

Evaluation of the clinical nurse career path system in Indonesian Hospitals: Identifying areas for improvement and development

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Abstract

Background: The clinical nurse career path system significantly impacts nurses' professional growth, job satisfaction, and service quality. Evaluating its effectiveness is vital for enhancing human resource management.

Purpose: This study aimed to evaluate the nursing career path in Indonesia, identifying areas for improvement and development.

Methods: This study used a mixed-methods approach with nine participants and 339 samples. Surveys targeted clinical nurses, while interviews involved nursing management. Data was analyzed using descriptive statistics and thematic analysis.

Results: Managerial experiences revealed three themes: (1) implementation of the nurse career path as a mandatory accreditation process, (2) challenges in the implementation of the nurse career path, and (3) expectations for career path implementation. The process evaluation pinpointed areas for improvement, including organizing, internship programs, Continuous Professional Development (CPD), and career advancement. In product evaluation, 80.8% of nurses had good perceptions, with a 77% job satisfaction rate. Analysis showed a positive correlation between perception and job satisfaction ($P < 0.001$).

Conclusion: The clinical nurse career path in hospitals requires more attention, especially in areas such as human resources, which are not yet full-time, and leadership policies regarding rewards, regulations, and nurse placement in the implementation of career paths related to organizing, internship programs, CPD, and career advancement. Enhancing these aspects is vital for boosting nurses' job satisfaction and improving service quality and patient care.

Keywords: career path; clinical nurse; evaluation; hospitals

Introduction

Nurses are among the most prominent healthcare professionals in hospitals, and they play a crucial role in delivering quality nursing care. (Owens & Koch, 2015). Over time, the role of nurses has evolved to become more holistic, emphasizing organizational relationships, fostering innovation, and enhancing healthcare service quality (Allen, 2014). Nurses must be capable of integrating and utilizing various sources of information in their decision-making and nursing practices (Fukada, 2018). One way to enhance professionalism, the quality of nursing services, and job satisfaction is by developing a career path system (Bela & Sri, 2019; Coleman & Desai, 2019). Therefore, it is essential to establish a well-structured career path system for nurses, allowing them to grow based on their competencies and experiences while ensuring job satisfaction.

A nursing career path is a structured plan that supports the professional growth of nurses, builds an adaptive workforce, and enhances staff retention while ensuring high-quality patient care in the healthcare sector

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(Nashwan, 2023). Nurses should be placed in work environments that align with their competency levels (Sandehang et al., 2019). Career paths are provided to nurses to offer encouragement or motivation and sustain professional development in nursing practice, which can lead to increased clinical levels, promotional opportunities, competency complexity, recognition, and acknowledgment (Ake et al., 2021). Thus, with the implementation of a nurse career path, it is hoped that the competency and professionalism of nurses will continue to improve in hospital services.

A nurse career path system has been implemented and developed in various countries, including Indonesia (Korman & Eliades, 2010; Park et al., 2014; Saputri et al., 2021). A significant step was taken by the Ministry of Health of the Republic of Indonesia in formulating and issuing Ministerial Regulations aimed at regulating and advancing the professional career path for clinical nurses (Ministry of Health, 2017). However, despite these steps being taken, challenges are still faced in implementing the system, including adapting to and integrating with the diverse needs of hospitals. Nurses also often require institutional and personal support to plan their careers and make career-related decisions (Luck et al., 2015). Moreover, the nurse career path is also perceived as inadequate in addressing job satisfaction (Pasang et al., 2018) and is still seen as primarily aimed at meeting accreditation standards (Sandehang et al., 2019). Therefore, it is essential to conduct evaluations to assess the implementation and impact of the system.

Program evaluation involves a comprehensive approach to critically assess various aspects of the program (Charette et al., 2022). Evaluating the nurse career path system is essential to ensuring that the program operates effectively in line with the established objectives and meets the needs and expectations of nurses. Through this evaluation, the strengths and weaknesses of the career path system can be identified, along with areas where further improvement and development are necessary to enhance efficiency, transparency, and fairness in the nursing career process. Previous studies in the United States, Korea, and Indonesia have examined the nursing career path system, emphasizing nurse satisfaction (Korman & Eliades, 2010; Park et al., 2014; Saputri et al., 2021). However, these studies mainly focused on outcomes, and limited studies evaluate the implementation process of the career path system. This research not only assesses outcomes but also examines the implementation process. The study aimed to evaluate Indonesian hospitals' clinical nursing career path system, considering both the process and nurses' perceptions and satisfaction levels and exploring managerial nursing experiences.

Materials and Methods

This study employed a mixed-methods approach.

The researchers explored the experiences of managerial nurses using descriptive qualitative methods to gain a deep understanding of their experiences in implementing programs. This method provided rich and detailed descriptions of specific phenomena in management and identified emerging themes or patterns. The qualitative approach captured nuances and complexities that might not have been revealed through quantitative methods, enriching the quantitative evaluation data. A quantitative evaluation of processes and outcomes was then conducted to assess program implementation, nurses' perceptions, and job satisfaction. Combining these methods allowed for a comprehensive understanding of the research topic, with qualitative data providing context and depth, while quantitative data offered measurable results and broader applicability. This research was carried out in three hospitals in Makassar City, Indonesia: Hospital A is a provincial hospital, Hospital B is a district hospital, and Hospital C, which the Ministry of Health owns, is recognized as a Vertical Hospital. These three hospitals represent various types of hospitals in Indonesia. Makassar City was selected due to its role as a primary healthcare hub in eastern Indonesia and its diverse hospital ownership structures. Nine nurses' managers were chosen to be involved in the qualitative stage, and the 339 staff (Hospital A: 122, Hospital B: 113, and Hospital C: 104) participated in this study for the quantitative stage. Participants for the qualitative component were selected using purposive sampling. Inclusion criteria for the qualitative component were individuals in nursing managerial roles. For the quantitative part, the participants included nurses with over a year of experience in the clinical career path category and at levels I–V. To ensure representativeness, cluster sampling was employed to randomly select respondents from naturally occurring groups based on their departments, followed by convenience sampling to select accessible nurses in each department. Nurses in orientation programs and those who declined participation were excluded from both study components.

Measurement and data collection

Participants were contacted and informed about the purpose and research methods. Qualitative interviews were conducted using a semi-structured approach, beginning with general questions to build trust and establish rapport, followed by unstructured questions. The interview guide covered key topics, such as implementing a nurse career path system in hospitals, participants' expectations, challenges faced, and leadership policies related to career progression. The guide included a total of ten main questions, along with additional probing questions to elicit deeper insights. Two nursing management experts reviewed its content validity to ensure the interview guide's relevance and clarity. Each interview lasted 30 to 45 minutes, with participants engaging in one or two rounds of interviews as

Table 1. Demographic characteristics

Characteristics	Hospital A		Hospital B		Hospital C		Total	
	n (%)	Mean (±SD)	n (%)	Mean (±SD)	n (%)	Mean (±SD)	n (%)	Mean (±SD)
Participants (n = 9)								
Age		44.00 (±6.08)		45.67 (±1.15)		41.67 (±2.08)		43.78 (±3.70)
Term of office		2.35 (±2.49)		2.00 (±3.46)		4.33 (±2.88)		2.89 (±2.79)
Gender								
Male	1 (33.3%)		2 (66.7%)		2 (66.7%)		5 (55.6%)	
Female	2 (66.7%)		1 (33.3%)		1 (33.3%)		4 (44.4%)	
Graduate								
Registered Nurse	0 (0.0%)		1(33.3%)		2 (66.7%)		3 (33.3%)	
Master of Nursing	2 (66.7%)		0 (0.0%)		0 (0.0%)		2 (22.2%)	
Master of Health	1(33.3%)		2 (66.7%)		0 (0.0%)		3 (33.3%)	
Doctor of Nursing	0 (0.0%)		0 (0.0%)		1 (33.3%)		1 (11.1%)	
Position								
Head of Nursing	1 (33.3%)		1 (33.3%)		1 (33.3%)		3 (33.3%)	
Chair of the nursing committee	1 (33.3%)		1 (33.3%)		1 (33.3%)		3 (33.3%)	
Chair of the sub-credentialing committee	1 (33.3%)		0 (0.0%)		0 (0.0%)		1 (11.1%)	
Chair of the sub-quality committee	0 (0.0%)		1 (33.3%)		1 (33.3%)		2 (22.2%)	
Respondents (n = 339)								
Age		39.20 (±7.52)		38.67 (±7.45)		37.81 (±5.46)		38.60 (±6.93)
Length of service		14.79 (±7.02)		12.51 (±8.57)		11.58 (±5.26)		13.05 (±7.23)
Gender								
Male	31 (25.4)		26 (23)		23 (22.1)		80 (23.6)	
Female	91 (74.6)		87 (77)		81 (77.9)		259 (76.4)	
Graduate								
Diploma Nurse	48 (39.3)		55 (48.7)		38 (36.5)		141 (41.6)	
Registered Nurse	73 (59.8)		58 (51.3)		65 (62.5)		196 (57.8)	
Master of Nursing	1 (0.8)		0 (0)		1 (1)		2 (0.6)	
Status								
Married	103 (84.4)		97 (85.8)		91 (87.5)		291 (85.8)	
Not married	19 (15.6)		16 (14.2)		13 (12.5)		48 (14.2)	
Career path level								
Level I	10 (8.2)		30 (26.5)		32 (30.8)		72 (21.2)	
Level II	56 (45.9)		19 (16.8)		50 (48.1)		125 (36.9)	
Level III	54 (44.3)		51 (45.1)		22 (21.2)		127 (37.5)	
Level IV	2 (1.6)		13 (11.5)		0 (0)		15 (4.4)	

Table 2. Themes identified in exploring nursing managerial experience

Theme	Sub-Themes	Description	Representative Quotes
Theme 1: Implementation of Nurse Career Paths as a Mandatory Accreditation Process	Fulfillment of Hospital Accreditation Standards	The nurse career path is implemented primarily to meet hospital accreditation requirements.	<p>“Related to the implementation of the career path of nurses in our hospital, it is one of the pieces of evidence at the time of accreditation every three years.” (P1)</p> <p>“Yes, to be honest, initially it was because of accreditation requirements.” (P5)</p>
	Nurse credentialing is just a formality	Credentialing is perceived as a formality rather than a process that truly reflects nurses' competencies.	<p>“Our credentialing process is still, as I mentioned before, a requirement or condition that we have to fulfill.” (P3)</p> <p>“So, the implementation of the career path in our hospital merely signifies that the nurses have undergone assessment, completed credentialing, and received clinical authorization letters.” (P2)</p> <p>“Credentialing seems to be just a mere formality. In fact, my colleagues working here are exceptional.” (P5)</p>
Theme 2: Challenges in the implementation of the nurse career path system	Placement of nurses is not yet based on career-level	Nurse placement is not fully aligned with their career path levels due to room availability and policies.	<p>“In reality, at our hospital, it often happens that staff with long-standing experience are more frequently placed in the outpatient clinic, even though they should be assigned to inpatient wards according to their career path levels, which are at levels 4 and 5.” (P1)</p> <p>“...Furthermore, in nurse placement, they are not yet fully assigned based on their career path levels. Nursing departments often have considerations other than clinical authority, such as room availability and leadership policies.” (P5)</p> <p>“...So, the placement of nurses is not entirely based on their career path levels, as it often involves considerations of room availability and policies set by the leadership.” (P7)</p>
	No regulations on the nurse career path implementation in Horizontal Hospitals	Based on participant information, two hospitals, Hospital A and Hospital B, do not yet have regulations for implementing the nurse career path.	<p>“When I took over the position, I had not seen any rules about the career path. So, I am currently trying to develop regulations for the future. Because, ultimately, if there is an inspection, they will ask about the standard reference for its implementation.” (P2)</p> <p>“It seems that there is no specific regulation for this yet.” It means we still refer to the general regulations of the Ministry of Health when placing nurses according to their competencies and tenure. However, we have not created specific regulations for this matter.” (P4)</p>
	Limited human resources	Nursing committee responsible for implementing career paths is not yet full-time	<p>“Even though the nursing committee primarily focuses on its committee duties, both the chairperson and committee members still have responsibilities in their respective work units to provide patient care.” (P1)</p> <p>“Colleagues assigned to the nursing committee still have dual roles as nurses in patient care units and management.” (P4)</p>
	Financial incentives remained unaffected at the Horizontal Hospital	Two hospitals have yet to implement a career path-based reward system for nurses, nor have they provided rewards for those managing the career path within the hospitals.	<p>“The career path does not influence the rewards. Similarly, those of us on the nursing committee do not receive specific incentives for our role in managing the committee.” (P1)</p> <p>“Yes, as for rewards, such as for the committee chair and the like, this is not specifically accommodated, and there are no points allocated for it in the remuneration system. However, for clinical nurses, though rewards, the values are still relatively low.” (P5)</p>

Cont. Table 2. Themes identified in exploring nursing managerial experience

Theme	Sub-Themes	Description	Representative Quotes
Theme 3: Expectation for career path implementation	Career advancement and work motivation enhancement	Participants indicated that the expected objectives of implementing a nurse career path in hospitals are to enable career advancement for nurses and boost work motivation	<p>“So, they can maintain or develop their careers; this can be achieved through a career path system.” (P2)</p> <p>“This way, colleagues feel challenged. They are highly motivated by the thought that reaching a higher level will directly impact their remuneration. Although the increase might not be very significant.” (P7)</p>
	Improved work performance and confidence	Participants stated that the expected goals of implementing a nurse career path in hospitals are to improve nurses' performance and confidence	<p>“The essence is to improve the quality of service, enhance performance, and professionalism of a nurse so that they can maintain or develop their careers through a career path system.” (P2)</p> <p>“Nurses with such competencies should be placed in suitable positions, as this will make them more confident and professional in delivering nursing care.” (P4)</p>
	To improve the quality of health service	Participants indicated that the expected objective of implementing a nurse career path in the hospital is to improve the quality of hospital services	<p>“The essence is to improve the quality of service, enhance performance, and professionalism of a nurse so they can maintain or develop their careers through a career path system.” (P2)</p> <p>“Another goal we derived from the health minister's regulation is to enhance the professionalism of our nurse colleagues in carrying out their responsibilities.” (P4)</p>

needed. Six participants completed one round of interviews, while three required a second round to clarify their responses further. Participants also provided consent for follow-up contact to verify the information and ensure the accuracy of the researcher's interpretation of their experiences.

For the quantitative phase, in assessing the implementation of the career path, the researcher developed a checklist based on the Minister of Health Regulation concerning the development of clinical nurse professional career paths (Ministry of Health, 2017). This instrument consists of thirty-five assessment items, including organizing (6 items), orientation program (4 items), internship program (4 items), mapping of senior nurses (4 items), nurse assessment (4 items), credentialing process (4 items), re-credentialing process (2 items), CPD program (4 items), and career advancement program (3 items). Assessments were scored as follows: ten for excellent implementation or complete documentation, five for good implementation with minor deficiencies or areas for improvement, and 0 for unimplemented items. The instrument was validated with item-total correlation values ranging from 0.636 to 0.917 and had a Cronbach's alpha

value of 0.974 to ensure reliability. The total scores were divided by the number of items to categorize the obtained scores, resulting in a score range between 0 and 10. Scores of 0-3.33 were considered poor, 3.33-6.66 moderate, and 6.66-10 good.

The Nurse Perception Questionnaire was adapted from Suroso (2011) and comprises forty questions that encompass career development (13 items), recognition (7 items), awards (7 items), promotions (6 items), and challenges (7 items). The Nurse Job Satisfaction Questionnaire was adapted from Saputri (2021) and includes thirty questions that address organizational culture and values (7 items), career opportunities (7 items), leadership (4 items), job activities (6 items), and compensation (6 items). Respondents provided answers using a four-point Likert scale, with scores ranging from strongly agree (score 4) to disagree (score 1) strongly. Both questionnaires were validated, achieving Cronbach's alpha values of 0.98 and 0.74, respectively. The total and dimension scores were calculated by dividing the total scores by the number of items, resulting in a score range between 1 and 4. Scores between 1-2 were categorized as poor, while scores between 2-4 were deemed good.

Table 3. Implementation of nurses' career paths

Variable/subvariable	n	Hospital A			Hospital B			Hospital C			Total	
		Mean	Category	n	Mean	Category	n	Mean	Category	n	Mean	Category
Implementation Subvariable:	35	7.14	Good	270	7.71	Good	305	8.71	Good	275	7.85	Good
Organizing	6	5	Moderate	30	5	Moderate	55	9.17	Good	38.33	6.38	Moderate
Orientation programs	4	8.75	Good	40	10	Good	35	8.75	Good	36.67	9.16	Good
Internship program	4	3.75	Moderate	15	3.75	Moderate	20	5	Moderate	16.67	4.16	Moderate
Mapping old nurses'	4	7.5	Good	35	8.75	Good	35	8.75	Good	33.33	8.33	Good
Nurse assessment	4	10	Good	40	10	Good	40	10	Good	40	10	Good
Credentialing process	4	10	Good	40	10	Good	40	10	Good	40	10	Good
Re-credential process	2	10	Good	20	10	Good	20	10	Good	20	10	Good
CPD program	4	6.25	Moderate	30	7.5	Good	30	7.5	Good	28.33	7.08	Good
Career-level advancement program	3	5*	Moderate	20	6.67	Good	30	10	Good	21.67	7.22	Good

Note:

n: Number of statements on variables and subvariables

: Score value from the assessment of variables and subvariables

Data analysis

We employed both qualitative and quantitative methods to provide a thorough understanding of the research findings. For qualitative analysis, we utilized a 5-stage process (Creswell & Creswell, 2018); step 1 involved organizing and preparing the data using the Auris voice-to-text transcription application. Step 2 included thoroughly reviewing the data to grasp its context and identify patterns and themes. Step 3 consisted of coding relevant data segments with the OpenCode 4.03 application. Step 4 involved grouping data into themes based on similarities. Lastly, Step 5 entailed a detailed analysis of the themes to understand the phenomenon better, ensuring findings aligned with the research questions and were substantiated by the data. Quantitative analysis used SPSS Version 29 to understand Nurses' characteristics, career path implementation, perceptions, and job satisfaction. Bivariate analysis determined relationships with statistical tests like Kruskal-Wallis, Mann-Whitney, and Spearman, with a P-value of 0.05 for significance.

Trustworthiness/rigor

Trustworthiness ensures that the research findings accurately reflect the participants' perspectives. Various strategies were employed to enhance this study's credibility, including credibility, transferability, dependability, and conformability (Denzin & Lincoln, 2018). Regarding credibility, interview transcripts were shared with participants for verification, allowing them to review and confirm that the transcriptions accurately represented their discussions. Participants received copies of the transcripts to ensure their thoughts and experiences were captured correctly, and the results indicated that they felt their perspectives were adequately represented. Additionally, expert validation was sought through conversations with peers—fellow nurses experienced in conducting qualitative research—to reinforce the validity of the findings. Transferability was ensured by meticulously analyzing and incorporating all relevant data into the findings. Dependability was maintained by utilizing multiple data collection tools, such as a smartphone for voice recorders with 250 GB connected to a wireless microphone, field notes, and demographic forms. Conformability was upheld through systematic data collection and analysis, including audit trails to verify the consistency of the data. Themes were confirmed through a systematic coding process, triangulation of findings from various sources, and member checking, allowing participants to validate

Table 4. Frequency distribution of nurses' perception of career path and nurses' job satisfaction (n=339)

Variable/subvariable	Hospital A (n=122)		Hospital B (n=104)		Hospital C (n=113)		Total		
	n	%	n	%	n	%	n	%	
Perception of career path	Perception								
	Good	94	77	82	78.8	98	86.7	274	80.8
	Poor	28	23	22	21.2	15	13.3	65	19.2
	Subvariable:								
	Career development								
	Good	110	90.2	97	93.3	98	86.7	305	90
	Poor	12	9.8	7	6.7	15	13.3	34	10
	Award								
	Good	61	50	57	54.8	89	78.8	207	61.1
	Poor	61	50	47	45.2	24	21.2	132	38.9
	Recognition								
	Good	93	76.2	83	79.8	78	69	254	74.9
	Poor	29	23.8	21	20.2	35	31	85	25.1
	Promotion								
Good	92	75.4	80	76.9	88	77.9	260	76.7	
Poor	30	24.6	24	23.1	25	22.1	79	23.3	
Challenge									
Good	116	95.1	100	96.2	105	92.9	321	94.7	
Poor	6	4.9	4	3.8	8	7.1	18	5.3	
Nurses' job satisfaction	Job satisfaction								
	Good	89	73	80	76.9	92	81.4	261	77
	Poor	33	27	24	23.1	21	18.6	78	23
	Subvariable:								
	Organizational culture and values								
	Good	116	95.1	101	97.1	110	97.3	327	96.5
	Poor	6	4.9	3	2.9	3	2.7	12	3.5
	Career opportunities								
	Good	84	68.9	73	70.2	88	77.9	245	72.3
	Poor	38	31.1	31	29.8	25	22.1	94	27.7
	Leadership								
	Good	106	86.9	95	91.3	85	75.2	286	84.4
	Poor	16	13.1	9	8.7	28	24.8	53	15.6
	Work activities								
Good	82	67.2	52	50	38	33.6	172	50.7	
Poor	40	32.8	52	50	75	66.4	167	49.3	
Compensation									
Good	45	36.9	39	37.5	83	73.5	167	49.3	
Poor	77	63.1	65	62.5	30	26.5	172	50.7	

Table 5. Relationship between perception and characteristics of respondents with job satisfaction (n=339)

Variables/ Characteristics	Job satisfaction				P Value
	F	%	Mean (\pm SD)	Min-Max	
Perception			r = 0.460		<0.001***
Age			r = 0.100		0.065***
Length of service			r = 0.090		0.099***
Gender					
Male	80	23.6	82.05 (\pm 6.86)	65-101	0.085**
Female	259	76.4	83.71 (\pm 7.16)	67-102	
Education					
Diploma Nurse	141	41.6	82.72 (\pm 6.87)	65-102	0.380*
Registered Nurse	196	57.8	83.76 (\pm 7.31)	68-102	
Master of Nursing	2	0.6	83.00 (\pm 0.00)	83-83	
Status					
Married	291	85.8	83.36 (\pm 7.22)	65-102	0.576**
Not married	48	14.2	83.08 (\pm 6.50)	72-97	
Career path level					
Level I	72	21.2	82.79 (\pm 8.15)	67-102	0.244*
Level II	125	36.9	82.78 (\pm 6.95)	65-101	
Level III	127	37.5	82.83 (\pm 6.57)	72-102	
Level IV	15	4.4	86.00 (\pm 7.39)	71-98	

* Test Kruskal-Wallis. ** Test Mann-Whitney *** Test Spearman

that the identified themes accurately reflected their experiences.

Ethical Considerations

All participants gave informed consent, both verbally and in writing. The researcher was committed to maintaining the confidentiality of personal information and interview data, ensuring participant anonymity. This research was approved by the Research Ethics Committee of the Faculty of Public Health, Hasanuddin University, with approval number 4855/UN4.14.1/TP.01.02/2023.

Results

Characteristics

In the qualitative study, nine participants (44% female, 56% male) with an average age of 43.78 years were involved. They held various nursing roles, with an average tenure of 2.89 years. The quantitative study had primarily female respondents (76.4%), averaging 38.60 years old, with 13.05 years of work experience. Most were registered nurses (57.8%), married (85.8%), and at career levels II (36.9%) and III (37.5%). (Table 1).

Themes identified in exploring the experience of nursing management

In exploring the nursing managerial experience, three themes emerged related to nurses' career path implementation in Makassar city hospitals: (1) the implementation of nurse career paths as a mandatory accreditation process, (2) challenges in the implementation of the career path system, and (3) expectations for career path implementation (Figure 1). These themes highlight that the career path is often driven by accreditation requirements, with challenges such as lack of specific regulations and limited resources in the horizontal hospitals, alongside the absence of career path-based financial incentives. Despite these challenges, there are clear expectations that the career path system will eventually support career advancement and improve work motivation. We have developed a themes matrix to provide a comprehensive view of the findings, as shown in Table 2. This matrix identifies the key themes and sub-themes related to implementing the nurse career path, challenges faced, and expectations for its implementation.

Career path implementation in process evaluation

The nurse career path across the three hospitals

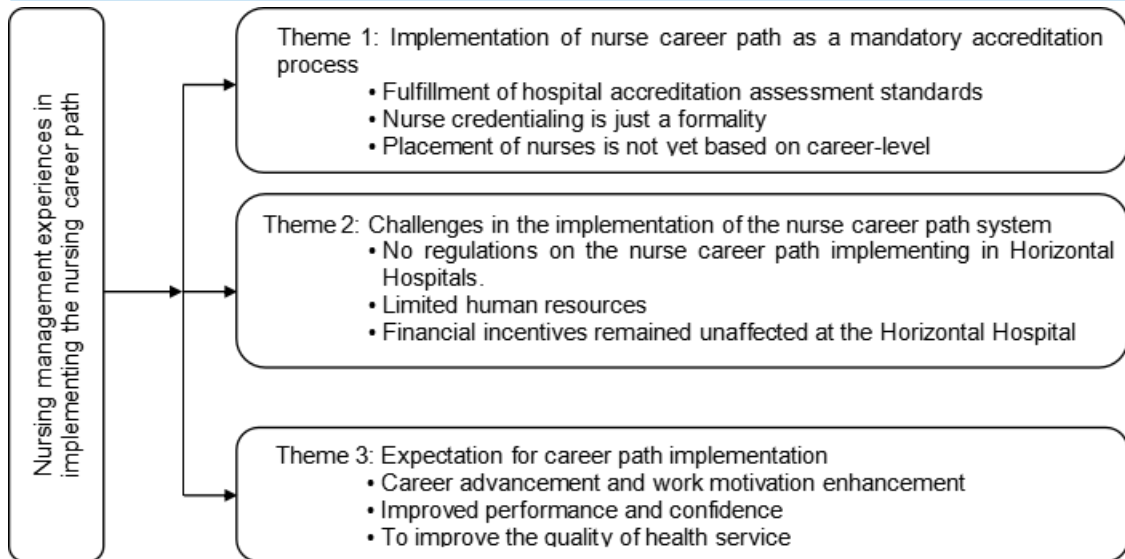


Figure 1. Illustrates the themes explored in nursing management experiences regarding the implementation of the nursing career path system

averaged a good score of 7.85. Hospital C scored highest at 8.71, followed by Hospital B at 7.71 and Hospital A at 7.14. Hospital C excelled in organizing with 9.17, while Hospitals A and B rated moderate at 5. All hospitals scored well in various areas except for internship programs and CPD, which averaged moderate scores. Career advancement was moderate for Hospital A and good for Hospitals B and C. Details are in [Table 3](#).

Nurses' perceptions and job satisfaction with product evaluation

Our product evaluation assessed nurses' perceptions of and job satisfaction with the three hospitals. The majority perceived the nurse career path as good (80.8%). Hospital B stood out for career development (93.3%), while Hospital C excelled in reward policies (78.8%). Recognition levels were higher in Hospitals A and B (76.2% and 79.8%) than in Hospital C (69%). Promotion perceptions were consistent, ranging from 75-78% across hospitals, with positive views on career challenges, particularly at Hospital B at 96.2%. Regarding job satisfaction, the overall rate was 77%. Hospital C led 81.4%, followed by Hospital B at 76.9% and Hospital A at 73%. Organizational culture received a good rating of 96.5%. However, job activities were notably poor at Hospital C (33.6%), and compensation was poor at Hospital A (36.9%). This analysis pinpoints areas for improvement, such as job activities, compensation, and career path perception across the hospitals. Further details can be found in [Table 4](#).

The relationship between perceptions and demographic characteristics with nurses' job satisfaction

The study found a moderate positive correlation between nurses' career path perceptions and job satisfaction ($r=0.460$, $P < 0.001$). Nurse

characteristics like age, tenure, and education did not significantly impact satisfaction, suggesting they are not key factors influencing job satisfaction in the studied hospitals ([Table 5](#)).

Discussion

To our knowledge, this study evaluated the implementation of nurses' career path systems. Managerial experiences revealed three main themes influencing the implementation of the nurse career path: firstly, the adoption of the nurse career path as a mandatory accreditation process. Implementing the nursing career path in hospitals has been primarily driven by the need to meet hospital accreditation assessment standards rather than considering the primary goals set by the Republic of Indonesia's Ministry of Health regulations. This approach has raised concerns about the effectiveness and impact of the system, with fears that the nursing career path is merely a formality aimed solely at achieving accreditation ([Sandehang et al., 2019](#)). Furthermore, the nurse credentialing process tends to be viewed as mere formality, overlooking the importance of meticulously assessing nurses' clinical competencies in determining clinical authority. Research by [Chappell et al. \(2021\)](#) indicates that nurse credentialing has been shown to enhance competencies, directly impacting patient care quality. This underscores the importance of strengthening the role of Nurse credentialing as a determinant of clinical authority and increasing awareness of the actual value of the credentialing process to ensure that nurses' clinical capabilities are accurately reflected in the determination of clinical authority. The latest findings highlight that nurse placement is not yet fully optimized and balanced based on career path levels, indicating the need for attention to appropriate

placement to enhance healthcare service efficiency and effectiveness (Nurlina et al., 2018). Therefore, this study emphasizes the need for a more holistic approach to the implementation of the nursing career path, which not only meets accreditation standards but also enhances professionalism, service quality, and nurse job satisfaction.

Secondly, there are challenges in implementing the nurse career path system. The study revealed various challenges encountered in implementing this system. The first challenge, the absence of implementation regulations for the nurse career path in horizontal hospitals, posed a significant hurdle. Precise regulations would guide and provide the necessary direction for the system's implementation (Ackerly et al., 2013). Hospitals find it challenging to implement the career path consistently and effectively without proper regulations. Thus, the rules for implementing the career path reflect the hospitals' efforts to create a work environment that supports professional growth. The second challenge, another obstacle, was the lack of full-time staff managing the nurse career path. Career management requires special attention from nursing management, and having full-time staff can aid in designing and implementing effective career strategies (Afriani et al., 2017). Adequate staffing in the nursing committee and departments significantly influences the career path's execution, emphasizing the importance of understanding the career path's value in enhancing nurse performance (Knoche & Meucci, 2015). The third challenge was that the financial reward system for nurses was not uniform. This inconsistency can create uncertainty and inequality among nurses within the same career path, potentially diminishing their motivation to improve performance (Opio et al., 2022). A specific financial reward system for management and clinical nurses reflects a strategy to motivate and retain a critical hospital workforce (Ge et al., 2021). However, it is essential to note that the implementation of this reward system varies across hospitals, requiring efforts to balance and ensure fairness in the financial reward system for nurses. These findings indicate that implementing the nurse career path faces several challenges. To enhance the effectiveness and success of the program, collaboration between hospital management parties is crucial to effectively addressing these challenges.

Thirdly, expectations for the career path implementation; from interviews with nursing management, several anticipated benefits emerged. The first expectation is that implementing a nursing career path boosts nurses' work motivation and overall career development. With a clear career path, nurses are anticipated to be more motivated, aiming for better performance and ultimately enhancing productivity and service quality (Ayalew et al., 2019; Bela & Sri, 2019)—the second expectation is that the career path is expected to elevate nurses' performance and confidence. Clear achievement targets and skill development

opportunities can boost nurses' confidence in executing their tasks, potentially enhancing service quality and patient satisfaction (Tabriz et al., 2024). Lastly, implementing the nursing career path will improve overall hospital service quality. With more skilled and confident nurses, healthcare services are expected to rise, creating a safer, more efficient, and higher-quality patient care environment (Nashwan, 2023). Thus, effective implementation promises significant benefits for nurses, hospitals, and patients, emphasizing the need for continuous support in career development to optimize these advantages.

The nursing career path implementation is generally exemplary but needs refinement. Organizing issues stem from unclear regulations in hospitals A and B and inadequate oversight of internship programs across the three hospitals. CPD programs require more precise criteria for level advancements, and some hospitals lack a career-level-based reward system. Improving these areas should enhance the career path's effectiveness and quality. These findings align with previous research indicating that CPD in career paths can enhance nurses' job perception and satisfaction. (Hariyati & Igarashi, 2017). Moreover, studies by Ackerly et al. (2013) emphasize the need for clear regulations to support employee career development in the healthcare sector. Concerning the lack of reward increase with career advancement, this is consistent with Opio et al. (2022) highlighting the influence of reward practices on healthcare service providers' performance.

Nurses in the three hospitals generally had positive perceptions, but areas like rewards needed improvement, especially in hospitals A and B, where scores were lower (50% and 54.8%) compared to hospital C (78.8%). This aligns with research emphasizing rewards' role in career perceptions (Fawzi et al., 2018; Pasang et al., 2018). Job satisfaction was high at 77%. However, certain aspects, especially work activity and compensation, needed improvement. This suggests a need for further evaluation of work activity structures and compensation programs in each hospital. An analysis of the relationship between nurse characteristics and job satisfaction revealed no significant correlation between demographic factors and job satisfaction. However, an important relationship exists between career-level progression and job satisfaction. This finding is consistent with prior research indicating that demographic characteristics do not always directly correlate with nurse job satisfaction (Ming et al., 2023). However, contrasting studies by Gadirzadeh et al. (2017) suggest that demographic factors, particularly gender and education, influence nurse job satisfaction. The analysis also revealed a significant positive relationship between perception and job satisfaction. This underscores the vital role of perception regarding career advancement in influencing nurse job satisfaction (Ahn & Choi, 2023). These findings highlight the importance of these

factors in creating a motivating work environment that enhances nurse job satisfaction.

Limitation of study

This study's limitations include its focus on three government hospitals in Makassar, excluding private hospitals, and its failure to assess individual nurse performance in alignment with their professional levels.

Conclusion

The study evaluates nursing career path implementation in hospitals, revealing critical issues such as human resources not yet full-time, a focus on accreditation standards, and inconsistencies in financial reward systems. Despite good assessments, organizing, internship programs, CPD, and career progression need improvement. Nurses generally perceive the system positively, but recognition is a primary concern. The study also found a positive correlation between nurses' perception and job satisfaction, emphasizing the need for ongoing support to improve nurses' careers and performance.

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Authors contribution

Each author (AS, EE, FF) has contributed significantly to conceptualization, design, data acquisition, analysis, and interpretation. FF prepared an initial manuscript draft and underwent critical revision by all authors. All authors granted final approval of the published version.

Conflict of interest

The authors declare no conflicts of interest.

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