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Work Design and Professional Practices of Community Health Cadres in Adapting to Changes in Minimum Service Standards: A Capacity Building Perspective

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ABSTRACT

This study aims to explore the understanding and experiences of community health cadres in carrying out public health service tasks amid changes in minimum service standards. This research employed a qualitative approach using a case study design. Data were collected through in-depth interviews with 19 informants and analyzed using the Interactive Analysis Model supported by NVivo 12 Plus for Windows. The findings reveal that health cadres experience excessive workloads due to increasing task demands that must be completed within limited timeframes, while the compensation received remains below expectations. At the same time, cadres are required to meet increasingly complex work standards in line with the development of primary health care policies. These conditions heighten the risk of burnout and negatively affect the quality of services delivered to the community. In addition, cadres' competencies and communication skills in providing health services have not yet reached an optimal level. The practical implications of this study emphasize the importance of strengthening health cadre professionalism through clear and well-structured work design, supported by capacity building, training, and continuous professional development as key dimensions of educational management to improve service quality sustainably.

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INTRODUCTION

Community health cadres, particularly Posyandu cadres, represent a vital component of grassroots health systems and serve as the frontline human resources in delivering primary health services to the community. Their roles extend beyond basic service provision to include health education, maternal and child health monitoring, nutrition surveillance, and community empowerment (Permendagri, 2024). In the context of global public health challenges,

strengthening community-based health workers has become increasingly important for improving service accessibility, equity, and sustainability. Empirical evidence shows that countries with strong community health systems tend to achieve better population health outcomes and progress more effectively toward the Sustainable Development Goals (SDGs). In Indonesia, the enactment of Regulation of the Minister of Home Affairs No. 13 of 2024 marks a strategic shift by expanding the scope and responsibility of Posyandu as integrated basic service centers at the village level. This transformation highlights the growing societal importance of health cadres as agents of social change. However, without adequate work design and professional support, the expanded mandate risks overburdening cadres and undermining service quality. Therefore, understanding how work design and professionalism shape cadres' capacity is crucial for society at large.

Despite their strategic role, community health cadres often face structural challenges that undermine their effectiveness and well-being. The expansion of responsibilities mandated by recent policies has not always been accompanied by proportional support systems, including structured training, adequate facilities, and fair compensation (Kusumawati et al., 2025). This mismatch creates systemic problems in maintaining motivation, competence, and job satisfaction among cadres. In many regions, cadres are expected to perform increasingly complex tasks while relying on limited resources and informal learning processes. Such conditions can lead to role overload, stress, and declining service performance (Susanti et al., 2025). From a management perspective, these challenges reflect weaknesses in human resource planning and educational management within community-based health programs (Zaini & Maulidi, 2025). The lack of continuous professional development and learning management mechanisms further exacerbates disparities in cadres' skills and service quality (Fajariyah, 2025). As a result, communities may experience inconsistent health services, particularly in rapidly changing social environments (Setiawan & Rizal, 2024). Addressing these problems is essential not only for protecting cadres' welfare but also for ensuring equitable access to quality primary health care. This general problem forms the basis for examining work design and professionalism as critical determinants of cadre performance.

Ampana Kota District, as the administrative and service center of Tojo Una-Una Regency, illustrates the practical implications of these challenges at the local level. The district hosts 12 Posyandu supported by 106 health cadres who serve a heterogeneous and growing urban population. In 2024, average monthly Posyandu visits reached 1,249 individuals, while visits from January to June 2025 averaged 1,216, reflecting consistently high service demand. Rapid urbanization, increased economic activity, and higher population mobility have accelerated

changes in community health needs. These dynamics place additional pressure on cadres to deliver timely, accurate, and responsive services. However, field observations indicate that cadres often struggle to balance expanding workloads with limited training opportunities and infrastructural support. Communication gaps, uneven competency levels, and fatigue are increasingly evident in service delivery. As urban health problems emerge more rapidly, the role of Posyandu cadres becomes even more strategic. Strengthening their quality of work life through effective work design and educational support is therefore essential for sustaining service quality and supporting local health systems.

Previous studies have consistently demonstrated that well-structured work design positively influences organizational effectiveness, productivity, and service sustainability (Sipatu, 2023). Research in human resource management highlights that clear task structures, manageable workloads, and supportive environments enhance employee engagement and performance. In the health sector, studies emphasize the importance of aligning job demands with competencies through continuous training and professional development. However, much of the existing literature focuses on formal organizations and professional public service workers, such as nurses, teachers, or civil servants. Empirical studies examining work design among community-based and volunteer-oriented health workers remain limited. Moreover, educational management dimensions—such as learning systems, mentoring, and capacity building—are often underexplored in relation to cadre professionalism. Existing research tends to treat training as a one-time intervention rather than a continuous learning process. This narrow focus limits understanding of how cadres adapt to evolving policy demands. Consequently, there is insufficient evidence on how integrated work design and educational management can strengthen professionalism among Posyandu cadres.

Other studies reveal that inadequate facilities and compensation significantly affect health cadre performance and motivation. Research indicates that approximately 63% of cadres perceive their compensation as inconsistent with workload standards, while access to routine training remains limited (Pranata et al., 2025; Rusmalayana et al., 2023). Additionally, insufficient community socialization regarding Posyandu services—particularly for elderly care—reduces public support and further burdens cadres. Although these studies identify critical challenges, they often address issues in isolation, focusing either on facilities, incentives, or training without integrating them into a comprehensive work design framework. Furthermore, regional contexts such as Tojo Una-Una Regency, especially Ampana Kota District, remain underrepresented in empirical research. There is also a lack of studies linking cadre work design to broader development agendas, such as the SDGs. These

gaps highlight the need for a holistic approach that combines work design theory, professionalism, and educational management to understand and improve cadre performance in dynamic community settings.

This study offers a novel contribution by integrating SMART Work Design theory with professional practice and educational management perspectives in the context of community health cadres. SMART Work Design conceptualizes job characteristics across five dimensions to address modern work challenges, including role complexity, digitalization, and employee well-being (Parker & Knight, 2024). Applying this framework to Posyandu cadres is innovative, as it extends work design theory to community-based health workers operating in informal and semi-voluntary settings. Additionally, this study situates cadre professionalism within educational management dimensions, emphasizing capacity building, continuous training, and structured learning systems. By examining the implications of Permendagri No. 13 of 2024, this research captures a critical policy transition that reshapes Posyandu roles into multidimensional service centers. The novelty lies in linking policy change, work design, and professional development to service quality and cadre well-being. Addressing these interconnected dimensions is essential for strengthening community health systems and achieving inclusive and sustainable development goals.

Based on the identified gaps, this study addresses the following research problem: how do work design and professional practices of Posyandu cadres shape their capacity to adapt to changes in Minimum Service Standards? The study argues that unclear work design, limited educational support, and insufficient professional development contribute to workload overload, burnout risk, and suboptimal service quality. Conversely, a clear and structured work design supported by continuous training and learning management can strengthen cadre professionalism and service effectiveness. By exploring cadres' experiences and perspectives, this research contributes empirical evidence to inform policy and practice. The findings are expected to support local governments in designing more human-centered and professional cadre management systems. Ultimately, strengthening work design and educational management for community health cadres is a strategic pathway to improving public health services, empowering women, and advancing Indonesia's commitment to the SDGs in an inclusive and sustainable manner.

RESEARCH METHOD

This study employed a qualitative research design with a case study approach to gain an in-depth understanding of the experiences and perspectives of community health cadres in delivering health services. The case study design was selected because it allows for a comprehensive exploration of complex social

phenomena within their real-life context, particularly when the boundaries between the phenomenon and context are not clearly evident. This approach is especially suitable for examining work design, professionalism, and learning processes among cadres, which are influenced by organizational, policy, and educational management factors. By focusing on a single case, this study was able to capture nuanced insights into how cadres interpret their roles, manage expanding responsibilities, and engage in informal and formal professional learning. The qualitative case study design thus provides a robust methodological foundation for understanding the interaction between work design, quality of work life, and capacity building in community-based health services.

The study was conducted in Ampana Kota District, Tojo Una-Una Regency, Indonesia. This location was purposively selected because it functions as the administrative and health service center of the regency, characterized by high population mobility, diverse community characteristics, and increasing demand for primary health services. Ampana Kota represents a strategic context for examining the implementation of Minimum Service Standards and the expanded roles of Posyandu cadres under Permendagri No. 13 of 2024. Data were collected through in-depth interviews with health cadres using a semi-structured interview guide containing open-ended questions. The interview protocol was developed based on the SMART Work Design framework (Parker & Knight, 2024) and empirical studies on Quality of Work Life (Sipatu, 2023), covering five dimensions: stimulating work, mastery and learning opportunities, autonomy in decision-making, relational quality, and tolerable working conditions. These dimensions also reflect educational management aspects such as continuous training, feedback mechanisms, and professional development.

Data analysis followed the Interactive Model proposed by Miles, Huberman, and Saldaña, involving iterative processes of data condensation, data display, and conclusion drawing and verification. During data condensation, interview transcripts were systematically coded and categorized into thematic clusters aligned with work design and professional learning dimensions. Data were then displayed in organized formats, such as matrices and thematic diagrams, to facilitate interpretation. Verification was conducted continuously by examining consistency across data sources and time. To enhance trustworthiness, source triangulation was applied by interviewing different informants, and time triangulation was conducted through repeated interviews at two different periods. NVivo 12 Plus for Windows was utilized to support systematic data management and analysis, enabling rigorous handling of non-numerical data and strengthening the credibility and reliability of the findings.

RESULT AND DISCUSSION

Research result This obtained from results interview deep with 19 informants. Classification of informant data can seen in Table 1 below This :

Table 1. Informant Classification

Informant Code	Age	Gender	Role
1	49 years old	Woman	Health cadres
2	35 years old	Woman	Health cadres
3	45 years old	Woman	Health cadres
4	39 years old	Woman	Health cadres
5	52 years old	Woman	Health cadres
6	38 years old	Woman	Health cadres
7	58 years old	Woman	Health cadres
8	37 years old	Woman	Health cadres
9	30 years old	Woman	Health cadres
10	49 years old	Woman	KPM
11	65 years old	Woman	Public
12	62 years old	Woman	Public
13	51 years old	Woman	Village Head
14	38 years old	Man	Village Head
15	35 years old	Man	Village Secretary
16	35 years old	Man	PKM Nurse
17	37 years old	Woman	Acting Posyandu
18	52 years old	Woman	Head Community Health Center
19	52 years old	Woman	Subdistrict Secretary

Source : Primary Data, 2025

For identify focus main in research data, researchers use analysis Word Frequency Query, a features that analyze text and counting how much often certain words appear in transcript data set interview, using visualization Word Cloud, namely visualization collection of words with frequency emergence highest in something topic discussion. Frequency of the words health center, sub-district, communication and training. These words are most frequently used. delivered informant. This is in accordance with results study that communication and cooperation cadre health with party community health center and running sub-districts with smooth, but technique effective communication moment convey opinion or moment give counseling to public need improved with follow various training about tennis effective communication.

Analysis results Word Frequency Query can seen in Figure 1 below This :

Figure 1. Word Frequency Query

After information obtained, researchers identify themes and subthemes which are then analyzed use device soft in application Nvivo 12 plus Windows. Based on results study that theme Smart Work Design includes 4 sub- themes, namely stimulating (variation assignments), Mastery (opportunity for learning), Autonomy (authority) taking decision, method work), Relational (quality connection work) and tolerable (load) Work excessive and conflict role). Formore to be clear can seen in Figure 2 below This :

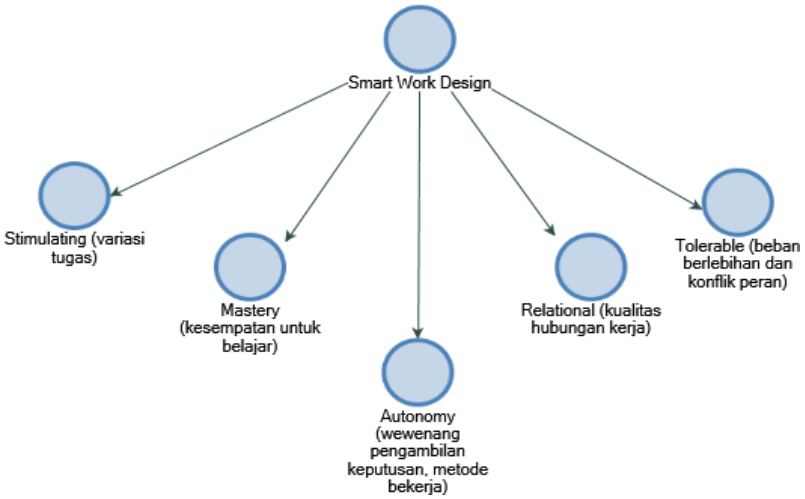


Figure 2. Smart Work Design Theme

Source : Primary Data, 2025

Stimulating (variation task)

Sub themes Stimulating covering professional attitude of cadres health consisting of from : motivation become cadre health, sense of responsibility answer, innovation cadre health, competence cadre health and effortsforincrease professionalism cadre health. Formore to be clear can seen in Figure 3 below This:

Source : Primary Data, 2025

Health cadres in operate very responsible task responsible and have high motivation in work, because based on desireforhelp community, helping economy family and there are also those who are motivated become cadre Because want to look for entertainment. Here a number of quote interview informant :

> *We enjoy just That work, between work and alms, lilahi taala. Because we have choose this, so we have to not quite enough Answer (Informant 1,2,3,4,9)*

> *We are happy become cadre health, besides help society can also add income family, even though the incentives we received Not yet in accordance hope we (Informants 1,2,3,4,5,6,7,8,9)*

> *Activity Posyandu also as our entertainment than Dizzy Keep going with work at home (Informants 1,2,4,5,6,7)*

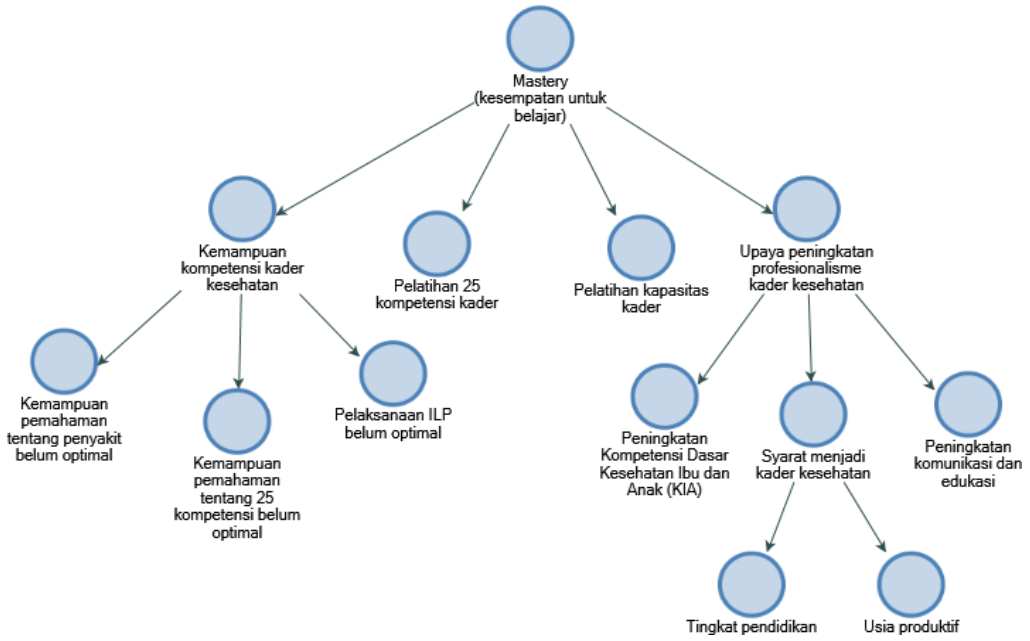
Health cadres in several Posyandu also has innovation that aims to make society interested come visit to integrated health post. One of them innovations made cadre health is give present basic necessities to the people who came to integrated health post regularly for 6 months and mother diligent baby / toddler to integrated health post every the moon and her child experience weight gain in 3 months time. In addition, every time the community comes to integrated health post given vegetable vegetables and food additional. Following a number of quote informant :

> *For those who are diligent come to Posyandu, we gave gifts. Alhamdulillah, visitors integrated health post reasonable Lots. We 've been making it for 5 years then. We also bought toyforchild toddlers and giving food additional (Informants 2,3,4,9)*

> *We are preparing vegetable divided vegetables moment integrated health post, so that public Spirit come to integrated health post (Informant 8)*

Mastery

ChanceforStudy for cadre health facilitated from party health center, government village and sub-districts.forto be clear, you can seen in Figure 4 below This :



Health cadres get training related to 25 competencies cadre health and training capacity cadres, however sometimes when training implemented, still There is cadre health that is not present. In addition, although already given training, still there is cadre health that has not been understand material training that has been given. Exam competency has also been done to cadre health However Not yet comprehensive, because limited funds. The following a number of quote informant :

If it's about performance cadre health, they if meet directly and asked, actually they know but they scared and usually they No Can answer (Informants 16 and 17)

If the practice they understand, but his knowledge Still less (Informant 17)

If the implementation ILP posyandu, sometimes the one that provides counseling still a health promotion person from health center, even though his duties cadre health (Informant 16)

After mentoring, we will evaluate in 2 weeks again, how weigh it how, but after evaluation sometimes Still wrong in do inspection anthropometry, but No all cadre health like that, there are also those who when evaluated Already Correct how (Informants 16 and 17)

We exist reflection cadre a year once, we evaluation performance cadre. There are also those who understand, but there are also those who haven't understand (Informant 16)

The village has carry out training improvement capacity, sometimes there are also those who don't present (Informant 19)

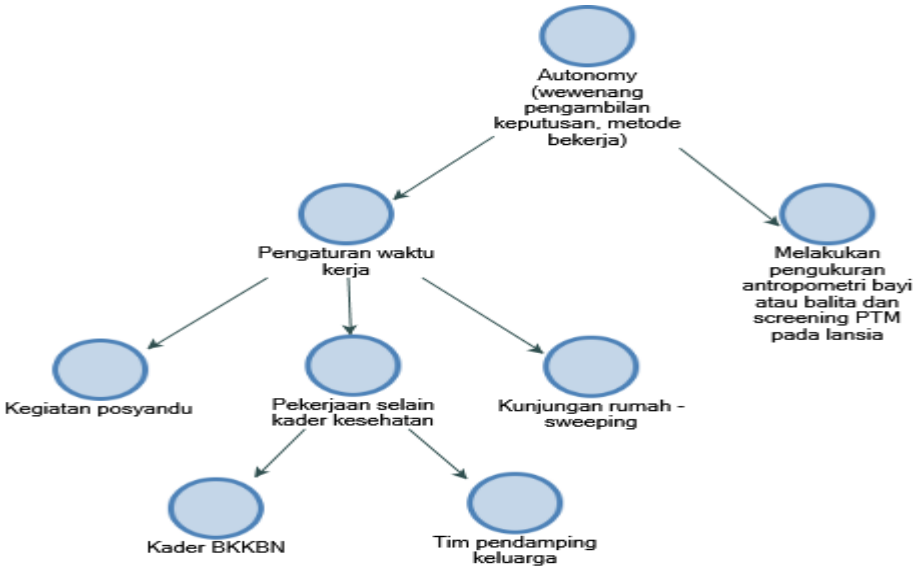
Based on results findings There is a number of efforts that can be made carried out, including is moment recruiting cadre minimum health has high school/vocational school education and still age productive, so that abilityforadapt with various change more easy. In addition, the training technique communication effective and educational based culture need implemented as well as 25 competency training cadre health need done and continue evaluated so that competence cadre health always remembered and understood by cadres health. The following a number of quote informant :

If possible, the criteria cadre 20 years old to above, minimum high school graduate and currently recruiting should There is test interview, so that Can known goals and vision they Want to So cadre health, especially cadre health should own weak heart soft (Informants 14, 15, 16, 17, 18 and 19)

Training methods that are necessary evaluated Again so that cadre health more easyforunderstand material training delivered (Informants 16, 17, 18 and 19)

Autonomy

Arrangement time Work cadre integrated health post consists of from : activities integrated health post implemented every month very to be continued with do visit house / sweeping for visit babies / toddlers who are not come moment Posyandu. In addition, some cadres health there is someone working as BKKBN cadres and as companion family. Health cadres also have taskfordo measurement anthropometry and conduct PTM screening in the elderly. Forto be clear can seen in Figure 5 below This :



Health cadres do activity integrated health post very in a month and continued with do visit house / sweeping. In addition, some cadre anyone has other jobs besides cadres, such as as BKKBN cadres and as team companion family. All work cadre health can done with OK. Here a number of quote informant :

> *If the activity integrated health post in 1 month only 1 time. After our integrated health post (posyandu) is doing visit House or sweeping to House citizens who have babies / toddlers who are not come moment integrated health post. If we don't can be at his house, we come Again tomorrow and the day after Again. Sometimes we 're tired and we're not meet with Mother toddlers (Informants 1,2,3,4,5,6,7,8 and 9)*

> *I am currently visit home, often I accompany cadre health, when I also attend the integrated health post always present (Informant 10)*

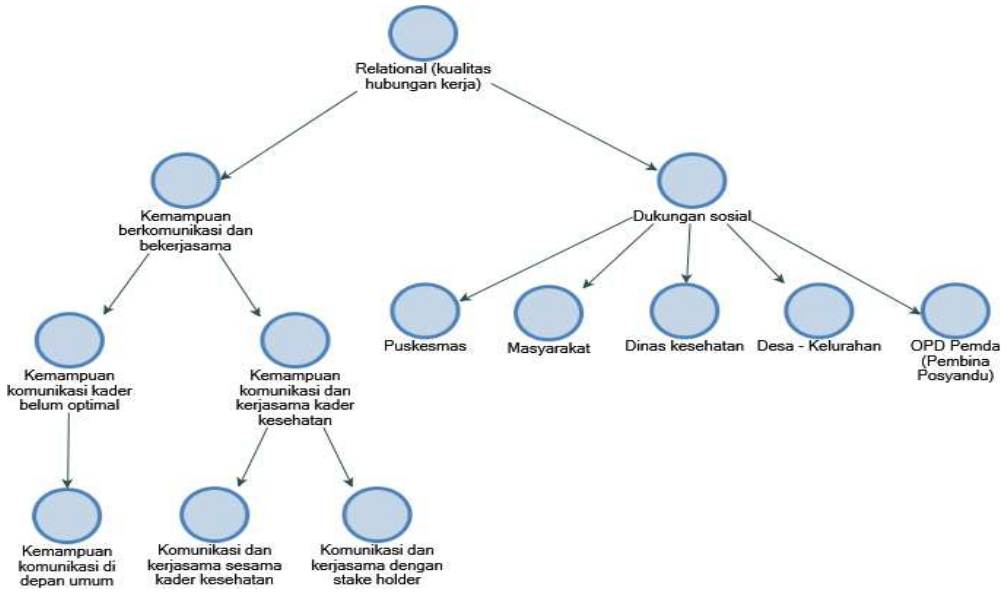
> *If I were you, besides cadre health, I also as BKKBN cadres and their activities No simultaneously with activity integrated health post so that I Can arrange time (Informants 1,2,3,4,6)*

Health cadres also have taskfordo measurement anthropometry and screening for non- communicable diseases (NCDs) in the elderly. The following a number of quote interview informant :

> *If the rules cadre health now, they do measurement anthropometry and conducting PTM screening in the elderly that is do measurement weight and length baby as well as toddler 's weight and height. They also do blood sugar and cholesterol checks (Informants 16,17,18)*

Relational

Quality connection Work cadre integrated health post with government and society Already intertwined with good for to be clear can seen in Figure 6 below This :



Source : Primary Data, 2025

Quality connection work between cadre health and government, in particular government village, sub-district, district and to public Already intertwined with good. Health cadres also get support from various parties, including health centers, villages - sub-districts, services public health and from Organization Regional Apparatus Organizations (OPD) of the district. However, cadres health sometimes still experience difficulty when speaking in front of general, not yet brave in convey opinion. The following a number of quote interview informant :

> *Our communication with party community health center and village / sub-district no There is problems and always smooth. We also got support from they. Cooperation with they walk with good (Informants 1,2,3,4,5)*

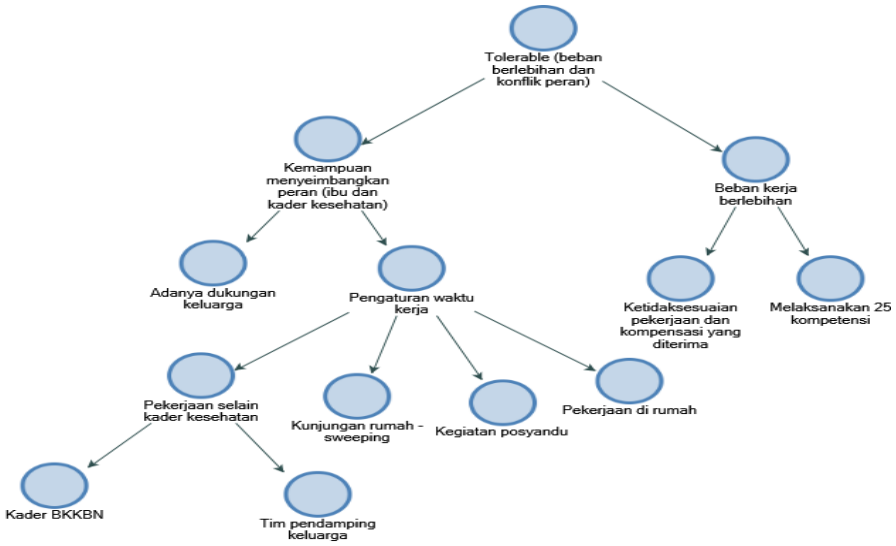
> *If according to I, we need trained related to public speaking, because when speaking in front of in general, sometimes we are confused Want to talk what, even though Already There is in head (Informants 1,2, 3,4, 5,6,7,8,9,10)*

> *When we held meeting with cadre health in the sub-district, we have also give chance to they for convey same and input, but part big they just keep quiet (Informant 19)*

We also got support from health center, government village /sub-district. There are also OPDs, only just Still seldom visit to integrated health post (Informants 3,4,5,7)

Tolerable (load Work excessive and conflict role)

Health cadres own burden overwork, but they own ability or balance role as wife / mother and role as cadre health.formore to be clear, you can seen in Figure 7 below This :



Health cadres feel work there are so many of them, starting from from activity integrated health post to be continued with sweeping and entering data in application, however the compensation they receive get not yet in accordance with hope them. In addition, we are also required for understand 25 competencies cadre health. The following a number of quote interview informant :

Our work since three day before Posyandu, we have do preparation, start from place activities, tools the tool that will used and conveyed to Mother babies / toddlers and to elderly. After Posyandu, we do visit House a number of day until we meet with Mother babies / toddlers who are not present moment integrated health post. However if Already more from 4 days, we don't visit again (Informants 1,2,3,4,5)

According to me, if Can our incentives were increased Because according to I not enough in accordance with the work we do. Besides incentives, if may moment visit home, we get appropriate transportation money (Informants 1,2,3,4,5,6,7,8,9)

We have to Study another 25 competencies and will tested. We learned a lot and we were required toforunderstand (Informants 1,2,3,4,5,67,8,9)

Currently, the cadres integrated health post has changed from focus service health mother and child become center service base integrated at the level integrated villages /sub-districts service health, education, infrastructure basic, housing, order, and social, so that work they the more increased (Informant 17)

Some cadres health there are those who work on the spot others, for example as BKKBN cadres and team companion family, but they can arrange time with good, so everything Can done. The following a number of quote interview informant :

I, besides as cadre health, I also as BKKBN cadre. I cook Formerly before work. Family I support work I (Informant 1,2,3,4,5)

If I besides as cadre health, I also as team companion family, but I Can arrange time. I cook Formerly before go out house (informant 8)

Discussion

The thematic analysis using NVivo 12 Plus for Windows confirms that Smart Work Design among community health cadres is manifested through five interrelated sub-themes: stimulating, mastery, autonomy, relational, and tolerable. These findings reinforce the view that health cadre work design extends beyond technical-operational tasks and reflects a complex interaction of psychological, social, and structural dimensions that shape professionalism and long-term role sustainability. Conceptually, this aligns with contemporary job design and the Job Demands–Resources (JD–R) model, which emphasizes balancing job demands with adequate resources to maintain motivation, performance, and well-being among community service workers (Bakker & Demerouti, 2023). In the context of Posyandu transformation under Permendagri No. 13 of 2024, cadres are increasingly positioned as multifunctional actors within integrated basic service systems. Without adaptive work design and structured professional learning, this expanded mandate risks undermining service quality and cadre resilience. Thus, Smart Work Design functions as a strategic framework for aligning policy demands with human capacity at the grassroots level.

The stimulating dimension reveals that task variation plays a critical role in fostering intrinsic motivation, responsibility, innovation, and professional identity among cadres. Cadres' motivation is not purely economic but is driven by altruistic values, spiritual meaning, and social-emotional fulfillment,

consistent with findings on multi-dimensional motivation among voluntary community workers (Nurhayati et al., 2024). Innovative local practices—such as providing basic necessities or integrating educational activities—illustrate collective job crafting, where cadres adapt work design to community needs. This grassroots innovation strengthens service relevance and community trust, supporting the argument that meaningful work enhances commitment and perseverance. From an educational management perspective, stimulating work environments function as informal learning spaces that encourage reflective practice and experiential learning. These findings extend previous research by demonstrating that task diversity, when supported institutionally, can serve as a catalyst for continuous professional growth rather than merely increasing workload.

The mastery dimension highlights a persistent gap between formal training and actual competence, particularly in conceptual understanding, communication skills, and self-efficacy. Although cadres receive training and mentoring from health centers and local governments, the dominance of one-way knowledge transfer limits deep learning and skill internalization. This supports earlier studies indicating that cadres often struggle to translate training into effective counseling and outreach practices (Nurhayati et al., 2024). Recent evidence emphasizes the need for advanced communication training and community-based digital information systems to enhance Posyandu effectiveness (Agustina & Bahtiar, 2025). These findings underscore that mastery is not determined by training frequency alone but by the quality of learning design, relevance to local contexts, and alignment with adult learning principles. Strengthening educational management through continuous capacity building, mentoring, and feedback systems is therefore essential to improving service quality and cadre confidence.

Autonomy and relational dimensions collectively illustrate how flexibility and social support shape cadre performance and well-being. Autonomy allows cadres to balance domestic, social, and service roles, particularly in managing Posyandu activities, home visits, and additional responsibilities as family assistance team members. However, increased task coverage—such as anthropometric measurements and non-communicable disease screening—requires adequate technical support to prevent autonomy from becoming disguised workload expansion. Literature emphasizes that healthy autonomy must be accompanied by role clarity, supervision, and resource availability to prevent burnout (Bakker & Demerouti, 2023). Relationally, strong support from village governments, health centers, and communities serves as critical social capital that sustains cadre engagement (Nurhayati et al., 2024). Nonetheless, limitations in public speaking and confidence reveal cultural and psychological

barriers, reinforcing the need for culturally sensitive communication training as part of professional development (Sari et al., 2025). These dimensions highlight the importance of integrating human resource management with educational strategies.

The tolerable dimension exposes the structural tension between increasing workloads and limited compensation. Cadres are expected to master extensive competencies while managing administrative tasks and cross-sectoral responsibilities, reflecting the intensified demands of integrated service delivery. While family and community support act as protective factors against role conflict (Cavagnis et al., 2023), sustained discrepancies between workload and rewards may erode long-term motivation. Empirical evidence consistently shows that systematic training, incentives, and supportive infrastructure significantly influence cadre performance (Anton, 2024; Kadariny et al., 2025). This study strengthens the argument that improving cadre welfare is not solely a financial issue but a matter of strategic work design and learning management. Aligning workload, compensation, and professional development is therefore essential to sustaining cadre professionalism and ensuring the effectiveness of community-based health services.

CONCLUSION

This study demonstrates that the implementation of Smart Work Design plays a strategic role in enhancing the professionalism and sustainability of community health cadres in village- and sub-district-level basic health services. The key lesson from this research is that task variation, learning opportunities, work autonomy, relational quality, and the ability to manage workload are interdependent factors that collectively shape cadre performance and well-being. While cadres exhibit strong intrinsic motivation and commitment, these qualities alone are insufficient to sustain service quality under expanding policy demands. Strengthening capacity through continuous training, supportive supervision, and structured learning systems—core elements of educational management—is essential to ensuring that cadres can adapt effectively to increasingly complex roles. These findings highlight the importance of aligning work design with human-centered management approaches to safeguard both service quality and cadre resilience.

From a scholarly perspective, this study contributes to the literature by extending Smart Work Design theory to community-based health workers operating in semi-voluntary and informal service settings, an area that remains underexplored. By integrating work design, professionalism, and educational management dimensions, this research offers a holistic analytical framework for understanding cadre performance under policy transformation. However, this

study is limited by its single-case design and reliance on qualitative data from one district, which may constrain generalizability. Future research should adopt comparative or mixed-methods approaches across diverse regions and incorporate longitudinal designs to examine how work design interventions, incentive structures, and professional development programs influence cadre performance and service outcomes over time.

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