THE INFLUENCE OF TRAINING PROGRAMS, WORKPLACE FACILITIES, AND PEER SUPPORT ON THE PERFORMANCE OF HEALTH WORKERS IN REMOTE AREA

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Abstract

Health workers in the Sangihe Islands, a remote region of North Sulawesi, Indonesia, face challenges due to geographic isolation, limited resources, and inadequate infrastructure, which impact their ability to deliver quality care. This research aims to explore how these three factors (training programs, workplace facilities, and peer support) affect health worker performance in such settings. Using a quantitative survey methods approach, the study gathers primary data from 21 healthcare professionals working in the Polkes 13.09.01 Clinic in Sangihe. SmartPLS 3.2 software was employed for analyzing this research. The findings of this study reveal that training programs and peer support significantly enhance health workers' job performance. However, while workplace facilities are important, they were not found to have a significant impact on health worker performance in this study. The results offer valuable insights for policy development and practical interventions aimed at strengthening health systems in underserved regions. Future studies should involve a larger sample size to provide more comprehensive insights into the factors influencing health worker performance in remote healthcare settings.

Keywords: Training Programs, Workplace Facilities, Peer Support, Job Performance, Health Workers

INTRODUCTION

Polkes 13.09.01 Sangihe, located in the Sangihe Islands of North Sulawesi, Indonesia, is a public health polytechnic, known locally as *Politeknik Kesehatan* (Polkes). This specialized institution is dedicated to training healthcare professionals to address the unique needs of both urban and remote communities. Polkes institutions nationwide strive to reduce healthcare disparities by preparing skilled workers capable of delivering quality services, particularly in under-resourced and isolated regions. The Sangihe Islands, situated near Indonesia's border with the Philippines, exemplify such isolation. These islands are among the most remote regions in the country, accessible only through lengthy sea or air travel. Healthcare infrastructure in the area is minimal, with communities frequently encountering significant barriers to adequate medical care, including a shortage of trained health professionals, limited medical facilities, and logistical difficulties in delivering essential supplies and services.

The Polkes 13.09.01 Clinic in Sangihe plays a pivotal role in addressing these challenges by equipping healthcare workers with the skills, knowledge, and resilience required to serve in such demanding environments. Beyond its educational mission, the institution actively supports public health initiatives designed to improve the region's health indicators. However, the geographic isolation and resource limitations in Sangihe highlight the urgent need for targeted interventions to optimize the performance of healthcare workers, ensuring the delivery of effective, reliable, and accessible medical care to underserved populations.

Delivering healthcare in remote areas like Sangihe comes with a distinct set of challenges, including geographical isolation, inadequate infrastructure, and scarce resources. These factors contribute to disparities in health outcomes and place considerable strain on healthcare workers, whose performance is crucial to achieving health system goals. Health worker performance encompasses their ability to meet the expectations of their roles, characterized by efficiency, effectiveness, and responsiveness to patient needs (Krijgsheld et al., 2022). Enhancing performance in such regions is essential to bridging gaps in healthcare access and promoting equitable health outcomes for all.

The impact of training programs, workplace facilities, and peer support on health worker performance in remote settings must be considered as interconnected factors. Training programs are foundational in equipping healthcare professionals with the tools needed to navigate the complex demands of patient care in areas with limited resources. Beyond clinical skills, these programs foster critical thinking and adaptability, empowering workers to optimize existing resources and implement innovative solutions. Deressa and Zeru (2019) emphasize that tailored training not only improves technical competencies but also enables health workers to respond effectively to evolving healthcare challenges. This is particularly vital in remote areas where the availability of resources and access to updated information are often constrained.

Workplace facilities are equally crucial, serving as the backbone of healthcare service delivery. The quality and availability of infrastructure directly influence the ability of health workers to provide safe and effective care. Well-designed facilities equipped with essential resources not only enhance operational efficiency but also contribute to the physical and psychological well-being of health workers. Rechel et al. (2009) underscore the importance of investing in healthcare environments, noting that improved facilities can lead to greater job satisfaction and reduce work-related fatigue. However, in remote settings, the scarcity of basic amenities such as clean water, electricity, and functional medical equipment remains a persistent challenge, further complicating the already demanding conditions under which health workers operate.

In addition to training and facilities, peer support emerges as a vital pillar in maintaining and improving health worker performance. In isolated and resource-poor settings, the presence of a supportive professional network can mitigate the psychological toll of demanding work environments. Peer support fosters a culture of collaboration and shared responsibility, enhancing resilience and enabling workers to navigate the pressures of their roles more effectively. As Gillard et al. (2022) observe, peer networks not only provide emotional support but also facilitate the exchange of practical knowledge and problem-solving strategies, which are critical in overcoming resource limitations and delivering high-quality care.

These three elements—training programs, workplace facilities, and peer support—interact dynamically, shaping the overall performance of health workers in remote areas. While training equips workers with the necessary skills and knowledge, workplace facilities provide the infrastructure to apply these capabilities effectively. Peer support, meanwhile, ensures that health workers remain motivated, resilient, and engaged, fostering a sense of community and shared purpose even in the most challenging environments. Together, these factors create a framework for sustainable improvement in health worker performance, ultimately contributing to better health outcomes in underserved regions.

Despite the existing evidence, there remains a need for comprehensive studies that examine the combined influence of training programs, workplace facilities, and peer support on health worker performance, particularly in remote areas. Such studies are critical in informing policies and designing interventions that are both effective and sustainable. As healthcare systems globally strive to achieve universal health coverage, understanding and addressing these factors becomes increasingly important.

This paper aims to explore the influence of training programs, workplace facilities, and peer support on the performance of health workers in remote areas. By synthesizing existing evidence and providing new insights, it seeks to contribute to the growing body of literature on improving health worker performance and informing practical interventions in challenging settings.

REVIEW OF LITERATURE

The Performance of Health Workers

The performance of health workers is a critical determinant of healthcare quality and accessibility, especially in remote and resource-limited settings. Job performance in healthcare is multidimensional, encompassing task performance, contextual behaviors, adaptive performance, and counterproductive work behaviors. Task performance involves direct patient care activities, while contextual behaviors include teamwork and organizational citizenship activities that enhance the healthcare environment (Krijgsheld et al., 2022). Adaptive performance, increasingly important in dynamic healthcare systems, allows health workers to respond effectively to changing environments and unexpected challenges. The

interplay of these dimensions directly impacts the efficiency and quality of healthcare delivery.

Several systemic and individual factors influence health worker performance, including training, supervision, motivation, and workplace conditions. For instance, training programs significantly improve technical skills, decision-making, and adaptability, enabling health workers to address complex clinical and operational challenges (Opiyo & English, 2010). Meanwhile, workplace environments that provide adequate resources, safety, and support foster higher job satisfaction and productivity. Conversely, the absence of these factors often leads to stress, burnout, and reduced performance, particularly in challenging rural and remote contexts (Deussom et al., 2022). Effective interventions addressing these factors are essential to optimize health worker performance and enhance healthcare delivery outcomes.

In addition to systemic factors, peer support and collaborative work cultures play a pivotal role in maintaining high performance among health workers. Peer networks facilitate knowledge sharing, enhance problem-solving capacities, and provide emotional support, which are especially critical in high-stress environments. Research has shown that health workers with access to strong peer support systems demonstrate greater resilience and job satisfaction, thereby improving overall healthcare outcomes (Gillard et al., 2022). Furthermore, institutional mechanisms such as continuous performance monitoring and adaptive leadership contribute to sustaining high-performance levels, particularly in settings with limited resources. By addressing these multidimensional factors, health systems can ensure that health workers perform optimally, even under the most challenging conditions.

The Effect of Training Programs on Health Workers' Performance

Training programs are pivotal in enhancing the competence and performance of health workers, especially in resource-constrained settings. These programs aim to equip health professionals with updated knowledge, skills, and tools to address evolving healthcare needs effectively. Studies highlight that training improves not only technical capabilities but also decision-making and problem-solving skills. Opiyo and English (2010) emphasize the importance of emergency care training, which enhances adherence to treatment protocols and reduces inappropriate practices among health workers. Such targeted interventions are

particularly critical in improving the quality of care for severely ill patients in low-resource environments.

The design and implementation of training programs significantly impact their effectiveness. Tailored, context-specific training is essential to address the unique challenges faced by health workers in remote areas. Deussom et al. (2022) noted that participatory and on-the-job training approaches are more effective than traditional classroom-based methods, as they align better with the practical realities of healthcare delivery in underserved regions. Furthermore, structured programs have demonstrated measurable improvements in clinical skills and patient outcomes, underscoring the value of comprehensive training frameworks that integrate clinical and non-clinical aspects of care (Antina et al., 2024). Additionally, Dendy and Bambang (2020) highlighted that ongoing in-service training positively impacts motivation and competency, enabling health workers to provide improved care even under challenging conditions.

Training programs also play a crucial role in enhancing motivation and retention among health workers. As noted by Krijgsheld et al. (2022), training opportunities contribute to job satisfaction and professional growth, which are key factors in reducing burnout and turnover. Sustained support and refresher courses further reinforce learned skills and ensure their application in real-world settings. Gillard et al. (2022) found that post-training supervision and peer support significantly enhanced skill retention and confidence among healthcare workers, leading to better team dynamics and overall performance. Mutmainah et al. (2023) observed similar outcomes in their study, indicating that training interventions in primary healthcare centers improved healthworker performance and patient satisfaction. Well-designed and effectively implemented training programs have the potential to transform healthcare delivery by enhancing the performance and resilience of health workers across diverse contexts. Consequently, the researchers suggest that training programs exert a significant and positive impact on the performance of health workers, leading to the formulation of Hypothesis 1.

H1: Training programs significantly and positively influence the performance of health workers in hospitals.

The Effect of Workplace Facilities on Health Workers' Performance

Workplace facilities are a fundamental determinant of health worker performance, directly influencing their ability to deliver quality care. Facilities such as medical equipment, clean water, electricity, and safe working environments provide the essential infrastructure required for effective healthcare delivery. Rechel et al. (2009) emphasize that well-designed and adequately equipped healthcare facilities not only improve operational efficiency but also enhance healthworker safety, satisfaction, and job retention. However, many health systems in remote and resource-limited settings face significant gaps in basic infrastructure, which hinders the ability of health workers to provide high-quality care.

The quality of workplace facilities also impacts health worker motivation and job satisfaction, which are closely tied to performance. Mutmainah et al. (2023) found that inadequate facilities lead to increased stress and reduced productivity among health workers, particularly in rural and underserved areas. Conversely, investments in facility upgrades have been shown to enhance worker morale and reduce turnover rates. Gillard et al. (2022) further argue that workplace facilities play a critical role in fostering a sense of professional pride, which drives health workers to maintain high-performance standards.

The integration of technology into workplace facilities has emerged as a key factor in improving health worker performance. For example, digital tools for patient management and telemedicine systems have enabled health workers to provide care more efficiently, especially in remote settings where physical resources are limited (Deussom et al., 2022). Antina et al. (2024) noted that the combination of modern infrastructure and effective supervision significantly enhances health worker capabilities, creating an environment conducive to continuous learning and improvement.

Despite the evident benefits, challenges such as resource constraints, poor maintenance, and inconsistent supply chains limit the impact of workplace facilities on health worker performance. To address these issues, Dendy and Bambang (2020) recommend prioritizing investments in critical infrastructure, implementing regular maintenance schedules, and adopting cost-effective technologies. Furthermore, Subaedah et al. (2024) highlight the importance of community involvement and local partnerships in sustaining workplace facilities, ensuring their long-term functionality and relevance to specific healthcare needs.

By addressing gaps in workplace facilities, health systems can empower health workers to perform their roles effectively and consistently. Investments in infrastructure, combined with supportive policies and training, create an enabling environment that optimizes health worker performance and contributes to improved healthcare outcomes across diverse settings. Consequently, the researchers addressed a positive relationship and formulated Hypothesis 2.

H2: Workplace facilities significantly and positively influence the performance of health workers in hospitals.

The Effect of Peer Support on Health Workers' Performance

Peer support is a critical factor influencing the performance of health workers, particularly in challenging and resource-constrained environments. It fosters a collaborative work culture, enhances resilience, and reduces occupational stress, all of which are essential for maintaining optimal performance. Gillard et al. (2022) highlight that peer networks facilitate knowledge-sharing and problem-solving, allowing health workers to overcome challenges such as resource limitations and workload pressures. Furthermore, peer support improves job satisfaction and emotional well-being, leading to better retention and reduced burnout among health workers.

The positive effects of peer support extend beyond individual performance to team dynamics and organizational outcomes. Studies have shown that health workers who receive support from colleagues are more likely to engage in teamwork and demonstrate higher levels of organizational citizenship behavior (Krijgsheld et al., 2022). This collaborative environment not only enhances task efficiency but also creates a sense of shared responsibility for patient care. Rechel et al. (2009) emphasize that peer support systems play a crucial role in fostering trust and communication within healthcare teams, which are essential for delivering high-quality care in both routine and emergencies.

In addition to its emotional and social benefits, peer support has been shown to contribute to skill development and professional growth. Mutmainah et al. (2023) observed that health workers involved in peer mentoring programs were more confident in their roles and demonstrated improved clinical competencies. Similarly, Antina et al. (2024) found that peer support mechanisms integrated into training programs enhanced the long-term retention

and application of learned skills. These findings suggest that peer support serves as a complementary intervention to formal training, reinforcing its outcomes and sustaining performance improvements over time.

Despite its numerous benefits, the implementation of peer support systems in healthcare settings faces challenges such as unclear role definitions, lack of institutional support, and insufficient training for peer leaders (Deussom et al., 2022). Addressing these barriers requires targeted strategies, including structured peer mentoring programs, regular team-building activities, and leadership support to cultivate a culture of collaboration. Additionally, integrating peer support into organizational policies and providing adequate resources for its implementation can ensure its sustainability and effectiveness. Consequently, the researchers posit a positive relationship and formulated Hypothesis 3.

H3: Peer support significantly and positively influences the performance of health workers in hospitals.

RESEARCH METHOD

This study adopts a quantitative survey method to investigate the influence of training programs, workplace facilities, and peer support on the performance of health workers at Polkes 13.09.01 Sangihe Clinic. Due to the small size of the clinic, the entire population of healthcare workers, consisting of 21 individuals, was included as the research sample. The survey sampling approach ensures that all available perspectives are captured, making the findings more representative of the clinic's unique context. Data were collected through a structured online questionnaire distributed via Google Forms. The questionnaire utilized a Likert scale ranging from 1 to 5, where (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, and (5) strongly agree.

The collected data were analyzed using the Partial Least Squares Structural Equation Modeling (PLS-SEM) approach with SmartPLS 4.0 software. This technique is well-suited for small sample sizes and complex models, making it an ideal choice for this study. The analysis involved evaluating both the measurement (outer) model and the structural (inner) model. The outer model assessed the validity and reliability of the questionnaire items. Convergent validity was confirmed when factor loadings exceeded 0.7, while Cronbach's

alpha and composite reliability values above 0.7 indicated reliability. Discriminant validity was evaluated using the Fornell-Larcker criterion to ensure constructs were distinct.

The structural model focused on examining the relationships between variables and the overall model fit. Multicollinearity was tested using Variance Inflation Factor (VIF) values, with a threshold below 10 for acceptability. The R-square (R^2) values determined the explanatory power of the independent variables—training programs, workplace facilities, and peer support—on the dependent variable, health worker performance.

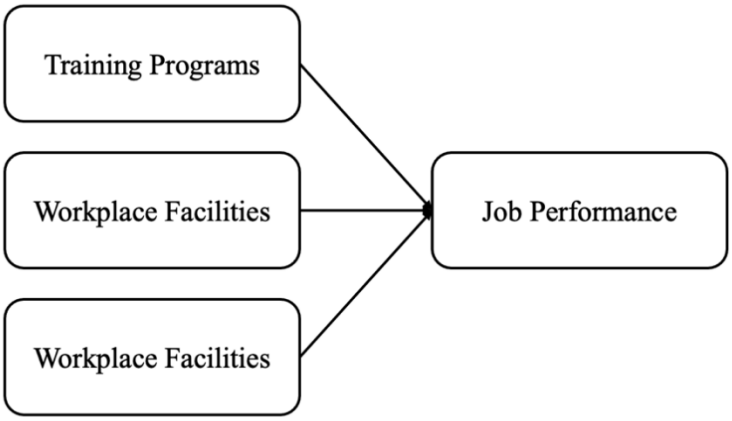

Figure 1
Research Model

By analyzing the full population of healthcare workers at Polkes 13.09.01 Sangihe Clinic, this study ensures comprehensive insights into the factors influencing performance in a remote healthcare setting. The use of SmartPLS 4.0 provides robust and reliable results, offering valuable guidance for improving health worker performance and the overall quality of care in underserved areas.

RESULTS AND DISCUSSION

The outer model involves assessing the measurement model to validate and estimate the reliability of the indicators and variables. To confirm the data's validity and reliability, this study applied tests for both. For validity, the study utilized convergent validity along with the average variance extracted (AVE) test.

Table 1
Convergent Validity

	Training Programs	Workplace Facilities	Peer Support	Job Performance
X1.1	0.818			
X1.2	0.745			
X1.3	0.878			
X1.4	0.832			
X1.5	0.888			
X2.1		0.821		
X2.2		0.906		
X2.3		0.804		
X2.4		0.760		
X2.5		0.825		
X3.1			0.793	
X3.2			0.872	
X3.3			0.857	
X3.4			0.804	
X3.5			0.906	
Y1.1				0.876
Y1.2				0.819
Y1.3				0.839
Y1.4				0.812
Y1.5				0.765

Table 2
Average Variance Extracted (AVE)

Variable	Average Variance Extracted (AVE)
Training Programs	0.695
Workplace Facilities	0.680
Peer Support	0.718
Job Performance	0.677

The analysis of Table 1 indicates that organizational culture (X1), team collaboration (X2), work motivation (X3), and performance (Y1) exhibit loading factors exceeding 0.7. This confirms that the indicators are valid and meet the criteria for convergent validity. Furthermore, as seen in Table 2, all variables have AVE values above 0.5, reinforcing the validity of the data. In summary, the data for all variables is deemed valid and reliable.

Table 3
Cronbach's Alpha and Composite Reliability

Variable	Cronbach's Alpha	Composite reliability
Training Programs	0.869	0.919
Workplace Facilities	0.850	0.914
Peer Support	0.898	0.927
Job Performance	0.847	0.913

According to the findings in Table 3, Cronbach's Alpha and Composite Reliability values exceed 0.7. This confirms that all the data in this study are both valid and reliable.

Table 4
Variance Inflation Factor (VIF)

Variable	Performance
Training Programs	2,317
Workplace Facilities	1,692
Peer Support	1,981
Job Performance	-

Variance Inflation Factor (VIF) is a measure used to assess how much the variance of the estimated regression coefficient is inflated due to multicollinearity among independent variables. Table 4 presents the VIF values for each variable, all of which are below 10 (Training Programs: 2,317, Workplace Facilities: 1,692, Peer Support: 1,981). Based on these results, it can be concluded that there is no multicollinearity among the independent variables. The structural test also assessed the R-square value to measure how much the independent variables contribute to the dependent variable. In this study, the R-square value is 0.461, indicating that the independent variables explain 46.1% of the variance in the dependent variable.

Table 5
Hypothesis Results

Hypothesis	P values	Decision
H1: Training programs significantly and positively influence the performance of health workers in hospitals.	0.048	Data supports the hypothesis
H2: Workplace facilities significantly and positively influence the performance of health workers in hospitals.	0.072	Data does not support the hypothesis

H3: Peer support significantly and positively influences the performance of health workers in hospitals	0.001	Data supports the hypothesis

The hypothesis testing results in Table 5 reveal that training programs significantly and positively influence the performance of health workers in hospitals, as indicated by a p-value of 0.048, which is below the 0.05 threshold. In contrast, workplace facilities do not significantly affect health workers' performance, with a p-value of 0.072, which exceeds the 0.05 significance level. However, peer support is found to have a significant and positive influence on health workers' performance, as evidenced by a p-value of 0.001, strongly supporting the hypothesis.

The findings of this study suggest that training programs have a significant and positive influence on the performance of health workers in hospitals, with a p-value of 0.048. This supports Hypothesis 1, which posited that training programs would positively impact performance. The result is consistent with the growing body of literature supporting the positive impact of training on job performance. In healthcare settings, where the ability to deliver high-quality patient care directly impacts outcomes, training programs are crucial in equipping health workers with the necessary knowledge and skills. As Yusuf and Zainal Abiddin (2018) emphasized, training significantly influences employee performance by enhancing productivity and improving job satisfaction. By ensuring that health workers are well-prepared with the latest medical knowledge, training programs become vital in maintaining a high standard of healthcare, particularly in resource-poor settings such as remote areas.

In remote healthcare environments, where health workers often encounter challenges such as limited access to resources and professional development opportunities, the importance of training cannot be overstated. Training programs not only provide necessary skills but also enhance workers' motivation and commitment to their roles. As demonstrated by Suhardi, Oktari, and Budiawan (2023), training programs combined with motivational strategies can significantly improve employee productivity. The results of this study suggest that health workers in remote hospitals experience better performance not only due to the skills gained through training but also because of the increased motivation that these programs foster. Training programs thus create a sense of professional growth, enhancing

confidence and the ability to manage complex tasks, which ultimately contributes to improved performance. In remote settings, where health workers may feel isolated or undervalued, such programs can also foster a sense of belonging and increase job satisfaction.

Moreover, the findings of this study support the argument made by Siswanto (2023), who highlighted the crucial role of training in fostering employee satisfaction and organizational commitment. Health workers who feel supported through continuous training programs are more likely to experience increased job satisfaction, which, in turn, positively influences their performance. This is especially significant in healthcare, where job satisfaction is closely correlated with improved patient care and worker retention. In remote areas, where turnover rates are often high due to stress and difficult working conditions, investing in training programs helps ensure that health workers feel valued and capable of performing their duties effectively. Training also helps mitigate the emotional toll of working in such challenging environments by providing health workers with the skills and confidence needed to address both routine and complex healthcare challenges.

However, workplace facilities were found not to significantly influence the performance of health workers in hospitals ($p = 0.072$), which does not support Hypothesis 2. This finding challenges the assumption that well-maintained and adequately equipped workplaces always lead to better performance, particularly in the healthcare sector. While it is generally accepted that a well-equipped workplace enhances job satisfaction and productivity, the results of this study suggest that in hospitals, the physical work environment alone may not be sufficient to enhance performance. Factors such as job motivation, organizational culture, leadership, and peer support may have a more significant impact on performance. This is consistent with the findings of Firdaus et al. (2024), who reported that while workplace environment and facilities had some impact on employee performance, the facilities themselves showed only a marginal effect. This suggests that once the basic needs of health workers are met (e.g., adequate equipment and safety standards), additional improvements in facilities may not produce significant performance increases.

One possible explanation for the lack of significant findings regarding facilities is the unique nature of healthcare work. Unlike other industries where facilities directly impact daily tasks and efficiency, healthcare work is inherently more relational and emotional.

Health workers often rely more on interpersonal communication, decision-making skills, and emotional resilience than on the physical environment around them. As Ginting and Indrawan (2023) noted, while work facilities are important, factors like work experience and motivation may play a more critical role in shaping health workers' performance. Health workers may be more influenced by intrinsic motivation, relationships with colleagues and patients, and job satisfaction than by the quality of physical infrastructure. Thus, the physical work environment may not be the primary driver of performance in healthcare settings.

Furthermore, Nurlaila et al. (2024) suggested that job satisfaction and work-life balance are key factors influencing employee performance, with facilities playing a secondary role. In healthcare, where the emotional and physical demands of the job can be overwhelming, health workers may be more concerned with their ability to cope with stress, the quality of their work-life balance, and the support they receive from their colleagues and supervisors than with the physical infrastructure. This finding suggests that future research should explore the role of psychosocial factors, such as job satisfaction, work-life balance, and peer relationships, in conjunction with workplace facilities to gain a more nuanced understanding of what drives health worker performance.

Another potential explanation for the non-significant impact of workplace facilities is that hospitals may have already invested in meeting basic infrastructure standards. Once these basic needs are met, further investments in physical facilities may have diminishing returns in terms of improving health worker performance. This idea aligns with the findings of Firdaus et al. (2024), who observed that once a certain level of facility adequacy is achieved, additional infrastructure improvements may not significantly enhance performance.

The results of this study also strongly support Hypothesis 3, which posited that peer support significantly and positively influences the performance of health workers in hospitals ($p = 0.001$). This finding emphasizes the critical role that social support, particularly from peers, plays in improving performance in healthcare settings. Health workers are often exposed to high-stress environments, including long hours, difficult patient care situations, and emotional demands. In such contexts, peer support can be a vital resource for reducing stress, fostering collaboration, and improving overall job satisfaction. These results are

consistent with the work of Herawati et al. (2023), who found that coworker support plays a crucial role in enhancing job satisfaction and performance. Their study concluded that peer support not only improves job satisfaction but also directly influences work performance by fostering a supportive and collaborative work environment.

Peer support is particularly valuable in healthcare due to the emotionally taxing nature of the work. Health workers often face life-and-death situations, which can lead to high levels of stress and burnout. In such high-pressure environments, having supportive colleagues can help alleviate stress, share the emotional burden, and reduce burnout. This aligns with the findings of Satria (2022), who emphasized that teamwork and peer support increase enthusiasm and improve overall performance. In healthcare settings, where collaboration is essential for delivering high-quality patient care, peer support becomes a key factor in promoting teamwork and enhancing both individual and team performance. Health workers who feel supported by their peers are more likely to engage in collaborative behaviors, share knowledge, and provide better patient care.

Moreover, peer support serves as a buffer against the negative effects of workplace stress and workload. As Hasibuan (2021) suggested, employees who receive support from their colleagues are better able to manage the demands of their jobs, leading to improved job performance. In healthcare, where the emotional and physical demands are particularly challenging, peer support helps health workers navigate these challenges, providing emotional reassurance and practical assistance. This network of support is crucial in maintaining motivation and ensuring that employees remain committed to their roles, even in the face of adversity.

The positive impact of peer support on performance highlights the importance of fostering a supportive workplace culture. Healthcare organizations should actively encourage initiatives such as team-building programs, mentorship, and peer support networks to enhance collaboration and improve employee outcomes. Creating a culture of mutual support helps mitigate the effects of stress and burnout, which are common in high-pressure healthcare environments. As Satria (2022) noted, when employees feel supported and valued by their peers, their performance improves, leading to better overall organizational outcomes.

This study underscores the importance of training programs in improving health worker performance while highlighting that workplace facilities may have a secondary role in influencing performance. Peer support plays a central role in enhancing health worker performance, emphasizing the need for healthcare organizations to invest in creating supportive and collaborative work environments. Future research should further explore the interplay between psychosocial factors, training, facilities, and peer support to provide a more comprehensive understanding of the factors that drive health worker performance in hospitals, particularly in remote or resource-limited settings.

The limitation of this study is the relatively small sample size, which may affect the generalizability of the findings. While the results provide valuable insights into the health worker's performance, a larger sample size would have allowed for a more robust analysis and potentially more representative conclusions. The small sample size may also limit the statistical power of the study, making it difficult to detect smaller effects or variations that could exist in a larger, more diverse population.

CONCLUSION

In conclusion, this study demonstrates that training programs and peer support significantly enhance the performance of health workers, while workplace facilities have a lesser impact. The findings highlight the importance of equipping health workers with essential skills through training and fostering a supportive work environment through peer relationships. These factors play a crucial role in improving performance, particularly in resource-limited healthcare settings. Despite the small sample size, the results provide valuable insights for improving health worker performance and suggest areas for further research with larger, more diverse populations.

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