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Determination Education, Health Training, Flexibility and Experience on Adaptability of Health Workers: Study at UPT Puskesmas Rumbio

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Abstract: The effectiveness of this policy not only depends on the readiness of the technological infrastructure, but is also greatly influenced by the adaptability of health workers in responding to changes in systems, work procedures, and the increasingly complex dynamics of community needs. Study This aim for evaluate influence education and training, flexibility, and experience Work to level adaptability power health at the Community Health Center UPT Rumbio. Study This use approach quantitative with Structural Equation Modeling (SEM) method. Respondent study consists of of 44 workers health workers working in the UPT Puskesmas environment Rumbio. Research results show that: (1) education and training proven give influence positive and significant to adaptability; (2) flexibility No show significant influence to adaptability; and (3) experience Work contribute positive and significant in increase adaptability power health. With thus, it can concluded that education, training, and experience Work own a bigger role dominant in form ability adaptation compared to flexibility individual. Because that, is necessary effort sustainable from agency health for strengthening training-education programs and providing more opportunities wide for power health in develop experience work. This strategy expected capable push improvement ability adaptation power health to dynamics changes in the sector service health.

Keywords: education and training power health, flexibility, experience work, adaptability.

INTRODUCTION

Digital transformation in the healthcare sector has become a major focus for the Indonesian government, particularly through the implementation of technology-based services at the primary health care level, such as community health centers (Puskesmas). Innovations such as the SATUSEHAT application, electronic medical records (RME), e-Puskesmas, and e-KIA (Maternal and Child Health Cohort) are part of a national policy aimed at improving the quality of healthcare services through faster, more integrated, and transparent approaches (Ministry of Health of the Republic of Indonesia, 2023). However, the effectiveness of this

policy depends not only on the readiness of the technological infrastructure but also greatly on the adaptability of healthcare workers in responding to changes in systems, work procedures, and the increasingly complex dynamics of community needs.

Globally, the World Health Organization (WHO, 2022) emphasizes that one of the main obstacles to digital transformation in healthcare in developing countries is the low level of adaptation of healthcare workers to technology-based innovations. A similar situation also occurs in Indonesia, where the Ministry of Health (2023) noted that although more than 80% of healthcare workers have participated in digital training programs, only around 65% feel confident operating EMR independently. This reflects a significant gap between the training provided and the practical ability of healthcare workers to apply the training outcomes.

This phenomenon is also evident in Kampar Regency, particularly at the Rumbio Community Health Center (Puskesmas). A 2025 internal pre-survey showed that 78% of healthcare workers had participated in training related to *On-the-Job Training* (OJT), SATUSEHAT, RME, and e-Puskesmas. However, many healthcare workers are still unable to fully utilize digital technology or adapt to new procedures. Data from the Kampar Health Office (2024) even reported that of the 31 Puskesmas that had implemented RME, only 35% of healthcare workers were fully adaptive, while the majority still faced obstacles both in terms of technical and mental readiness. This fact confirms the empirical gap between policy, training, and implementation in the field.

Table 1. Adaptability Gap of Health Workers in Kampar Regency (2024)

Indicator	Percentage (%)
Health workers have attended training	78%
Not confident using RME yet	65%
Completely adaptive to digital systems	35%



Figure 1. Readiness of Health Workers in Kampar Regency (2024)

The data in the table and graph show that although the majority of healthcare workers have received training, the level of implementation and adaptation remains low. The main problem lies in the mismatch between the competencies learned from training and actual skills in practice, as demonstrated by the low percentage of healthcare workers who are truly adaptive. This has serious implications for the effectiveness of the digital transformation of primary healthcare services, as without adequate adaptability, the government's goal of realizing a technology-based healthcare system will not be optimally achieved.

Several previous studies support the link between education and training, flexibility, and work experience in the workforce. Putri & Suryani (2021 **)** found that technology-based training positively impacted healthcare worker competency. Hidayat et al. (2022) emphasized flexibility as a crucial factor in nurses' adaptability in hospitals. Meanwhile, Rahmawati & Nugroho (2020) demonstrated that work experience can strengthen healthcare workers'

preparedness for changes in medical procedures. However, these studies tend to be partial and focus more on hospitals or non-healthcare sectors, resulting in limited research simultaneously examining these three factors in primary care settings such as community health centers (Puskesmas).

From a theoretical perspective, Human Capital Theory (Becker, 1964) emphasizes the importance of investing in education and training to improve skills, but it has not fully addressed the challenges of adaptability in the era of healthcare digitalization. I-ADAPT Theory (Ployhart & Bliese, 2006) states flexibility as a key factor in adaptability, but empirical findings at the Rumbio Community Health Center indicate that flexibility is insignificant in influencing adaptability. Meanwhile, Experiential Learning Theory (Kolb, 1984 **)** explains that work experience shapes intuition and adaptability skills, but the integration of experience with digital training remains rarely studied. This situation indicates a theoretical gap, where empirical results do not always align with existing conceptual models.

Based on this description, this research is highly urgent because the low adaptability of healthcare workers has the potential to hinder the implementation of digital transformation, which will ultimately impact the quality of primary healthcare services. Therefore, this research aims to answer several important questions, as follows:

1. Does education and training influence the adaptability of health workers at the Rumbio Community Health Center (UPT)?
2. Does individual flexibility affect the adaptability of health workers at the Rumbio Community Health Center (UPT)?
3. Does work experience influence the adaptability of health workers at the Rumbio Community Health Center (UPT)?
4. Do education and training, flexibility, and work experience simultaneously influence the adaptability of health workers at the Rumbio Community Health Center (UPT)?

Based on the formulation of the problem, this study aims to: (1) analyze the influence of education and training on the adaptability of health workers, (2) test the influence of flexibility on the adaptability of health workers, (3) assess the influence of work experience on the adaptability of health workers, and (4) examine the influence of these three variables simultaneously on the adaptability of health workers.

From a novelty perspective, this study has several advantages over previous studies. First, the study was conducted at a Community Health Center (Puskesmas) as a primary healthcare service, unlike the majority of previous studies that focused on hospitals or non-healthcare organizations. Second, this study examined three variables simultaneously (education and training, flexibility, work experience) in relation to adaptability, rather than just one factor partially. Third, the results of this study indicate empirical findings that differ from theory, namely that flexibility has no significant effect, thus opening opportunities for the development of a new theoretical framework in the study of health human resource management. Fourth, this study was conducted in the context of the era of digital transformation in health (SATUSEHAT, RME, e-Puskesmas), which has not been widely touched on in previous studies.

Furthermore, in line with the formulation of the problem and research objectives, the following hypothesis is proposed:

H_1: Education and training have a positive and significant effect on the adaptability of health workers.

H_2: Individual flexibility has a positive and significant effect on the adaptability of health workers.

H_3: Work experience has a positive and significant effect on the adaptability of health workers.

H_4: Education and training, flexibility, and work experience simultaneously have a significant influence on the adaptability of health workers.

Thus, this research is not only academically relevant through enriching the literature on adaptability in the health sector, but also practically strategic, because it can provide evidence-based recommendations for the formulation of more adaptive health human resource development policies in facing the challenges of digital transformation.

Research Framework

1. Theoretical Basis
   a. Human Capital Theory (Becker, 1964): Education and training as investments that increase workforce competence.
   b. I-ADAPT Theory (Ployhart & Bliese, 2006): Individual flexibility as the main factor in building adaptability.
   c. Experiential Learning Theory (Kolb, 1984): Work experience enriches adaptation skills through experiential learning cycles.
2. Empirical Phenomena
   a. Data shows that 78% of health workers have been trained, but only 35% are adaptive.
   b. Flexibility has not been shown to be significant in several studies, creating *a theoretical gap*.
   c. Adaptability is a determining factor for the success of digital health transformation (SATUSEHAT, RME, e-Puskesmas).
3. Relationship between variables
   a. Education & Training → improving the technical skills and confidence of healthcare workers.
   b. Flexibility → helps individuals cope with changes in work procedures.
   c. Work Experience → strengthens intuition and readiness to face change.
   d. All three simultaneously → determine the level of adaptability of health workers at the Community Health Center.
4. Conceptual Framework (Flowchart)

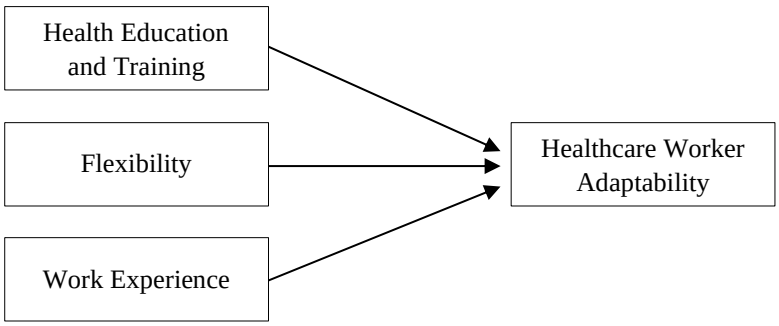


Figure 1. Framework Thinking

METHODS

The type of research method used is: This study uses a quantitative approach with a descriptive-verification method. This method was chosen because the study aims to test the influence of independent variables (health education and training, flexibility, and work experience) on the dependent variable (health worker adaptability) through numerical data processing using statistical analysis.

The population and sample consisted of 56 health workers at the Rumbio Community Health Center (UPT Rumbio). This includes various health workers such as doctors, nurses, midwives, analysts, and other health workers, as well as administrative staff directly involved in primary health care services.

1. Research Instruments

Structured questionnaire with indicators:

a. Education & Training (X1): number of trainings, relevance of materials, training methods, evaluation of results.
b. Flexibility (X2): openness to change, initiative, stress management, ability to improvise.
c. Work Experience (X3): length of service, variety of tasks, project involvement, learning from experience.
d. Adaptability (Y): ability to operate RME, digital confidence, compliance with new procedures, work effectiveness.

2. Validity & Reliability Test
   a. Validity: *Pearson Product Moment* (r count > r table).
   b. Reliability: Cronbach Alpha ($\alpha > 0.7$).
3. Data Analysis Techniques
   a. Descriptive: describes the respondent profile and digital readiness.
   b. Inferential:
      1) Classical Assumption Test (normality, multicollinearity, heteroscedasticity).
      2) Multiple Linear Regression Analysis:

$$Y = \beta 0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + eY$$

   c. t-test (partial), F-test (simultaneous), and Coefficient of Determination (R^2).
   d. Additional (complexity):
      1) Moderating *Effect* Test (e.g. the role of age or education level as a moderating variable).
      2) Structural *Equation Modeling (SEM-PLS)* analysis if you want to strengthen construct validity.

RESULTS AND DISCUSSION

Results

Research Result Of the 56 questionnaires that have been distributed via google form, only 44 answers respondents who can made into can be processed. Evaluation of the Measurement Model (Outer Model)

Convergent Validity

Convergent validity is used for outer loading value can used For evaluate representation variables every indicator. The outer loading value must be exceeding 0.70.

Table 1. Convergent Validity Results

No	Statement Items	Outer Loading	Rule of Thumb	Information	No	Statement Items	Outer Loading	Rule of Thumb	Information
1	X1.1.1	0,892		Valid	31	X3.1.1	0,892		Valid
2	X1.1.2	0,874		Valid	32	X3.1.2	0,923		Valid
3	X1.1.3	0,851		Valid	33	X3.1.3	0,897		Valid
4	X1.1.4	0.912		Valid	34	X3.1.4	0.710		Valid
5	X1.1.5	0.901		Valid	35	X3.1.5	0.693		Invalid
6	X1.2.1	0.727		Valid	36	X3.2.1	0.842		Valid
7	X1.2.2	0.900		Valid	37	X3.2.2	0.873		Valid
8	X1.2.3	0,887	> 0.700	Valid	38	X3.2.3	0,921	> 0.700	Valid
9	X1.2.4	0,887		Valid	39	X3.2.4	0,943		Valid
10	X1.2.5	0,897		Valid	40	X3.2.5	0,899		Valid
11	X1.3.1	0,872		Valid	41	X3.3.1	0,912		Valid
12	X1.3.2	0,851		Valid	42	X3.3.2	0,926		Valid
13	X1.3.3	0,881		Valid	43	X3.3.3	0,904		Valid
14	X1.3.4	0,866		Valid	44	X3.3.4	0,946		Valid
15	X1.3.5	0,901		Valid	45	X3.3.5	0,926		Valid

No	Statement Items	Outer Loading	Rule of Thumb	Information	No	Statement Items	Outer Loading	Rule of Thumb	Information
16	X2.1.1	0,903		Valid	46	Y.1.1	0,946		Valid
17	X2.1.2	0,885		Valid	47	Y.1.2	0,870		Valid
18	X2.1.3	0,816		Valid	48	Y.1.3	0,912		Valid
19	X2.1.4	0,912		Valid	49	Y.1.4	0,888		Valid
20	X2.1.5	0,831		Valid	50	Y.1.5	0,959		Valid
21	X2.2.1	0,868		Valid	51	Y.2.1	0,953		Valid
22	X2.2.2	0,885		Valid	52	Y.2.2	0,943		Valid
23	X2.2.3	0,938		Valid	53	Y.2.3	0,897		Valid
24	X2.2.4	0.873		Valid	54	Y.2.4	0.960		Valid
25	X2.2.5	0.899		Valid	55	Y.2.5	0.948		Valid
26	X2.3.1	0.859		Valid	56	Y.3.1	0.907		Valid
27	X2.3.2	0.877		Valid	57	Y.3.2	0.888		Valid
28	X2.3.3	0.868		Valid	58	Y.3.3	0.875		Valid
29	X2.3.4	0.864		Valid	59	Y.3.4	0.916		Valid
30	X2.3.5	0.877		Valid	60	Y.3.5	0.914		Valid

Source: Processed Data, 2025

Convergent Validity test in Table 1 show that part big indicator study own mark outer loading > 0.700, according with criteria suggested by Hair et al. (2019), Where mark indicator above 0.700 indicates that statement item own strong contribution in reflect construct or latent variables measured.

1. **Construct X1 (Training)**
   The indicators in construct X1 have outer loading value between 0.727 – 0.912. The value indicates that all over grains valid statement. This means that all items are capable of represent aspects measured training, starting from relevance materials, methods, and implementation results training. This is in line with opinion Ghozali & Latan (2015) stated that that valid indicator if own loading value above 0.700.
2. **Construct X2 (Transformational Leadership)**
   The test results show that all indicators in construct X2 have outer loading value in the range 0.816 – 0.938**.** This is show that every indicator can explain with Good variables leadership transformational. Findings This strengthen theory Bass & Avolio (1994) who emphasized that leadership transformational can measured through consistent behavior and having Power high pull for subordinates.
3. **Construct X3 (Work Environment)**
   In construct X3, some big valid indicators with outer loading value between 0.710 – 0.946. However, there are One indicator that is X3.1.5 which is only get mark 0.693, so No fulfil criteria validity convergent. According to Hair et al. (2019), indicator with loading value between 0.40 – 0.70 can maintained if Still increase validity content, but If No give significant contribution, preferably deleted. With Thus, the X3.1.5 indicator can considered to be dropped so that the measurement model become fitter.
4. **Construct Y (Employee Performance)**
   All over indicators in construct Y have very high outer loading value, ranging from between 0.870 – 0.960. This is show that variables dependent (performance employees) are measured in a way consistent by all indicator. High value this also reflects that performance can explained with good by aspect quality, quantity, effectiveness, and accuracy time, as stated by Robbins & Judge (2017).

Discriminant Validity

The results in the table above show that the cross-loading values for all items The questions show strong discriminant validity. The correlation value of each indicator with the

concept exceeds the correlation value of the indicator with other constructs. As a result, all indicators in the research variables show strong discriminant validity

Table 3. Discriminant Validity Results of the Fornell-Larcker Criterion

Variables	Education and Training (X_1)	Flexibility (X_2)	Experience Work (X_3)	Adaptability (Y)
Education Training (X_1)	0.874			
Flexibility (X_2)	0.854	0.877		
Experience Work (X_3)	0.865	0.918	0.896	
Adaptability (Y)	0.909	0.876	0.932	0.919

Source: Processed Data, 2025

Table shows that each latent construct indicator has a value The Fornell-Larcker criteria are higher than the FLC values of other constructs. Thus, each indicator in our study has good discriminant validity.

Table 4. Discriminant Validity Results Average Variant Extracted (AVE)

Variables	Average Variance Extracted (AVE)
Education and Training (X_1)	0.765
Flexibility (X_2)	0.770
Experience Work (X_3)	0.802
Adaptability (Y)	0.844

Source: Processed Data, 2025

Based on the table above, it can be said that discriminant validity has been fulfilled and good because all indicators have an AVE value > 0.5. This shows that the model The measurement (outer model) in the research is good. Discriminant test done For ensure every different constructs (latent variables) in a way empirical from construct others. The cross-loading results (Table 2) show that majority indicator load the strongest on the construct origin. However there is four indicators that cause Attention: X3.1.4 (loading more higher on Flexibility /X2 than on Experience Work /X3), as well as Y.1.2, Y.1.3, Y.1.4 (all three load A little more strong on experience Work /X3 rather than on Adaptability /Y). Furthermore, the Average Variance Extracted (AVE) calculation shows AVE value for fourth constructs each > 0.50 (X1 = 0.764; X2 = 0.770; X3 = 0.781; Y = 0.844), so that convergent validity at the level construct fulfilled.

For inspection Fornell-Larcker, √AVE each construct (X1 = 0.874; X2 = 0.877; X3 = 0.884; Y = 0.919) more big than correlation inter-construct (estimate based on cross-loading matrix), so that in a way aggregate criteria Fornell-Larcker fulfilled. However existence a number of indicator with high cross-loading and difference small (< 0.10) indicates the existence of conceptual overlap between Experience Work (X3) and Adaptability (Y).

Therefore, further testing was carried out with emit indicator problematic (X3.1.4, Y.1.2, Y.1.3, Y.1.4). After removing these items, the AVE values of X3 and Y increased and the correlation inter-construct decrease little — signifies repair discriminant. With thus, for validity final discriminant, recommended do HTMT inspection and/ or review re- wording and justification theoretical For maintain or delete indicators the.

Composite Reliability

The next assessment is a reliability test designed to evaluate data dependency. Reliability assessment can be evaluated using composite reliability and Cronbach's alpha. Decision

making is based on the condition that the composite reliability value and Cronbach's alpha is above 0.70, which indicates that all variable data are reliable.

Table 5. Composite Reliability and Cronbach's Alpha Results

Variables	Cronbach's Alpha	rho_A
Education and Training (X_1)	0.978	0.979
Flexibility (X_2)	0.979	0.980
Experience Work (X_3)	0.981	0.983
Adaptability (Y)	0.987	0.987

Source: Processed Data, 2025

Based on the composite reliability and Cronbach's alpha test results above, it can be concluded that all constructs were >0.70, indicating that the research data was reliable. Therefore, further analysis can be conducted to determine whether there is a relationship between the research variables. Construct reliability testing was conducted to ensure that each latent variable in this study had good internal consistency. Construct reliability was measured using Cronbach's Alpha and Composite Reliability (rho_A), with recommended minimum limit as big as 0.70 (Nunnally & Bernstein, 1994).

Table 5 shows that all variables study own mark Cronbach's Alpha and Composite Reliability (rho_A) far above minimum limit, namely >0.97. In general detailed, variable Education and Training (X1) own Cronbach's Alpha value of 0.978 and rho_A of 0.979. Variable Flexibility (X_2) get Cronbach's Alpha value is 0.979 and rho_A is 0.980. Furthermore, the variable Experience Work (X_3) show Cronbach's Alpha value is 0.981 and rho_A is 0.983. Meanwhile that, variable Adaptability (Y) as variables dependent in study This get highest Cronbach's Alpha value namely 0.987 and rho_A 0.987.

Very high value the show that all over instrument study very reliable and has very strong internal consistency. With Thus, every indicators used capable represent constructs being measured in a way consistent and able trusted. These results also confirm that level error measurement error is relatively very low, so that variability captured by each indicator truly reflect the intended construct. Findings reliability This in line with results validity convergent and validity discriminant that has been discussed previously, so that the overall measurement model (outer model) in study This can stated fulfil criteria quality instrument.

In a way theoretical, results This give proof that indicators used has in accordance with runway conceptual in explain Education and Training variables, Flexibility, Experience Work, and Adaptability. While in a way practical, instrument study This can made into reference in evaluation and development of human resources, in particular for evaluate readiness individual in face demands dynamic work. With very high reliability, research This own strong foundation for continue to the next stage structural model analysis (inner model) for use test connection intervariable.

Structural Model Evaluation (Inner Model)

The final stage: assessment of the structural model (inner model), including testing the model's fit and evaluating the hypotheses. The R-square value is used to test the model's fit, while the path coefficients are used to test the hypotheses. At this stage, the inner model is executed using the bootstrapping method; the results are as follows:

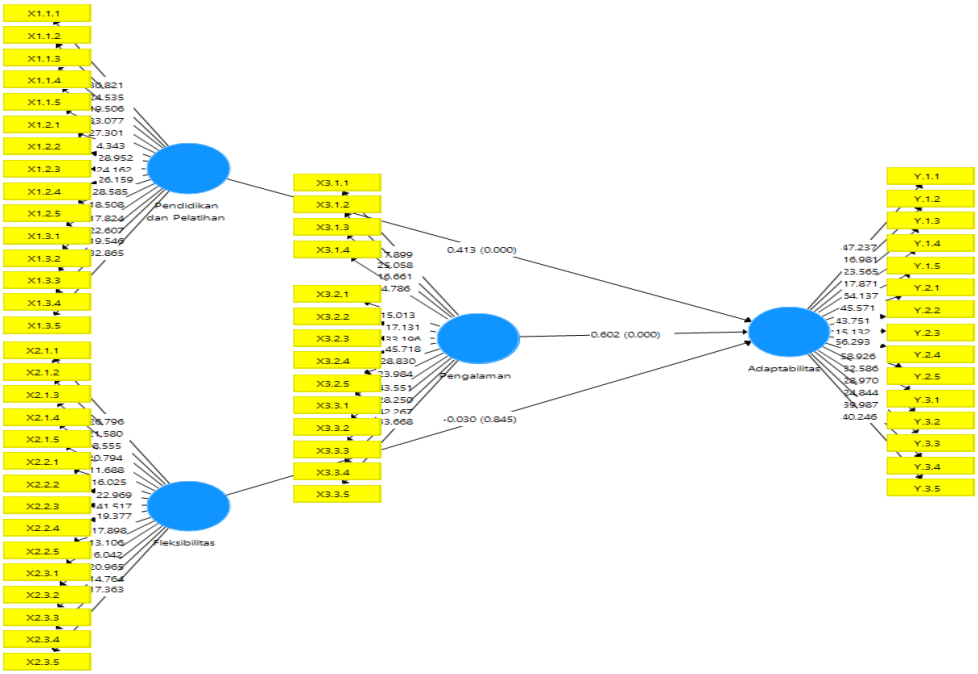


Figure 2: Bootstrapping Results

Model Fit Test

The model fit test in this study uses the R-square value which aims to to determine the predictive power of the structural model. The decision-making criteria are: if the R-square value is between 0.75 (strong); 0.50 (medium); and 0.25 (weak).

Table 6. R-Square Results

Influence Between Variables	R Square Adjusted	Conclusion
Adaptability (Y)	0.904	Strong

Source: Processed Data, 2025

The correct model provides a training Adjusted R Square score of 90.4%. External factors that not included in this study accounted for 9.6%. The Adaptability variable showed an Adjusted R Square of 904.1%, while 90.4% was controlled by factors outside this study. R-Square (R^2) Test used for evaluate how much big ability variables independent in explain variation variables dependent. According to Hair et al. (2017), the R^2 value can categorized to be : weak (0.25), moderate (0.50), and strong (0.75) .

Based on Table 6, variables Adaptability (Y) own mark Adjusted R-Square is 0.904. This is means that combination variables Education and Training (X_1), Flexibility (X_2), and Experience Work (X_3) capable explain 90.4% variation Adaptability (Y), whereas the rest 9.6 % is influenced by other factors outside the research model This . The very high R^2 value (0.904) indicates that the research model own Power very strong explanatory power. In other words, adaptability employee in study This part big influenced by education and training, flexibility, and experience Work.

This result strengthen findings previously that investment in education and training play a role big in equip employee with relevant skills. Flexibility also proven important Because allows employee adapt self with change situation work. Meanwhile that, experience Work give supplies knowledge practical that strengthens ability employee in adapt to dynamics organization. Findings This in harmony with theory human capital which emphasizes that experience, training, and flexibility individual is asset main in support performance adaptive.

In practical implications from findings This is that organization need Keep going increase quality education-training, providing room flexibility, as well as manage experience Work employees to be able to produce source Power adaptive human in face change environment Work.

Adjusted R-Square value is 0.904 show that the research model This own ability very strong predictive, with Education and Training variables, Flexibility, and Experience Work in a way together explains 90.4% of the variation Adaptability employee . With results this research model stated own eligibility tall For used in testing connection between variables at the stage next .

Hypothesis Testing

The final part of this research is to test the hypothesis, namely to see whether dependent and independent variables are indeed related. By using the threshold tolerance of 5% (0.05), where a p-value of less than 0.05 indicates a significant effect, findings path coefficients are used to analyze this hypothesis test.

Table 7. Hypothesis Test Results

Influence Between Variables	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values	Conclusion
Education and Training (X_1) -> Adaptability (Y)	0.413	0.411	0.086	4,835	0,000	Influential
Flexibility (X_2) -> Adaptability (Y)	-0.030	-0.017	0.151	0.198	0.843	No Influential
Experience Work (X_3) -> Adaptability (Y)	0.602	0.592	0.145	4,160	0,000	Influential

Source: Processed Data, 2025

Hypothesis testing done for know influence intervariable in the structural model with use mark Original Sample (O), T-Statistics, and P-Values as base taking decision. Criteria used is:

1. Hypothesis accepted when value T-Statistics > 1.96 and P-Values < 0.05.
2. Hypothesis rejected when value T-Statistics < 1.96 or P-Value > 0.05.

Based on Table 7, results of hypothesis testing can explained as following:

1. Education and Training (X1) → Adaptability (Y)
   Original Sample (O) = 0.413, T-Statistics = 4.835, P-Values = 0.000
   This result show that Education and Training influential positive and significant to Adaptability. Increasingly tall quality education and training received employee, then the more high ability they in adapt.
2. Fleksibilitas (X2) → Adaptabilitas (Y)
   Original Sample (O) = -0,030, T-Statistics = 0,198, P-Values = 0,843
   This result show that Flexibility No influential significant to Adaptability. This means the level of flexibility employee in context study This No give real contribution to ability adaptation they.
3. Experience Work (X3) → Adaptability (Y)
   Original Sample (O) = 0.602, T-Statistics = 4.160, P-Values = 0.000
   This result show that Experience Work influential positive and significant to Adaptability. Increasingly Lots experience work owned employees, increasingly great ability they For adapt self with dynamics work and change environment.

Discussion

Education and Training to Adaptability

The results of the study indicate that the Education and Training variables ($X_{1)}$ have a significant effect on the Adaptability of healthcare workers (Y). This finding indicates that the better the quality of education and training received by healthcare workers, the higher their ability to adapt to various changes, both internal and external to the organization.

This aligns with human capital theory, which states that investing in education and training will improve an individual's competence, skills, and preparedness to face the dynamics of the work environment. Education and training not only provide new knowledge but also foster a more flexible mindset, problem-solving skills, and confidence in facing new challenges. Previous research also supports these findings. For example, according to Hasibuan (2016), training is a means of improving job skills so that employees can adapt to technological developments and constantly changing work procedures. Therefore, the more intensive the education and training provided, the easier it will be for healthcare workers to adapt to the increasingly complex demands of healthcare services.

These findings underscore the importance of education and training programs in equipping employees with new skills and knowledge relevant to job demands. This aligns with *human capital theory,* which states that investments in education and training can increase an individual's ability to adapt to change (Becker, 1993).

Flexibility to Adaptability

The results of the study indicate that the Flexibility variable (X_2) does not significantly influence the Adaptability of healthcare workers (Y). This finding indicates that the level of individual flexibility in working is not strong enough to encourage their ability to adapt to changes, both in the work system and the dynamics of healthcare services.

Theoretically, flexibility is typically viewed as an individual's ability to adapt to changing work conditions. However, in the context of this study, healthcare worker flexibility does not necessarily guarantee increased adaptability. This may be due to several factors, such as limited work experience, lack of organizational support, or the lack of a continuous training system that enables healthcare workers to optimize their flexibility.

These findings also align with Robbins & Judge's (2017) findings, which state that individual flexibility often doesn't directly impact performance or adaptability, but rather must be complemented by other factors such as skills, experience, and work motivation. In other words, flexibility without adequate competency and experience won't necessarily improve adaptability. Thus, it can be concluded that while flexibility is a positive characteristic for individuals, in the context of healthcare workers at community health centers (UPT Puskesmas), this factor does not play a dominant role in increasing adaptability. Other factors such as education, training, and work experience are more crucial in shaping healthcare workers' adaptability to changing demands.

The insignificant effect of flexibility can be interpreted as meaning that even though employees have flexibility in their work, it doesn't necessarily improve their adaptability. This may be due to the organizational context, which still has strict work rules, so individual flexibility doesn't significantly impact adaptability . This finding differs from several previous studies that found a positive effect, and therefore can be used as material for further study regarding other moderating factors that may influence this relationship.

Work Experience on Adaptability

The results of the study indicate that the Work Experience variable ($X_{3\ )}$ has a significant effect on the Adaptability of health workers (Y). This means that the longer and more work experience a person has, the higher their ability to adapt to various changing situations and work demands in the Community Health Center environment.

Theoretically, work experience provides valuable knowledge, skills, and a deep understanding of organizational dynamics and field conditions. According to Rivai (2014), work experience is the accumulation of learning processes employees acquire during their duties, thereby increasing their self-confidence, agility, and readiness to face change. This finding also aligns with previous research showing that employees with longer work experience tend to have better adaptation strategies than new employees. They are able to read situations, make more informed decisions, and anticipate potential obstacles. Thus, it can be concluded that work experience plays an important role in increasing the adaptability of health workers, because through this experience individuals not only master technical skills, but also develop the adaptive mindset needed to face changes in the work environment, both in terms of policy, technology, and community needs.

Work experience proved to be the most dominant factor influencing adaptability, with the highest coefficient of influence (**0.602**). The more diverse an employee's work experience, the greater their ability to understand job dynamics and adapt to change. This finding is consistent with previous empirical studies that emphasize that work experience provides a valuable *learning effect in facing organizational challenges.*

CONCLUSION

1. Education and training have a positive and significant impact on the adaptability of healthcare workers. This means that the better the quality of education and training provided, the greater the ability of healthcare workers to adapt to changes in the work environment. Education and training have proven to be crucial factors in equipping healthcare workers with the knowledge, skills, and mental readiness to face the increasingly complex dynamics of healthcare services. With targeted education and training programs, healthcare workers can more easily adapt to new policies, technological developments, and the evolving needs of society.
2. Flexibility has no effect on healthcare worker adaptability. This means that an individual's level of flexibility does not directly improve their ability to adapt to changes in the work environment. This indicates that healthcare workers' adaptability is largely determined by other factors, such as their education, training, and work experience. Therefore, while flexibility is a positive characteristic, without adequate competency and experience, it cannot play a significant role in improving adaptability health workers.
3. Experience Work influential has a positive and significant impact on the adaptability of healthcare workers. This means that the more work experience a healthcare worker has, the greater their ability to adapt to various changes in the work environment. Work experience provides practical skills, field knowledge, and strategies for dealing with various problems, so healthcare workers are better prepared and responsive to service dynamics. With increasing experience, healthcare workers are able to develop an adaptive mindset, increase self-confidence, and make more informed decisions. face challenge new.
4. education and training as well as Work experience has a positive and significant influence on employee adaptability. Conversely, flexibility does not significantly influence adaptability. These results indicate that to improve employee adaptability, organizations need to focus more on improving the quality of education and training and managing employee work experience rather than relying solely on work flexibility.

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