

Exploring Readiness for Change among Community Health Cadres in Indonesia's Minimum Service Standards Program: A Path Analysis

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ABSTRACT

Background: The increasing workload of integrated health service post cadres in implementing the six minimum service standards has not been fully accompanied by adequate cadre readiness. This condition may affect the optimization of the community-based integrated health service post service quality. This study aimed to analyze the effects of perceived program feasibility, perceived benefits, perceived management support, and self-efficacy on cadre readiness in implementing the six minimum service standards.

Subjects and Method: This analytic observational study used a cross-sectional design conducted in Sragen Regency, Central Java, Indonesia, from February to March 2026. A total of 217 active Integrated Health Service Post cadres were selected using purposive sampling from 25 primary healthcare centers. The dependent variable was cadre readiness, while the independent variables included perceived program feasibility, perceived benefits, perceived management support, and self-efficacy. Data were collected using a structured and validated questionnaire developed from the Organizational Readiness for Change framework. Data were analyzed using descriptive statistics, bivariate linear regression, and multivariate path analysis with STATA.

Results: Self-efficacy had a direct and significant effect on cadre readiness ($b=0.45$; 95% CI=0.34 to 0.53; $p<0.001$). Perceived benefits also had a direct and significant effect on cadre readiness ($b=0.34$; 95% CI=0.26 to 0.42; $p<0.001$). Regarding indirect effects through self-efficacy, perceived program feasibility had a significant indirect effect on cadre readiness ($b=0.37$; 95% CI=0.15 to 0.59; $p=0.001$). Perceived benefits also showed a significant indirect effect ($b=0.29$; 95% CI=0.12 to 0.46; $p=0.001$), as did perceived management support ($b=0.16$; 95% CI=0.04 to 0.28; $p=0.009$).

Conclusion: Cadre readiness to implement the six MSS is influenced by perceived program feasibility, perceived benefits, management support, and self-efficacy. Strengthening organizational support and cadre capacity is essential for successful implementation.

Keywords: cadre, minimum service standards, self-efficacy, integrated health service

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BACKGROUND

Health development is a key pillar of national development because population health influences productivity, competitiveness, and sustainable development outcomes. To ensure equitable access to essential services, the Indonesian government enacted the Minimum Service Standards (MSS) policy through Ministry of Home Affairs Regulation No. 13 of 2024. The regulation covers six mandatory sectors of basic services, including health, education, public works, housing, social services, and public order. Beyond administrative obligations, the SPM policy represents a rights-based approach to public service delivery that emphasizes standardization, accountability, and measurable outcomes.

Within the health sector, Integrated Health Service Post cadres are frontline actors responsible for supporting maternal and child health services, nutrition monitoring, immunization, health promotion, and community-based reporting systems (Islamiyati & Sadiman, 2022). The implementation of the new MSS framework increases cadres' responsibilities, particularly in family-based data collection, structured reporting, and service monitoring. Consequently, cadres face growing workloads and more complex administrative and technical demands, requiring greater readiness to adapt to policy and system changes.

Readiness for change is explained through the Organizational Readiness for Change (ORC) theory, which emphasizes that successful implementation depends on individuals' beliefs that change is necessary, feasible, supported, and beneficial (Caci et al., 2025). According to Weiner (2009), readiness is shaped by change valence, efficacy beliefs, and situational factors such as organizational support. In the context of Integrated Health Service Post cadres, readiness is likely influenced by perceived program feasibility,

perceived benefits, perceived management support, and self-efficacy.

Management support from primary healthcare centers and local governments plays a critical role in facilitating adaptation through supervision, technical guidance, operational resources, and recognition of cadre performance (Susiloningtyas et al., 2025b). At the same time, cadres who perceive greater benefits from the SPM program may develop stronger motivation and confidence to perform their roles effectively (Meilian et al., 2020). Self-efficacy further strengthens readiness because cadres with higher confidence in their abilities are more likely to manage technical tasks, overcome barriers, and respond positively to organizational change (Alami & Budiani, 2024; Andriyani & Werdani, 2021).

Sragen Regency was selected as the study setting because it represents diverse urban, peri-urban, and rural contexts with varying cadre capacities and operational challenges. Reports from local health offices indicate inconsistencies in reporting quality, disparities in technical competencies, and limited operational support, all of which may affect cadres' readiness to implement SPM standards.

Previous studies on readiness have primarily focused on hospitals and formal healthcare organizations, while research involving community-based health actors such as Integrated Health Service Post cadres remains limited. In addition, few studies have integrated perceived program feasibility, perceived benefits, management support, and self-efficacy into a single readiness model. Therefore, this study applies the Organizational Readiness for Change framework and path analysis to examine direct and indirect relationships among these variables in the context of six SPM implementation. The findings are expected to provide evidence for strengthening cadre capacity and improving

community-based health service implementation.

SUBJECTS AND METHOD

1. Study Design

This analytic observational study used a cross-sectional design to examine the relationships among perceived program feasibility, perceived benefits, perceived management support, self-efficacy, and cadre readiness in implementing the six Minimum Service Standards (SPM). The study was conducted in Sragen Regency, Central Java, Indonesia, from February to March 2026. Study sites were selected purposively to represent urban and rural areas, including regions located north and south of the Bengawan Solo River.

2. Population and Sample

The study population comprised 11,284 active cadres from 1,612 Integrated Health Service Post affiliated with 25 primary healthcare centers in Sragen Regency. Based on the Kline formula, the minimum required sample was 204 respondents, with an additional 10% added to account for potential missing data, resulting in a target sample of 225 respondents. A total of 217 cadres were recruited using purposive sampling. Eligible participants were active cadres with at least one year of service, while those unwilling to participate were excluded.

3. Research Variables

The dependent variable was cadre readiness. Independent variables included perceived program feasibility, perceived benefits, perceived management support, and self-efficacy.

4. Operational Definition

Perceived program feasibility referred to cadres' perceptions of the suitability, clarity, and practicality of implementing the six MSS in Integrated Health Service Post services.

Perceived benefits referred to cadres' perceptions of the positive impacts of implementing the six MSS, including benefits for community health services and personal capacity development.

Perceived management support referred to cadres' perceptions of organizational support provided by primary health-care centers and local health authorities, including supervision, training, facilities, and operational assistance.

Self-efficacy referred to cadres' confidence in their ability to carry out tasks related to the implementation of the six SPM despite existing challenges and workload demands.

Cadre readiness referred to the psychological and behavioral preparedness of cadres to implement the six SPM effectively, consistently, and in accordance with established service standards.

5. Study Instrument

Data were collected using a structured and validated questionnaire developed from the Organizational Readiness for Change framework and related literature.

6. Data Analysis

Data were analyzed using descriptive statistics, bivariate linear regression, and multivariate path analysis to examine direct and indirect relationships among variables. Statistical analyses were performed using STATA.

7. Research Ethics

Ethical principles, including informed consent, anonymity, and confidentiality, were strictly observed throughout the study. Ethical approval was obtained from the Health Research Ethics Committee of Dr. Moewardi General Hospital, Surakarta, Indonesia (No. 165/I/HREC/2026).

RESULTS

1. Sample Characteristics

Table 1 shows that out of 217 respondents included. Most respondents were female

(99.08%). More than half of the respondents were aged ≤ 39 years (51.15%), indicating that the majority were within the productive adult age group. Based on length of service, most respondents had served for ≤ 8 years (67.28%). Similarly, 67.28% of respondents had previously attended MSS-related training, suggesting that most cadres had received basic

preparation regarding the implementation of Minimum Service Standards. Regarding the distribution of primary healthcare center areas, respondents were relatively evenly distributed across regions, with the highest proportion originating from urban areas (34.56%).

Table 1. Sample Characteristics

Characteristics	Frequency (n)	Percentage (%)
Sex		
Male	2	0.92
Female	215	99.08
Age		
≤ 39 years	111	51.15
> 39 years	106	48.85
Length of Service		
≤ 8 years	146	67.28
> 8 years	71	32.72
MSS Training History		
Ever	146	67.28
Never	71	32.72
PHC Area		
Urban	75	34.56
Northern rural are	73	33.64
Southern rural area	69	31.80

2. Univariate Analysis

The univariate analysis explained the overview of each study variable, including perceived program feasibility, perceived management support, perceived benefits, self-efficacy, and cadre readiness. Table 2 presents the univariate analysis of the study variables among 217 respondents. Program feasibility perception had a mean score of 18.88 (SD= 1.67), with scores ranging from 12 to 20. Perceived management support showed a mean of 18.62 (SD=2.38), with a minimum

score of 10 and a maximum score of 20. Perceived benefits had a mean score of 19.04 (SD= 2.01), ranging from 10 to 20. Self-efficacy demonstrated a mean score of 19.01 (SD= 2.02), with scores between 10 and 20, while cadre readiness had the highest mean score at 19.34 (SD=1.10), with a range of 10–20. Overall, the relatively high mean scores across variables indicate that respondents generally reported positive perceptions, high self-efficacy, and good readiness in implementing the six Minimum Service Standards.

Table 2. Univariate Analysis of Research Variables

Variables	Mean	SD	Min.	Max.
Perceived program feasibility	18.88	1.67	12	20
Perceived management support	18.62	2.38	10	20
Perceived benefits	19.04	2.01	10	20
Self-efficacy	19.01	2.02	10	20
Cadre readiness	19.34	1.70	10	20

3. Bivariate Analysis

Table 3 shows that program feasibility perception, perceived management support, perceived benefits, and self-efficacy were all positively and significantly associated with cadre readiness (all $p < 0.001$). Program feasibility perception demonstrated the strongest association with cadre readiness ($b = 0.73$; 95% CI = 0.63 to 0.82), followed by self-efficacy ($b = 0.67$; 95% CI = 0.61 to 0.74), perceived benefits ($b = 0.65$; 95% CI = 0.57 to 0.72), and perceived

management support ($b = 0.44$; 95% CI = 0.36 to 0.51). In addition, program feasibility perception, perceived management support, and perceived benefits were positively and significantly associated with self-efficacy (all $p < 0.001$). Program feasibility perception showed the strongest relationship with self-efficacy ($b = 0.84$; 95% CI = 0.72 to 0.95), followed by perceived benefits ($b = 0.69$; 95% CI = 0.59 to 0.78) and perceived management support ($b = 0.54$; 95% CI = 0.45 to 0.62).

Table 3. Results of Bivariate Linear Regression Analysis of Factors Associated with Self-Efficacy and Cadre Readiness

Variables	b	95% CI		p
		Lower Limit	Upper limit	
Cadre readiness				
Perceived program feasibility	0.73	0.63	0.82	< 0.001
Perceived management support	0.44	0.36	0.51	< 0.001
Perceived benefits	0.65	0.57	0.72	< 0.001
Self-efficacy	0.67	0.61	0.74	< 0.001
Self-efficacy				< 0.001
Perceived program feasibility	0.84	0.72	0.95	< 0.001
Perceived management support	0.54	0.45	0.62	< 0.001
Perceived benefits	0.69	0.59	0.78	< 0.001

4. Multivariate Analysis

Table 4 shows that there was no effect of Multivariate analysis was performed using path analysis to examine the direct and indirect relationships among study variables, including program feasibility perception, perceived management support, perceived benefits, self-efficacy, and cadre readiness. In this model, self-efficacy was specified as a mediating variable linking perceptions of program feasibility, management support, and perceived benefits with cadre readiness. The model consisted of five observed variables, including three exogenous variables (program feasibility perception, perceived management support, and perceived benefits) and two endogenous variables (self-efficacy and cadre readiness). The model also included two error terms corresponding to the endogenous variables.

Model identification indicated that the path model was statistically estimable. The calculated degree of freedom (df) was 5, indicating that the model was overidentified and therefore appropriate for path analysis. Parameter estimation was conducted to assess the magnitude and direction of the causal relationships among variables, represented by standardized path coefficients (b).

The path analysis demonstrated that self-efficacy had a significant direct effect on cadre readiness ($b = 0.45$; 95% CI = 0.34 to 0.53; $p < 0.001$). This finding indicates that higher levels of self-efficacy were associated with increased readiness among cadres in implementing the six minimum service standards. Perceived benefits also showed a significant direct effect on cadre readiness ($b = 0.34$; 95% CI = 0.26 to 0.42; $p < 0.001$), suggesting that cadres who perceived greater

benefits from the program tended to have higher readiness levels. Indirect effect analysis revealed that program feasibility perception significantly influenced cadre readiness through self-efficacy ($b=0.37$; 95% CI=0.15 to 0.59; $p=0.001$). Similarly, perceived benefits ($b=0.29$; 95% CI=0.12 to 0.46; $p=0.001$) and perceived management support ($b=0.16$; 95% CI= 0.04 to 0.28; $p=0.009$) also had significant indirect effects on cadre readiness mediated by self-efficacy. These findings indicate that self-efficacy acts as a key mediating mechanism linking organizational and program-related perceptions with cadre readiness.

Overall, cadre readiness was directly influenced by self-efficacy and perceived benefits, while program feasibility perception, perceived benefits, and perceived management support contributed indirectly through self-efficacy. This suggests that strengthening

cadres' confidence in their ability to perform tasks is essential for improving readiness in implementing minimum service standards.

The model was estimated using data from 217 respondents with a log-likelihood value of -1801.1812 . Model fit evaluation demonstrated a good fit between the proposed model and the observed data. The Chi-square value was 0.873 with $p=0.646$ (>0.05), indicating no significant discrepancy between the model and empirical data. Furthermore, the RMSEA value of < 0.001 , CFI of 1.000, and TLI of 1.009 indicated excellent model fit. The SRMR value of 0.003, which was below the recommended cut-off, further confirmed the adequacy of the model. Collectively, these findings suggest that the proposed path model was statistically acceptable and appropriate for explaining the relationships among the study variables.

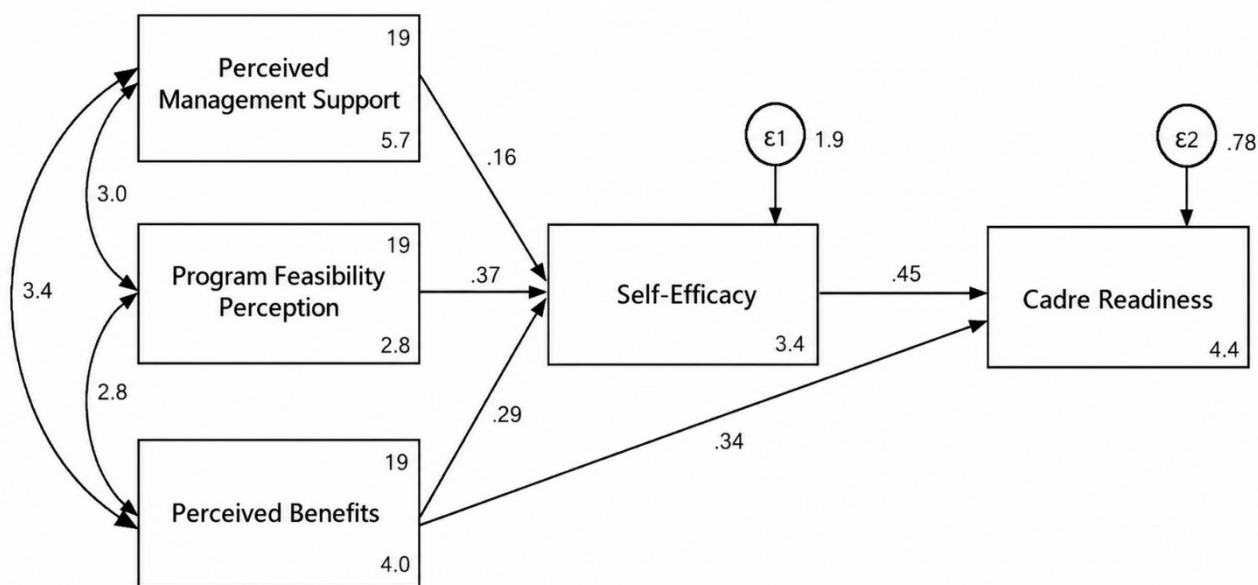


Figure 1. Structural Model of Factors Influencing Cadre Readiness in Implementing Minimum Service Standards

Table 4. Direct and Indirect Effects of Program Perceptions, Self-Efficacy, and Cadre Readiness: Results of Path Analysis

Dependent Variable	Independent Variable	b	95% CI		p
			Lower Limit	Upper Limit	
Direct Effect					
Cadre Readiness	← Self-efficacy	0.45	0.37	0.53	< 0.001
	← Perceived Benefit	0.34	0.26	0.42	< 0.001
Indirect Effect					
Self-efficacy	← Perceived Program Feasibility	0.37	0.15	0.59	0.001
	← Perceived Benefit	0.29	0.12	0.46	0.001
	← Perceived Management Support	0.16	0.04	0.28	0.009
N= 217					
Log likelihood= -1801.18					
Chi²= 0.89					

DISCUSSION

1. The Effect of Program Feasibility Perception on Self-Efficacy

This study found that program feasibility perception significantly influenced cadres' self-efficacy in implementing the six Minimum Service Standards at Integrated Health Service Post. Self-efficacy reflects individuals' confidence in their ability to perform tasks and overcome challenges, which affects motivation and performance (Cemara et al., 2018; Tiara et al., 2024). Cadres who perceived the program as realistic and achievable were more likely to feel confident in carrying out Integrated Health Service Post responsibilities, including growth monitoring, nutrition services, immunization, and health promotion activities. These findings are consistent with the Health Belief Model, which suggests that perceived benefits and barriers interact with self-efficacy in shaping health-related behavior (Cemara et al., 2018; Haning et al., 2022). Previous studies also reported that feasible and context-appropriate training programs improve self-efficacy by enhancing cadres' knowledge, practical skills, and field experience (Darwanty et al., 2023).

However, the influence of program feasibility perception on self-efficacy may depend on contextual conditions. Limited facilities, high workload, and insufficient

operational support can weaken cadres' confidence despite positive perceptions of the program (Anggraini et al., 2023). Therefore, improving cadre readiness requires not only programs perceived as feasible, but also adequate organizational support and resources to strengthen cadres' confidence in implementing community health services.

2. The Effect of Perceived Management Support on Self-Efficacy

This study found that perceived management support significantly influenced cadres' self-efficacy in implementing the six Minimum Service Standards at Integrated Health Service Post. Self-efficacy reflects individuals' confidence in their ability to perform tasks and manage challenges, which subsequently affects motivation and performance (Hanivah & Azizah, 2021; Prabasari, 2021; Widianari et al., 2023). In the context of Integrated Health Service Post services, cadres who perceived stronger support from health centers and program managers tended to have greater confidence in carrying out their responsibilities.

Perceived management support refers to cadres' beliefs that organizations provide adequate guidance, supervision, training, facilities, and appreciation for their work. Such support creates a positive working environment that strengthens confidence and

encourages cadres to perform technical tasks, including growth monitoring, nutrition services, immunization, health promotion, and referral activities. Previous studies similarly reported that organizational support and practical learning experiences contribute to higher self-efficacy among health cadres (Andriyani & Werdani, 2021; Darwanti et al., 2023; Tiara et al., 2024).

The findings also suggest that management support may indirectly improve cadre readiness through self-efficacy. Cadres who feel supported are more confident, more engaged in Integrated Health Service Post activities, and better prepared to implement community health programs (Hanivah & Azizah, 2021; Laili et al., 2023; Wiyono, 2022). However, this relationship may weaken under limited operational conditions, such as inadequate facilities, restricted access to technology, and high workload (Anggraini et al., 2023). Overall, these findings highlight that strengthening cadre readiness requires not only individual capacity building, but also consistent organizational support through relevant training, continuous supervision, and adequate operational resources.

3. The Effect of Perceived Benefits on Self-Efficacy

This study found that perceived benefits significantly improved cadres' self-efficacy in implementing the six Minimum Service Standards at Integrated Health Service Post. According to the Health Belief Model, perceived benefits act as an important driver of health-related behavior by strengthening individuals' motivation and confidence in performing specific tasks (Hanivah & Azizah, 2021; Haning et al., 2022; Widiyanti et al., 2023). Cadres who believed that Integrated Health Service Post activities contributed positively to maternal and child health were more likely to feel confident in carrying out their responsibilities. Perceived benefits may

enhance self-efficacy through several mechanisms. Positive perceptions encourage cadres to engage more actively in learning and field practice, thereby increasing mastery experiences that strengthen confidence. In addition, social support and constructive feedback from health workers, fellow cadres, and communities may reinforce the belief that their work is meaningful and impactful (Andriyani & Werdani, 2021; Wilcoxon et al., 2019). These experiences help cadres develop stronger confidence in managing community health tasks.

The findings also indicate that self-efficacy serves as an important pathway linking perceived benefits to cadre readiness. Cadres who recognize the value of their work tend to be more proactive, consistent, and prepared to implement community health services effectively (Darwanti et al., 2023; Tiara et al., 2024). However, the relationship may weaken in settings with limited facilities, inadequate operational support, or high workload (Anggraini et al., 2023). Overall, these findings suggest that improving cadre readiness requires not only strengthening perceptions of program benefits, but also ensuring adequate organizational and operational support to sustain cadres' self-efficacy.

4. The Effect of Program Feasibility Perception on Cadre Readiness

This study found that program feasibility perception significantly improved cadre readiness in implementing the six Minimum Service Standards at Integrated Health Service Post. Program feasibility perception reflects cadres' assessment that program activities can be realistically implemented considering available resources, operational procedures, and field conditions. When cadres perceive the program as feasible and manageable, they are more likely to feel prepared to perform their responsibilities effectively (Kadeni & Srijani, 2021; Haning et al., 2022; Anggraini et al., 2023).

The findings suggest that the relationship between program feasibility perception and readiness operates through self-efficacy. According to social cognitive theory, confidence in managing tasks and challenges strengthens individuals' readiness to act. In the context of Integrated Health Service Post services, cadres who perceived adequate training, clear procedures, and sufficient operational support tended to report stronger confidence and greater readiness in carrying out activities such as growth monitoring, nutrition services, immunization, health promotion, and referral services (Tiara et al., 2024; Darwanty et al., 2023; Andriyani & Werdani, 2021).

However, the effect of program feasibility perception may be influenced by contextual conditions. Limited facilities, inadequate information access, and high workload may reduce cadres' readiness despite positive perceptions of program feasibility (Anggraini et al., 2023). This indicates that program feasibility should be supported by adequate operational resources and organizational support to optimize cadre readiness. Overall, these findings highlight that improving cadre readiness requires not only strengthening perceptions that the program is feasible, but also ensuring supportive working conditions that reinforce cadres' self-efficacy and implementation capacity..

5. The Effect of Perceived Management Support on Cadre Readiness

This study found that perceived management support significantly improved cadres' readiness to implement the six Minimum Service Standards (SPM). In the context of Organizational Readiness for Change, management support reflects cadres' perceptions that health centers and local authorities provide adequate supervision, training, feedback, and operational resources to support program implementation. Such support has

been associated with higher motivation, organizational commitment, and adaptive work behavior, which are essential for readiness to implement community-based health programs (Hanivah & Azizah, 2021; Laili et al., 2023; Putra et al., 2021; Wiyono, 2022).

The findings suggest that management support influences readiness both directly and indirectly through self-efficacy. Cadres who perceived stronger organizational support tended to feel more confident in performing Integrated Health Service Post activities, including growth monitoring, immunization, health education, and referral services. Consistent supervision, constructive feedback, and access to resources strengthened cadres' belief in their ability to carry out increasingly complex responsibilities. Higher self-efficacy subsequently enhanced their technical and psychological readiness to implement the six SPM standards (Tiara et al., 2024; Darwanty et al., 2023; Andriyani & Werdani, 2021).

These findings are consistent with previous studies indicating that organizational support contributes to workforce readiness by improving confidence, resilience, and engagement in program implementation (Hanivah & Azizah, 2021; Laili et al., 2023). However, the relationship may vary depending on contextual conditions such as workload, facility availability, access to information, and operational support. Inadequate resources may weaken the positive effect of perceived management support on readiness despite favorable organizational perceptions (Anggraini et al., 2023). Overall, this study highlights that perceived management support is an important determinant of cadre readiness, with self-efficacy acting as a key mediating mechanism. Strengthening managerial support through continuous supervision, relevant training, and adequate operational resources may therefore enhance cadres' readiness to implement the six

Minimum Service Standards effectively and sustainably.

6. The Effect of Perceived Benefits on Cadre Readiness

This study found that perceived benefits significantly improved cadres' readiness to implement the six Minimum Service Standards (SPM). According to the Health Belief Model, individuals are more likely to engage in health-related behaviors when they perceive clear and meaningful benefits from those actions (Andriyani & Werdani, 2021; Haning et al., 2022). In the context of Integrated Health Service Post services, cadres who believed that activities such as growth monitoring, immunization, complementary feeding, health education, and referrals contributed positively to community health demonstrated greater motivation and readiness to perform their roles.

The findings suggest that perceived benefits influenced readiness both directly and indirectly through self-efficacy. Cadres who recognized the value and impact of SPM implementation tended to develop stronger confidence in their ability to carry out program activities effectively. Increased self-efficacy subsequently enhanced their technical and psychological readiness in implementing community-based health services (Darwanti et al., 2023; Tiara et al., 2024). This finding supports previous studies showing that positive outcome expectations strengthen confidence, persistence, and implementation readiness among community health workers (Wilcoxon et al., 2019).

However, the effect of perceived benefits may vary depending on operational conditions. High perceived benefits may not fully translate into readiness when cadres face limited facilities, excessive workload, or inadequate logistical support (Anggraini et al., 2023). Therefore, the influence of perceived benefits should be understood within a broader organizational and environmental

context. Overall, this study highlights that perceived benefits are an important psychological determinant of cadre readiness, particularly through the enhancement of self-efficacy. Strengthening cadres' understanding of the program's impact, combined with adequate operational support, may improve readiness to implement the six Minimum Service Standards effectively and sustainably.

7. The Effect of Self-Efficacy on Cadre Readiness

This study demonstrated that self-efficacy significantly improved cadres' readiness to implement the six Minimum Service Standards. In Organizational Readiness for Change theory, self-efficacy reflects individuals' confidence in their ability to perform tasks, overcome barriers, and adapt to program demands (Hanivah & Azizah, 2021; Prabasari, 2021; Widiyanti et al., 2023). Cadres with higher self-efficacy were more confident in conducting Integrated Health Service Post activities, including growth monitoring, immunization, nutrition services, health education, and referral procedures.

Self-efficacy functioned as an important internal mechanism that strengthened motivation, initiative, and persistence in carrying out community health responsibilities. Cadres with stronger confidence tended to be more proactive in learning, more consistent in following procedures, and more resilient in facing operational challenges. These findings are consistent with previous studies reporting that training, practical experience, and constructive feedback contribute to higher self-efficacy and improved readiness among community health workers (Andriyani & Werdani, 2021; Darwanti et al., 2023; Tiara et al., 2024). The results also indicate that self-efficacy may act as a mediating mechanism linking perceived program feasibility, perceived management support, and perceived benefits with readiness. When cadres perceived the program as feasible, beneficial, and

organizationally supported, their confidence increased, which subsequently enhanced readiness to implement SPM activities effectively.

Nevertheless, the influence of self-efficacy may be weakened under unfavorable operational conditions, such as limited facilities, high workload, and inadequate logistical support (Anggraini et al., 2023). Therefore, strengthening self-efficacy should be accompanied by supportive organizational and environmental conditions. Overall, this study confirms that self-efficacy is a central determinant of cadre readiness. Efforts to improve readiness should therefore focus not only on technical training, but also on strengthening cadres' confidence through practical experience, supportive supervision, and adequate operational resources.

This study demonstrated that self-efficacy and perceived benefits directly influenced cadres' readiness to implement the six Minimum Service Standards at Integrated Health Service Post. In addition, perceived program feasibility, perceived management support, and perceived benefits indirectly affected readiness through self-efficacy as a mediating variable. These findings confirm that cadre readiness is influenced not only by organizational and program-related factors, but also by internal psychological mechanisms, particularly self-efficacy. The study also supports the Organizational Readiness for Change framework by highlighting the central role of self-efficacy in strengthening implementation readiness among community health cadres.

Practically, the findings emphasize the importance of strengthening managerial support, relevant training, supervision, and operational resources to improve cadres' confidence and readiness in implementing community-based health services. However, several limitations should be considered. Although the sample size met the minimum

requirement recommended by the Kline approach, the final number of respondents did not fully achieve the planned target, which may limit population representativeness. In addition, this study focused only on perceived program feasibility, perceived management support, perceived benefits, and self-efficacy, without comprehensively examining other contextual factors such as workload, family support, individual characteristics, and workplace conditions. Therefore, future studies are recommended to include broader geographic coverage, larger sample sizes, and additional contextual variables to provide a more comprehensive understanding of factors influencing cadres' readiness in implementing the six Minimum Service Standards.

AUTHOR CONTRIBUTION

All author actively participated in all stages of the study, including study design, data collection, data analysis, and manuscript preparation.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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