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Clinical Career Ladder System and Nurse Career Dynamics: A Qualitative Study on Career Plateau and Turnover Intention at JIH Hospital Yogyakarta

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Abstract

The high resignation rate of nurses, particularly newly graduated (novice) nurses, amidst the implementation of the nursing clinical ladder system policy has become a strategic issue faced by JIH Hospital Yogyakarta. From a regulatory perspective, the career ladder system established by the Ministry of Health Regulation Number 40 of 2017 is designed to serve as an instrument for professional development. However, practical observations reveal a disparity in career ladder distribution, notably a significant accumulation of nurses at the Clinical Nurse (PK) III level and a complete absence of personnel at the expert levels (PK IV and PK V). This study aims to explore the implementation of the nursing career ladder system and analyze its implications for the perception of a career plateau and turnover intention. This research employs a qualitative approach using a case study design. Data collection was conducted through direct observation of the work environment, a review of internal documents, and in-depth interviews with three informants representing the management, senior nurses, and junior nurses. The findings reveal a disconnect between professional development policies and institutional support capacity. This condition reflects the suboptimal fulfillment of hygiene factors (low initial incentives) and motivator factors (stagnation at the middle level), which triggers high turnover intention among junior nurses and perceptions of a structural career plateau among senior nurses. Nevertheless, these impacts are successfully mitigated by strong job embeddedness stemming from an Islamic work culture and social support among peers. The study concludes that while the career ladder system is administratively operational, it suffers from a functional bottleneck. Management is recommended to

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restructure the non-degree competency equivalency system, adjust the Medical Service (JM) incentives for novice nurses, and formalize a mentorship program.

Keywords: Clinical career ladder system, Career plateau, Turnover intention, Job embeddedness.

INTRODUCTION

The dynamics of the global healthcare industry in the third decade of the 21st century face a paradoxical dual challenge. There is an exponential increase in the demand for high-quality healthcare services driven by demographic changes and disease complexity, while the industry is also experiencing an unprecedented healthcare worker retention crisis (Chang et al., 2025; Wang et al., 2024). Nurses, as the largest component of the workforce, play a fundamental role in determining the quality of clinical services. From a strategic Human Resource Management (HRM) perspective, nurses are viewed as human capital or vital intellectual capital for organizational sustainability and competitive advantage (Shinde, 2025). Current phenomena indicate an alarming trend regarding the increase in turnover intention among professional nurses. Turnover intention is the psychological tendency or conscious intent of an employee to leave their current organization to seek career opportunities elsewhere (Biantoro et al., 2024). Recent literature analyses indicate that most causes of turnover stem from organizational factors, which include the work environment, leadership, and most crucially, the structure of career development.

In Indonesia, this challenge is exacerbated by the gap between nurses' professional expectations and the reality of hospital organizational structures, which are often pyramidal, rigid, and limited in providing vertical growth space (Rusmianingsih, 2024). As a strategic response to this retention issue, the government through the Ministry of Health established regulations regarding the Nursing Clinical Ladder System (NCLS) as outlined in the Minister of Health Regulation (PMK) No. 40 of 2017. The implementation of NCLS serves as an essential instrument for hospitals to recognize nurses' expertise and provide alternative career paths outside the managerial structural path, which has been empirically proven to improve job satisfaction (Hariyati et al., 2017). Theoretically, NCLS implementation should be a comprehensive solution, but the reality in the field often faces distortions that trigger career plateau phenomena. This stagnation manifests into a structural plateau where nurses feel there are no more hierarchical positions available,

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and a content plateau when daily tasks feel monotonous (Abd-Elrhaman et al., 2020; Zhu et al., 2021). This psychological condition is a strong predictor of turnover intention (Stancell, 2022).

JIH Hospital Yogyakarta, as a leading private healthcare institution with a vision to provide international-standard services based on sharia provisions, is not exempt from the dynamics of this human resource management. JIH Hospital applies an organizational structure that divides the nursing career path into structural and functional paths. Although this career ladder structure has been formally regulated, data on the competency level composition of JIH Hospital's nursing HR in 2025 reveals real operational challenges. Table 1 shows the distribution of the career ladders of nurses currently actively working at the institution.

Table 1. Data on Competency Levels of Nursing HR at JIH Hospital in 2025

Level / Position	Number (People)	Percentage (%)
Structural / Managerial	28	6.42%
Pre PK	43	9.86%
PK I	123	28.21%
PK II	108	24.77%
PK III	114	26.15%
PK IV	0	0%
PK V	0	0%
Dental Therapist & Anesthetist	20	4.59%
Total	**436**	**100%**

(Source: Primary Data of JIH Hospital HR, 2025)

Based on Table 1, the ladder structure in the hospital forms a very steep pyramid. The number of managerial positions is naturally limited to only 6.42%, while nearly 80% of total nurses accumulate at the lower to middle levels (PK I, PK II, and PK III). If this clinical ladder system does not function optimally as an alternative career path to breakthrough to the expert levels (PK IV and V), then senior nurses have a high potential of experiencing a career plateau. The misalignment between career system expectations and reality creates a perception of stagnation that impacts staff turnover. Based on a review of the 2025 Nursing Turnover Report document, an alarming correlation was found between tenure and resignation rates, as presented in Table 2.

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Table 2. Nurse Resignation Rate (Turnover Rate) Based on Tenure (2025)

Tenure Category	Total Nurse Population	Number of Resignations	Turnover Rate Percentage
Novice Nurses (Pre PK & PK I)	166 People	19 People	11.44%
Employee Nurses (PK II, III, & Specialist)	270 People	15 People	5.55%
Grand Total	**436 People**	**34 People**	**7.79%**

(Source: Secondary Data of JIH Hospital HR, processed by researcher, 2026)

The data in Table 2 confirms that the resignation percentage among novice nurses (11.44%) is more than double the resignation rate of senior nurses (5.55%). The high staff turnover in the early years of service indicates gaps in the implementation of the reward and career ladder systems that trigger extreme dissatisfaction.

Objectives

Based on the described phenomenological background, this study has two main objectives. First, to identify the implementation and operational mechanisms of the clinical nurse career ladder system at JIH Hospital Yogyakarta, including its compliance with government regulations. Second, to deeply analyze the implications of this career ladder system on the psychological dynamics of nurses, particularly regarding the perception of career stagnation (career plateau) and the intent to leave (turnover intention), and to formulate data-driven recommendations for improvement for the management.

LITERATURE REVIEW

Nursing Clinical Ladder System

The Nursing Clinical Ladder System (NCLS) is a structured formal system used by healthcare organizations to recognize, reward, and promote the professional development of nurses who continue to provide direct bedside care to patients (Pierson et al., 2010; Ko & Yu, 2014). This system is designed to differentiate levels of nursing practice based on expertise, education, and competency, rather than merely based on tenure. An effective career ladder system is built on three integral components: tiered criteria that clearly divide competency levels, an objective evaluation and credentialing mechanism to verify promotion eligibility, and the implementation of a reward system in

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the form of financial and non-financial compensation differentiation for each level advancement (Hariyati et al., 2017; Speroni et al., 2020).

Career Plateau

A career plateau is defined as a saturation point in an individual's career journey where the likelihood of obtaining additional hierarchical promotion or higher job responsibilities is considered very low (Yang et al., 2019). In the context of nursing, this phenomenon is categorized into two main dimensions. The first dimension is the *structural plateau*, which occurs when an employee reaches a dead-end due to the absence of available hierarchical positions to climb within the organizational pyramid. The second dimension is the *content plateau*, which occurs when an employee has fully mastered their job, making daily tasks feel monotonous and no longer offering intellectual challenges (Abd-Elrhaman et al., 2020; Zhu et al., 2021).

Turnover Intention

Turnover intention refers to the conscious and deliberate desire of an employee to seek alternative employment and leave their current organization within a certain timeframe. This concept represents the final cognitive stage in the withdrawal process before actual turnover occurs (Chang et al., 2025). Organizational factors, particularly the lack of clear career paths, are consistently identified as the main drivers of nurses' intent to leave. There is a strong linear relationship where feelings of career stagnation ignored by management will destroy organizational commitment and lead to the decision to resign (Huyghebaert et al., 2019; Ahn & Choi, 2023).

Herzberg's Two-Factor Motivation Theory

Frederick Herzberg's Two-Factor Theory (1959) provides an analytical framework by separating job elements into two distinct poles. The first pole is *Hygiene Factors* (extrinsic/maintenance factors), which include salary, administrative policies, and physical workplace conditions. The organization's failure to meet these factors does not simply reduce motivation; it directly triggers extreme dissatisfaction. The second pole is *Motivator Factors* (intrinsic/driving factors), which relate to the content of the work itself, such as achievement, recognition, responsibility, and opportunities for career promotion. The presence of these motivator factors actively drives long-term job satisfaction and nurse loyalty (Alrawahi et al., 2020; Shinde, 2025).

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Job Embeddedness

Job embeddedness is a retention concept that explains a set of social and psychological forces that keep an employee remaining in their organization despite experiencing dissatisfaction. Theoretically, this concept is built upon the dimensions of *fit* between personal values and organizational culture, *links* in the form of social connection networks among peers, and *sacrifice* representing perceived losses if one were to leave the organization. In clinical environments, high levels of job embeddedness have been proven capable of neutralizing frustration caused by career barriers, preventing it from escalating into actual turnover intention (Abd-Elrhaman et al., 2020; Kim et al., 2022). A summary comparison of various studies related to nurse career issues is presented in Table 3.

Table 3. Matrix of Previous Research

Researcher, Year	Research Title	Research Findings
Zhu et al. (2021)	A qualitative study on the experiences and attributions for resigned nurses with career plateau	Career stagnation triggers deep disappointment due to unfulfilled personal development and lack of organizational support, culminating in the decision to resign.
Ahn & Choi (2023)	Nurses' perceptions of career ladder systems, job satisfaction and turnover intention.	Nurses' positive perceptions toward the implementation of the career ladder system significantly correlate with increased job satisfaction and reduced turnover intention.
Stancell (2022)	What Barriers Do Bedside Nurses Face When Advancing the Clinical Ladder?	Significant administrative barriers exist when nurses attempt to climb the clinical ladder. The organization's failure to facilitate time and research creates professional stagnation.
Biantoro et al. (2024)	Pengaruh Pengembangan Karier Turnover Intention Perawat...	Career development has a significant impact on reducing intent to leave. This moderating retaining effect is proven to be stronger among younger nurses.

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Rusmianingsih (2024)	Analisis penerapan jenjang karir perawat di RSUD 45 Kuningan	The majority of nurses are stuck at the PK III level (47.2%). Nurses generally have a good perception, but the implementation is not yet optimal to facilitate escalation to the expert level.

(Source: Data processed by researcher, 2025)

METHODOLOGY

Research Design and Approach

This research utilizes a descriptive qualitative approach through a case study design. The selection of a qualitative approach is based on the characteristics of the problem, which requires an in-depth exploration of subjective perceptions regarding career journeys, experiences of stagnation, and psychological drivers for leaving the organization (Creswell, 2014). Utilizing a case study enables researchers to dissect the career plateau phenomenon holistically by linking it directly to the social context, organizational culture, and actual management regulations in the field.

Unit of Analysis

The unit of analysis in this study is the individual clinical nurse employed at JIH Hospital Yogyakarta. The analytical focus is specifically placed on those within the care provision structure (PK I to PK III) who possess a strong potential of experiencing structural career stagnation and are vulnerable to turnover intention. Observation objects focus on their perceptions and empirical experiences regarding barriers in the career escalation system.

Data Collection Methods

Primary and secondary data collection was carried out comprehensively. Primary data was obtained through in-depth semi-structured interviews. Purposive sampling was used to determine key and main informants based on position structure and tenure, as presented in Table 4.

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Table 4. Description of Informant Identities

Informant Code	Position / Role	Role in Research	Selection Criteria
Ms. C	Nursing Manager	Key Informant	Representation of management, creator and implementer of HR policies.
Mr. R	Clinical Nurse (PK) III	Main Informant A	Senior nurse (tenure > 5 years) with the potential to experience a structural plateau.
Ms. P	Clinical Nurse (PK) II	Main Informant B	Junior nurse (tenure 2-5 years) vulnerable to experiencing turnover intention.

The interview instrument was compiled using a guide of 12 core questions systematically mapped to directly address the research problem, as seen in Table 5. Data collection was also supported by documentation techniques, reviewing internal regulation documents and turnover data, as well as passive participatory observation to observe social interactions and Islamic work culture in the care area.

Table 5. Mapping of Interview Questions to Research Problems

Research Problem Focus	Question Category	Target Informants
Implementation of Clinical Career Ladder System	Internal mechanisms and regulations, operational barriers, and realization of quota fulfillment for expert level escalation requirements.	Nursing Manager, Senior Nurse, Junior Nurse
System Implications on Plateau & Turnover	Perceptions of basic compensation fairness, feelings of stagnation, intent to seek external job opportunities, and job embeddedness factors.	Senior Nurse, Junior Nurse

Trustworthiness (Validity and Reliability)

Data trustworthiness in this study was ensured through the application of source and method triangulation techniques. Source triangulation was achieved by cross-checking information between management as policymakers, senior nurses experiencing

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stagnation, and junior nurses initiating their careers. Meanwhile, method triangulation was carried out by matching the results of verbal interview transcripts with physical evidence from the review of internal hospital documents (Moleong, 2017).

Data Analysis Techniques

The collected qualitative data were analyzed using Miles and Huberman's (2014) interactive model, comprising three main activity streams. The first process is data condensation, which involves coding and summarizing extensive interview transcripts into central themes related to career barriers and motivation. The second process is data display, using analytical narrative texts and tabulation to clarify relationship patterns between concepts. The third process is conclusion drawing and verification, where the researcher looks for causal relationships between system bottlenecks and turnover intention levels, and empirically answers the research problems based on validated data.

RESULTS AND DISCUSSION

Descriptive Analysis of Respondent's Profiles

The research was conducted at JIH Hospital Yogyakarta, which operates with a vision of providing international medical services based on sharia values. Research informants included multi-level representations providing a comprehensive data landscape regarding nursing career issues. Detailed profiles of the three informants are presented in Table 6.

Table 6. Characteristics of Research Informants

Initial	Role / Position	Employment Status	Tenure	Remarks
Ms. C	Nursing Manager	Permanent Employee	19 Years	Represents the viewpoint of management, the HR policymaker.
Mr. R	Senior Nurse (NIC)	Permanent Employee	19 Years	Represents a senior nurse with extensive experience facing a career plateau.
Ms. P	Junior Nurse	Permanent Employee	6 Years	Represents the group of young nurses at a vulnerable early stage of their clinical careers.

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Implementation of the Career Ladder System (Structural Bottleneck)

Administratively, the clinical career ladder system at JIH Hospital has been designed to refer to PMK No. 40 of 2017, facilitating ladders ranging from PK I to the highest level, PK V. However, field data analysis results show that the operational implementation of this system has not been optimal, particularly at the escalation stages to higher levels. Empirical evidence of this phenomenon is reflected in the demographic distribution of nurse competencies presented in Table 7.

Table 7. Distribution of Competency Levels of Nursing HR at JIH Hospital in 2025

Competency Level	Number (People)	Percentage (%)
Structural / Managerial	28	6.42%
Pre PK	43	9.86%
PK I	123	28.21%
PK II	108	24.77%
PK III	114	26.15%
PK IV	0	0%
PK V	0	0%
Dental Therapist & Anesthetist	20	4.59%
Total	**436**	**100%**

(Source: Secondary Data of JIH Hospital HR, 2025)

Table 7 confirms the accumulation of nurses at the middle level (PK III) totaling 114 nurses and at the PK II level totaling 108 nurses. Meanwhile, the expert levels (PK IV and V) have not been filled. In fact, expert levels PK IV and V play a crucial role as persons in charge of complex specialist nursing care, clinical consultants for implementing nurses, and driving forces for research (Evidence-Based Practice) within the hospital. This indicates that the distribution of nursing HR competency levels is not yet even or proportional.

The root cause of this structural imbalance is validated through an in-depth interview with Ms. C as the Nursing Manager. She revealed that the vacancy at the expert level is mostly caused by internal regulatory constraints and limited funding quotas for advanced education, as stated below:

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> *"To advance to the PK IV level, the mandatory requirement is that nurses must hold a Master's or Specialist degree. The constraint lies in the educational scholarship quota from the management, which is very limited. To illustrate, this year, out of our seven nurses who applied and passed the initial advanced study selection, only one had their budget approved by the directors. As a result, many of our senior nurses eventually hit a dead-end and accumulate at PK III, while the expert positions above them remain vacant."* ***(Interview with Ms. C, Nursing Manager)***

In-depth interviews with Ms. C (Nursing Manager) revealed that the root causes of the bottleneck in the career ladder are regulatory and financial in nature. The absolute prerequisite to ascend to PK IV mandates the possession of a Master's/Specialist degree; however, the availability of funding quotas from the institution remains limited. In the current year, out of seven applicants who expressed interest and passed the initial selection, the board of directors could only approve the scholarship budget for one nurse. This creates a distinct challenge, where a system designed to facilitate career escalation faces structural obstacles in its execution. On the other hand, non-degree portfolio assessment instruments for the equivalency path to the expert level are also still in the adjustment phase and have not been fully implemented.

Implications for Turnover Intention (Crisis of Hygiene Factors)

The less-than-optimal implementation of the nursing career ladder has implications for high resignation rates, especially in the novice nurse group, reaching an actual figure of 11.44%. Through the lens of Herzberg's Theory, this high turnover intention can be analyzed as the company's inability to maximally fulfill Hygiene Factors, particularly regarding compensation policies perceived as not commensurate with the field workload.

Junior nurse informant (Ms. P) perceives an imbalance in basic compensation. The daily clinical care (bedside nursing) workload they bear is considered equal to that of permanent nurses; yet, the proportion of Medical Service (JM) incentives they receive is felt to be minimal, hovering around Rp 100,000. The reality of this disparity is directly validated through the following informant's statement:

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> *"If asked about the workload, the patient care we handle is actually exactly the same in terms of exhaustion as the permanent nurses. But in terms of appreciation, the difference is deeply felt, especially in the Medical Service (JM) we receive, which is only around one hundred thousand. Because of that, thoughts sometimes arise that maybe I should just gain experience and knowledge here first as a stepping stone. Later, when my skills are adequate, I'll try looking for another hospital where the reward is more commensurate with our hard work."* ***(Interview with Ms. P, Junior Nurse)***

This limited compensation becomes a major catalyst triggering turnover intention among novice nurses. When the organization is unable to provide financial rewards perceived as fair and proportional to the care workload performed, young nurses tend to experience job frustration. This psychological condition drives them to begin considering seeking other healthcare institutions capable of offering more competitive compensation and reward systems.

Implications for Career Plateau (Crisis of Motivator Factors)

On the other end of the age spectrum, senior nurses with long tenures of up to 19 years, as represented by Mr. R, feel the implications of career stagnation. The condition of being stuck at PK III for a long time without any promotion path fulfills the criteria for a Structural Career Plateau (Yang et al., 2019). The reality of this career stagnation is clearly captured through the informant's expression:

> *"I have served here for over a decade, but my status is stuck at PK III. To move up to PK IV requires a Master's degree, whereas the hospital's scholarship quota is very limited and the queue is long. Ultimately, we just go through our daily routines. Sometimes I compare it to government institutions (civil servants), where a long tenure automatically increases rank and salary. Here, it feels like our long service is not well-accommodated by the system."* ***(Interview with Mr. R, Senior Nurse)***

This condition of being stuck in a level without the certainty of an ascending career path becomes a factor causing a Structural Career Plateau (Yang et al., 2019). This

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stagnation is not caused by poor clinical performance, but rather hindered by the advanced education quota system. Within Herzberg's framework, the loss of this hierarchical promotion prospect reflects the loss of Motivator Factors. Senior nurses feel that their dedication and long service years are not equivalently valued through adjustments in financial welfare or rank (unlike the civil servant system). The accumulation of this stagnation erodes intrinsic motivation and has the potential to decrease the effectiveness of long-term care.

Job Embeddedness as a Retaining Factor

Despite the various structural and financial pressures triggering job dissatisfaction, this study found an interesting phenomenon where the actual resignation rate among the senior nurse group at JIH Hospital was relatively lower, at 5.55%. This condition indicates that although some nurses experience career stagnation and dissatisfaction with the reward system, not all of them manifest their intent to leave into reality. The factor preventing this intent to leave from becoming actual action is strong Job Embeddedness. This finding is supported by the acknowledgment of a nurse informant who felt retained by social comfort factors:

> *"The environment is comfortable, not toxic, and the superiors are nice too. Mr. R is good.... Half of me is indeed comfortable at JIH and wants to stay here, while the other half still wants to try something else. But the level of security is higher for the long term because the environment is nice."*
> ***(Interview with Ms. P, Junior Nurse)***

The interview results reveal high dimensions of links and fit within the organization. Nurses feel an emotional attachment to a work environment characterized by Islamic culture and family values. Furthermore, initiatives from senior nurses, such as those taken by Mr. R, to reduce toxic seniority culture help create psychological safety in the workplace. These findings indicate that social support, positive working relationships, and a comfortable work environment act as retaining factors that mitigate frustration caused by career system barriers, preventing it from developing into actual resignation behavior.

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Discussion

Data analysis validates that the clinical career ladder system, compensation, and retention are strongly interconnected organizational entities. This study empirically proves the premise of Stancell (2022) and Zhu et al. (2021) that the absence of development infrastructure (such as research/education quotas) will trigger a career plateau and lead to profound disappointment toward the institution. JIH Hospital's failure to align career escalation requirements (mandatory Master's degree) with budget commitments resulted in system paralysis at the middle level. From a theoretical standpoint, this study enriches the application of Herzberg's Theory by showing that in the nurse career cycle, Hygiene Factors (Medical Service incentives) are the critical point triggering junior nurse turnover, while Motivator Factors (promotion and seniority appreciation) are the triggers for mental stagnation among senior nurses. Managerially, the discovery of the highly protective function of Job Embeddedness proves that a collaborative work culture can dampen systemic crises, but it should not be used by management as justification for delaying urgent revitalizations of compensation and career path systems.

CONCLUSION

Based on the data analysis and in-depth discussion, two main conclusions are drawn. First, regarding system implementation, the administrative design of the Nursing Clinical Ladder System at JIH Hospital is aligned with national regulations. However, operationally, this system experiences a structural bottleneck at the escalation point toward the expert levels (PK IV and V). This bottleneck is caused by the misalignment between advanced education requirements and minimal institutional scholarship funding support, as well as the non-functioning of alternative competency credentialing paths. Second, regarding implications, this systemic barrier creates a dual impact. For novice nurses, the suboptimal fulfillment of hygiene factors in the form of disproportionate incentives triggers high turnover intention and actual resignation rates. On the other hand, for senior nurses, the closed career escalation path that eliminates motivator factors fosters massive perceptions of a structural career plateau. Nevertheless, the intent to leave at the senior level is naturally mitigated by strong job embeddedness rooted in the family-like work climate, Islamic values, and the absence of toxic seniority within the hospital environment.

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RECOMMENDATIONS

Based on the synthesis of informants' statements and findings from observational gaps, a series of strategic interventions is recommended to revitalize the career system. Practically, management is advised to immediately evaluate compensation policies by recalibrating Medical Service (JM) values for novice nurses to be more proportional to daily care workloads, in order to stem the tide of turnover during the vulnerable early career phase. The Nursing Committee is recommended to formulate flexibility in escalation prerequisites to PK IV by developing a non-degree competency equivalency guideline, where the Master's degree requirement can be substituted with assessments of applicative clinical research portfolios (Evidence-Based Practice) or the possession of internal specialist certification. The collaborative culture of cutting down seniority, which is proven to strengthen job embeddedness, must be institutionalized into an official mentorship program SOP across all units.

Managerially, the board of directors is urged to execute a Talent Management Shift by restoring the function of the career ladder system as a long-term retention instrument, rather than just a supplementary accreditation document. This requires restructuring the annual operational budget allocation to guarantee the availability of clinical research grant quotas and sustained support for advanced competency testing financing. For academics and future researchers, it is recommended to conduct multicenter quantitative studies to test the significance of statistical correlations between career stagnation and resignation, as well as to explore the role of transformational leadership style variables in buffering nurses' intent to leave.

REFERENCES

Abd-Elrhaman, E. S. A., Ebraheem, S. M. A., & Helal, W. E. S. H. (2020). Career plateau, self-efficacy and job embeddedness as perceived by staff nurses. *American Journal of Nursing Research*, 8(2), 170-181. https://doi.org/10.12691/ajnr-8-2-6

Ahn, Y. S., & Choi, J. S. (2023). Nurses' perceptions of career ladder systems, job satisfaction and turnover intention: A cross-sectional study. *Nursing Open*, 10(1), 195–201. https://doi.org/10.1002/nop2.1294

Alrawahi, S., Fransson Sellgren, S., Altouby, S., Alwahaibi, N., & Brommels, M. (2020). The application of Herzberg's two-factor theory of motivation to job satisfaction in clinical laboratories in Omani hospitals. *Heliyon*, 6(9), e04829. https://doi.org/10.1016/j.heliyon.2020.e04829

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Alsakafi, K. H., Al-Dubisi, R. M., Alshikh, F. A. A., Almuhana, F. A., Alhamal, E. A., Darweesh, H. A., ... & Alrashidy, M. M. A. (2023). Implementing evidence-based practice in nursing: Bridging the gap between research and patient care. *Review of Contemporary Philosophy*, 22(1), 195-208. https://reviewofconphil.com/index.php/journal/article/view/213

Alzahrani, M. S. J. (2022). Impact of work environment on nurse's retention at hospital: Scoping review. *Evidence-Based Nursing Research*, 4(2), 24-33. https://doi.org/10.47104/ebnr.v4i2.239

Biantoro, Y. L. V., Andriani, R., & Rachman, A. (2024). Pengaruh pengembangan karier turnover intention perawat dengan usia sebagai variabel moderasi. *BEST Journal (Biology Education, Sains and Technology)*, 7(2), 1053-1059.

Buchan, J., Catton, H., & Shaffer, F. A. (2020). *Sustain and retain in 2020 and beyond: The global nursing workforce and the COVID-19 pandemic*. International Council of Nurses (ICN).

Celano, T., Haskins-Kiefer, C., Cruz Betancourt, A., Kelly, K., Robinson, P. S., & Harris, S. L. (2025). Professional excellence program: Stepping up nurse retention through a system-wide clinical ladder. *Nurse Leader*, 1-10.

Chang, S. Y., Sunaryo, E. Y. A. B., Kristamuliana, K., Lee, H. F., & Chen, C. M. (2025). Factors influencing nurses' turnover: An umbrella review. *Nursing Outlook*, 73(1), 102464.

Coleman, Y. A., & Desai, R. (2019). The effects of a clinical ladder program on professional development and job satisfaction of acute care nurses. *Clinical Journal of Nursing Care and Practice*, 3(1), 044–048. https://doi.org/10.29328/journal.cjncp.1001016

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). SAGE Publications.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

Hariyati, R. T. S., Afifah, E., & Handiyani, H. (2017). Evaluation of the implementation of nursing clinical privilege and clinical care pathways in hospitals. *Enfermeria Clinica*, 27(1), 108-112.

Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). *The motivation to work* (2nd ed.). John Wiley & Sons.

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Huyghebaert, T., Gillet, N., Audusseau, O., & Fouquereau, E. (2019). Perceived career opportunities, commitment to the supervisor, social isolation: Their effects on nurses' well-being and turnover. *Journal of Nursing Management*, 27(1), 207-214. https://doi.org/10.1111/jonm.12666

Kementerian Kesehatan Republik Indonesia. (2017). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 40 Tahun 2017 tentang Pengembangan Jenjang Karir Profesional Perawat Klinis*. Jakarta: Kementerian Kesehatan RI.

Kim, Y.-M., Lee, K.-C., & Hong, M.-S. (2022). The relationship among career plateau, self-efficacy, job embeddedness and turnover intention of nurses in small and medium sized hospitals. *Green and Smart Technology*, 1-12.

Ko, Y. K., & Yu, S. (2014). Clinical ladder program implementation: A project guide. *Journal of Nursing Administration*, 44(11), 612-616. https://doi.org/10.1097/NNA.0000000000000134

Kothari, C. R. (2004). *Research methodology: Methods and techniques* (2nd ed.). New Age International.

Labrague, L. J., & De los Santos, J. A. A. (2020). COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. *Journal of Nursing Management*, 28(7), 1653-1661. https://doi.org/10.1111/jonm.13053

Maejima, S., Ohta, R., & Sano, C. (2021). The implementation of a clinical ladder in rural Japanese nursing education: Effectiveness and challenges. *Healthcare*, 9(4), 469. https://doi.org/10.3390/healthcare9040469

Miles, M. B., & Huberman, A. M. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). SAGE Publications.

Moleong, L. J. (2017). *Metodologi penelitian kualitatif* (Edisi Revisi). PT Remaja Rosdakarya.

Pierson, M. A., Liggett, C., & Moore, K. S. (2010). Twenty years of experience with a clinical ladder: A tool for professional growth, evidence-based practice, recruitment, and retention. *The Journal of Continuing Education in Nursing*, 41(1), 33-40. https://doi.org/10.3928/00220124-20091222-06

Rukajat, A. (2018). *Pendekatan penelitian kualitatif (Qualitative research approach)*. Deepublish.

Rumah Sakit JIH Yogyakarta. (2024). *Panduan pelaksanaan jenjang karir perawat di Rumah Sakit "JIH" Yogyakarta*. Yogyakarta: Komite Keperawatan RS JIH.

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Rushton, C. H., Batcheller, J., Schroeder, K., & Donohue, P. (2015). Burnout and resilience among nurses practicing in high-intensity settings. *American Journal of Critical Care*, 24(5), 412-420. https://doi.org/10.4037/ajcc2015291

Rusmianingsih, N. (2024). Analisis penerapan jenjang karir perawat di Rumah Sakit Umum Daerah 45 Kuningan. *Journal of Health Research Science*, 4(2), 390-394.

Shinde, S. (2025). Motivators and hygiene factors in employee retention: Insights from Herzberg theory. *RESEARCH HUB International Multidisciplinary Research Journal*, 12(5), 106-114.

Speroni, K. G., McLaughlin, M. K., & Friesen, M. A. (2020). Use of evidence-based practice models and research findings in Magnet-designated hospitals across the United States: National survey results. *Worldviews on Evidence-Based Nursing*, 17(2), 98-107. https://doi.org/10.1111/wvn.12428

Stancell, R. (2022). *What barriers do bedside nurses face when advancing the clinical ladder? A qualitative study* [Master's thesis, University of Mount Olive]. MOC Institutional Repository.

Sugiyono. (2014). *Metode penelitian pendidikan pendekatan kuantitatif, kualitatif, dan R&D*. Alfabeta.

Sugiyono. (2017). *Metode penelitian kuantitatif, kualitatif, dan R&D*. Alfabeta.

Wang, L., Zhang, X., Zhang, M., Wang, L., Tong, X., Song, N., Hou, J., Xiao, J., Xiao, H., & Hu, T. (2024). Risk and prediction of job burnout in responding nurses to public health emergencies. *BMC Nursing*, 23(1), 46.

Yang, W.-N., Niven, K., & Johnson, S. (2019). Career plateau: A review of 40 years of research. *Journal of Vocational Behavior*, 110, 286-302. https://doi.org/10.1016/j.jvb.2018.11.002

Zhu, H., Xu, C., Jiang, H., & Li, M. (2021). A qualitative study on the experiences and attributions for resigned nurses with career plateau. *International Journal of Nursing Sciences*, 8(3), 325-331. https://doi.org/10.1016/j.ijnss.2021.05.006

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