment to the Organization as a strong desire to be a member of a certain organization. Work Commitment to the Organization is also the desire to achieve a high level of expertise on behalf of the organization, a definite trust, and acceptance of the organization's values and goals.

According to (Robbins and Judge, 2013) Work Commitment to the Organization is the employee's decision to continue his or her membership in the organization by wholeheartedly accepting the organization's goals and making the best contribution to the progress of the organization. Work Commitment to the Organization is the degree at which an employee identifies with the organization and wants to continue actively participating in it. According to (Opatha, 2009) that the Organizational Work Commitment is the degree to which the employee believes and is willing to accept the organization's goals and will stay or will not leave the organization.

Based on various opinions that have been expressed by experts, it can be concluded that Work Commitment to the Organization is the willingness of employees to prioritize the organization over personal interests and make a great contribution to achieving the realization of organizational goals.

2. Aspects of Work Commitment in Organizations

According to (Steers and Sanchez-Runde, 2017) stated that the Work Commitment to the Organization is divided into three aspects, namely:

- a. Identification Identification is the acceptance of organizational goals that employees consider because they have been prepared to meet the personal needs and desires of employees. Employee identification can be seen through the attitude of agreeing with the organization's policies, the similarity of personal values and organizational values, and the pride of being part of the organization.
- b. Engagement Engagement is the extent to which an employee makes an effort to accept and carry out any duties and obligations imposed on him. Employees do not just carry out their duties but always strive to exceed the minimum standards set by the organization. Employees will also be encouraged to do work outside of their duties and roles if needed by the organization, collaborating either with the leadership or with fellow colleagues.
- c. Loyalty Loyalty is an evaluation of commitment with the existence of an emotional bond between the organization and employees and a strong desire to remain a member of the organization concerned.

Aspects-Aspects The Work Commitment to the Organization was further put forward by Meyer and Allen (Mueller and Straatmann, 2014):

- a. Effective commitment Effective commitment is the emotional attachment of employees, identification and engagement in the organization.
- b. Continuity commitment Continuation commitment is a commitment based on losses related to the departure of employees from the organization. This may be due to the loss of seniority for promotions or benefits.
- c. Normative commitment Normative commitment is a feeling of obligation to be in the organization because it has to be so, the action is the right thing to do

Based on the description that has been explained earlier, there are three aspects of Work Commitment to Organizations according to (Steers and Sanchez-Runde, 2017) namely identification, involvement and loyalty, in addition to that Work Commitment to the Organization also includes three other aspects, namely effective commitment, sustainability commitment, and normative commitment. From several aspects Work Commitment to the Organization that has been described, the researcher chooses to use the aspects presented (Steers and Sanchez-Runde, 2017) i.e. identification, engagement and loyalty. This aspect was chosen as a reference used to measure Work Commitment to the Organization in employees.

3. Factors of Work Commitment in Organizations

According to (Luthans, 2011) stated that there are factors that affect Work Commitment to the Organization, namely:

a. Personal

Personal factors include personality characteristics, age, education level, gender, and marital status, further explanation is:

- 1) Personality traits are that extroverted individuals tend to be more optimistic in carrying out their duties. In addition, extroverted individuals are more team-oriented and put group goals above their own goals as well as individuals who are altruistic (willing to help) so they will tend to be more committed to their organization.
- 2) Age, namely older employees, tend to have a greater sense of attachment or commitment to the organization compared to younger ones, thereby increasing their loyalty to the organization. This is not only because they stay in the organization longer, but with their old age, there are fewer opportunities for employees to find an organization.
- 3) The level of education is that the higher a person's education level, the more expectations that may not be accommodated, so the commitment is lower.
- 4) Gender, namely women, has a lower commitment than men due to discrimination in the workplace that considers women's abilities not the same as men's, so that most women obtain a relatively low position or position and are less involved in organizational problems.
- 5) Marital status, namely a married person tends to have good work performance because he will receive various forms of rewards, both financial and non-financial, all of which show greater responsibility to his family. Married employees are closer to the organization, so they can form a strong commitment to the organization they work for.

b. Circumstantial

Situational factors include workplace values, workplace values, organizational fairness, job characteristics, and organizational support, further explanations are:

- 1) Workplace values, namely shared values, are a crisis component of interdependent relationships. The values of quality, innovation, cooperation, participation, and trust will make it easier for every employee to share and build close relationships. If employees believe that their organization's value is the quality of their products and services, they will engage in behaviors that contribute to making it happen.
- 2) Organizational justice is justice related to the fairness of resource allocation, justice in the decision-making process, and justice in the perception of fairness in the maintenance of interpersonal relationships.
- 3) The characteristics of work, namely work that is full of meaning, autonomy and feedback, can be an internal motivation for work. Network, Beggs stated that satisfaction with autonomy, status and policy is an important predictor of commitment. The specific characteristics of the work can increase the sense of responsibility, as well as the sense of attachment to the organization.
- 4) Organizational support is the support provided by the organization, contribution awards and appreciation for employees in their work, this is something perceived by employees which is commonly called *Perceived Organizational Support* (POS).

According to (Luthans, 2011) Everyone can perceive anything through their five senses. One of them is to perceive the support of the organization, which is commonly called POS. Employees' perception of organizational support that can prosper them makes employees more committed because their expectations are met, so they are willing to commit by being more involved with their organization in order to achieve organizational goals (Robbins and Judge, 2013).

c. Positional

Positional factors include the length of employment and the level of employment, further explanation is:

- 1) Long working period will make employees more committed, this is because it gives employees more opportunities to give challenging tasks, greater autonomy, and higher promotion opportunities, as well as personal investment opportunities in the form of greater thoughts, energy and time, more meaningful social relationships, and less access to new job information.
- 2) Employment Levels: Various studies cite socioeconomic status as the strongest predictor of commitment. High status tends to increase motivation and the ability to be actively involved. The factors of Work Commitment in the Organization are further stated by (Allen, 2018) that is:

a. Individual personal characteristics

Individual personal characteristics are divided into two demographic variables and dispositional variables. Demographic variables include gender, age, marital status, education level, and the length of time a person has worked in an organization. Dispositional variables include the personality and values that members of the organization have, including the need for achievement, a good work ethic, the need for affiliation, and the individual's perception of his or her own competence.

b. Organizational characteristics

Things included in the characteristics of an organization are organizational structure, policy design in the organization, and how to socialize the organization's policies.

c. Experience during organizing

Organizational experience is included in the satisfaction and motivation of organizational members while in the organization. Based on the factors that have been explained earlier, there are three factors according to (Luthans, 2011) The first is personal which includes personality characteristics, age, education level, gender, and marital status, the second is situational which includes workplace values, workplace values, organizational justice, job characteristics, and organizational support, and the third positional which includes the length of service and the level of employment, in addition to other factors according to (Allen, 2018) namely individual personal characteristics, organizational characteristics, and experiences during organizing.

From the description that has been submitted, the researcher will use factors that affect the Work Commitment to the Organization from (Luthans, 2011) namely organizational support which is an appreciation for the contribution and appreciation for employees in their work, this is something that is perceived by employees who are commonly called *Perceived Organizational Support* (POS).

Rhoades, Einsenberger, and Ajmal argue that POS can make employees more committed to their organization because employees feel supported when faced with difficult situations, so that the support they feel makes them willing to show their involvement to deliver the best results for their organization (Ajmal *et al.*, 2015).

This is supported by the results of previous research by Joeng and Kim who revealed that *Perceived Organizational Support* can affect the occurrence of organizational commitment to employees (Jeong and Kim, 2022)

2.1.2 National Priority Programs

1. Definition

The National Priority Program is a series of programs or policies that are prioritized by the government of a country because they are considered to have a major impact on people's welfare or economic growth. These programs usually cover various sectors such as health, education, economy, infrastructure, environment, and so on (Peraturan Presiden RI, 2017; Kemenkes RI., 2023).

The National Priority Program in the health sector is a series of initiatives or policies that are the main focus of the government in an effort to improve the overall health status of the public. This program was selected based on an in-depth analysis of public health conditions and health challenges faced by a country.

Health priority programs can vary between countries depending on the public health situation and challenges in each country. This program aims to improve overall public health and ensure access to quality health services for all residents.

2. Types and Indicators of National Priority Program Achievement

In Indonesia, there are a number of national priority programs in the health sector launched by the government to improve people's welfare and quality of life. These programs aim to address major health problems and strengthen health systems (Kemenkes RI., 2023):

b. Types of National Priority Programs

Some of the national priority health programs in Indonesia include:

1) National Health Insurance (JKN)

The National Health Insurance Program (JKN) is a program that aims to provide equal access to health services to all Indonesian residents. With JKN, people have access to health facilities and do not have to worry about medical costs.

2) National Immunization Program (PIN)

This program aims to increase immunization coverage in children and infants to prevent diseases that can be prevented through vaccination such as polio, measles, and others.

3) Stunting Control

This program aims to overcome the problem of stunting or growth retardation in children by providing adequate nutrition and health assistance to pregnant women and children under five (World Health Organization, 2018).

4) Eradication of Infectious and Non-Communicable Diseases

The program covers a wide range of prevention, control, and treatment efforts for infectious diseases such as TB, HIV/AIDS, and malaria, as well as non-communicable diseases such as diabetes and hypertension.

5) Maternal and Child Health Measures (KIA)

This program focuses on efforts to improve the health of pregnant women, childbirth, and child health by providing antenatal services, safe childbirth, and postpartum services.

6) Mental Health Services

The program includes efforts to improve mental health and the prevention and treatment of mental health disorders.

7) Tuberculosis Eradication (TB)

This program aims to prevent, detect, and treat TB cases.

8) Control of Infectious Diseases and Natural Disasters

This program includes efforts to prevent and handle cases of infectious diseases in emergency situations or natural disasters.

9) HIV/AIDS Eradication

The program focuses on preventing HIV transmission and providing support and treatment to infected individuals.

10) Health Promotion and Disease Prevention

This program includes various health promotion activities, health campaigns, and disease prevention through education and community intervention (World Organization Health, 2021).

In Indonesia, the national priority program is a series of programs adopted from WHO and transformed into 5 (five) which are compiled based on health problems in Indonesia, namely: Stunting, Immunization, Maternal and Child Health, Prevention of Infectious Diseases and Prevention of Non-Communicable Diseases (Kemenkes RI., 2023).

c. National Priority Program Achievement Indicators

Some of the standard indicators of the percentage achievement of the National Priority Program for health in Indonesia are as follows:

1) Prevention and Handling of Stunting

The standard percentage reduction in stunting rate is 14% of the population under five every year.

2) Decrease in the Number of Maternal and Infant Deaths (Maternal and Child Health Service Coverage (KIA) and Family Planning)

The standard percentage of achievement in antenatal services is at least 90% of pregnant women. The standard percentage of achievement of childbirth services by trained health workers is at least 90% of pregnant women. The standard percentage of postpartum examination achievement is at least 90% of pregnant women. The standard percentage of couples of childbearing age who use modern contraceptives is at least 75% of the target population.

3) Improving Immunization Coverage and Quality

The standard percentage of complete immunization achievement according to the national schedule is at least 95% of the target population.

4) Tuberculosis (TB) Control Program

The standard percentage of TB treatment achievement is at least 90% of TB cases.

5) Control of non-communicable diseases and their risk factors

Non-communicable diseases (NCDs) such as diabetes, heart disease, cancer, and chronic respiratory disorders are the leading causes of death globally. The main risk factors for NCDs include unhealthy diet, lack of physical activity, excessive alcohol consumption, and smoking. An unhealthy diet, such as the consumption of foods high in saturated fat, sugar, salt, and low in fiber, and a lack of fruit and vegetable consumption, are major risk factors for obesity, diabetes, and heart disease. Lack of physical activity is also a significant risk factor for obesity and heart disease. Excessive alcohol consumption is associated with an increased risk of liver disease, hypertension, and certain cancers, while smoking is associated with an increased risk of lung cancer, coronary heart disease, and chronic respiratory disorders such as chronic bronchitis and emphysema. Efforts to control NCDs include the promotion of healthy lifestyles, policy arrangements that support a health-friendly environment, prevention of the circulation of tobacco products, regulations related to food and beverages, and efforts to improve the accessibility and quality of health services.

These standard indicators are subject to change over time and can be adjusted to the development of the health situation and national goals. The government and health institutions will continue to monitor and evaluate the achievements of national priority health programs to ensure that health efforts are running in accordance with the set targets.

METHODS

This research method employs a quantitative approach with an explanatory design, aimed at elucidating the causal relationships between the studied variables. The research was conducted at the Kendari City Health Center from May to July 2024. The study population includes all health workers at the health center, totaling 105 participants. Sampling was performed using the purposive sampling technique, where respondents were selected based on specific criteria, such as willingness to participate and status as health workers. Inclusion criteria encompass health workers who are employed at the Kendari City Health Center and are willing to be respondents, while exclusion criteria include those who do not meet these conditions or who refuse to participate. Data were collected through questionnaires. Data analysis was conducted using Partial Least Squares (PLS), which facilitates more effective hypothesis testing and modeling of relationships between variables. PLS was chosen for its capacity to handle data that does not adhere to strict assumptions of normality and uncertainty, as well as for producing robust and accurate estimates.

RESULTS

The analysis conducted using Partial Least Squares (PLS) began with a description of the characteristics of the respondents. Following this, a Confirmatory Factor Analysis (CFA) was performed, which demonstrated good construct validity. Subsequently, the results of the path analysis revealed the proportion of variance explained by the model and its predictive ability.

Table 2. Characteristics of Respondents

Characteristic	Sum	Percentage (%)
Age Group		
25-35 years old	22	20,95%
> 35 years	83	79,05%
Total	105	100%
Gender		
Man	75	71,43%
Woman	30	28,57%
Total	105	100%
Last Education		
D3	37	35,24%
S1	26	24,76%
S2	12	11,43%
Professional Education	30	29,52%
Total	105	100%
Position		
Graves/KTU	15	14,29%
P. UKM	15	14,29%
P.KIA	15	14,29%
P2PM	15	14,29%
Nutrient	15	14,29%
P3TM	15	14,29%
Vaccine	15	14,29%
Total	105	100%
Working Period		
5-10 years	102	97,14%
> 10 years	3	2,86%
Total	105	100%

Source: Primary Data in 2024

The majority of research respondents were health workers over 35 years old (79.05%), dominated by men (71.43%), with the majority of last education being D3 (35.24%) or professional education (29.52%). Most have equally functional positions in various fields of public health, such as nutrition, vaccination, and disease prevention, with a service period of 5–10 years (97.14%). This characteristic shows that the respondents have sufficient

experience and educational background to support the implementation of Essential Public Health Efforts (SMEs). In the context of Kendari City, this characteristic has the potential to affect work commitment, which is a significant mediator in the success of the stunting program at the Health Center. The combination of work experience and clear job roles can increase the effectiveness of the implementation of Essential SMEs.

After describing the characteristics of the respondents, this study then analyzed the Structural Equation Modeling (SEM) model using the Partial Least Squares (PLS) approach.

The following displays a structural equation model that explains the relationship between variables in this study.

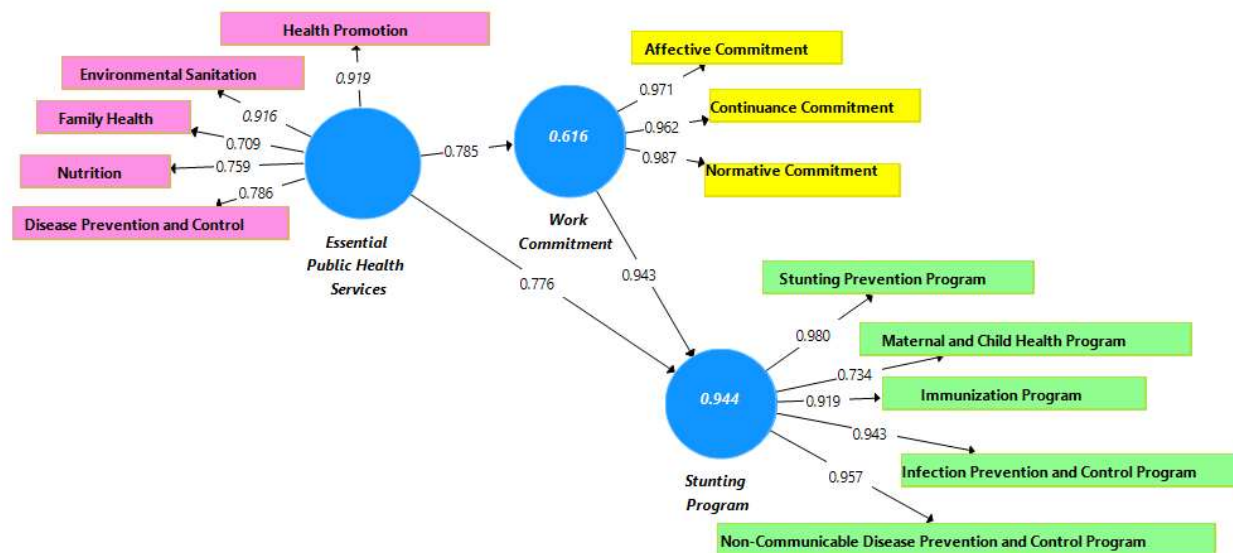


Figure 3. Models of Structural Equations Between Variables **Table 3: Comparison of CFA Test Results and Respondents' Perception**

Variable	Indicator	Factor (CFA)	Loading Respondents' Perception
Essential Public Health Services	Environmental Sanitation	0.916	Positive
	Family Health	0.709	Quite Positive
	Nutrition	0.759	Positive
	Disease Prevention and Control	0.786	Positive
	Health Promotion	0.919	Very Positive
Work Commitment	Affective Commitment	0.971	Very Positive
	Continuance Commitment	0.962	Very Positive
	Normative Commitment	0.987	Very Positive
Stunting Program	Stunting Prevention Program	0.980	Very Positive
	Maternal and Child Health Program	0.943	Very Positive
	Immunization Program	0.919	Positive
	Infection Prevention and Control Program	0.943	Very Positive

Variable	Indicator	Factor (CFA)	Loading	Respondents' Perception
	Infection Prevention and Control Program	0.957		Very Positive
	Non-Communicable Disease Prevention and Control Program	0.734		Quite Positive

The results of the analysis show that the implementation of Essential SMEs in the Kendari City Health Center, such as health promotion and environmental sanitation, has a positive impact on the success of the stunting program, especially when supported by high work commitments of health workers, such as affective and normative commitments. Program indicators, such as stunting prevention and infection control, have responded very positively, although some aspects, such as immunization and control of non-communicable diseases, still need improvement. The synergy between the effectiveness of Essential SMEs and the work commitment of health workers is key in supporting the success of stunting programs in the region.

Tabel 4: Summary of Path Analysis Results

Path	Coefficient Mediation Effect	
Essential Public Health Services → Work Commitment	0.785	-
Essential Public Health Services → Stunting Program	0.776	0.740 (indirect via Work Commitment)
Work Commitment → Stunting Program	0.943	-

- The mediation pathway was calculated by multiplying the **Essential Public Health Services → Work Commitment (0.785)** by the **Work Commitment → the Stunting Program (0.943)**. The result was **0.740**.
- The total line (direct + indirect) for the **Essential Public Health Services → Stunting Program** is **0.776 (direct) + 0.740 (indirect) = 1.516**.

The results of the analysis showed that Essential SMEs had a direct positive influence on the Stunting Program (0.776), but this effect became more significant through the mediation of Work Commitment (indirect effect 0.740). In addition, Work Commitment shows a very strong influence on the Stunting Program (0.943). These findings emphasize that Work Commitment plays an important role as a mediator in strengthening the relationship between the implementation of Essential SMEs and the success of the Stunting Program, so that increasing the commitment of health workers is the main strategy to optimize the impact of Essential SMEs.

Tabel 5: R Square and Q Square Values

Variable	R Square	Q Square
Work Commitment	0.616	-
Stunting Program	0.944	0.944

The R Square value shows that 61.6% of the variability of Work Commitment is explained by the implementation of Essential SMEs, while 94.4% of the success of the Stunting Program is explained by the combination of Essential SMEs and Work Commitment. The high Q Square value (0.944) in the Stunting Program shows that this model has excellent prediction ability. This indicates that the intervention of Essential SMEs supported by the Work Commitment of health workers can significantly increase the success of the Stunting Program at the Kendari City Health Center.

DISCUSSION

1. The Effect of Essential Public Health Efforts on Work Commitment

This study shows that Essential Public Health Efforts (SMEs) have a significant influence on individual and organizational work commitment in public health programs. Work commitment consists of three dimensions: affective commitment, continuity commitment, and normative commitment. Among the three, affective commitment is essential in the context of public health programs because it reflects an individual's emotional attachment to the organization. When individuals feel emotionally connected to the program, they are more likely to make maximum contributions. In addition, strengthening the Family Health program can increase the satisfaction of implementers, creating a conducive environment for the implementation of health programs (Adams, 2019).

The results showed that the pathway coefficient indicated a positive and significant influence between Essential Public Health Efforts (SMEs) and work commitment. This means that the better the implementation of Essential SMEs, the stronger the commitment of individuals or organizations in the context of public health programs. A high T-statistical value confirms that this relationship is very significant, exceeding the generally accepted threshold. The small P-value also strengthens the validity of this relationship statistically, so it can be concluded that Essential SMEs have a positive and significant influence on work commitment.

One reason why this relationship is so significant is that effective health programs often depend on the level of motivation and dedication of program implementers. According to Maslow's Humanistic Motivational Theory, individuals are motivated by a cascade of needs (McLeod, 2024). In this context, health program implementers involved in Essential SMEs can meet their self-actualization needs through contributions to public health programs, which leads to increased work commitment. This is evident in the characteristics of respondents who are dominated by individuals over the age of 35, who usually have more experience and understanding of the implementation of health programs.

From the age distribution of respondents, the majority are over 35 years old, who have more experience in the field of public health. This age group tends to have a more stable work commitment, which is important for the success of stunting treatment programs. According to Meyer and Allen's Theory of Organizational Commitment, work commitment can be divided into affective, continuous, and normative (Fisher, 2021). Respondents over the age of 35 typically demonstrated continuous and normative commitment, where they felt emotionally and morally attached to their work, increasing dedication in the implementation of health programs.

In addition, the gender aspect also affects work commitment in the context of Essential SMEs. With 71.43% of male respondents, it can be assumed that this group is more involved in decision-making and implementation of health policies. The dominance of men in public health programs can be attributed to Eagly and Wood's Gender Role Theory, which suggests that social expectations of gender roles encourage men to be more actively involved (Eagly and Wood, 2016). Greater male involvement has the potential to strengthen their commitment to the success of the program, as they are often considered the primary breadwinners in the family, thus being more committed to public health outcomes.

In terms of education, the majority of respondents have educational backgrounds that are relevant to public health. The skills and knowledge gained from this education contribute to a high work commitment. Spencer and Spencer's Theory of Competence explains that an individual's competence is influenced by their educational background and experience. Higher education provides a solid foundation for the skills needed in the implementation of health programs (Martini *et al.*, 2020). Individuals with diverse educational backgrounds can share knowledge and experience with each other, strengthening collective efforts to achieve program success.

Data on the working period of respondents showed that 97.14% of respondents had work experience between 5-10 years. Longer work experience typically leads to an increased understanding of duties and responsibilities, which means program implementers are better able to face challenges and manage programs effectively. Herzberg's Two-Factor Theory emphasizes that job stability and long work duration can increase job satisfaction, which has a positive impact on commitment in implementing programs (Alrawahi *et al.*, 2020).

In addition, the aspect of collaboration between the person in charge of the program who has various positions is also very important. The equitable distribution of positions reflects the involvement of various aspects of the health program, which contributes to the success of the stunting treatment program. Chrislip and Larson's Theory of

Collaboration emphasizes the importance of cooperation in achieving common goals, which can strengthen the effectiveness of public health interventions. Each position brings a different perspective and experience, so that the interaction between these various positions can strengthen work commitment (Driskell, Salas and Driskell, 2018).

In this context, individuals with longer tenure have a strong intrinsic drive to contribute optimally, because they already understand how their work affects the overall outcome of the program. According to Steers and Porter, long work experience increases a sense of attachment to organizational goals, which leads to higher work commitment (AL-Jabari and Ghazzawi, 2019).

Essential Public Health Efforts (SMEs) have a very significant influence on work commitment. This influence was triggered by the strong experience, education, and engagement of respondents, especially among more mature and experienced individuals. To achieve success in stunting management programs, it is important to continue to support the development and implementation of Essential SMEs and strengthen the commitment of public health program implementers. The relationship between Essential SMEs and work commitment shows that the better the implementation of Essential SMEs, the stronger the work commitment of individuals or organizations in the context of public health programs. Thus, the hypothesis that there is a positive relationship between Essential SMEs and work commitment is acceptable.

Based on previous research, several studies show relevant results. A study by Mataac (2023) found that a well-managed health program can increase staff motivation and commitment. Eleven research was also carried out by Haldane (2019) shows that involvement in public health programs has a positive impact on dedication and job satisfaction.

Other studies Juba (2024) concluded that the support of management and the implementation of effective health programs contributed to the work commitment of employees. This research is in line with the research conducted by Zahoor and Mustafa (2020) emphasized that training and development in health programs increases commitment and motivation at work. Recent Study by Haldane (2019) stated that community involvement in health programs has a significant effect on individual work commitment.

The results of this research are confirmed where the average value of respondents' answers to the Essential Public Health Efforts (SME) indicator ranges from 4.14 to 4.25, which reflects a very good perception of the health programs that are being implemented. However, there is a specific note for the Family Health indicator (X3), which does not have average data. Family Health also recorded the lowest outer loading value, which was 0.751, indicating a low contribution to the latent variable. This condition shows that although respondents have a positive perception of Essential SMEs in general, there are areas that need attention, especially in the aspect of Family Health.

On the other hand, the Nutrition (X4) and Disease Prevention and Control (X5) indicators show quite high average values. However, these two indicators still have a lower outer loading compared to the other indicators. This indicates that although respondents' perceptions of Nutrition and Disease Prevention are positive, their contribution to the latent variables is not optimal. Therefore, improvements need to be made in Family Health (X3), Nutrition (X4), and Disease Prevention and Control (X5) so that the impact of these programs can be more significant and make a greater contribution to the success of public health initiatives.

In addition, the average value of respondents for the Work Commitment variable showed excellent results, ranging from 4.23 to 4.24, with a very high outer loading indicator. This reflects a strong relationship between these indicators and the latent variable of Work Commitment. Thus, these indicators can be considered optimal, both in terms of respondents' perceptions and their contribution to latent variables. The recommendations resulting from these findings are to continue to maintain and strengthen the level of work commitment that has been achieved, as well as to take corrective steps in areas that need more attention, such as Family Health, to improve the effectiveness and overall impact of public health efforts (Holtom *et al.*, 2022).

The distribution of respondents showed that the majority were men (71.43%), indicating their important role in decision-making and implementation of health policies. The high involvement of men in public health efforts contributes to the success of stunting treatment programs. Meanwhile, diverse educational backgrounds, with the majority of respondents having relevant education, can improve understanding and implementation of health programs, as well as support work commitments in public health efforts (Eden, Chisom and Adeniyi, 2024).

Significant work experience was also seen in the data, where 97.14% of respondents had a working period of

between 5-10 years. This experience can increase understanding of duties and responsibilities, so that program implementers are better able to face challenges in implementation. The high commitment of experienced program implementers has the potential to contribute to the success of the stunting handling program (Milwan and Sunarya, 2023).

Collaboration between those in charge of health programs is also an important aspect. The involvement of various aspects of the program evenly shows the potential for synergy in the implementation of the program. Each position brings different perspectives and experiences, which can increase the effectiveness of the implementation of public health programs (Alderwick *et al.*, 2021).

Through synergy between units, it is hoped that this collaboration can strengthen work commitment. According to Chrislip and Larson's Theory of Collaboration, cooperation in achieving common goals is very important, especially in the context of public health. By facilitating interactions between different positions, health programs can achieve more effective goals.

Taking all these factors into account, this study confirms that Essential SMEs have a significant influence on work commitment. To achieve success in stunting management programs, it is important to continue to support the implementation of Essential SMEs and strengthen the commitment of public health program implementers.

The implications of this study emphasize the importance of paying attention to factors that increase work commitment to achieve success in stunting treatment programs. Ongoing support in the implementation of Essential Public Health Efforts (SMEs) can increase individual motivation, which will have a positive effect on the effectiveness of the program (Purnamayanti and Sulistyawati, 2022). Therefore, stakeholders need to provide the necessary resources and support to improve the quality of health program implementation.

This study shows that Essential Public Health Efforts (SMEs) have a significant influence on individual and organizational work commitment in public health programs. Affective commitment was a key factor that increased executor engagement, with the experience and education of dominant respondents, especially those over the age of 35, contributing positively to program dedication. The involvement of men and relevant educational backgrounds also supports the work commitment. However, special attention is needed to indicators such as Family Health, Nutrition, and Disease Prevention and Control so that their contribution is more significant. In addition, collaboration between positions in the implementation of the program is very important to strengthen work commitment. As such, ongoing support and adequate resources are needed to improve the effectiveness of Essential SMEs and the success of future public health programs.

2. The Effect of Work Commitment on the Success of the Stunting Prevention Program

Work commitment is an important aspect of human resource management that affects the success of the organization, especially in the context of public health programs. According to the Organizational Commitment Theory developed by Meyer and Allen, work commitment is divided into three dimensions: affective commitment, continuous commitment, and normative commitment (AL-Jabari and Ghazzawi, 2019). These three dimensions influence each other and contribute to the individual's dedication to their work. In the context of national priority programs such as stunting handling, high work commitment can encourage health workers to contribute more actively, having a positive impact on program effectiveness.

The results of the study showed that the path coefficient indicated a positive and significant influence between work commitment and the success of the National Priority Program (PPN) in handling stunting. This means that the higher the level of work commitment, the greater the impact on the achievement of stunting program goals. A high T-statistical value confirms that this influence is significant, exceeding the established threshold. In addition, a very small P-value further strengthens the significance of the influence statistically. Thus, it can be concluded that work commitment has a positive and significant effect on the success of the stunting program, which is very important to improve the overall health condition of the community.

One of the reasons why work commitment can affect the success of stunting programs is because individuals who have high commitment tend to be more motivated to make their best contribution. They try harder to complete tasks and fulfill their responsibilities, which leads to better program outcomes. With a strong work commitment, health workers can focus more on implementing the necessary interventions to address the stunting problem, as well as collaborate effectively with their colleagues in running programs (Christensen, Innstrand and Saksvik, 2020).

The characteristics of the respondents in this study are also relevant for this analysis. The distribution of

respondents showed that 79.05% were over the age of 35. Older age is often associated with more experience in the implementation of public health programs. Individuals in this age group tend to have a more stable work commitment. According to Maslow's Hierarchy of Needs Theory, once basic needs are met, individuals focus on self-actualization and devotion (Harris, 2020). This creates a stronger motivation to be involved in health programs such as stunting treatment.

In addition, work commitment can also be associated with the gender aspect of the respondents. The majority of respondents were men (71.43%), which may indicate higher participation of this group in the context of public health programs. According to Eagly and Wood's Gender Role Theory, social expectations related to gender roles can influence individual behavior (Eagly and Wood, 2016). In this context, men often have a more visible role in decision-making and health policy implementation, which can strengthen their commitment to the success of stunting programs.

The respondents' educational background, where the majority have D3 education and professions in the health sector, also contributes to the understanding and implementation of health programs. Spencer and Spencer's Competency Theory emphasizes that an individual's education and experience affect their ability to run a program (Wong, 2020). With a strong understanding of health issues, health workers with high commitment can play an effective role in supporting the success of stunting programs.

The involvement of diverse respondents in public health program positions shows good collaboration in program implementation. According to Chrislip and Larson's Theory of Collaboration (1998), effective cooperation can give rise to innovative solutions and increase the effectiveness of interventions. If each person in charge of the program has a high commitment, collaboration between units will be stronger and make it easier to achieve common goals in handling stunting.

The working period of most respondents in the range of 5-10 years shows that they have significant experience in the field of public health. Herzberg's Two-Factor Theory explains that stability and work experience can increase job satisfaction and motivation (Sachau, 2007). Experienced workers tend to be more knowledgeable about their role and more attached to organizational goals, increasing work commitment that positively impacts program success.

High work commitment among health workers not only affects their motivation in the implementation of the program, but also contributes to better program outcomes (Karaferis *et al.*, 2022). By understanding the importance of work commitment and its impact on the success of national priority programs such as stunting management, health organizations can focus more on creating a supportive work environment to increase the commitment of health workers, ultimately having a positive impact on overall public health.

The pathway coefficient of 0.663 shows a strong positive relationship between work commitment and the success of the National Priority Program (PPN) for Stunting Prevention. The statistical T-value of 4.827 and the P-value of 0.000 confirm the statistical significance of this relationship. Thus, work commitment plays an important role in supporting the achievement of the goals of the stunting treatment program, which is an urgent public health problem.

Several previous studies also support these findings. For example, a study by Timothy (2020) shows that workers who have a high commitment to the organization tend to be more accomplished and make a greater contribution to the implementation of health programs. In addition, research by Alrowwad (2019) also confirmed that strong organizational commitment correlates positively with the effectiveness of programs, including public health programs. Other research by Hendri (2019) It shows that work commitment is directly related to job satisfaction and performance, which is very relevant in the context of handling stunting.

Research by Baxi (2024) It also found that job experience and satisfaction affect the level of workforce commitment, thus having implications for program success. Other research by Bhati (2023) concluded that job stability and high work commitment have a positive impact on health program outcomes. It emphasizes the importance of having a committed and experienced workforce in implementing complex public health programs such as stunting management.

From the results of research and facts in the field, it can be concluded that high work commitment among health workers can be the main driver of the success of the stunting program. The experience and job stability possessed by health workers play a significant role in building this commitment, so that they are better able to face challenges and manage programs effectively (Karaferis *et al.*, 2022). When healthcare workers feel emotionally and morally

attached to their work, they tend to work harder to achieve the desired results.

The results showed that all indicators in the work commitment variable got a fairly high average value, ranging from 4.23 to 4.24. This reflects a strong positive perception among respondents regarding their commitment to health programs, including stunting treatment programs. A strong association between these indicators and the latent variable of work commitment suggests that health workers feel emotionally and morally attached to their work. In this context, high work commitment can contribute to the effectiveness of stunting programs, given that committed health workers tend to be more motivated to give their best efforts in the implementation of the program (Hanifah and Syahrizal, 2024).

Although the Maternal and Child Health Program (Y2) had the lowest outer loading value of 0.762, respondents' perception of this indicator remained positive with an average score of 4.11. This shows that although the contribution of the Maternal and Child Health Program to the latent variables of national priority programs is relatively low, respondents are still aware of the importance of the program. Therefore, even though the results are quite good, the focus of improvement should be directed to strengthening this program so that its contribution can be in line with other indicators that show higher values. Handling stunting as a complex health issue requires strong integration of various health programs, including Maternal and Child Health (Fristiwi, Nugraheni and Kartini, 2023).

Implications of this study Emphasizing the importance of creating a supportive work environment for health workers, including providing adequate training, adequate resources, and opportunities to actively contribute to health programs. By increasing work commitment, it is hoped that health workers will be more motivated to work effectively in dealing with the problem of stunting, which is one of the national priorities in improving public health.

The assumption of the researcher in this study is that health workers who have a good educational background and experience, as well as a more mature age, will be more easily involved in stunting treatment programs with high commitment. As such, it is important for program management to consider these factors in their health workforce recruitment and development strategies.

Overall, this study confirms that increasing work commitment among health workers will not only have an impact on individual performance, but will also increase the success of national priority programs in handling stunting. The success of this program requires support from all stakeholders, including the government, the community, and health workers themselves.

Therefore, the recommendation for further research is to explore more deeply the factors that can affect work commitment, as well as how better management of health workers can contribute to the achievement of public health targets. This is important to ensure the sustainability of health programs in the future, especially in efforts to handle the problem of stunting which is still a big challenge in Indonesia.

Thus, this study provides a clear picture of the importance of work commitment in the context of public health programs, especially in efforts to deal with stunting. Awareness of the factors that affect work commitment can be the foundation for the development of better policies and practices in human resource management in the health sector.

In the context of the influence of work commitment on the success of the Stunting Prevention Program, these results show that maintaining and increasing work commitment among health workers is important to achieve the program objectives. High work commitment can strengthen collaboration and cooperation between units, which in turn will increase the effectiveness of the implementation of stunting programs. Recommendations to focus on strengthening the Maternal and Child Health Program while maintaining the level of work commitment that have been achieved will help ensure the success and sustainability of future stunting initiatives.

3. The Effect of Essential Public Health Efforts on Stunting Prevention

The WHO Health System emphasizes the importance of the role of Public Health Efforts (SMEs) in preventive, promotive, and curative aspects to improve overall public health.(World Health Organization (WHO), 2018) Essential SMEs involve various health efforts aimed at preventing diseases, improving environmental conditions, and improving the quality of life of the community (Bugshan *et al.*, 2022). This is expected to make a significant contribution to the handling of stunting. Successful stunting management requires comprehensive intervention, with Essential SMEs as a step in preventing and controlling this problem.

In this study, the results show that Essential SMEs have a direct positive effect on the success of VAT (Stunting). This can be seen from the very low values of the path coefficients, as well as the T-statistic and p-values that are far from the significant threshold. Thus, the hypothesis that Essential SMEs have a direct influence on the success of the National Priority Program (PPN) for stunting prevention is not accepted. One of the possible reasons why Essential SMEs do not show significant influence is because their implementation has not been optimally integrated into the stunting management program. In addition, various operational constraints or resource limitations in the implementation of Essential SMEs can also affect these insignificant results.

Basically, Essential Public Health Efforts (SMEs) play an important role in improving public health through preventive and promotive approaches. According to Green and Kreuter (2005), effective public health interventions must include preventive, promotive, and educational aspects to encourage healthy behavior change in society. This is in line with the efforts of Essential SMEs which include stunting prevention through improved nutrition and health education.

Blum and Nygard stated that optimal public health can be achieved through integrated interventions that include environmental, behavioral, and affordable and effective health services. Essential SMEs act in all of these components, so they are expected to be able to reduce the prevalence of stunting by improving environmental health conditions and providing better access to nutrition (Bugshan *et al.*, 2022).

In addition, Lalonde stated that environmental factors, lifestyle, and health services are the main determinants of health (Tulchinsky, 2018). The implementation of Essential SMEs that focuses on improving access to health services, improving sanitation, and empowering people in a healthy lifestyle is expected to reduce stunting rates, considering that poor environmental conditions and lifestyles are often the main causes of this problem (Chowdhury and Ravi, 2022).

The majority of respondents in this study were over 35 years old, where older age is often associated with commitment and stability in work, which has the potential to have a positive impact on the success of the program, including efforts to handle stunting. Based on Maslow's Hierarchy of Needs theory, individuals at this age tend to be more motivated to achieve self-actualization, which is reflected in their dedication to work (McLeod, 2024). However, even if this age group shows strong commitment and motivation, without the support of a well-structured and integrated Essential SME program, it may not be enough to bring about significant changes in stunting management.

In terms of gender, the majority of respondents are male, reflecting the dominance of male participation in public health programs in Kendari City. According to Eagly and Wood's Gender Role Theory, men often play a role in the decision-making and implementation of health programs, which can increase their commitment and motivation (Eagly and Wood, 2016). However, the dominance of this male role has not produced a significant impact on the implementation of Essential SMEs related to stunting management, suggesting that other factors may have more influence on the success of the program.

In general, most respondents have relevant educational backgrounds, such as D3 and health professions. Higher education should improve understanding and skills in implementing public health programs, including stunting management. Based on the Competency Theory of Spencer and Spencer, individuals with adequate education will have better competence in carrying out public health tasks (Wong, 2020). However, the findings of this study show that the competencies possessed are not enough to ensure the success of Essential SMEs in dealing with stunting. The tenure factor was also important in this discussion, with the majority of respondents having between 5 to 10 years of work experience, indicating that they had gained sufficient experience in implementing public health programs. According to Herzberg's Two-Factor Theory, longer tenures can increase job satisfaction and commitment, which should contribute to the success of the program (Alrawahi *et al.*, 2020). However, if the organizational structure or available resources are insufficient, long work experience may not be enough to guarantee the success of programs such as stunting management.

In the perspective of organizational roles, Robbins and Judge's Theory of Organizational Behavior emphasizes how individual roles and responsibilities within an organization can affect overall performance (Robbins and Judge, 2013). In this case, the people in charge of health programs who have various responsibilities should be able to increase their work commitment. However, if Essential SMEs are not properly integrated into the organizational system, their high role and commitment will not have a significant impact on stunting handling.

The distribution of the working period of the respondents showed that they had enough experience to understand

and implement the health program. Meyer and Allen's Theory of Organizational Commitment also shows that individuals with long work experience have higher affective commitment (AL-Jabari and Ghazzawi, 2019). However, as the results of this study show, high work experience and commitment cannot replace the important role of structured and sustainable program management, which still seems to be a challenge in the implementation of stunting-related Essential SMEs in Kendari City.

Previous research that is relevant to these results includes research by Monroy-Gomez *et al* (2022) which found that Essential SMEs have a significant influence on the reduction of malnutrition rates, but with the note that the success is highly dependent on cross-sector coordination (Monroy-Gomez *et al.*, 2022). These results are relevant to the current findings, where the lack of coordination or synergy across sectors may be the reason why Essential SMEs do not have a significant impact on stunting in Kendari City.

Other studies by Fristiwi *et al* (2023) shows that Essential SME interventions that are not well integrated in stunting management programs often experience obstacles, such as lack of community involvement and lack of health resources. This is consistent with the results of this study which shows that Essential SMEs may not be doing well without strong operational support.

Research by Sahoo *et al* (2021) also shows that the implementation of Essential SMEs in the context of maternal and child health is often hampered by socio-economic factors, including low education among the beneficiary communities (Sahoo *et al.*, 2021; La Barbera, 2023). This could be the reason why the results of this study show an insignificant influence, as there may be socio-economic barriers that hinder the effectiveness of Essential SMEs in stunting programs.

Similar results were found in other studies that stated that the implementation of Essential SMEs in rural areas is often ineffective due to lack of human resources and limited health facilities (Chowdhury and Ravi, 2022; Al-Worafi, 2023). This supports the findings of this study, where Essential SMEs may not have a significant impact due to similar limitations in Kendari City.

Studi lain oleh Xu *et al* (2021) revealed that although Essential SMEs contribute to the improvement of children's nutritional status, the success of the program is highly dependent on strong policy support from local governments and active involvement from all stakeholders. The results of this study show that in Kendari City, Essential SMEs may not be fully supported by strong local policies or have not optimally involved the community.

The implication of this study is that Essential SMEs cannot stand alone in handling stunting. The success of the stunting treatment program requires a more comprehensive approach, including improved coordination across sectors, increased health resources, and stronger policy support from local governments. The government needs to increase the integration between Essential SMEs and other programs that support child nutrition, including educational interventions and family economics.

The need to increase training and increase the capacity of health workers is important to ensure that Essential SMEs can be run effectively in the field. Collaboration between various parties, such as health workers, the government, and the community, also needs to be strengthened to achieve common goals in handling stunting.

Based on field facts, the implementation of Essential SMEs in Kendari City does not seem to be well integrated into the stunting program, which causes the impact to be insignificant. The reason why Essential SMEs do not have a significant influence on the success of the Stunting Prevention Program can be seen from several aspects, namely although the average score of respondents for the Essential SME indicator is quite high (between 4.14 to 4.25), this reflects more of the respondents' perception of the program, **not the actual effectiveness of the** program. Positive perceptions are not necessarily directly proportional to tangible results on the ground, especially if critical aspects of the program have not been implemented optimally.

The low outer loading value of several indicators, especially Family Health (X3) which has the lowest outer loading (0.751), shows a weak contribution to the latent variable. This indicates that although this program exists, its implementation is not strong enough to have a significant impact on stunting reduction. In addition, the Nutrition (X4) and Disease Prevention and Control (X5) indicators, despite receiving positive perceptions from respondents, also showed lower outer loading, indicating a less than optimal contribution to the overall success of the program. The results of a very low pathway coefficient (0.008), with a T-statistic of 0.067 and a p-value of 0.946, This shows that although the respondents' perception of some aspects of the program is good, the **real effectiveness in the field is still weak**, especially in terms of the contribution of Essential SME programs to the latent variables and outcomes of the stunting program.

The characteristics of the respondents, the majority of whom are over 35 years old, with a fairly good educational background, should support the implementation of the program. However, a lack of work commitment, or perhaps a gap in skills and understanding related to stunting, can be a factor affecting the effectiveness of the implementation of Essential SMEs in the field.

Another assumption is that while Essential SMEs are important, stunting programs require a more holistic approach, including socio-economic interventions, nutrition counseling, and community education. Without an integrated approach, stunting management programs will find it difficult to achieve significant results.

Thus, it can be concluded that Essential SMEs are indeed an important component in the health system, but their role in handling stunting in Kendari City still needs to be strengthened. Strong community engagement and policy support are needed to increase the effectiveness of this program

4. The Effect of Work Commitment in Mediating Essential Public Health Efforts on Stunting Prevention Programs

The Effect of Work Commitment in Mediating Essential Public Health Efforts (SMEs) on the National Priority Program (PPN) Stunting prevention is a relevant topic in the context of handling public health. The results of the study show that there is a significant indirect influence of Essential SMEs on VAT Stunting through work commitment. This relationship is supported by a very small p-value, which confirms that this influence is statistically significant. Work commitment acts as an important mediator, which strengthens the influence between Essential SMEs and the success of stunting programs. Therefore, it is important to discuss further regarding the theoretical concepts underlying this influence as well as their relevance to the characteristics of respondents (AL-Jabari and Ghazzawi, 2019).

The Work Commitment Theory has a strong foundation in this research. One relevant theory is Maslow's Hierarchy of Needs Theory, which explains that the need for self-actualization, appreciation, and a sense of belonging play a major role in motivating individuals to contribute optimally (McLeod, 2024). In the context of health workers, especially those over 35 years old, this need becomes more important because in this phase, their commitment to work tends to be more stable and focused on service. In this study, the majority of respondents were over 35 years old, which shows that this age group has the potential to make a greater contribution in supporting public health programs such as stunting.

Meyer and Allen's Theory of Organizational Commitment is also relevant in discussing work commitment as mediators. They divide work commitment into three main components: affective, continuous, and normative (Fisher, 2021). Affective commitment is based on the worker's emotional attachment to the organization, continuous commitment arises due to awareness of the costs incurred if the worker leaves the organization, and normative commitment relates to a sense of moral obligation to remain employed in the organization (AL-Jabari and Ghazzawi, 2019). In respondents over 35 years old, continuous and normative commitment tends to be more dominant. This shows that longer work experience as well as strong moral obligations encourage their dedication to the implementation of public health programs.

In this study, the majority of respondents (79.05%) were over 35 years old, and this age group is believed to have more experience and a better understanding of the implementation of public health programs. This experience plays an important role in increasing work commitment and motivation, which then has an impact on the success of the stunting program. Older respondents may have better skills and confidence in managing the challenges of health programs, so they are able to overcome the obstacles faced in efforts to handle stunting (Bar-Tur, 2021). Their stronger work commitment can contribute significantly to increasing the effectiveness of Essential SMEs.

Gender distribution is also an important aspect that needs to be considered in this study. The majority of respondents were men (71.43%), which reflects the dominance of men in the implementation of public health programs in Kendari City. Eagly and Wood's Gender Role Theory emphasizes that social expectations related to gender roles can influence individual behavior (Eagly and Wood, 2016). In this context, men are often considered key decision-makers in families and communities, which can encourage them to be more actively involved in public health programs, including stunting treatment programs. High male participation can reinforce their commitment to the success of the program and encourage wider public awareness and participation.

Regarding education, the majority of respondents have D3 (35.24%) and professional (29.52%) educational backgrounds. This education that is relevant to public health allows them to understand the importance of

implementing health programs, including handling stunting. The Competency Theory of Spencer and Spencer explains that an individual's competence at work is greatly influenced by their education and experience. In this context, respondents who have higher health education can better understand the strategic and practical aspects of program implementation, thereby improving the effectiveness and outcomes of the program (Wong, 2020).

The duration of employment is also an important factor in this study. Most of the respondents had a working period of between 5-10 years (97.14%), which indicates that they have sufficient experience in the implementation of public health programs. Herzberg's Two-Factor Theory explains that longer work experience can increase job satisfaction, which in turn increases commitment to implementing programs (Alrawahi *et al.*, 2020). Workers who have longer experience tend to be more skilled in dealing with various challenges that arise in the implementation of health programs, including stunting treatment programs.

The even distribution of the positions in charge also shows that there is good synergy between various units involved in public health programs. Various positions such as Head of Pus, Person in Charge of Nutrition, Vaccines, and others bring different perspectives, which, if coordinated well, can increase the effectiveness of program implementation. The Theory of Collaboration by Chrislip and Larson emphasizes the importance of cooperation between units in achieving common goals. In the context of stunting programs, collaboration between various program managers can accelerate the achievement of goals and improve overall program outcomes (Castañer and Oliveira, 2020).

Thus, Work Commitment plays an important role in mediating the relationship between Essential SMEs and the success of Stunting VAT. Age, education, experience, and gender and job title distribution influenced how work commitment developed among respondents. The combination of these factors shows that public health programs supported by highly committed health workers have a greater chance of achieving optimal results, especially in handling the stunting problem in Kendari City.

Based on research showing the significant influence of Essential Public Health Efforts (SMEs) on the success of the National Priority Program (PPN) for stunting prevention through the mediating role of Work Commitment, it is important to review the results of previous studies that support these findings. The results of this study are relevant to several previous studies that discussed the link between work commitment, public health efforts, and the success of health programs (Chelak and Chakole, 2023).

Research by Al-Worafi (2023) It found that the work commitment of health workers significantly affects the success of maternal and child health programs in developing countries. The study shows that a strong commitment to the program contributes to improved motivation and performance of healthcare workers, which in turn improves program outcomes.

Research by Mediani *et al* (2022). Examine the relationship between the work motivation of health workers and the effectiveness of stunting programs in several rural areas. The findings show that health workers who have a deep understanding of the importance of stunting programs tend to have higher motivation, which strengthens their dedication to implementing the program effectively.

Alderwick (2021) In his research, he emphasized the importance of institutional support in increasing the work commitment of health workers. They found that public health programs supported by adequate training and resources contributed to higher work commitment, which ultimately strengthened the implementation of health programs such as stunting.

Research by Wells (2023) Exploring the relationship between work experience and health program success in countries with high stunting rates. They found that longer work experience contributed to improving the skills of health workers in dealing with nutrition problems, which had a direct impact on reducing stunting rates.

From the results of these studies, several important implications can be drawn. Such as public health efforts that are sustainable and supported by adequate training can increase the work commitment of health workers. Strong work commitment not only affects the effectiveness of stunting programs, but also improves the quality of health services in general and longer work experience and support from health institutions plays an important role in shaping the commitment of health workers.

Based on findings in the field, this study reveals that Work Commitment significantly mediates the relationship between Essential Public Health Efforts (SMEs) and the success of the National Priority Program (PPN) for stunting prevention. The increase in Essential SMEs has a positive effect on the success of the stunting program through better work commitment of health workers. This shows that the high work commitment of health workers

is crucial for the effectiveness of public health programs (Søvold *et al.*, 2021).

Field facts show that the work commitment of health workers in Kendari City is quite high, especially among respondents over 35 years old with good work experience. This group has a good understanding of their role in public health, which contributes significantly to stunting programs. Despite positive perceptions of some program indicators, such as Family Health and Maternal and Child Health Programs, their contribution to latent variables is still low. Therefore, increasing the effectiveness of the program is very important to support the success of the stunting program as a whole (Barnes *et al.*, 2020).

The assumption of this study is that health workers with more mature age and work experience tend to have a stronger commitment to health programs. This is supported by the Commitment theory which shows that more mature individuals tend to have a more stable and focused work motivation on service.

In general, this study emphasizes the importance of the role of work commitment in strengthening the relationship between Essential SMEs and the success of Stunting VAT. Increased work commitment can be achieved through training, institutional support, and the provision of adequate resources. Therefore, to achieve the success of the stunting treatment program in the future, a more holistic approach is needed that pays attention to the aspect of the work commitment of health workers.

This is very important in the context of public health, especially in Kendari City, where handling stunting requires the support of commitment and cooperation from all health workers involved. Strengthening work commitments through Essential SMEs is a strategic step to increase the effectiveness of the stunting program and ensure the sustainability of the program in the future.

CONCLUSION

1. Essential SMEs and Work Commitment The results of the analysis show that Essential SMEs have a positive and significant influence on Work Commitment. This means that the better the implementation of Essential SMEs, such as environmental sanitation, family health, and health promotion, the higher the work commitment of health workers. This factor is important to support the effectiveness of public health services.

2. Work Commitment and Stunting Prevention Work commitment has been proven to have a positive and significant influence on the success of stunting prevention programs. This emphasizes that health workers with high commitment, both affective, normative, and continuous, can increase the effectiveness of the implementation of stunting programs, including in immunization, maternal and child health, and infection control.

3. Essential SMEs and Stunting Prevention (Direct Influence)

Although Essential SMEs have a direct positive influence on the success of stunting prevention, this influence is not significant. This indicates that the improvement of Essential SMEs alone is not enough to ensure the success of the stunting program without other factors, such as increasing the work commitment of health workers as a supporting element.

4. The Role of Work Commitment Mediator Work Commitment plays a positive and significant role in the relationship between Essential SMEs and the success of stunting prevention programs. This means that the effective implementation of Essential SMEs must be accompanied by increased work commitment of healthcare workers to create a significant impact on the success of the program.

5. Implications of Research Results All of these findings show the importance of integrating Essential SMEs with efforts to increase the work commitment of health workers. To achieve maximum success of stunting prevention programs, a strategy to strengthen work commitment is needed through training, incentives, and better human resource management. This will ensure that Essential SMEs function optimally in supporting national priority programs.

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