www.ijarp.com ISSN 2456-9992 Page: 01-13
International Journal Advanced Research Publications
Research Article
Volume: 02
Issue: 01

THE EFFECT OF SKILL TASK-MATCH ON THE PERFORMANCE OF HEALTH WORKERS THROUGH WORK ENGAGEMENT (STUDY: MOKOAU PUBLIC HEALTH CENTER) KENDARI CITY, SOUTHEAST SULAWESI, INDONESIA

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Article Received: 28 November 2025, Article Revised: 18 December 2025, Published on: 8 January 2026

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DOI: https://doi-doi.org/101555/ijarp.4044

ABSTRACT

Background: The performance of health workers in primary health care facilities is greatly influenced by the suitability between individual skills and the demands of the tasks performed. Skill-task mismatches have the potential to reduce work attachment and hinder the achievement of optimal performance. **Objective:** This study aims to analyze the influence of *skill task-match* on the performance of health workers through *work engagement* as a mediating variable at the Mokoau Health Center, Kendari City, Southeast Sulawesi. **Methods:** This study used a quantitative design with *a cross-sectional approach*. All health workers at the Mokoau Health Center as many as 70 respondents were used as samples (total sampling). Data collection was carried out through a structured questionnaire, and data analysis using Partial Least Squares–Structural Equation Modeling (PLS-SEM) with the help of SmartPLS version 4.0. **Results:** The results of the analysis showed that *skill task-match* had a positive and significant effect on *work engagement* ($\beta = 0.700$; $p < 0.001$), but did not have a direct effect on the performance of health workers ($\beta = 0.113$; $p > 0.05$). *Work engagement* was shown to have a positive and significant effect on performance ($\beta = 0.558$; $p < 0.001$) and acted as a full mediator in the relationship between *skill task-match*and performance ($\beta = 0.391$; $p < 0.001$). **Conclusion:** The suitability of skills and tasks does not directly improve performance in the absence of work attachment. *Work engagement* is a key mechanism that translates *skill task-match*into more optimal performance of health workers. Therefore, it is important to integrate competency-based task allocation with organizational

strategies that aim to strengthen work engagement to achieve sustained performance improvement in primary health care.

KEYWORDS: *Skills Task-Match*; *Work Engagement*; Performance of Health Workers; Public Health Centers; PLS-SEM.

INTRODUCTION

Community Health Centers (Puskesmas) are the vanguard of the primary health service system in Indonesia that plays a strategic role in ensuring access, quality, and continuity of public health services. As a first-level health service facility, Puskesmas are required not only to meet service coverage targets, but also to ensure the effectiveness of health workers' performance in the context of complex workloads, dynamics of community needs, and limited resources[1].

Mokoau Health Center in Kendari City is a non-inpatient health center that serves four villages with a population of 26,364 people, of which around 80% are in the productive age group. This demographic condition reflects the high potential for basic promotive, preventive, and curative health services that must be handled in an ongoing manner by health care workers. The high number of outpatient visits with service coverage reaching 62.3% shows that there are significant performance demands on health workers in providing responsive, accurate, and quality services [2].

On the other hand, the Mokoau Health Center has a relatively complete composition of health human resources, with a total of 69 health and support workers consisting of doctors, nurses, midwives, public health workers, pharmaceutical personnel, and laboratory personnel. Although the number of personnel has exceeded the minimum standards of non-inpatient health centers, the main challenge lies not only in the quantity of human resources, but also in the extent to which the competencies and skills of these health workers are aligned with the duties and responsibilities carried out on a daily basis [3].

The concept *of skill task-match*becomes relevant in this context, emphasizing the compatibility between individual skills and the demands of the job undertaken. Mismatches between skills and tasks can lead to work inefficiency, increased service errors, work fatigue, and a decrease in the quality of performance of health workers [4]. In primary health services

that are multidisciplinary and team-based, the accuracy of task placement according to competence is a key factor in ensuring optimal performance and patient safety.

The suitability of skills with tasks not only has a direct impact on performance, but also affects the positive psychological condition of health workers, especially *work engagement*. *Work engagement* is a psychological state characterized by vigor, dedication, and absorption at work, which has been shown to play an important role in improving the performance of individuals and health service organizations(5,6). Health workers who feel that their skills are used optimally tend to show higher levels of work engagement, have strong intrinsic motivation, and provide better quality services.

In the context of the Mokoau Health Center, the high variety of service programs—ranging from KIA services, infectious and non-communicable disease control, nutrition services, to community-based health promotion—demands a high level of work involvement from health workers across professions. However, if the suitability of skills with tasks is not optimal, the potential *for work engagement* of health workers will not develop optimally, which can ultimately reduce service performance.

Previous research has shown that *work engagement* acts as a mediation mechanism that explains how structural and individual factors, including *task-match skills*, can translate into superior performance [7]. However, empirical studies that specifically examine the role of work *engagement mediation* in the relationship between *skill task-match*and the performance of health workers in the setting of health centers in Indonesia, especially in Eastern Indonesia, are still very limited.

Based on the empirical condition of the Mokoau Health Center and the research gap, this study is important to comprehensively examine the influence of *skill task-match*on the performance of health workers through *work engagement*. The results of this study are expected to make a theoretical contribution to the development of health human resource management literature, as well as practical contributions for Puskesmas managers and policymakers in designing task placement strategies, competency development, and strengthening the work attachment of health workers to improve the performance of primary health services.

METHOD

This study is a quantitative research with *a cross-sectional design*. Data was collected through a survey using a structured questionnaire to health workers at the Mokoau health center in Kendari City. The entire population was used as a research sample (total sampling**),** so that 70 respondents were obtained. Data analysis was carried out using Partial Least Squares–Structural Equation Modeling (PLS-SEM) with the help of SmartPLS version 4.0**.** Model evaluation includes testing the measurement model to ensure the validity and reliability of the construct, as well as testing the structural model through the analysis of the path coefficient and its significance using *a bootstrapping* procedure.

RESULTS & DISCUSSION

Outer Model

Validity test

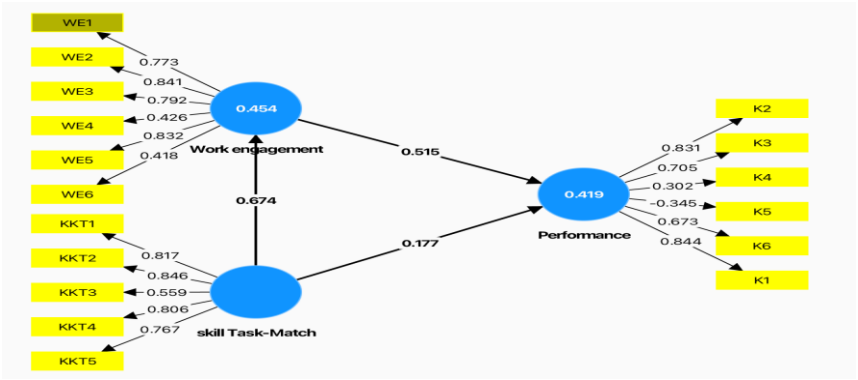

Figure 1. Validity & reliability test model (Phase 1)

Figure 1 above shows that the results of the work engagement construct outer loading test on the WE4 and WE6 indicators, the task-match skill construct on the KKT3 indicator, and the performance construct on the K4 and K5 indicators are below the threshold of 0.7 so that the indicator is eliminated and then the second stage is carried out.

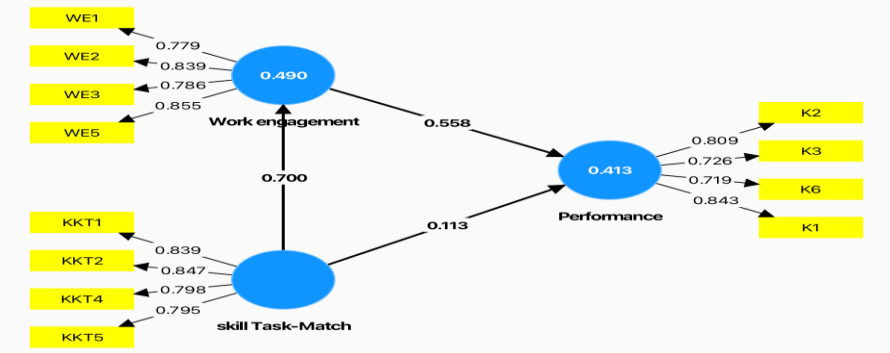

Figure 2. Validity & reliability test model (Phase 2)

Based on the results of the PLS-SEM algorithm test, all indicators in each construct had a loading factor between 0.719-0.855 above the threshold (>0.70), indicating that the indicators were declared valid and represented the construct well so that it met the criteria for further analysis.

Table 1. Reliability test

Variable	Cronbach's alpha	Composite reliability	Average variance extracted (AVE)
Performance	0.782	0.799	0.602
Work commitment	0.832	0.842	0.665
Task-Match skill	0.838	0.839	0.673

Source: Data processed -Pls.4 (2025)

Based on the results of the analysis, *the value of Cronbach's alpha* and *composite reliability* of all constructs was at 0.782-0.842 above the threshold of 0.70 which showed that the results of the convergent test were also well met. Meanwhile, the AVE value for performance constructs, work engagement, and skill task-matchis above the threshold of 0.50, so that each construct is able to explain more than 50% of the variance of its forming indicators.

Inner Model

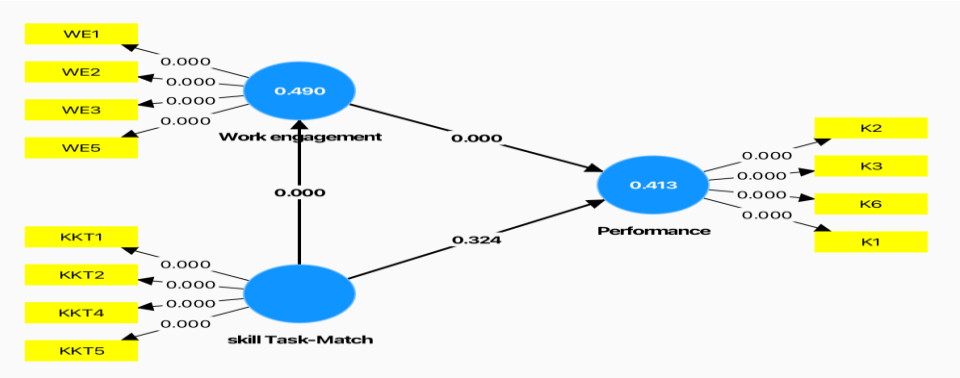

Figure 3. Hypothesis test (Bootstrapping)

Table 2. Direct *test results.*

Path Coeficient	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
Work engagement -> Performance	0.558	0.561	0.114	4.890	0.000
Task-Match skill -> Performance	0.113	0.122	0.114	0.986	0.324
skill Task-Match -> Work engagement	0.700	0.707	0.054	12.868	0.000

Source: Data processed -Pls.4 (2025)

Table 2, The results of the analysis show that work engagement has a positive and significant effect on performance with an influence coefficient value of 0.558, t-statistic of 74.890 > 1.96 and a value ρ = 0.000. The path coefficient value of 0.558 indicates that work engagement significantly contributes to performance improvement. A t-statistical value of 4.890 which far exceeds the critical limit of 1.96, and a p-value of 0.000 (p < 0.05) confirm that this influence is statistically significant.

The task-match skill had no significant effect on the performance of health workers with an influence coefficient value of 0.113, a t-statistic of 0.988 lower than the threshold of 1.96 and a p value of 0.324. Meanwhile, skill task-matchhave a positive and significant effect on work engagement with an influence coefficient value of 0.700; T-Statistic 12.868 and ρ = 0.000 (<0.05). The influence coefficient is 0.700 which indicates that if health workers work according to their skills, then the higher the work attachment. The t-statistical value of 12.868 which far exceeds the critical limit of 1.96 and the value ρ = 0.000 (< 0.05) confirms that this statistical influence is very significant.

Table 3. Indirect test results.

	Original sample (O)	**Sample mean (M)**	**Standard deviation (STDEV)**	**T statistics (|O/STDEV|)**	**P values**
skill Task-Match -> Work engagement -> Performance	0.391	0.397	0.088	4.454	0.000

Source: Data processed -Pls.4 (2025)

Table 3, The results of the analysis show that skill task-matchhave a positive and significant effect on the performance of health workers through work attachment. This is shown by an influence coefficient value of 0.391 indicating that skill task-matchwill increase work attachment and ultimately will improve performance. A t-statistical value of 4.454 greater than 1.96 and a p value = 0.000 (< 0.05) confirm that the indirect influence is statistically significant.

DISCUSSION

The Effect of Skill task-matchon Work Engagement

This study shows that *skill-task matches* have a positive and significant effect on *the work engagement* of health workers, with a path coefficient of 0.700 and a t-statistical value of 12.868 (p < 0.05). These findings indicate that the compatibility between individual skills and

job demands is a key determinant of job attachment. Health workers who carry out their duties according to their professional competencies tend to show higher levels of energy, dedication, and involvement in the delivery of health services.

According to *Person–Job Fit Theory*, which emphasizes that the compatibility between individual abilities and job characteristics will result in positive work attitudes and behaviors. When health workers feel that their knowledge and skills are being used optimally, they will view their work as more meaningful and constructively challenging, thus encouraging sustainable work attachment (4). Meanwhile, from the perspective of *Job Demands–Resources (JD-R) Theory*, *skill-task matches* can be positioned as functional *job resources*. The compatibility between skills and tasks allows individuals to manage work demands more effectively, reduce psychological burden, and increase intrinsic motivation [8]. In the context of primary health services characterized by time pressures, administrative burdens, and service quality demands, the existence of relevant *job resources* is a crucial factor in maintaining *work engagement*.

These findings are reinforced by previous empirical evidence showing that work resources aligned with individual competencies contribute significantly to *work engagement*. Availability of work resources, including clarity of roles and suitability of tasks, consistently increases work adherence.[9]. In the health sector, the suitability of expertise and duties has broader implications because it is directly related to patient safety and quality of service. Competency-based work placement is an important determinant of *work engagement* in high-pressure work environments, including public service and health organizations(10). Mismatches between skills and tasks have the potential to trigger work fatigue and decreased attachment, while optimal *skill-task matches* actually strengthen the commitment and involvement of health workers.

In practical terms, these findings confirm the importance of human resource management strategies that are oriented towards mapping and adjusting competencies. For health centers as first-level health service facilities, the assignment of health workers in accordance with their educational background and expertise is a strategic step to increase *work engagement* and service effectiveness. In addition, a continuous competency development program is also needed to ensure a fit between job demands and individual capacities.

The Effect of Skill task-matchon Health Worker Performance

This study shows that *skill-task match* does not have a significant effect on the performance of health workers, which is shown by a path coefficient value of 0.113 with a t-statistic of 0.988 (< 1.96) and a p-value of 0.324 (> 0.05). These findings indicate that the suitability between skills and work tasks has not been directly able to encourage improved performance of health workers. Thus, the hypothesis that there is a direct influence of *skill-task match* on performance is not empirically supported.

Theoretically, these results suggest that although *skill matches* are important in the context of attitudes and work experience, their effects on performance are not always immediate. In the framework of *Job Demands–Resources (JD-R) Theory*, *skill-task matches* are more appropriately positioned as *job resources* that function to facilitate motivational processes, but are not automatically translated into performance outputs without certain psychological or contextual mechanisms [11]. This indicates that performance is a more complex construct and is influenced by the interaction of various factors, both individual and organizational.

Empirically, several studies have shown that *person-job fit* has a stronger relationship with job satisfaction and *work engagement* compared to performance, especially in work environments that have strict operational standards and predetermined performance targets [4]. In the context of primary health services, the performance of health workers is often determined by protocols, regulations, and service systems, so that the discretion of individuals is relatively limited. In addition, the characteristics of work in health centers that are multidimensional and administrative can cause specific skills to not always be optimally utilized in daily work activities. Health workers who have worked according to their expertise do not necessarily show higher performance when faced with administrative workloads, limited resources, and structural service demands. This condition reinforces the argument that *skill-task match* is not a single determinant of performance, but rather needs to be combined with psychological resources and organizational support.

From the perspective of *Ability–Motivation–Opportunity (AMO) Theory*, performance is not only determined by ability, but also by motivation and opportunity to perform. In this context, *skill-task matches* represent aspects of ability, but without motivational support and structural opportunities, their impact on performance becomes insignificant [12]. Empirically, these findings are consistent with several studies that show that the influence of *person-job fit* on performance is indirect and mediated by psychological variables such as *work*

engagement or *psychological capital* [13,14. The practical implications of these results confirm that human resource management policies in the health sector are not enough to focus on the placement of health workers according to their expertise. Organizations also need to pay attention to other factors such as motivation strengthening, organizational support, and psychological resource development to ensure that skill matching can be converted into optimal performance.

The Effect of Work Engagement on Health Worker Performance

This study shows that *work engagement* has a positive and significant effect on the performance of health workers, which is shown by a path coefficient value of 0.558 with a t-statistical value that exceeds the critical limit of 1.96 and a p-value < 0.05. These findings indicate that work stickiness has a substantial contribution to improving performance. Engaged health workers tend to show high work energy, commitment to tasks, and a continuous focus on providing health services.

According to *the Job Demands–Resources (JD-R) Theory* , which places *work engagement* as a positive psychological condition that functions as the main motivational mechanism in driving performance [11]. In the context of health services, high work demands such as patient burden, time pressure, and professional responsibilities can be offset by strong work attachment, so that health workers are able to maintain optimal performance. *Work engagement* is understood as a multidimensional construct that includes vigor, dedication, Empirically, previous research has shown that employees who have a high level of engagement tend to show better work performance and lower levels of fatigue [13]. *Work engagement* is positively related to daily and sustainable performance, especially in professions that demand emotional involvement and high responsibility [15].

In the context of health workers, work attachment is a crucial factor because of the characteristics of the job that not only demand technical competence, but also psychological resilience and empathy in interacting with patients. Engaged health workers tend to show proactive work behavior, thoroughness in carrying out procedures, and commitment to service quality. Thus, *work engagement* acts as a psychological resource that strengthens the relationship between work demands and performance achievement.

The practical implications of these findings confirm that improving the performance of health workers cannot be separated from organizational efforts in building and maintaining *work*

engagement. Healthcare facilities need to create a supportive work environment through the provision of adequate work resources, leadership support, and recognition of the contributions of health workers. In addition, organizational interventions that focus on improving work motivation and well-being can be an effective strategy to encourage sustainable work engagement. Thus, *work engagement* can serve as a psychological foundation that supports improving performance and overall quality of health services.

The Effect of Skill task-matchon the Performance of Health Workers through Work Engagement

The results of the study show that *skill-task matches* have a positive and significant effect on the performance of health workers through *work engagement*. The value of the indirect influence coefficient of 0.391 with a t-statistic of 4.454 (> 1.96) and a p-value of < 0.05 confirms that work attachment plays a significant mediator in the relationship between skill-task suitability and performance. These findings indicate that *skill-task matches* do not directly improve performance, but work through psychological mechanisms in the form of increased *work engagement*.

According to *the Job Demands–Resources (JD-R) Theory*, which explains that relevant work resources, including the suitability between skills and job demands, function as *job resources* that trigger motivational processes (16). *Skill-task matches* allow health workers to carry out tasks more effectively and confidently, thereby increasing energy, dedication, and psychological involvement in work. This condition further encourages performance improvement. From the perspective of *Person–Job Fit Theory*, the fit between individual competencies and job characteristics creates a more meaningful and satisfying work experience [4]. However, the findings of this study confirm that the impact of this conformity on performance is not automatic. *Skill-task match* first increases *work engagement* as an affective-motivational response, which then acts as the main driver of performance behavior. Thus, *work engagement* is a key mechanism that bridges the influence of the suitability of skills and tasks on performance.

Empirically by conceptualizing *work engagement* as a positive psychological condition consisting of vigor, dedication, and absorption [5]. Health workers who work according to their skills tend to have higher work energy (vigor), a sense of meaning and commitment to work (dedication), and a better level of concentration (absorption). The combination of these

three dimensions encourages individuals to perform more optimally in the context of health services that demand high precision and responsibility.

Empirically, the results of this study reinforce previous findings that show that the influence of *person-job fit* on performance is often mediated by *work engagement*. Work resources aligned with individual characteristics increase *work engagement*, which in turn has a positive impact on performance [9]. In the health sector, this mediation mechanism is becoming increasingly relevant considering that the performance of health workers is greatly influenced by psychological and motivational conditions.

The practical implications of these findings emphasize that the placement of health workers in accordance with their expertise needs to be accompanied by a strategy to strengthen *work engagement*. It is not enough for healthcare organizations to ensure the suitability of competencies and duties, but also to create a work environment that supports work attachment through leadership support, role clarity, and recognition of the contributions of health workers. Thus, *skill-task matches* can be effectively converted into performance improvement through the role of *mediation work engagement*.

CONCLUSION

This study shows that *skill matches* have a significant effect on *work engagement*, but do not have a direct effect on the performance of health workers. The fit between the skill and the demands of the job mainly works through motivational mechanisms. *Work engagement* has been proven to be a strong and significant predictor of performance, and acts as a full mediator in the relationship between *skill-task match* and performance. These findings indicate that competency suitability alone is not enough to improve performance without psychological attachment in the job. Therefore, practically, healthcare organizations need to combine competency-based placement with a strategy to strengthen *work engagement* to encourage sustainable performance improvement.

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