

## The correlation between career ladder implementation and nurse job satisfaction in Y Hospital, Kuningan: A cross-sectional study

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### ABSTRACT

**Background:** In healthcare systems worldwide, the implementation of structured career advancement mechanisms such as career ladders has been increasingly recognized as essential to ensuring workforce motivation, retention, and quality of care. However, empirical evidence on how these systems are perceived and their impact on nurses' job satisfaction particularly in decentralized or resource-constrained hospital settings remains limited.

**Objectives:** This study aimed to examine the correlation between nurses' perceptions of career ladder implementation and their reported levels of job satisfaction. It specifically tested the hypothesis that a positive perception of the career ladder system is significantly associated with higher job satisfaction among nurses.

**Methods:** Using a quantitative correlational cross-sectional design, the study surveyed 100 registered nurses selected via total sampling. Validated questionnaires were employed to measure two key constructs: perceived implementation of the career ladder system and levels of job satisfaction. Data were analyzed using descriptive statistics, cross-tabulation, and chi-square testing to determine the strength and direction of associations between variables.

**Results:** Results indicate that most nurses were positioned at Career Level III (49%). While 54% perceived the career ladder implementation as effective, 46% did not. Job satisfaction was reported by 65% of participants. Notably, there was a statistically significant correlation ( $p = 0.000$ ) between positive perceptions of career ladder implementation and job satisfaction: 81.5% of nurses with positive perceptions reported satisfaction, compared to only 45.7% among those with negative views. These findings affirm international research highlighting that clear, well-communicated, and equitable career structures foster motivation, retention, and satisfaction among healthcare staff.

**Conclusions:** The findings suggest that the presence of a career ladder system alone is insufficient. Effective implementation supported by institutional leadership, transparent communication, and staff engagement is critical to realizing its benefits.

**KEYWORD:** career ladder; nurse job satisfaction; nurse professional development; regional hospital

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## INTRODUCTION

The structural integrity and performance of healthcare systems globally are fundamentally contingent upon the well-being, professional engagement, and sustained satisfaction of nursing personnel. Representing the largest segment of the healthcare workforce and occupying a pivotal role in frontline patient care, nurses are central to clinical continuity, organizational functionality, and patient safety. A substantive and growing corpus of empirical research has established nurse job satisfaction as a critical determinant of health service quality. Studies have repeatedly demonstrated that high levels of nurse satisfaction correlate with improved patient outcomes, including reductions in clinical errors, enhanced satisfaction rates, and increased operational efficacy (1,2). These benefits are particularly pronounced in institutions that prioritize professional development, implement equitable performance evaluation mechanisms, and cultivate interdisciplinary collaboration (2).

Healthcare delivery today is shaped by complex organizational dynamics that significantly impact the morale, efficiency, and retention of nurses. Among the most salient of these factors are organizational support structures, workload distribution, staffing adequacy, and transformational leadership practices. Extant literature consistently highlights that supportive and responsive work environments contribute meaningfully to reduced turnover and

improved care quality (3). Equally salient is the construct of professional quality of life, which encapsulates dimensions such as compassion satisfaction, burnout, and secondary traumatic stress each of which has a direct bearing on nurse performance and commitment (4). Robust associations have also been established between nurse satisfaction and clinical outcomes, such as declines in patient mortality, fewer adverse events, and elevated levels of patient satisfaction (5).

Despite the centrality of these associations, many healthcare systems particularly in resource-limited settings lack formal mechanisms for structured career progression. The absence of institutionalized career pathways is a critical impediment to sustaining professional motivation and long-term retention among nurses. In Indonesia, nurses in public healthcare institutions often report restricted opportunities for promotion, limited clarity on advancement trajectories, and insufficient investment in professional growth initiatives. These systemic gaps are exacerbated by structural budget constraints, procedural inertia, and inadequate infrastructure for continuous professional education.

To mitigate these structural deficits, career ladder frameworks have emerged globally as strategic interventions aimed at reinforcing workforce development and institutional resilience. These frameworks offer delineated, merit-based pathways for

advancement across clinical, managerial, educational, and research-oriented domains. Core features of career ladder systems typically include competency-based credentialing, structured mentorship, targeted professional development, and formalized recognition mechanisms (6). When effectively implemented, such frameworks contribute to reduced attrition, improved workplace morale, enhanced professional identity, and strengthened clinical autonomy.

The relevance and utility of career ladder systems have garnered empirical support within Southeast Asian contexts. Research from Indonesia and neighboring countries affirms that structured advancement pathways, mentorship accessibility, and institutional recognition serve as significant predictors of job satisfaction among nurses (7). Pertiwi and Hariyati (6) emphasize that environments characterized by mentorship support and transparent promotion criteria yield higher satisfaction and retention rates. Similarly, Ahn and Choi (8) demonstrate a robust association between positive perceptions of career ladder systems and diminished turnover intention. While the literature offers substantial insights into the extrinsic determinants of nurse satisfaction such as remuneration, working hours, and physical conditions—there remains a relative paucity of research exploring the institutionalization and effectiveness of structured career development within Indonesia. Although

models from high-income health systems illustrate the value of such interventions, their direct transferability to Indonesia's decentralized and resource-constrained environment necessitates contextually grounded empirical validation.

Despite growing evidence supporting the role of career ladder systems in enhancing nurse job satisfaction, existing studies in Indonesia have largely focused on multi-institutional surveys or policy-level evaluations, with limited attention to institution-specific implementation and nurses' perceptual responses within district hospitals. In particular, empirical research that directly examines the relationship between nurses' perceptions of career ladder implementation and their job satisfaction in decentralized, resource-constrained hospital settings remains scarce. This gap limits the ability of hospital managers and policymakers to assess how formal career structures function in practice and how they are experienced by frontline nurses in local contexts.

This study endeavors to address this research void by examining the relationship between the implementation of a formal career ladder system and nurse job satisfaction in Y Hospital, a public healthcare institution in Kuningan, West Java. The central research question guiding this investigation is: "To what extent does the perceived implementation of a structured nursing career ladder influence job satisfaction among clinical nurses in an

Indonesian district hospital?" The working hypothesis posits that a well-structured, equitably implemented career ladder system has a significant positive correlation with nurse job satisfaction.

The scope of this study is restricted to clinical nurses actively practicing in inpatient, outpatient, and emergency departments at Y Hospital, excluding those in purely administrative, educational, or research capacities. By employing validated instruments and applying both descriptive and inferential statistical analyses, this study aims to contribute empirically grounded, context-specific insights to inform institutional human resource strategies, influence national workforce policy, and strengthen long-term retention mechanisms within Indonesia's healthcare system.

## **MATERIALS AND METHODS**

This investigation adopted a quantitative, descriptive-correlational research design within a cross-sectional framework to empirically examine the relationship between nurses' perceptions of career ladder implementation and their reported job satisfaction. The cross-sectional approach, grounded in non-experimental inquiry, was chosen to identify statistically meaningful associations between variables as they naturally occurred in a bounded institutional context. According to Creswell and Creswell (9), correlational research designs are particularly effective in revealing the

magnitude and directionality of associations in observational studies, thereby facilitating empirical generalization within defined population parameters.

The conceptualization and operationalization of variables followed established psychometric conventions: Perception of Career Ladder Implementation was operationalized as the degree to which nurses perceive the career advancement system to be transparent, equitable, attainable, and institutionally supported. This variable was measured using a 15-item instrument employing a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Job Satisfaction was defined as the multidimensional evaluative response of nurses toward their occupational roles, encompassing satisfaction with leadership, organizational policy, remuneration, work environment, and recognition. It was assessed using a 20-item instrument, also employing a 5-point Likert response format.

The target population comprised 102 registered clinical nurses employed at Y Hospital, a district-level public healthcare facility in Kuningan, West Java. Due to the manageable population size, a total enumeration sampling method was employed, ensuring the inclusion of all eligible participants. After accounting for two nurses on official leave, a final sample size of 100 respondents was achieved. Inclusion criteria required participants to be full-time clinical nurses with a minimum of one year

of service, ensuring sufficient experiential engagement with the institutional career system. Administrative, educational, or temporary staff were excluded to preserve sample homogeneity and reduce role-related variance. The application of total sampling minimized selection bias and enhanced internal validity (10).

Data were collected through a structured, self-administered questionnaire, distributed in Bahasa Indonesia to ensure linguistic and contextual appropriateness. The instrument comprised two sections: Section A assessed perceptions of career ladder implementation (15 items), while Section B measured job satisfaction (20 items). The tool was delivered in sealed envelopes and returned anonymously during scheduled work breaks, thereby reducing social desirability bias. Prior to administration, an orientation session was conducted to explain the study objectives and ensure standardization. Research assistants were trained to maintain procedural consistency across shifts. Data collection occurred over a two-week period, ensuring representational equity among rotating staff schedules. Descriptive statistics were used to summarize respondent characteristics.

Content validity was verified through expert consultation involving three senior nursing academics and two hospital administrators. Revisions were made to item phrasing and sequencing based on expert feedback. Construct validity was

established by aligning measurement domains with theoretically grounded constructs in the existing literature. Reliability analysis from a pilot study involving 15 nurses yielded Cronbach's alpha coefficients of 0.86 for the career ladder scale and 0.91 for the job satisfaction scale, denoting high internal consistency. Data collection protocols were standardized to minimize measurement error, and key confounding variables such as age, tenure, and work unit were documented and descriptively analyzed.

Quantitative data were entered and analyzed using IBM SPSS Statistics version 26. Descriptive statistics (means, frequencies, and percentages) were computed for demographic and primary study variables. To assess the association between career ladder implementation and job satisfaction, the Spearman Rank-Order Correlation Coefficient was employed. This non-parametric method was selected given the ordinal-level measurement of variables and the absence of normal distribution. A significance level of  $p < 0.05$  was applied. The interpretation of correlation coefficients followed Cohen's guidelines: 0.10–0.29 (small), 0.30–0.49 (moderate), and  $\geq 0.50$  (strong). Ancillary cross-tabulations were generated to explore demographic subgroup trends, though these did not constitute primary inferential analyses. The study protocol received approval from the Y Hospital Research Ethics Committee (Ethical Clearance No: 231/KEPK-

RSY/2025). Informed written consent was obtained from all participants after briefing them on the study objectives, procedures, risks, and rights, including the right to withdraw at any time without penalty. To ensure confidentiality, all questionnaires were anonymized and coded. Hard-copy data were stored in locked cabinets, and digital files were encrypted and password-protected. Ethical compliance adhered to the principles of the Declaration of Helsinki and national research ethics guidelines issued by the Indonesian Ministry of Health. Participant welfare was prioritized throughout, with minimal disruption to clinical workflows and safeguards against psychological burden.

## RESULTS AND DISCUSSION

### Demographic Characteristics and Career Ladder Distribution

Career ladder data revealed a concerning concentration at the middle tier. A total of 49 nurses (49%) were assigned to Nurse Clinician Level III (PK III), while no participants occupied PK V or advanced roles (e.g., educator, manager, or researcher). The lack of distribution toward upper echelons reflects systemic issues within institutional advancement frameworks. This distribution supports Saputri, Pasinringi, and Ake (11), who observed structural bottlenecks in career progression due to limited support and unclear evaluation mechanisms. Additionally, Firman et al. (12) emphasized

that the career ladder is often adopted as a formal compliance measure rather than a genuine development strategy. **Table 1** presents demographic variables relevant to interpreting study outcomes. The demographic distribution indicates a predominantly female and highly educated workforce with significant professional experience, offering a rich basis for analyzing variance in career perception and occupational satisfaction.

**Table 1. Demographic profile of respondents (n = 100)**

Variable	Category	Frequency (n)
Age	<30 years	24
	30–39 years	42
	≥ 40 years	34
Gender	Female	82
	Male	18
Education Level	Diploma (D3)	21
	Bachelor (Ners/S.Kep)	79
Length of Service	1–5 years	28
	6–10 years	36
	>10 years	36
Unit of Work	Inpatient Care	52
	Outpatient Care	30
	Emergency Department	18

The demographic pattern shows a relatively experienced and educated nursing cohort; however, their placement within the career ladder does not align with their tenure or qualifications. This incongruity highlights critical institutional shortcomings, including lack of leadership preparation, minimal recognition structures, and absence

**Table 2. Distribution of Perceptions and Satisfaction**

Variable	Category	Frequency (F)	Percentage (%)
Career Ladder Level	PK I	24	24
	PK II	22	22
	PK III	49	49
	PK IV	5	5
	PK V	0	0
Career Ladder Implementation	Good	54	54
	Not Good	46	46
Job Satisfaction	Satisfied	65	65
	Not Satisfied	35	35

of pathway transparency(6). Strategic emphasis on mentorship, continuous education, and equity in evaluation is urgently needed.

In the **Table 2**, these findings indicate that while implementation of the career

ladder is perceived positively by just over half of respondents (54%), a substantial minority remain dissatisfied. Likewise, job satisfaction rates, although encouraging at 65%, suggest considerable room for improvement through institutional reform.

**Table 3. Cross-tabulation of career ladder implementation and job satisfaction**

Career Ladder Implementation	Job Satisfaction	n	Total n	%	p-value
Good	Satisfied	44	54	100	0
	Not Satisfied	10			
Not Good	Satisfied	21	46	100	
	Not Satisfied	25			
Total		65	100	100	

The statistical cross-tabulation in **Table 3** reveals a significant correlation ( $p = 0.000$ ) between positive perceptions of career ladder implementation and higher job satisfaction. Of those who perceived the implementation as good, 81.5% reported being satisfied with their jobs. Conversely, among those with negative perceptions, 54.3% expressed job dissatisfaction. This finding is consistent with Filani et al. '(13) and Ahn and Choi (8), who both found that

positive perceptions of advancement frameworks correlate with improved motivation and retention.

**Perceived Career Ladder Implementation**

The analysis of respondents' perceptions of the implementation of the career ladder system provides insight into how the nursing staff experience structural career progression policies. As presented in **Table 4**, 54% of nurses perceived the

**Table 4. Perception of career ladder implementation**

Perceived Career Ladder Implementation	Frequency (n)	Percentage (%)
Good	54	54
Not Good	46	46
Total	100	100

**Table 5. Job satisfaction levels among nurses**

Job Satisfaction Level	Frequency (n)	Percentage (%)
Satisfied	65	65
Not Satisfied	35	35
Total	100	100

implementation of the career ladder system in their hospital as "good," while the remaining 46% rated it as "not good."

This distribution reveals a slight majority of respondents who favorably assessed the implementation process, suggesting partial institutional success in communicating and applying the system. However, the substantial proportion (46%) who viewed the implementation unfavorably signals systemic shortcomings, such as inconsistent execution, insufficient managerial support, or lack of clarity in performance assessments, as previously described in the literature (14). These findings align with studies that emphasize the duality of perception in organizational change initiatives. As Ibrahim et al. (15) noted, positive perceptions of career advancement systems often coexist with practical challenges in implementation, particularly in environments marked by policy gaps or ambiguous reward structures. The perception among nearly half of respondents that the system was not well-

implemented supports the assertion by Kim et al. (14) that promotion-related role ambiguity and flawed evaluation mechanisms remain pervasive obstacles in the effectiveness of career ladder frameworks. This finding reinforces the need for structured feedback mechanisms and participatory governance models that include nurses in the evaluation and refinement of career advancement policies. Doing so would likely increase positive perceptions and promote higher levels of engagement and satisfaction, as highlighted in prior work by Filani et al. (13).

#### **Job Satisfaction Levels**

This subsection presents the analysis of nurses' job satisfaction at Rumah Sakit Y Kuningan. As shown in **Table 5**, 65% of the respondents reported being satisfied with their job, while the remaining 35% indicated dissatisfaction. These findings indicate that a clear majority of nurses expressed satisfaction with their roles, which is an encouraging signal of organizational health.

The proportion of satisfied respondents suggests that job satisfaction may be moderately high despite institutional challenges. However, the 35% who reported dissatisfaction is non-negligible, pointing to underlying factors that warrant further organizational attention. This result is consistent with previous empirical studies showing that structured support systems, such as mentorship and continuing education, often correlate with elevated satisfaction levels (11,16,17). Nevertheless, the proportion of dissatisfaction echoes concerns raised by Sulistyowati et al. (18) and Rindu & Hafizurrachman (19), who noted that factors like emotional exhaustion, heavy workloads, insufficient compensation, and limited career advancement opportunities are principal drivers of nurse dissatisfaction in public hospitals across Indonesia. The current study reinforces these patterns by showing that despite some satisfaction, systemic improvements remain essential. Moreover, the presence of 35% dissatisfied respondents suggests implications for turnover intentions and professional disengagement. According to Al-Sabhan et al. (20), job dissatisfaction directly affects care quality, staff retention, and organizational stability, especially when intrinsic motivators are undermined by structural inadequacies. Therefore, targeted interventions—ranging from compensation reform to work-life balance policies are needed to elevate overall satisfaction and improve healthcare delivery outcomes.

These findings underscore the importance of continuously evaluating job satisfaction as a strategic HR metric. Incorporating regular surveys and integrating feedback mechanisms into the performance management system can enable hospital leadership to proactively address dissatisfaction and foster a culture of engagement and accountability (21). While the job satisfaction levels among nurses at Rumah Sakit Y Kuningan are moderately favorable, the substantial share of dissatisfaction underscores the need for policy and managerial reforms. Strategies to address root causes such as improving leadership quality, career advancement support, and staffing conditions should be prioritized to enhance both nurse well-being and institutional performance.

### **Correlation Between Career Ladder Implementation and Job Satisfaction**

To examine the relationship between perceived career ladder implementation and nurse job satisfaction, a cross-tabulation analysis was conducted. As presented in **Table 6**, the data reveal a statistically significant correlation between the two variables ( $p = 0.000$ ), indicating that nurses' perceptions of the career ladder system strongly influence their levels of job satisfaction. These results demonstrate that among nurses who perceived the career ladder implementation as "good," a substantial majority (81.5%) reported being satisfied with their job. Conversely, among

**Table 6. Cross-tabulation between career ladder implementation and job satisfaction**

<b>Perceived Career Ladder Implementation</b>	<b>Job Satisfaction: Satisfied (n, %)</b>	<b>Job Satisfaction: Not Satisfied (n, %)</b>	<b>Total (n)</b>	<b>Percentage (%)</b>	<b>p-value</b>
Good	44 (81.5)	10 (18.5)	54	54.0	
Not Good	21 (45.7)	25 (54.3)	46	46.0	
Total	65 (65.0)	35 (35.0)	100	100.0	0.000

those with a "not good" perception, more than half (54.3%) were dissatisfied. This sharp divergence supports previous literature highlighting that organizational support, transparency in career progression, and structured mentorship are critical predictors of job satisfaction (22). The statistical strength of this correlation suggests that hospital administrators seeking to improve job satisfaction should prioritize refining the career ladder system. Targeted interventions such as role clarity, equitable evaluations, and leadership engagement in career planning could significantly improve both perception and outcomes. Moreover, the findings underscore the practical relevance of participatory governance in promoting fairness and professional development, as proposed by Musa et al. and Ramdani et al. (16,23). Overall, the correlation between career ladder perceptions and job satisfaction reflects a critical mechanism through which institutional policies shape frontline workforce morale and retention. These findings contribute unique empirical insights into the Indonesian healthcare context, aligning with global literature while offering localized evidence for organizational

reforms. This investigation advances the scholarly discourse on nursing human resource management by introducing institution-specific empirical evidence from Kuningan Regency, Indonesia. To the best of current knowledge, it constitutes the first localized study to statistically validate a significant correlation between nurses' perceptions of career ladder implementation and their corresponding levels of job satisfaction. In doing so, it not only reinforces theoretical frameworks established in global literature but also demonstrates their practical salience within the decentralized structure of Indonesia's healthcare system. The findings elucidate a compelling association between structural career advancement mechanisms and affective occupational outcomes. Notably, 81.5% of nurses who perceived the career ladder system positively also reported high levels of job satisfaction. This outcome corroborates existing scholarship suggesting that clearly articulated advancement pathways, bolstered by institutional transparency and managerial support, serve as essential catalysts for enhancing motivation, professional competence, and retention (11).

From a data-driven standpoint, the study addresses a significant empirical gap in Indonesia's healthcare literature. While prior studies have often examined career ladder frameworks at a multi-hospital or theoretical level (11,12), few have integrated perceptual and outcome variables within a single-institution analysis. The present study's correlational design, leveraging cross-tabulation to interpret both perception and satisfaction metrics, adds a layer of analytical specificity that enhances the interpretability and policy relevance of its findings. Methodologically, the integration of cross-sectional statistical diagnostics with perceptual assessment tools exemplifies an innovative approach to healthcare workforce evaluation. The marked discrepancy in job satisfaction—81.5% satisfaction among those perceiving implementation as "good" versus 54.3% dissatisfaction among those with "not good" perceptions demonstrates the analytical utility of this dual-layered framework. As a replicable model, it offers healthcare administrators a robust instrument for identifying systemic deficiencies and targeting institution-specific reforms.

In the broader context of health system decentralization, this research highlights the heterogeneity inherent in Indonesia's regional healthcare delivery. By presenting a micro-level case from a semi-urban hospital, the study underscores the limitations of generalized policy interventions and argues for the necessity of

locally adapted workforce strategies. Such data-rich, contextual analyses are particularly critical for informing national discussions on accreditation processes, equitable promotion practices, and rural retention efforts. Moreover, the study's empirical contributions resonate with international discourses emphasizing the necessity of locally generated evidence in guiding macro-level governance. As Ahn and Choi (8) and Pertiwi and Hariyati (6) contend, the success of policy structures is contingent not solely upon their design but on their congruence with local institutional cultures and frontline perceptions. This research exemplifies such congruence, offering a transferable model for similarly decentralized healthcare systems in Southeast Asia and beyond. This study makes a substantive scholarly contribution by elucidating the localized dynamics between career ladder implementation and job satisfaction among nurses in an Indonesian hospital. It reinforces the validity of international frameworks within local contexts, introduces a replicable evaluative methodology, and informs a more context-sensitive approach to workforce development policy. These contributions collectively enhance the evidence base for effective, equitable, and sustainable nursing human resource management.

## **CONCLUSION AND RECOMMENDATION**

This study was conducted to examine the relationship between nurses'

perceptions of career ladder implementation and job satisfaction in a decentralized public hospital setting in Kuningan Regency, Indonesia. By situating the inquiry within the broader discourse on professional development and workforce management, the study sought to provide institution-level evidence on how structured career systems are perceived and how they relate to nurses' occupational experiences. Based on the purpose of this study, hospital management is encouraged to strengthen the operationalization of career ladder systems through transparent criteria, consistent evaluation mechanisms, and leadership engagement. Policymakers may consider using institution-level evidence such as this to inform workforce development strategies in decentralized healthcare systems. Future research is recommended to adopt longitudinal or multi-site designs to explore how changes in career ladder implementation over time influence nurse satisfaction, retention, and care quality across diverse hospital contexts.

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