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Implementation Learning Need Analysis (LNA) At UPTD Health Training of West Java Provincial Health Office

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ABSTRACT

This study aims to describe the implementation of *learning need analysis* (LNA) as a process of developing employee competencies in the West Java Provincial Health Training UPTD. The main problem found is that the implementation of competency development programs is still based more on budget availability than on the real needs of employees. The research uses a descriptive qualitative approach with data collection techniques through in-depth interviews and documentation studies. The instrument used is in the form of semi-structured interview guidelines, while the selection of informants is carried out by *snowball sampling* of parties directly involved in the planning and implementation of LNA. The results of the study show that at the end of 2024 the Health Training UPTD will begin to implement LNA with *a difference, importance, frequency* (DIF) approach as an innovation in the competency development system. However, implementation is still limited to the initial stage, namely the identification of objectives, parameters, and data collection through *self-assessment.* The internal analysis process, performance dialogue, and continuous evaluation have not been carried out due to technical and time limitations, so the implementation of LNA is partial and cannot be used as the main basis for decision-making in competency development planning. *The author uses self-assessment data* as secondary data to map development needs. The analysis showed that most scores were in the range of 3–5 which indicates a medium to high competency gap. Based on these findings, recommendations for forms of competency development were prepared, including workshops, seminars, technical guidance, and training, with workshops as the dominant non-formal form to close the gap at a score of 3–4. The research suggests that the implementation of LNA should be carried out comprehensively according to the stages of Pilcher (2016), including performance dialogue, internal analysis, and continuous evaluation. Self-assessment instruments also need to be strengthened by verification through performance dialogue and active participation of all employees. The integration of LNA results into annual planning will strengthen the effectiveness of competency development, as well as improve the quality of Health Training UPTD services.

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1. INTRODUCTION

In the face of the era of disruption, digital transformation, and globalization, organizations are required to be more adaptive and responsive to various environmental changes. The government as a public service provider faces similar demands, especially in realizing a professional, competent, and service-oriented bureaucracy. The State Civil Apparatus (ASN) as the main pillar of government is not only required to carry out administrative functions but must also be innovative, collaborative, and adaptive in responding to the needs of the community (Novitasari et al., 2024). Human resources (HR) are the most important assets in the organization because they are the main drivers of the running of the organization. Human resources are the most important asset in an organization because without the presence and role of humans the organization will not be able to achieve its goals (Dessler, 2015). In line with that, emphasized that the quality of ASN as government human resources greatly determines the success of bureaucratic reform, especially in the era of digital transformation (Rahim, 2024). Therefore, every ASN is not only required to be competent in carrying out their duties, but also adaptive to the dynamics of changes that occur. If the employee's competence is not in accordance with the tasks carried out, then his performance will not be optimal. Therefore, competency development is crucial.

Law Number 20 of 2023 concerning the State Civil Apparatus emphasizes that the development of ASN competencies is an obligation that must be carried out through continuous learning in order to remain relevant to the demands of the organization. The development of ASN competencies based on real needs is an important step in realizing quality public services (Lubis et al., 2024). However, the development of ASN competencies within government agencies still faces various challenges. The effectiveness of ASN competency development is often low because the training program is not in accordance with the real needs of employees (Suryani, Hartati, and Wibowo, 2018). Many ASN trainings are only administrative and have not touched on substantive aspects that really improve public service performance (Faisal, 2018). The weakness that often arises is the lack of follow-up from the results of the needs analysis that has been carried out (Hernawati, Sundjoto, and Rahayu, 2024). This is strengthened by Ayuningtias (2024) who stated that the standard mechanism in ASN competency development is still rarely available, so implementation is more often based on the availability of the budget or the type of training available. The development of the competence of government employees is crucial to maintain bureaucratic professionalism and improve the quality of public services. The implementation of *need analysis training* is an important strategy in forming ASN that is competent and responsive to organizational needs (Ayuningtias, 2024).

On the other hand, that managerial competency development policies in local governments require a mature structural framework, including effective communication, resource allocation, and the availability of clear competency standards (Djumadin and Yahya, 2023). The importance of implementing a merit system and adaptive leadership as part of the transformation of ASN human resource management (Novitasari et al., 2024). In many regions, competency development practices are still not optimal. For example, research in Karawang Regency, revealed that competency development planning is still ineffective, five-year plan

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documents have not been made and dialogue between superiors and subordinates in self-assessment has not gone well (Mawardi Nur, 2022). Meanwhile, that budget and facility limitations, as well as political intervention, are obstacles in the implementation of ASN training in Yalimo Regency (Nekwek, 2022). Similar conditions were also found in Tangerang Regency, where the ASN Development Asdep experienced obstacles such as political intervention in mutation and weak implementation of training needs analysis (BKPSDM Tangerang Regency, 2023). A research strengthens the finding that employee competencies, including knowledge, skills, and attitudes, have a significant effect on the work effectiveness of ASN, which then has a positive impact on the overall organizational performance at PPSDM Makassar (Puspitha, Mardjuni, and Chahyono, 2023). Meanwhile, that ASN competency development policies are often hampered in terms of consistency of implementation at the regional level (Sutrisno, Dilaveld, and Wawointana, 2023).

In a theoretical framework, explained that *Learning Need Analysis (LNA)* consists of five main stages (Pilcher, 2016), namely: (1) identify the purpose, namely determining the purpose of implementing LNA (2) identify parameters**,** namely setting the main indicators such as task descriptions and assessment scores (3) select the tool and conduct the investigation**,** namely choosing the appropriate instrument, such as *self-assessment* based on the DIF method (4) analyze the results**,** which is to analyze the data obtained to find competency gaps; and (5) ongoing analysis**,** which is to conduct continuous evaluation that is the basis for improving competency development programs. When examined in the context of the West Java Provincial Health Training UPTD, the implementation of LNA has only been running until the initial stage and has not yet touched on advanced analysis or continuous evaluation. These phenomena are: (1) the lack of systematic mechanisms or standard references that can be used as guidelines in the process of developing employee competencies so that so far the implementation is based more on the availability of budget and training, rather than on real competency gaps (2) on September 23, 2024, the West Java Provincial Health Training Unit began to implement LNA system innovations with a difference, importance, and frequency (DIF) approach, but the implementation has not been optimally because it has only reached *the self-assessment* stage and is hampered at the performance dialogue stage. These phenomena show that the competency development of ASN in the West Java Provincial Health Training UPTD is still not carried out systematically, objectively, and data-based.

The low effectiveness of ASN competency development is caused by the mismatch between the training program and the real needs of employees (Suryani et al., 2018). If this condition continues to be left unchecked, efforts to improve the quality of public services will be hampered (Faisal, 2018). Therefore, research on the implementation of LNA in the Health Training UPTD is important to be carried out to formulate a competency development system that is more relevant, measurable, and has a real impact on the quality of human resources of the apparatus.

2. METHODS

This study aims to describe the implementation of *learning need analysis* (LNA) in the Health Training UPTD of the West Java Provincial Health Office. The approach used is qualitative with a descriptive method, which is research that produces data in the form of oral and written words from informants and observed behaviors (Bogdan & Taylor in Waruwu,

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2023). A descriptive method is used to describe phenomena as they are without manipulation (Ary et al., 2010). The data source consists of primary data obtained through interviews with parties related to the implementation of LNA and secondary data in the form of *employee self-assessment* results, competency development guidelines, and literature studies. The data collection technique was carried out by means of semi-structured interviews with an open-ended list of questions to dig deeper information (Siyoto & Sodik, 2015) and (3) a documentation study of *self-assessment results* documents and relevant literature. The research informants were determined by *snowball sampling* technique (Neuman in Nurdiani, 2014). Key informants include the Head of the Health Training UPTD, personnel employees, LNA organizers, young experts, and representatives of program user employees.

Data analysis using the Miles & Huberman model (Sugiyono, 2013) through the following stages: (1) data collection, (2) data reduction, (3) presentation of data in a descriptive narrative and (4) conclusion drawing and verification. Data analysis was carried out on the results of *employee self-assessment* using the DIF (*difficult, importance, frequency) method*. The data is grouped by position, then the score of each task description is summed up, and the priority of competency development is determined based on the score category (1 - 6). A high score (5 - 6) indicates a need for formal training, a medium score (3 - 4) is directed to non-formal development such as mentoring or *workshops* while a low score (1-2) indicates that competencies have been mastered well. The validity test in this study using source triangulation (Denzin in Patton, 2014) was carried out by comparing information from interviews, observations, and written documents. This technique aims to strengthen findings, reduce bias, and increase confidence in research results.

3. RESULTS AND DISCUSSION

This chapter presents the results of research on the implementation of *learning need analysis* (LNA) at the West Java Provincial Health Training UPTD. Data were collected through interviews, observations, and analysis of secondary data from the results *of self-assessment* of all UPTD Health Training employees where the data was analyzed qualitatively by referring to the theories of Adelson et al. (1985), Grant (2012), and Laxdal (1982) in Pilcher (2016) with a method that refers to the *technical instructions of Training Need Assessment (TNA)* The health sector with a difficult, important & frequency (DIF) analysis model approach (2019). The findings of the study provide an overview of the implementation of LNA as an innovation in employee competency development.

3.1 Implementation of *Learning Need Analysis* (LNA) at the West Java Provincial Health Training Unit

At the end of 2024, the Health Training UPTD will begin to implement LNA as an innovation in planning for data-based competency development and position needs. This change is in line with the provisions of Law Number 20 of 2023 concerning ASN and LAN Regulation Number 10 of 2018 concerning the development of civil servant competencies. With the implementation of LNA, employee development is no longer budget-oriented but oriented to the real needs of competencies identified through systematic analysis. The implementation of LNA in UPTD refers to the theories of Adelson et al. (1985), Grant (2012), and Laxdal (1982) in Pilcher (2016), which emphasizes five main stages starting from planning to implementation.

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3.1.1 *Identify the purpose*

The implementation of *learning need analysis* (LNA) at the West Java Provincial Health Training UPTD is directed to ensure that employee competency development is in line with the local government's performance management system. The results of the interviews show that LNA has three main objectives, namely: (1) to develop a systematic competency development plan based on position needs, (2) to improve employee performance through mapping the gap between actual competencies and required competencies, and (3) to support the placement of employees according to the principle *of the right man in the right place*. In addition, the implementation of LNA is also intended to meet regulatory demands, such as accreditation, the construction of Integrity Zones, and compliance with LAN Regulation Number 10 of 2018 which requires a needs analysis before training programs. Thus, the LNA is not only an administrative procedure, but also a managerial strategy that ensures the effectiveness, budget efficiency, and sustainability of human resource development in the health sector.

3.1.2 *Identify parameters*

At the parameter identification stage, the West Java Provincial Health Training UPTD uses two main references, namely the description of the job duties in the infojab document and the level of the task mastery score based on the *Training Need Analysis (TNA)* guidelines using *the DIF* (*difference, importance, frequency*) method) from the Ministry of Health (2022–2023). The Head of UPTD emphasized that the analysis was returned to the position nomenclature and job description as the basis for mapping the competency gap. Through the DIF method, each task is assessed with a score of 0-3 which describes the level of difficulty, importance, and frequency of implementation (Teseri, 2008). With this approach, learning needs are no longer determined subjectively but based on position data and competency gap analysis.

3.1.3 *Select the tool and conduct the investigation*

The next stage in *learning need analysis* is to choose an instrument to map the competency needs of employees. UPTD Health Training uses *a DIF-based* self-assessment (*difference, importance, frequency*) which is compiled from the description of job duties. Below is a picture of the *self-assessment* instrument:

Figure 1 ***Self-assessment instrument***

Table 1 Tier Categories

Difficult Level		Importance Level		Frequency Level	
0	Not Difficult	0	Not Important	0	Less (worked<1x week)
1	Quite Difficult	1	Quite Important	1	Enough (done<1x a day)
2	Difficult	2	Penting	2	Frequent (done >1x a day)

Example of how to charge:

For how to fill in, please enter the number according to the number in Table 1

No	Job Description	Difficult Level			Importance Level			Frequency Level			Total Score
		0	1	2	0	1	2	0	1	2	
1	Collect incoming letters	0				1				2	3

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B. Instrument Filling Sheet

Please assess the Job Description below.

No	Job Description	Difficult Level			Importance Level			Frequency Level			Total Score
		0	1	2	0	1	2	0	1	2	
1	Compiling training materials in the form of teaching materials										0
2	Compiling training materials in the form of broadcast materials										0
3	Compiling training materials in the form of GBPP/RBPN and SAP/RP										0
4	Carrying out face-to-face ASN training										0
5	Carry out guidance to trainees										0
6	Carry out OL/PKI/Benchmarking assistance to training participants										0
7	Check the results of the training exam for pre test and post test										0
8	Check the results of the training exam for a comprehensive test										0
9	Checking the results of the exam is in the form of a case study										0
10	Involved in evaluating the implementation of training in their institutions'										0
11	Involved in the implementation of the analysis of AKD training needs										0
12	Involved in the preparation of the training curriculum										0
13	Involved in the preparation of the Training Module										0

If there are still real job descriptions of your work that are not listed in the table above, write a maximum of 3 other job descriptions and give an assessment as above

No	Job Description	Difficult Level			Importance Level			Frequency Level			Total Score
		0	1	2	0	1	2	0	1	2	
14											0
15											0
16											0

Note	

***Note: Notes may be an obstacle in executing job descriptions, inputs, or other information related to job descriptions**

Source: UPTD Health Training of West Java Provincial Health Office (2025)

Employees assess the level of difficulty, importance, and frequency of task implementation. The results are used to compare actual competencies with standards, so that competency gaps can be determined and used as a basis for training planning. Based on the results of the interviews, the DIF method is considered simple, practical, and directly related to work activities, and even the results can be converted to bloom taxonomy to compile learning indicators. In addition to competency development, LNA is also considered useful as a basis for career development. However, there are weaknesses in the form of limited scale and reliance on the honesty of employees in filling out instruments. Some informants assessed that employees tended to fill in based on expectations, not real conditions. To overcome these limitations, there is a need for performance dialogue as a complement to *self-assessment*. This dialogue allows employers to conduct external validation, provide feedback, and nurture employees. Thus, the LNA process becomes more objective and the results can be used as a stronger basis in designing competency development programs (Ferreira, 2020).

3.1.4 *Analyze the result*

The *analyze the result* stage in the *learning need analysis* (LNA) process is a stage to translate the data that has been collected into the basis for a targeted and strategic competency development policy. LNA results are not only administrative documents but also a reference for designing data-based and results-oriented development. The results of the LNA are then mapped based on the level of urgency of competency development needs. The type of competency development activities are also adjusted to the results of measurements through the DIF *(difference, importance, frequency) instrument*. If the results show a score of 5–6 then

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the training program becomes a priority. If it is at a score of 3–4, then development can be in the form of seminars, webinars, *workshops* or workshops, symposiums or conferences, mentoring, *coaching*, or internships/socialization. The results of this LNA process will then be integrated into the overall human resource development plan. Integration includes the preparation of competency development recommendations, identification of competency development sources whether from other government agencies or third parties (De Vos, 2015). However, in the Health Training UPTD, the data analysis process from *the learning need analysis* (LNA) instrument with *the difference, importance, frequency* (DIF) method is still not fully implemented. This is because the Health Training UPTD plans to complete the data with a performance dialogue, but the implementation of the dialogue has not been possible due to time constraints. Based on the results of interviews with LNA organizers, the data from *the self-assessment* is actually quite valid and can be processed (Egeland, K., & Tutturen, V. V, 2015). Although there is no performance dialogue as a complementary activity to the results of *self-assessment*, it can still be the initial basis for the analysis process. The *DIF self-assessment instrument* is considered to have been able to provide an initial overview of work activities and employee competency needs, although it has not been able to see the blind spots that can arise through performance dialogue activities. To support the *analyze the result* stage in the *learning need analysis* (LNA) process, the author designed three main analysis approaches to process data from *the difference, importance, frequency* (DIF) instrument, namely:

1. Grouping of *self-assessment data* by position

Grouping the data of the results *of the self-assessment* of all UPTD Health Training employees based on the same position, in the Health Training UPTD in one position there can be 1, 2 or 3 employees. The *task analysis* stage in the LNA process focuses on identifying competency gaps (*gaps*) at the position level, not just individuals. *Task analysis* aims to understand the competency needs inherent in a certain position by comparing the ideal competencies that should be possessed in that position with the actual competencies of the employees who fill that position.

2. Sum of task mastery levels (total score *difference*, *importance* and *frequency*)

After the data from *the self-assessment* results are collected per position, a score is added for each job description based on the assessment of each employee.

3. Determination of competency development needs based on scores

After obtaining the total score per assignment description, interpretation is carried out based on certain score categories to determine the type of competency development needed.

This LNA process not only provides a detailed overview of individual development priorities but also becomes an important foundation in the preparation of a strategic plan for human resource development at the West Java Provincial Health Training UPTD.

3.1.5 *Ongoing analyze*

The *ongoing analysis stage* aims to evaluate the effectiveness of competency development as a whole. In an ideal context, this stage is carried out to review the impact of competency development that has been followed by employees on their competency improvement and ensure the sustainability of competency development programs that are adaptive to changing organizational needs. However, based on the results of research conducted at the Health Training UPTD, the implementation of LNA has only reached the initial stage, namely data

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collection through *self-assessment* instruments using the DIF method. Although currently *the ongoing analysis* stage has not been fully implemented, it is important for the Health Training UPTD to start designing a continuous evaluation mechanism so that competency development does not stop at the administrative stage but really has a real impact on increasing the capacity of human resources and achieving organizational goals (Okoye, 2013).

Based on the results of the study, the implementation of LNA in the Health Training UPTD of the West Java Provincial Health Office was analyzed using five steps according to Pilcher (2016).

Table 1 Implementation of LNA with Pilcher stage (2016) at UPTD Health Training

	STAGES	INFORMATION
1	*Identify the purpose* (identify the purpose)	Implemented
2	*Identify parameters* (identify parameters)	Implemented
3	*Select the tool and conduct the investigation*	Implemented with limitations
4	*Analyze the result*	Not optimal (only up to the data collection stage)
5	*Ongoing analyze*	Not implemented yet

Data processed by the researcher (2025)

Based on the results of the analysis using five steps *of learning need analysis* (LNA) according to Pilcher (2016), it can be concluded that the implementation of LNA in the Health Training UPTD has been running at the initial stage but is not completely complete. At the identify *the purpose* stage, the objectives of the implementation of LNA have been clearly identified, including the preparation of systematic competency development planning, improving position performance, and placing employees according to competencies. The *identify parameters stage* has been carried out by determining the task description and the level of the task mastery score based on the DIF method as the main parameters. In *the select the tool and conduct the investigation* stage, the Health Training UPTD uses *a self-assessment* instrument based on the DIF method that is simple, relevant to the job, and able to connect the task description with competency needs. At *the analyze the result stage*, the LNA process is stopped at the collection of *self-assessment data* without analysis carried out internally by the organizers. The results analysis was actually carried out by the author as part of this study by grouping data per position, calculating the total score of each task description, and determining the category of competency development needs. The last stage, namely *ongoing analysis*, has not been carried out at all so that there is no formative, summative, or confirmatory evaluation of the competency development program that has been carried out. Employee monitoring and feedback have not been systematically documented, so there is no data that can be used to ensure the usefulness and relevance of the program in an ongoing manner.

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Overall, the implementation of LNA in the Health Training UPTD has only reached the stage of identifying goals, parameters, selecting tools, and collecting data. However, it has not yet reached the internal analysis of results and continuous evaluation. This condition causes LNA to not be optimal in producing competency development recommendations that are evidence-based, measurable, and oriented towards improving employee performance (Surono, S, 2024).

1.2 Competency development recommendations

Based on the *learning need analysis* carried out through *the difference, importance, frequency* (DIF) method, it can be concluded that the implementation of LNA at the West Java Provincial Health Training UPTD has carried out the initial stage of LNA in the form of implementing *employee self-assessment*. Although the implementation of LNA has not reached all the ideal stages such as in-depth analysis conducted with performance dialogue and continuous evaluation, the data collected is enough to provide an overview of the competency gap that employees have based on their respective positions. *The* competency gap that arises from the results of *this self-assessment* is the basis for formulating a more targeted competency development plan and according to needs. Therefore, the author will provide recommendations for various forms of competency development activities that are compiled based on the description of the duties of each position and the competencies deficiencies identified in the hope that these recommendations can be a reference for competency development planning at the West Java Provincial Health Training UPTD. Before compiling recommendations, the author conducted a needs analysis using the DIF (*difficulty, importance, frequency) method*. This technique assesses employee competence from three main indicators:

1. The level of *difficulty*, the extent to which employees find it difficult to carry out a task.
2. The level of importance, how important the task is to the performance of the position.
3. Frequency of execution, how often the task is performed in daily work.

Each indicator has its own assessment scale in the *self-assessment* instrument. The values of these three indicators are summed to map the *competency gap*. This gap shows that certain competencies have not been fully mastered by employees, so they need development. The steps of analysis with the DIF method are carried out as follows:

1. Grouping data per position, *self-assessment* data is grouped by position, because in one position it is sometimes filled by more than 1 person. The analysis is carried out per position to determine the overall competency needs.
2. Summing the score of each employee job description, *difficulty*, *importance*, and *frequency* score in each job description are summed based on the employee's assessment. The result is the total score per job description for each position and each employee.
3. Determining development needs, the total score is interpreted according to priority categories referring to TNA technical documents and the results of interviews with LNA organizers.

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The category guidelines are:

Table 2 DIF level category guidelines

Level	Information
1	No formal training required, can be easily done on the job
2	No formal training required, can be easily done on the job
3	Low priority, need formal/non *training* only to provide a basis for training and practice in the workplace
4	Medium priority, in order to be able to display work effectively, requires training
5	Medium priority, in order to be able to display work effectively, requires training
6	The priority is very high. Urgently needed training to improve performance

Source: UPTD Health Training of West Java Provincial Health Office (2025)

This recommendation is designed by considering the level of competency gap in each task description, so that the form of development activities can be more targeted and according to urgency. The details of competency development recommendations for several positions at the West Java Provincial Health Training UPTD are as follows:

Table 3 Competency development recommendations based on results *of self-assessment* with the DIF method

NO	Position	Level	Competency Gap	Competency Development Recommendations
1	First Expert Health Administration	Level 3 (dominant score of 3, one task score of 6)	Gaps in health administration services, program policies, monitoring and evaluation of training are the highest gap in "presenting classes in healthy classrooms"	Webinars on health administration services, health program policy & development, monitoring of training evaluations, seminars on accreditation of health institutions, health training assessment & certification workshops, special training on health management applications
2	Training Accreditation Analyst	Level 5 (dominant score of 5 on 4 tasks)	High gap in analysis, recommendation preparation, and facilitation of competency development	Training institution accreditation training, Monev training, training management training, general competency development training
3	Materials Analyst Standards & Equipment Quality	Level 6 (dominant score of 6)	Large gaps in classification, review, preparation of material recommendations related to accreditation & QC training	Accreditation of training institutions; Monev training; Training Management
4	Skilled Implementing Nutritionist	Level 5	Gap in consumption service planning, nutritional needs, menus, consumption quality	Consumption management training, nutritional calculations, balanced menu preparation; Consumption technical SOPs, food quality & hygiene standards,

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				consumption data collection/analysis techniques
5	Occupational Health Supervisor	Level 5 (some low score 2)	Gaps in planning & identification of potential hazards; low gap in PHBS literacy tasks	Comprehensive K3 training, emergency preparedness workshop
6	Personnel Administration	Level 4	Gaps in mail, archive, and personnel administration management	Workshop on mail management & digital archives, technical guidance on employee data administration & management, webinar on report preparation & performance evaluation
7	Financial Administration	Level 3	Gap in financial administration according to the division of tasks (expenditure/receipt)	SIPD & RKPD application workshop, regional financial administration training, SPJ3 reporting, corporate internet banking
8	Training Administrator	Level 2 - 4	Gaps in the management & standardization of training documents	Webinar management & standardization of training documents, Monev training workshop
9	Facilities & Infrastructure Administration	Level 3 - 4	Gaps in the distribution, evaluation, and reporting of assets/goods	Document & stock management workshop, RKBMD/RKPBMD workshop, procurement of infrastructure, building/asset maintenance management
10	General Administration	Level 2 - 4	Gaps in document management & administrative reporting	Webinar on archives management & document classification, workshop on administrative reports
11	Financial Manager	Level 3 - 4	Gap according to employee specialty: verification of documents, reports, budgets, financial applications	Financial document verification training, financial & performance report workshop, budget preparation training, e-MONEV application training, e-SAKIP, goods/services procurement training
12	Training Organizer Manager	Level 3 - 4	Gaps in reporting, documentation, & use of training applications	Training management workshops, training administration & communication webinars, SIAKPEL & Plataran Sehat technical training
13	First Expert Learning	Level 3 - 4	Gap in the development of digital learning media	Multi-level digital learning media development workshop

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	Technology Developer		(simple, multimedia, interactive)	
14	Compiler of Training Results Report	Level 4 - 5	Administrative, analytical, training reporting gaps	Training proposal administration workshop, document analysis, public speaking webinar, training on training on the preparation of training reports
15	Training Program Compiler	Level 4 - 6	Gap in integrated training program management	Training management training
16	Training Planner	Level 4 - 5	Gap in the management of training program cycles	Training management training
17	Dedicated Servant	Level 4 - 5	Gap in the management of dorm operations	Dormitory Operational Management Workshop & Support Services
18	First Expert Computer Setup	Level 3 - 5	Gaps in IT project documentation, system analysis, network management	SI analysis workshop, network design & implementation guidance, IT project documentation workshop, staffing application training & digitalization training
19	First Member Librarian	Level 3 - 4	Gap in keyword library materials & circulation management	Workshop on keyword determination & circulation system management
20	Widyaiswara Young Member & Associate Member	Level 4 - 5	Gap in the development of technology-based teaching materials, guidance, curriculum planning	AI based content training, learning tool workshops, guidance & assessment training, ASN training curriculum planning & design training

Data processed by the researcher (2025)

The first expert health administration position is held by two employees and shows the need for competency development is fairly evenly distributed with a dominant score of 3. Competency development recommendations include webinars on health administration services, program policies, health development, and training monitoring and evaluation. It is also recommended to have seminars on accreditation of health institutions and *workshops* on assessment and certification of health training. One additional task with a high score (6) is to present classes in a healthy platform, so special training on health management applications is recommended.

The position of accreditation analyst is held by one employee who shows a high competency need with a score of 5 in four out of seven job descriptions. The gap can be seen in the tasks of analysis, preparation of recommendations, and facilitation of competency development. The recommended development is in the form of training institution

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accreditation training, training management, training evaluation monitoring, and strengthening technical and analytical competencies.

The position of standard material analyst and equipment quality of one employee holds this position with a dominant score of 6, showing a high gap. Tasks that are not optimal include classification, review, conclusion and preparation of recommendations related to accreditation and *quality control* of training. Therefore, it is recommended to take part in institutional accreditation training, monitoring training evaluation and training management to improve technical and strategic capabilities.

The position of a skilled implementing nutritionist is supervised by two employees with a dominant score of 5 on the task of compiling consumption plans, calculating nutritional needs, compiling menus, and checking the quality of consumption. Development recommendations are in the form of consumption management training, basic nutrition calculations, preparation of balanced menus, preparation of consumption SOPs, food quality & hygiene standards, and consumption data analysis techniques.

The position of occupational health supervisor received a score of 5, especially related to planning and the introduction of hazards in the work environment. The high gap can be seen in the preparation of the K3 program, the introduction of potential hazards, and the recording of the results of the implementation of occupational health. Development recommendations are in the form of comprehensive K3 training and emergency preparedness workshops. Simple technical tasks (score 2) have been mastered so no additional training is needed. As for tasks that are not done at all, it is necessary to evaluate the workload.

The position of personnel administration one employee holds this position with a dominant score of 4 in the management of letters, archives, and personnel administration. Recommendations are in the form of workshops on mail management and digital archives, guidance on personnel administration techniques, and webinars on the preparation of task reports and performance evaluations.

The position of financial administration is held by two employees, each focusing on outgoing and admission administration. A dominant score of 3, indicates a moderate gap. Workshop recommendations for SIPD, RKPD, financial administration, preparation of regional financial statements, SPJ3 technical training, and transactions through IBC.

Three employees held the position of self-assessment training administrator with a score of 2–4 on routine tasks such as sorting training administration documents. Development recommendations are in the form of document management webinars, document standardization webinars, and evaluatin monitoring workshops.

Two employees filled the position of facilities and infrastructure administrator, most of the tasks received a score of 3-4, indicating that it was good enough. However, some aspects such as distribution, evaluation, and reporting of goods still need to be strengthened. Recommendations: workshop on the management of distribution documents and stock of goods (Permendagri 47/2021), RKBMD/RKPBMD workshop, workshop on procurement of infrastructure facilities, and management of building and asset maintenance.

One employee with a general administration position score of 2-4 has mastered most of the main tasks such as sorting and documenting documents. Some simple tasks don't require training. However, for document management and reporting, it is recommended to have a webinar on archiving and document classification, as well as a workshop on preparing

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administrative reports. As employees are about to retire, the focus is directed to practical skills and *knowledge transfer*.

The description of the financial manager carried out by two employees, namely the initials M.N and A.M can be concluded that they have different strengths. M.N. excels in document verification, cash planning, and application data entry (e-SAKIP, SIPD). A.M. excels in the preparation of realization reports, performance achievements, and risk management. Recommendations for document verification training, workshops on financial statements and performance achievements, budget preparation training, e-MONEV/e-SAKIP applications, as well as procedures for procurement of goods and document archiving. It is also necessary to share knowledge between employees.

The position of manager of the training organizer is held by one employee with the initials I.R, with a score of 3-4. Mastery is quite good in training coordination, calendar preparation, and implementation monitoring. The gap can be seen in the aspects of reporting, documentation, and mastery of the SIAKPEL & Plataran Sehat application. It is recommended to attend training management workshops, training administration & communication webinars, SIAKPEL & Plataran Sehat technical training.

The position of the first expert learning technology developer is held by one employee with the initials G.B.F with a score of 3-4. Gaps still exist in the development of learning media, the preparation of guidelines, and the control of the learning system. It is recommended to take part in digital media development workshops, ranging from simple media, multimedia, to interactive, so that competence supports digital learning.

The position of compiler of the training results report which is supervised by two employees shows a significant need for competency development. showing a score of 4-5. The gap is quite significant in the tasks of document analysis, consultation with authorized officials, and the preparation of reports. Recommendations: training proposal administration workshops, document analysis, public speaking webinars, and report preparation training.

The position of the trainer who prepares the training program which is supervised by one employee shows the need for competency development that is quite high. with a score of 4–6, indicating a high gap. Its duties include receiving program materials, data classification, program review (DPA/DIPA), and preparing reports. It is recommended to take training management training to improve program design, management, and evaluation competencies.

The training planning position carried out by one employee showed a score of 4–5 (Kirkpatrick, D., & Kirkpatrick j, 2006). Tasks include material acceptance, classification, review according to DPA/DIPA, to program evaluation. The main recommendation is training management training to ensure the effectiveness of the program cycle.

The position of a service attendant is held by one employee with the main task of managing dormitory operations, coordinating guest services, maintaining cleanliness, and reporting. The score is quite high, but there is still a technical gap. Recommendations: dorm operational management workshops and training support services.

The position of the first expert computer institution is held by two employees with responsibility for the management of information systems, technology, and digital support. The score shows good basic mastery, but the gap exists in documentation and network development. It is recommended to take part in information system analysis workshops, network design &

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implementation technical guidance, IT project documentation workshops, and staffing application training & digitalization training (Sergeyeva,2022)

One employee of the position of librarian was the first expert of the employee to show a fairly good mastery of cataloging, collection weeding, and circulation services. The gap still exists in keyword determination and circulation system management. Recommendations in the form of technical workshops on librarianship. Additional duties such as a staffing application facilitator also support a broader role.

The position of widyaiswara young expert associate expert is currently held by three employees, but only one person has filled out the *self-assessment assessment*. Based on the results of the assessment, the majority of assignment descriptions received high scores, namely in the range of 4 to 5 which showed a considerable gap in the preparation of teaching materials, the development of technology-based broadcast materials, face-to-face learning, and curriculum planning. Recommendations: AI-based content development training, learning tool workshops, technical training for guidance and assessment, and strengthening ASN training curriculum planning. Two other employees need to immediately complete a self-assessment so that the analysis is comprehensive.

4. CONCLUSION

This study aims to describe the implementation of *learning need analysis* (LNA) as an effort to develop employee competencies in the West Java Provincial Health Office Health Training UPTD which is more structured. Based on the results of data collection through interviews, documentation, observations, it can be concluded that (1) Before the implementation *of learning need analysis* (LNA), competency development in UPTD Health Training is determined by the budget and availability of training so that it is not in accordance with the real needs of employees. To improve these conditions, by the end of 2024, LNA will begin to be implemented with *the difference, importance, frequency* (DIF) method. Based on the five stages of LNA according to Pilcher (2016), the identify *the purpose stage* has been implemented well through the determination of policy directions that make LNA the basis for competency development, performance improvement, regulatory compliance, and placement of human resources according to competencies. The *identify parameters* stage has also been carried out by determining the task description and DIF score as indicators, then at the *stage of selecting the tool and conducting the investigation*, a simple and relevant DIF-based self-assessment *instrument is used*, although it still depends on the honesty of the employee and has not fully described the complexity of the work. Furthermore, the *analysis of the result* process only stops at filling in the instrument and the initial recapitulation without in-depth analysis internally so that further analysis is carried out by the researcher. The *ongoing analysis stage* has not been carried out so that there is no continuous evaluation of the effectiveness of competency development. Implementation obstacles also arise, such as there are still employees who do not fill *out self-assessment instruments*, as well as limited time and organizational focus on strategic agendas. This condition makes the implementation of LNA only run until the initial stage, namely identification of objectives, parameters, and data collection, while internal analysis and continuous evaluation have not been carried out. As a result, the implementation of LNA is still partial so that it is not optimal as a basis for decision-making in the development of employee competencies based on real needs. Then the second

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conclusion (2) The author uses *self-assessment data* as the basis for mapping competency development, where most of the scores are in the range of 3-5 which indicates a medium to high competency gap. Based on these results, development recommendations were prepared in the form of workshops, seminars, technical guidance, training, and special training such as accreditation, training management, digital media development, and K3. *Workshop* is the most dominant form because it is relevant to the score of 3-4 that appears a lot. This recommendation is adjusted to the description of the duties of each position so that it is more targeted, applicable, and can be a reference for the preparation of a sustainable competency development program and support the improvement of the performance and quality of UPTD Health Training services. Overall, the implementation of LNA in the Health Training UPTD is a good first step in building a data-based competency development system. However, its effectiveness still needs to be improved by ensuring the completeness of the implementation of all stages, increasing employee understanding and participation, and strengthening the integration of LNA results into the HR decision-making system.

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