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Compensation, Workload, and Job Satisfaction among Health Workers: Evidence from a Community Health Center in East Kolaka, Indonesia

Triwulandari Nehru Putri[1*], Wahyuniati Hamid[1]
[1]Department of Management, Faculty of Economics and Business, Universitas Halu Oleo
Jl. H.E.A. Mokodompit, Kampus Hijau Bumi Tridharma, Anduonohu, Kendari 93232, Indonesia
*Corresponding Email: triwulan@uho.ac.id

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ABSTRACT

The quality of primary healthcare, especially in rural community health centers with scarce resources, is strongly shaped by how satisfied health workers are with their jobs. This study examines how compensation and workload influence the job satisfaction of health workers at the Lambandia Community Health Center (Puskesmas) in East Kolaka Regency, Indonesia. The analysis is grounded in Herzberg's two-factor theory, equity theory, and job demands–resources (JD-R) theory. Using a quantitative cross-sectional design, all 48 health workers were surveyed as a census through a questionnaire with a five-point Likert scale, and the responses were analyzed through multiple linear regression once the diagnostic assumptions had been met. Compensation was found to raise job satisfaction significantly (B = 0.332, p = 0.001), while workload lowered it significantly (B = −0.380, p = 0.002). Jointly, the two predictors account for 32.7% of the variation in job satisfaction (R^2 = 0.327; F = 10.925; $p < 0.001$). These results imply that rural primary care managers need a two-pronged approach to raise satisfaction: a compensation scheme that is transparent and fair, particularly for contract personnel, combined with a more even allocation of work among service units.

Keywords: Community Health Center; Compensation; Health Workers; Job Demands–Resources; Job Satisfaction; Workload

INTRODUCTION

How well the health sector performs rests largely on having competent and motivated personnel who can provide good services to the public. In Indonesia, community health centers (Puskesmas) are the entry point through which citizens first access the national health system at the primary care level. Staff in these centers carry diverse responsibilities, ranging from curative and emergency care to preventive programs and administrative reporting, while working with constrained staffing and budgets. Job satisfaction is therefore critical, since employees who are satisfied generally display greater productivity, stronger commitment to the organization, and lower turnover than those who are not (McNeese-Smith, 1996; Robbins & Judge, 2019). By contrast, dissatisfaction tends to go hand in hand with poor discipline, frequent absence, and falling output, which together erode the effectiveness of health service organizations. Seen through the lenses of human resource management (HRM) and public sector management, attending to health workers' job satisfaction is thus a strategic instrument for improving the performance of public service organizations, not merely a matter of employee welfare.

Located in East Kolaka Regency, Southeast Sulawesi, the Lambandia Community Health Center is a first-level health facility offering round-the-clock emergency care in addition to several other service units. It employs 48 staff members, of whom 21 are permanent civil servants (PNS) and 27 are government contract employees (P3K). Law No. 20 of 2023 on the State Civil Apparatus divides government personnel into civil servants (PNS) and government employees with work agreements (PPPK/P3K), two groups whose job security and career trajectories are not the same (Republic of Indonesia, 2023). Moreover, a portion of the earnings of health workers in government-owned primary care facilities is derived from service fees (jasa pelayanan) paid out of National Health Insurance (JKN) capitation funds; Minister of Health Regulation No. 6 of 2022 governs how these fees are allocated, using criteria that include personnel category and attendance (Ministry of Health of the Republic of Indonesia, 2022). The rollout of JKN, with its capitation payment model and growing patient volumes, has placed compensation and workload at the center of concerns for Indonesian primary care providers (Maharani et al., 2019). The mix of employment types at the center thus gives rise to particular dynamics in pay, career advancement, and the sharing of work. Preliminary field observations pointed to dissatisfaction among staff, visible in limited engagement in self-development activities, late completion of administrative duties, and complaints that the compensation system did not match the workload. Similar symptoms have been documented in other primary care settings, where equitable pay and a supportive working environment emerged as major predictors of health workforce satisfaction (Muhula et al., 2025).

Studies of job satisfaction in health care have yielded varied conclusions about what drives it. Gunawan and Kusniawati (2019) pointed to five determinants among community health center staff: salary, welfare, working relationships, supervision, and the nature of the job. In their scoping review, Tari et al. (2025) found that salary, workload, shift type, leadership style, and autonomy repeatedly emerge as factors affecting health workers' satisfaction. When Lukman et al. (2021) compared psychological, physical, financial, and social factors, only the financial factor showed a significant partial influence on employee satisfaction. Research published in AIBPM journals likewise underlines the importance of compensation and job demands, reporting that compensation enhances job satisfaction (Xia et al., 2025) and productivity (Sitorus & Hidayat, 2023), and that job stress diminishes job satisfaction (Puspitawati & Atmaja, 2021).

Although this evidence continues to accumulate, a number of gaps persist. To begin with, prior research has concentrated mainly on hospitals, private firms, and urban government offices, leaving rural community health centers in eastern Indonesia largely unexamined. In addition, results concerning workload are mixed: job demands have been shown to harm employee attitudes in some studies (Puspitawati & Atmaja, 2021), yet other work finds no significant effect of workload on job satisfaction (Xia et al., 2025) or on performance (Trisnayani et al., 2024). Finally, compensation and workload have rarely been tested together in one model, even though health workers experience them as two interlinked sides of their exchange with the organization, that is, what they contribute and what they get in return.

In response to these gaps, the present study combines Herzberg's two-factor theory (Herzberg et al., 1959), equity theory (Adams, 1963), and job demands–resources (JD-R) theory (Bakker & Demerouti, 2017) to explain the ways in which compensation and workload influence health workers' job satisfaction. Its objectives are to examine (1) the influence of compensation on job satisfaction, (2) the influence of workload on job satisfaction, and (3) the joint influence of both variables on the job satisfaction of health workers at the Lambandia Community Health Center. On the theoretical side, the study adds evidence from rural primary care in eastern Indonesia to the JD-R and equity literature, framing compensation and workload as complementary elements of the employee–organization exchange in a public sector HRM environment characterized by mixed employment status and JKN capitation financing. On the practical side, the results offer guidance for health center managers and district health authorities when formulating compensation policies and strategies for managing workload.

LITERATURE REVIEW

Job Satisfaction

Locke (1976) characterizes job satisfaction as a pleasant or positive emotional condition that arises from evaluating one's job or work experiences. According to Spector (1997), it reflects how much individuals like their work and may be understood either as an overall feeling or as a set of attitudes toward specific job facets, including pay, supervision, co-workers, and working conditions. Robbins and Judge (2019) regard job satisfaction as a key attitudinal outcome given its links with performance, organizational citizenship behavior, absenteeism, and turnover. Its importance is even greater in health care organizations, where service quality hinges to a large extent on face-to-face interactions between health workers and patients (McNeese-Smith, 1996; Tari et al., 2025).

A well-established lens for explaining job satisfaction is Herzberg's two-factor theory (Herzberg et al., 1959). This theory separates motivators (achievement, recognition, responsibility, and advancement), which give rise to satisfaction, from hygiene factors (salary, working conditions, supervision, and organizational policy), which serve to prevent dissatisfaction. Within community health centers, compensation can be seen as a core hygiene factor that sets the baseline conditions required for satisfaction. Evidence from health care confirms that intrinsic and extrinsic factors are both relevant, with supportive supervision, equitable pay, and a favorable work environment together predicting the satisfaction of primary care staff (Muhula et al., 2025).

Compensation and Job Satisfaction

Compensation encompasses every financial and non-financial reward that employees obtain in return for what they contribute to the organization, such as base pay, allowances, performance incentives, and benefits (Rivai, 2009). According to equity theory (Adams, 1963), employees constantly weigh the ratio between their inputs (effort, skills, time) and their outcomes (pay, recognition) against the ratios of comparable

others. A ratio judged to be fair leads to satisfaction, whereas perceived inequity produces tension and dissatisfaction, which can prompt employees to lower their effort or pull away from the organization. This process is particularly pertinent where employment status is mixed, because permanent and contract staff who carry out similar work may be rewarded differently.

On balance, empirical studies point to a positive link between compensation and job satisfaction. Xia et al. (2025) reported a significant positive effect of compensation on job satisfaction, and Sitorus and Hidayat (2023) found that both compensation and job satisfaction contribute positively to employee productivity. Lawarang et al. (2023) showed that non-financial compensation and job satisfaction have positive and significant effects on employee performance. Within the health sector, Sinanto (2023) emphasized that adequate compensation boosts the motivation and morale of Indonesian nurses, while Tari et al. (2025) listed salary among the recurring determinants of job satisfaction among hospital health workers. In the same vein, Lukman et al. (2021) observed that among civil servants, the financial factor was the sole significant partial predictor of job satisfaction. Drawing on these arguments, the first hypothesis is stated as follows:

H1: Compensation positively and significantly affects the job satisfaction of health workers.

Workload and Job Satisfaction

Workload captures the volume of tasks, responsibilities, and time pressure that employees are required to manage over a given period. JD-R theory holds that all jobs can be described in terms of two broad sets of characteristics, namely job demands and job resources (Bakker & Demerouti, 2017). Demands such as intense work pressure, emotional strain, and extended working hours call for continuous physical and mental effort and consequently carry physiological and psychological costs. If these demands are high and not offset by sufficient resources, they set off a health-impairment process that results in exhaustion and diminished well-being. Resources, on the other hand, activate a motivational process that promotes engagement and satisfaction and may cushion the harmful effects of demands (Bakker et al., 2023).

A number of studies lend support to the harmful influence of job demands on employee attitudes. Among hotel employees, Puspitawati and Atmaja (2021) observed that job stress lowers both job satisfaction and performance. Tari et al. (2025) classified workload and shift type as work environment factors affecting the satisfaction of health workers. Maghsoud et al. (2022), studying 311 nurses, reported that heavier workload was significantly linked to lower job satisfaction. In a similar way, Lucas et al. (2025) found that primary healthcare nurses viewed the adequacy of staffing and resources as a serious concern, and that a better practice environment was related to greater job satisfaction. Nonetheless, the findings are not uniform. Xia et al. (2025) did not find a significant influence of workload on job satisfaction, and Trisnayani et al. (2024) showed that psychological workload had no significant effect on the performance of community health center staff, with job satisfaction instead mediating the relationship between work culture and performance. Such discrepancies imply that the impact of workload is contingent on context, including staffing levels and the resources at hand. In rural health centers that run 24-hour services with few personnel, demands are likely to outstrip resources. Accordingly, the second hypothesis is put forward:

H2: Workload negatively and significantly affects the job satisfaction of health workers.

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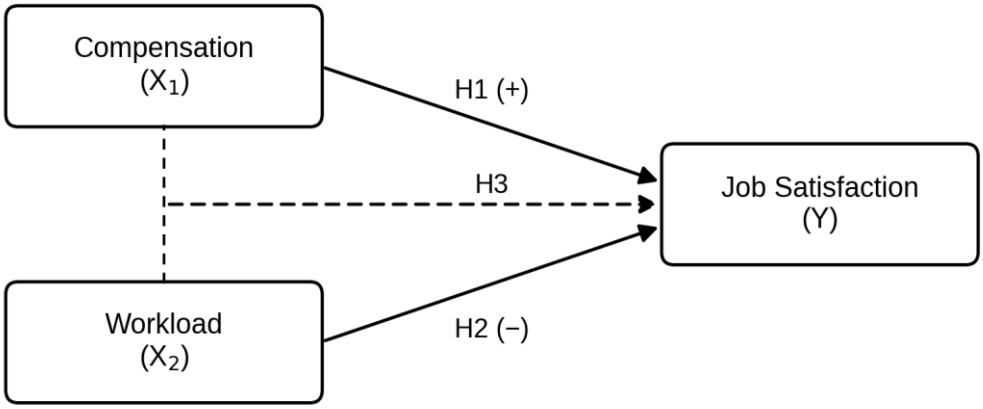
Simultaneous Effect of Compensation and Workload

Viewed through equity theory, compensation and workload correspond to the outcome and input sides of the exchange between employees and their organization. Health workers who shoulder a heavy workload while regarding their pay as insufficient are likely to feel a pronounced sense of inequity. JD-R theory likewise proposes that demands and resources function jointly, meaning that job satisfaction depends on the balance between them (Bakker et al., 2023). Compensation and workload are therefore expected to explain differences in job satisfaction together:

H3: Compensation and workload jointly exert a significant effect on the job satisfaction of health workers.

Figure 1 depicts the research framework derived from the literature review and the hypotheses above.

Figure 1. Research Framework



Note. Solid arrows indicate the partial effects (H1 and H2), whereas the dashed line indicates the simultaneous effect (H3).

RESEARCH METHOD

Research Design and Setting

A quantitative approach with a cross-sectional design was adopted. The study took place at the Lambandia Community Health Center on Jalan Sangia Ni Bandera, Penanggo Jaya Village, Lambandia District, East Kolaka Regency, Southeast Sulawesi Province, Indonesia. Besides 24-hour emergency care, the center offers outpatient, maternal and child health, nutrition, laboratory, and administrative services. Data collection took place between January and February 2026.

Population and Sample

The study population consisted of all 48 health workers employed at the Lambandia Community Health Center, covering physicians, nurses, midwives, nutritionists, laboratory personnel, and administrative staff. Because the population was small, a census (total sampling) approach was adopted, and every member of the population became part of the sample (N = 48). Respondents were included if they (1) had been actively working at the center for a minimum of six months and (2) agreed to take part voluntarily, and were excluded if they (1) were on extended leave while data were being collected or (2) held probationary status. Taking part was voluntary, and respondents were assured that their responses would remain confidential and be used solely for research purposes.

Variables and Measurement

Three variables were examined. The dependent variable, job satisfaction (Y), was assessed using indicators of satisfaction with the characteristics of the job, recognition of achievement, opportunities for development, working relationships, and physical working conditions. The first independent variable, compensation (X_1), included base salary, allowances, performance incentives, and health benefits. The second independent variable, workload (X_2), represented the volume of tasks, responsibilities, and time pressure that health workers encounter in their day-to-day work. Every item was rated on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). As shown in Table 1, the instrument comprised 27 items in total.

Table 1. Research Variables, Indicators, and Instrument Reliability

Variable	Indicators	Items	Cronbach's α
Job satisfaction (Y)	Job characteristics, recognition of achievement, development opportunities, working relationships, physical working conditions	12	0.812
Compensation (X_1)	Base salary, allowances, performance incentives, health benefits	8	0.794
Workload (X_2)	Number of tasks, responsibilities, time pressure	7	0.768
Total		27	

Note. Reliability was tested in a pilot study with 30 respondents.

A pilot study with 30 respondents was carried out to test the validity and reliability of the questionnaire. Cronbach's alpha for each of the three constructs exceeded the commonly recommended cut-off of 0.70, pointing to adequate internal consistency.

Data Analysis

The analysis proceeded in two stages. In the first stage, descriptive analysis was used to profile the respondents and to calculate the mean score for each variable. These means were classified into five equal intervals: 1.00–1.80 (very low), 1.81–2.60 (low), 2.61–3.40 (moderate), 3.41–4.20 (high), and 4.21–5.00 (very high). Bivariate associations between variables were subsequently examined through Pearson correlation analysis. In the second stage, regression diagnostics (classical assumption tests) were carried out, comprising a normality test (Shapiro–Wilk test applied to the residuals), a multicollinearity test (variance inflation factor, VIF), and a heteroscedasticity test (a scatterplot of residuals against fitted values and the Glejser test). Since all variables were obtained from one self-report questionnaire, common method bias was checked with Harman's single-factor test (Podsakoff et al., 2003). Once the assumptions had been fulfilled, multiple linear regression was estimated with the following model:

$$Y = a + b_1X_1 + b_2X_2 + e$$

in which Y denotes job satisfaction, a the constant, X_1 compensation, X_2 workload, b_1 and b_2 the regression coefficients, and e the error term. The *t*-test was used to examine the partial hypotheses (H1 and H2), while the *F*-test was used for the simultaneous hypothesis (H3), with the significance level set at 0.05. Given that the data came from a census of a small population, the model's effect size (f^2) and post-hoc statistical power were also computed (Cohen, 1988). All statistical procedures were run in SPSS version 26.0.

RESULTS

Respondent Characteristics

All 48 health workers took part, giving a response rate of 100%. The profile of respondents is shown in Table 2. The majority were female (62.5%) and aged 35 years or above (60.4%). With respect to employment status, 27 respondents (56.25%) were government contract employees (P3K) and 21 (43.75%) were permanent civil servants (PNS). Length of service averaged 8.3 years, with a range of 1 to 21 years.

Table 2. Respondent Characteristics (*N* = 48)

Characteristic	Frequency	Percentage (%)
Age		
25–34 years	19	39.6
≥ 35 years	29	60.4
Gender		
Female	30	62.5
Male	18	37.5
Employment status		
Civil servant (PNS)	21	43.75
Contract employee (P3K)	27	56.25
Length of service	*M* = 8.3 years	Range 1–21 years

Descriptive Statistics

The descriptive statistics for the three variables are reported in Table 3. Job satisfaction had a mean of 2.47 (*SD* = 0.54), placing it in the low category and showing that health workers were, on the whole, not yet satisfied with their work. The mean for compensation was 2.89 (*SD* = 0.68); although this lies in the moderate category, it is still under the scale midpoint, implying that respondents did not regard the compensation system as entirely adequate. Workload recorded the highest mean at 3.78 (*SD* = 0.57), within the high category, which shows that health workers carried a substantial workload in performing their routine duties.

Table 3. Descriptive Statistics of Research Variables (*N* = 48)

Variable	Min.	Max.	*M*	*SD*	Category
Job satisfaction	1.41	3.50	2.47	0.54	Low
Compensation	1.57	4.43	2.89	0.68	Moderate
Workload	2.17	4.76	3.78	0.57	High

Note. M = Mean, SD = Standard Deviation. Scale range 1–5.

Correlation Analysis

Table 4 reports the Pearson correlation matrix for the bivariate associations between variables. Job satisfaction correlated positively with compensation ($r = 0.407$, $p = 0.004$), meaning that more favorable perceptions of compensation were accompanied by higher job satisfaction. In contrast, job satisfaction correlated negatively with workload ($r = -0.385$, $p = 0.007$), meaning that a heavier perceived workload was accompanied by lower satisfaction. The two independent variables were only very weakly related ($r = 0.042$), which suggests that compensation and workload reflect different dimensions of the work experience.

Table 4. Pearson Correlation Matrix

Variable	1	2	3
1. Compensation	1.000		
2. Workload	0.042	1.000	
3. Job satisfaction	0.407**	−0.385**	1.000

Note. **p < .01 (two-tailed).

Regression Diagnostics and Common Method Bias

Applying the Shapiro–Wilk test to the regression residuals yielded W = 0.979 (p = 0.525), comfortably above the 0.05 level, so the residuals can be regarded as normally distributed. Compensation and workload each had a VIF of 1.002, well under the cut-off of 10, confirming that multicollinearity was not present. The plot of residuals against fitted values displayed a random scatter with no discernible pattern, so the assumption of homoscedasticity was met. These results show that the data were appropriate for multiple linear regression analysis.

Multiple Linear Regression and Hypothesis Testing

The results of the multiple linear regression are shown in Table 5, and the estimated equation is as follows:

$$Y = 2.943 + 0.332X_1 - 0.380X_2$$

The constant of 2.943 represents the predicted job satisfaction when both compensation and workload equal zero and functions chiefly as a mathematical reference point for the model. Compensation has a coefficient of 0.332 (t = 3.459, p = 0.001), signifying a positive and significant effect on job satisfaction: with workload held constant, a one-unit rise in perceived compensation raises job satisfaction by 0.332 units. H1 is thus supported. Workload has a coefficient of −0.380 (t = −3.286, p = 0.002), signifying a negative and significant effect: with compensation held constant, a one-unit rise in workload lowers job satisfaction by 0.380 units. H2 is thus supported. The standardized coefficients reveal that the two effects are of similar size (β = 0.42 for compensation and β = −0.40 for workload).

Table 5. Multiple Linear Regression Results between Compensation, Workload, and Job Satisfaction

Variable	*B*	*SE B*	β	*t*	*p*	95% CI
(Constant)	2.943	0.512	–	5.751	0.000	1.903; 3.982
Compensation	0.332	0.096	0.42	3.459	0.001	0.138; 0.526
Workload	−0.380	0.116	−0.40	−3.286	0.002	−0.614; −0.146

Note. Dependent variable: job satisfaction. R^2 = .327, Adjusted R^2 = .297, $F(2, 45)$ = 10.925, p < .001. β = standardized coefficient.

With an R^2 of 0.327, the model indicates that compensation and workload jointly account for 32.7% of the variation in job satisfaction, leaving 67.3% attributable to factors not included in the model. The adjusted R^2 of 0.297 shows that the model holds up after correcting for degrees of freedom. The model's effect size reached f^2 = 0.486, which is considered large (Cohen, 1988), and a post-hoc power analysis (α = 0.05, two predictors, N = 48) produced a power of 0.99, showing that the sample, though small, was adequate for detecting the observed effects. The F-test gave a value of 10.925 (p < 0.001), meaning that compensation and workload have a significant joint effect on job satisfaction, so H3 is supported. Table 6 summarizes the outcomes of hypothesis testing.

Table 6. Summary of Hypothesis Testing

Hypothesis	Statistical result	Decision
H1: Compensation → Job satisfaction (+)	$B = 0.332$; $t = 3.459$; $p = 0.001$	Supported
H2: Workload → Job satisfaction (−)	$B = -0.380$; $t = -3.286$; $p = 0.002$	Supported
H3: Compensation and workload → Job satisfaction	$F = 10.925$; $p < 0.001$	Supported

DISCUSSION

The Effect of Compensation on Job Satisfaction

The findings show that compensation significantly shapes the job satisfaction of health workers at the Lambandia Community Health Center. This result agrees with Gunawan and Kusniawati (2019) and Tari et al. (2025), both of whom highlighted salary as a key influence on health workers' job satisfaction, as well as with Xia et al. (2025), who showed that compensation meaningfully raises job satisfaction. It is further consistent with Lukman et al. (2021), for whom the financial factor was the only significant partial predictor of public employees' job satisfaction, and with Muhula et al. (2025), whose study across eight African countries found that equitable remuneration predicts the satisfaction of primary care health workers.

Interpreted through equity theory (Adams, 1963), the positive influence of compensation mirrors how health workers judge the fairness of what they give relative to what they receive. Descriptively, the compensation mean (2.89) sat below the midpoint of the scale, whereas workload was rated high (3.78). Taken together, these scores point to a perceived mismatch between inputs and outcomes that is likely to foster a sense of inequity and, consequently, low job satisfaction (2.47). This is especially pertinent at the Lambandia Community Health Center, where contract employees make up the majority of the workforce (56.25%). When permanent and contract staff perform comparable clinical work but differ in salary structure, allowances, and incentives, social comparison and feelings of unfairness may be heightened. Consistent with Herzberg et al. (1959), compensation acts as a hygiene factor: a deficient compensation system breeds dissatisfaction, and fixing it is a prerequisite before motivators can exert their influence. The results also complement the work of Sitorus and Hidayat (2023) and Lawarang et al. (2023), which showed that financial and non-financial compensation enhance productivity and performance, suggesting that better compensation may benefit not only satisfaction but also service outcomes.

The Effect of Workload on Job Satisfaction

The adverse effect of workload on job satisfaction shows that excessive workload poses a serious problem for health workers in rural primary care. The result fits JD-R theory (Bakker & Demerouti, 2017; Bakker et al., 2023), according to which job demands that are not matched by sufficient job resources initiate a health-impairment process culminating in exhaustion and lower well-being. It is likewise in agreement with Maghsoud et al. (2022), who linked higher workload to reduced job satisfaction among nurses; with Puspitawati and Atmaja (2021), who showed that job stress erodes job satisfaction; and with Tari et al. (2025), who recognized workload and shift arrangements as determinants of job satisfaction among health workers.

This result, however, contrasts with Xia et al. (2025), who found no significant influence of workload on job satisfaction, and with Trisnayani et al. (2024), who observed that psychological workload did not significantly affect the performance of community health center staff in Bali. Contextual conditions can account for these discrepancies. The

Lambandia Community Health Center runs 24-hour emergency services with 48 staff who are also responsible for several service units and community programs. In such circumstances, job demands tend to surpass available resources such as staff numbers, equipment, and recovery time, making workload a prominent stressor. In settings with more resources, the same workload might be experienced as a challenge rather than a hindrance and thus might not undermine satisfaction. Support for this reading comes from Lucas et al. (2025), who showed that insufficient staffing and resources in primary healthcare coincided with low job satisfaction. The influence of workload therefore seems to hinge on the balance between demands and resources, in line with the central argument of JD-R theory.

The Simultaneous Effect and Other Determinants

The joint effect of compensation and workload, with standardized coefficients of similar magnitude, implies that health workers assess their jobs by comparing what they contribute with what they receive in return. As a result, raising compensation while ignoring workload, or easing workload while leaving compensation unchanged, is unlikely to deliver the best outcomes. The R^2 of 0.327 further shows that 67.3% of the variance in job satisfaction stems from other factors. Earlier research indicates that these may include supervision and leadership, working relationships, opportunities for career development, recognition, and physical working conditions (Gunawan & Kusniawati, 2019; Muhula et al., 2025; Tari et al., 2025). Because job satisfaction is multidimensional (Spector, 1997), this study intentionally concentrated on the two dimensions that health center management can influence most directly.

Practical Implications

Several practical implications follow for the management of the Lambandia Community Health Center and the East Kolaka District Health Office. First, the center needs to review and improve its compensation system so that pay corresponds to the level of responsibility and complexity of health workers' duties. Given that service fees (jasa pelayanan) from JKN capitation funds are allocated according to criteria such as personnel category and attendance (Ministry of Health of the Republic of Indonesia, 2022), openly explaining how individual shares are determined and reassessing reward gaps between PNS and P3K staff who perform similar work are essential for reinforcing perceived fairness. At the district level, the findings are pertinent to implementing the ASN Law, which brings PNS and PPPK together under a single civil service system (Republic of Indonesia, 2023). Second, managing workload should be given priority, for example by reviewing how tasks are allocated across units, hiring more staff for overstretched units such as emergency services, and introducing a more equitable shift rotation. Third, since a considerable portion of job satisfaction is explained by other factors, management should also reinforce job resources, including supportive supervision, recognition, and professional development, which can soften the adverse impact of high demands (Bakker et al., 2023).

CONCLUSION

The study shows that both compensation and workload have significant effects on the job satisfaction of health workers at the Lambandia Community Health Center in East Kolaka Regency. Compensation exerts a positive influence (B = 0.332, p = 0.001) and workload a negative one (B = −0.380, p = 0.002), and the two variables jointly account for 32.7% of the variance in job satisfaction. Descriptively, job satisfaction was low, compensation was perceived as moderate, and workload was high. Optimal improvement in health workers' job satisfaction thus requires simultaneously strengthening compensation and lightening workload.

In light of these results, the management of the health center is advised to (1) make the compensation system more transparent and fair for every health worker, contract staff included; (2) review and reorganize the allocation of work so that it is spread more evenly across units and personnel; and (3) consider recruiting additional staff, especially for high-workload units such as emergency services. District health authorities may also draw on these findings when developing human resource policies for rural primary care facilities.

LIMITATION

Several limitations should be acknowledged. First, because the design is cross-sectional, causal inferences cannot be drawn, and longitudinal or experimental research is required to corroborate the results. Second, the research was confined to one community health center with a fairly small sample, restricting how far the findings can be generalized; subsequent studies should cover several health centers in different regions. Third, reliance on self-reported questionnaires exposes the data to possible common method bias, even though Harman's test was employed to evaluate this risk. Fourth, differences between PNS and P3K staff were not statistically tested here. Future research is encouraged to add variables such as leadership, career development, and work environment, and to treat employment status as a moderator, in order to offer a fuller account of health workers' job satisfaction.

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DECLARATION OF CONFLICTING INTERESTS

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ABOUT THE AUTHOR(S)

1st Author
Triwulandari Nehru Putri is affiliated with the Department of Management, Faculty of Economics and Business, Universitas Halu Oleo, Kendari, Indonesia. Her research interests include human resource management, employee compensation, workload, job satisfaction, and healthcare workforce management. Her ORCID ID is https://orcid.org/0009-0009-4652-0443, and her corresponding email address is triwulan@uho.ac.id.

2nd Author
Wahyuniati Hamid is affiliated with the Department of Management, Faculty of Economics and Business, Universitas Halu Oleo, Kendari, Indonesia. Her research interests include human resource management, organizational behavior, employee compensation, workload management, and job satisfaction.