

Nurses' Perception of Career Development and Organizational Commitment and Its Components in Private Hospitals in Indonesia

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ABSTRACT

Keywords:

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Career development and organizational commitment are critical factors in improving nurses' performance and retention in private hospitals. However, understanding how nurses perceive career growth and its influence on their commitment remains essential, particularly in the Indonesian healthcare context where workforce stability is a key concern. This study aims to explore nurses' perceptions of career development and organizational commitment, as well as to examine how demographic factors influence these relationships in private hospitals in Indonesia. The study employs a mixed-method approach with an explanatory sequential design. It begins with quantitative analysis identifying career growth and demographic factors (age, gender, work experience, and work location) as predictors of organizational commitment. This is followed by a qualitative phase using virtual focus group discussions (FGDs) with 30 purposively selected nurses from private hospitals in North Sulawesi. Data were collected through semi-structured interviews and analyzed using Reflexive Thematic Analysis. The findings reveal three main themes: a positive work environment, emotional involvement at work, and challenges faced in the hospital. These results confirm that career development significantly influences nurses' organizational commitment, supported by both quantitative and qualitative evidence. Career development plays a vital role in strengthening nurses' commitment to their organizations. Hospitals are recommended to design structured career development and counseling programs to enhance employee engagement and long-term retention.

INTRODUCTION

Hospital nurses have been recognized as the front line of patient care and the largest group in the health human resources sector (Kumar et al., 2016; Sudarsan, 2016; Holland et al., 2019). They play a vital role in determining the productivity and effectiveness of hospitals, as well as the quality of patient care (American Nurses Association, 2015; Al-Haroon & Al-Qahtani, 2020). The government requires all nurses, through their oath of duty, to be sensitive to life-threatening patient conditions, legal ethics, and culture (Jainurakhma et al., 2020).

Dwi Putranti (2018) identified that there are 891,897 human resources in the health sector in Indonesia; 49% of them are nurses. Data from the Ministry of Health (2018) show that in 2017 there were 345,276 nurses working in Indonesia, with an estimated total population of

261,890,872 people. Statistics indicate that 48.36% of the total number of nurses, or 223,357 individuals, work in hospital environments, which suggests that hospital nurses are the main human resources providing hospital services (Percunda & Putri, 2020) and are also considered one of the most important subsystems of the New National Health System framework in Indonesia (K3), which aims to achieve the highest level of health in the country.

In Indonesia, nurses are considered the heart of the hospital (Zain & Setiawati, 2019). Given the rapid growth of private hospitals (22%), which is much higher than that of government-owned hospitals (8%) and contributes to a higher overall proportion (60%), managing nurse commitment in private hospitals is crucial. Low nurse commitment not only affects the quality of services provided by hospitals but also has a significant impact on the performance of the health system at the national level (Dewanto & Wardhani, 2018).

Although the importance of managing nurse commitment in private hospitals has been recognized, the exact level of commitment and studies on its causes in Indonesia remain very limited. A rapidly growing international empirical literature has identified antecedents of nurse commitment to their hospitals in other countries (Caykoylu et al., 2011; Graf et al., 2015; Miedaner et al., 2018). However, published empirical research on the commitment of private hospital nurses in the local Indonesian context, more specifically in North Sulawesi province, is still scarce.

Previous research has also revealed that when nurses provide services, they face a number of challenges, such as resource limitations, including a lack of emergency equipment, specialized emergency transportation, and health workers (Efendi et al., 2014; Ahmad et al., 2018; Jainurakhma et al., 2020), as well as limited opportunities for development and promotion (Percunda & Putri, 2020; Susanti et al., 2020). In addition, Gunawan (2019) reported that nurses care for 20–30 patients per day, yet receive low monthly salaries from the hospitals where they work. All of the above shows that the work of a nurse requires not only clinical skills but also patience, perseverance, and commitment (Diana et al., 2020). Thus, managing hospital nurses' commitment is very important in such situations.

Statistical information from the Ministry of Health of the Republic of Indonesia reveals that the ratio of nurses to the population in 2014 was 94.07 nurses per 100,000 population; in 2015, it decreased to 87.05 nurses per 100,000 population, which is far from the ideal ratio recommended by the World Health Organization (WHO), namely 23 nurses per 10,000 population (Gunawan et al., 2020). This implies that Indonesia still has a significant need for nurses and may exhibit different commitment patterns. All of the above suggests that it is important to understand the factors contributing to nurse commitment in hospitals today in order to develop timely interventions to improve it. This calls for further research to examine this issue.

Empirical research shows that a lack of employee commitment can be detrimental to employers, resulting in lower job satisfaction, higher absenteeism rates, and increased costs (Natarajan, 2011). Nurses with low commitment, decreased job satisfaction, and reduced motivation can contribute to poor service quality, resulting in patient dissatisfaction (Sepahvand et al., 2019). For good service quality and hospital sustainability, organizational commitment among nurses is an important element that needs to be considered (Diana et al., 2020).

A growing body of literature also suggests that employees, particularly younger generations, are more likely to leave their current organizations in search of better opportunities (Biswakarma, 2016), tend to place greater emphasis on career growth (Fok & Yeung, 2016; Ba & Liu, 2018), and actively innovate in their career development (Chen et al., 2015). On the other hand, employees whose organizations support their career growth respond positively toward their organizations (Wang et al., 2014). Likewise, such organizations are able to create reciprocal investment relationships with their employees. Thus, it can be concluded that career growth has a direct effect on employee commitment to the organization, as stated by Weng et al. (2010).

However, existing studies report conflicting findings regarding the relationship between career growth and the components of organizational commitment. For example, in the study by Karavardar (2014), career growth has a positive relationship only with affective commitment, whereas in the study by Weng et al. (2010), career growth has a positive relationship with all components of commitment. This implies that not all components of organizational commitment are affected by career growth. Thus, further studies are needed to examine how employee career growth contributes positively to the organization (Wang et al., 2014).

The novelty of this research is fourfold. First, this study employs a sequential explanatory mixed-method design, which is rare in Indonesian nurse commitment research. The qualitative phase, using virtual focus group discussions and Reflexive Thematic Analysis, enables the research to capture not only what nurses think but also why they think it, providing rich contextual understanding that quantitative surveys alone cannot achieve. Second, this research explicitly examines all three components of organizational commitment (affective, continuance, and normative), as articulated by Meyer and Allen (1991, 1997), rather than treating commitment as a unidimensional construct, thereby enabling a more nuanced understanding of how career development differentially affects each component. Third, the study is among the first to focus specifically on private hospital nurses in North Sulawesi, a province with unique geographic characteristics (archipelagic, with rural–urban disparities) and cultural values (collectivist, religious) that may shape career perceptions differently from other Indonesian regions. Fourth, the research integrates Super's (1990) career development stage theory with organizational commitment theory, examining how nurses at different career stages (exploration, establishment, advancement, and maintenance) perceive and respond to career development opportunities.

This study is novel in its use of a sequential explanatory qualitative approach to explore nurses' perceptions of career development and organizational commitment, including their components (affective, continuance, and normative commitment), in the context of private hospitals in Indonesia, which have previously been studied primarily through quantitative approaches. This study not only identifies the relationship between career development and organizational commitment but also emphasizes nurses' subjective interpretations of their career experiences based on their various career stages and demographic backgrounds. The purpose of this study is to understand how nurses perceive career development opportunities in private hospitals in Indonesia and how these perceptions influence their commitment to the organization, thereby providing an empirical basis for developing more contextually relevant

human resource management policies and nurse career development programs aimed at enhancing organizational commitment.

METHOD

This study used a qualitative approach with an explanatory sequential design to deepen and explain the quantitative findings related to the relationship between career growth, demographic factors, and organizational commitment among nurses. Qualitative data were collected through virtual focus group discussions (FGDs) involving 30 nurses from various private hospitals in North Sulawesi. Participants were purposively selected based on their career growth scores and career development stages according to Super (1990), which are divided into four stages (exploration, establishment, advancement, and maintenance). Participant selection also took into account variations in gender, work experience, and work location (urban and rural). Interviews were semi-structured, with open-ended questions about career growth experiences and their relationship to hospital commitment. They lasted 60–75 minutes, were audio-recorded, and transcribed verbatim.

Qualitative data analysis was conducted using Reflexive Thematic Analysis (Braun & Clarke, 2013). The process included data transcription and translation (Indonesian–English), repeated readings to develop familiarity with the data, coding, theme development, reviewing and defining themes, and writing the final analysis. To enhance the validity and trustworthiness of the findings, the researchers conducted member checking by sending transcripts and preliminary themes to FGD participants and involving an auditor to assess the objectivity and clarity of the analysis. Thus, this qualitative approach provides an in-depth understanding of how nurses interpret their career growth experiences in relation to their organizational commitment.

RESULT AND DISCUSSION

A total of 30 nurses from four private hospitals were selected purposively and grouped based on career stage according to the classification by Cohen (1993), which refers to Super’s theory (1990). Reflective Thematic Analysis (Braun & Clarke, 2013) of the focus group discussions identified three main themes related to career growth and organizational commitment, namely: (1) a positive environment, (2) emotional involvement in the workplace, and (3) challenges faced in the hospital. These themes are presented in Table 1 below.

Table 1. Integrated View of Responses with Themes, Subthemes, and Codes

Theme	Subtheme	Code	FGD1	FGD2	FGD3	FGD4	Total number
Positive Environment	Perceived support from hospital management	The need for continuing education	1	2	2	5	10
		Consistent promotion	3	2	2	5	12
		Competitive salary	5	3	4	7	19

		Professional development	0	2	3	4	9
		Compensation	0	0	3	2	5
		Additional care	0	1	1	1	3
		Accessibility	2	0	0	0	2
	Perceived support from coworkers	Feedback and guidance	4	0	0	1	5
		Togetherness	4	2	4	0	10
	Organizational climate	Cleanliness	3	2	1	1	7
		Spirituality	0	0	0	1	1
		Dress code	1	1	2	1	5
Emotional Engagement in the Workplace	Positive feelings towards the hospital	The joy of working in a hospital	4	1	1	2	7
		A sense of belonging	2	2	1	1	6
	Sense of responsibility	Sense of obligation to the hospital	2	1	2	1	6
		Sense of responsibility towards patients	3	3	1	4	11
Challenges Faced in Hospitals	System level	Inadequate medical equipment	4	5	3	0	12
	Disagreement	Disagreement	1	2	2	2	7

Theme 1: Positive Environment

The positive environment theme reflects nurses' experiences in Indonesian private hospitals regarding the support they receive from their organizations and their daily work environment. This environment shapes nurses' perceptions of career growth and directly contributes to strengthening their commitment to the hospital.

Perceived Support from Hospital Management

Nurses view hospital management support as a key foundation for creating positive career growth experiences. This support includes continuing education, career advancement, compensation, professional development, and personal attention from leadership.

Opportunities for continuing education were the most frequently cited form of support by nurses at various career stages. A senior nurse with a high career growth score stated, "Improving our knowledge and skills as nurses is crucial for keeping up with developments in the medical world. I am grateful that the hospital provides opportunities for continuing education" (FG4D, 44 years, female, urban, >3 years of service). A 42-year-old nurse expressed a similar sentiment, stating, "I am currently pursuing formal education to improve my skills. This opportunity is very meaningful because every year there are new developments in the world of healthcare" (FG4E, female, urban, >3 years of service). This educational support even encourages nurses to remain despite limited financial compensation, as expressed,

“The main reason I stay here even though the salary is not high is because the hospital allows me to continue my studies while working” (FG2F, 31 years, female, urban, >3 years of service).

In addition to education, career promotion is perceived as a tangible indicator of organizational recognition of nurses' performance and competence. Several nurses with high career growth scores described promotions they perceived as fair and merit-based. One senior nurse stated, “I was promoted to head nurse and attended various trainings and workshops to support that role” (FG4C, 45 years, female, rural, >3 years of service). Another nurse described her career journey, “I started as a nursing assistant, then became head nurse, and finally was trusted as a clinical instructor” (FG2B, 32 years, female, urban, >3 years of service). Meanwhile, younger nurses also saw promotion opportunities as a reason to stay: “In this hospital, promotions are assessed based on merit and performance. That's what makes me want to continue working here” (FG1A, 24 years, female, rural, <3 years of service).

Competitive salaries were also perceived as a form of management support, although nurses interpreted them differently. A senior nurse assessed the salary as sufficient to meet family needs, stating, “My salary is sufficient for me and my family. Furthermore, our salaries are always paid on time” (FG4A, 48 years old, female, rural area, >3 years of service). Another nurse added, “The most important thing for me is that my basic needs are met. If that is achieved, I feel my salary is sufficient” (FG3B, 38 years old, female, rural area, >3 years of service). On the other hand, a junior nurse stated, “As a contract employee, I feel the salary I receive is appropriate for my current position” (FG1A, 24 years old, female, rural area, <3 years of service).

Management support is also realized through ongoing professional development. Nurses appreciate the training, seminars, and workshops that enhance their skills and confidence. One nurse stated, “The training and seminars provided by the hospital have been very helpful in improving our abilities as nurses” (FG3C, 39 years old, male, rural, >3 years of service). Another nurse expressed similar sentiments, “When the hospital sent me to the ICU training and covered all the costs, I felt very valued and more confident in providing care” (FG3A, 36 years old, male, urban, >3 years of service). This support fosters positive feelings toward the organization, as expressed, “I am grateful for all the training and seminars provided by the hospital” (FG2A, 34 years old, male, rural, >3 years of service).

Nurses also highlighted additional benefits, personal attention, and the accessibility of leadership as meaningful forms of support. A nurse with high normative commitment stated, “The hospital director personally visited our sick family. This kind of attention made me feel valued and wanted to stay loyal to the hospital” (FG3B, 38 years, female, rural, >3 years of service). Another nurse added, “The hospital director was approachable and always listened to our opinions” (FG1C, 26 years, female, rural, <3 years of service).

Perceived Support from Coworkers

Support from colleagues was perceived as an important factor in creating a sense of security and comfort at work, especially for novice nurses. Young nurses relied heavily on feedback and guidance from senior nurses to improve their skills and confidence. One nurse stated, “Senior nurses volunteered to guide us and help us correct mistakes. With their guidance, I was able to develop as a nurse” (FG1A, 24 years old, female, rural, <3 years of service). This statement was reinforced by another nurse, “Feedback from senior nurses is very

important for our skill development as novice nurses” (FG1E, 26 years old, female, urban, <3 years of service).

In addition to guidance, the camaraderie and harmonious relationships between nurses create a pleasant work environment. One nurse expressed, “We support each other and consider each other family. This makes me want to continue working at this hospital” (FG3A, 36 years old, male, urban, >3 years of service). Another nurse added, “The pleasant work environment and the camaraderie among nurses are the reasons I stay here” (FG3D, 38 years old, female, rural, >3 years of service).

Organizational Climate

The organizational climate complements the positive environment experienced by nurses. Nurses value hospital policies and practices that emphasize cleanliness, discipline, comfort, and religious values. This climate fosters a sense of pride and well-being in the workplace. One nurse explained, "I enjoy working here because the cleanliness is very well maintained and the work environment is better than in a general hospital" (FG1F, 27 years, female, rural, >3 years of service).

Several nurses also noted that the rules regarding uniforms, appearance, and religious activities contribute to a professional and meaningful work environment. "I like the cleanliness of this hospital and the opportunity to pray. The uniforms and rules here are also more comfortable" (FG4G, 43 years old, female, urban, >3 years of service).

Emotional Engagement in the Workplace

The theme of emotional engagement at work illustrates how nurses' emotional feelings toward the hospital shape their career growth experiences and strengthen their organizational commitment. When nurses feel emotionally connected, they tend to demonstrate greater dedication, are willing to put in extra effort, and identify with their careers as part of their identity. This emotional engagement is reflected in two main subthemes: positive feelings toward the hospital and a sense of responsibility.

Positive Feelings towards Hospitals

Nurses with high affective commitment scores expressed a variety of positive feelings toward the hospital, such as gratitude, happiness, and enjoyment of their work. These feelings emerged despite facing high workloads and long hours. One young nurse stated, "I have to work overtime almost every day, but rather than feeling frustrated, I actually enjoy being at the hospital" (FG1C, 26 years old, female, rural, <3 years of service).

These positive feelings were also felt by senior nurses with long service experience. A nurse with nearly 30 years of experience expressed her gratitude, saying, "Despite the difficulties of working as a nurse, I am very grateful to have been allowed to work in this hospital for so many years" (FG4A, 48 years old, female, rural, >3 years of service).

Furthermore, emotional involvement develops into a sense of belonging and attachment to the hospital, which is often described as a “second home.” One nurse stated, “I have been working here for over 12 years and have no intention of leaving. I have developed a sense of belonging to the hospital” (FG2D, 35 years, female, rural, >3 years of service). Inter-unit rotation experiences and learning opportunities across departments further strengthen this emotional attachment, as expressed, “Moving from one department to another helps me learn a lot and makes me even more committed to this hospital” (FG2B, 32 years, female, urban, >3 years of service).

Sense of Responsibility

Nurses' emotional involvement is also reflected in the development of a strong sense of responsibility, both to the hospital and to patients. Nurses with high normative commitment scores view responsibility as a moral consequence of the support and trust they receive from the organization.

A sense of responsibility toward the hospital is manifested through a desire to contribute more and help improve the hospital's image and quality of services. A young nurse explained, "I feel it is my obligation to do my best to give back to the hospital. Therefore, I am confident that I will continue working here in the years to come" (FG1G, 29 years old, female, rural, >3 years of service). This view was also expressed by a senior nurse, "We want to help the hospital achieve its goals by providing quality services and working more responsibly" (FG4D, 44 years old, female, urban, >3 years of service).

In addition to their commitment to the organization, nurses demonstrate a strong sense of responsibility toward their patients. Many nurses stated that they are willing to work beyond their normal working hours to ensure patients receive the best possible care. A senior nurse emphasized, "Providing quality care to patients is my responsibility" (FG4H, 42 years old, female, rural, >3 years of service). A junior nurse echoed this sentiment, stating, "If the patient still needs care, I will stay even after my shift is over" (FG1A, 24 years old, female, rural, <3 years of service).

This sense of responsibility even drives some nurses to stay despite feeling that financial compensation is not commensurate with the workload. One nurse stated, "Salary is important, but my commitment to serving patients and helping them recover keeps me working here" (FG2C, 34 years, female, urban, >3 years of service). For these nurses, caring for patients is not just a job, but a moral calling and career goal, as expressed, "My goal as a nurse is to provide the best for patients regardless of the salary I receive" (FG4C, 45 years, female, rural, >3 years of service).

Challenges Faced in Hospitals

This theme describes the various obstacles nurses experience in their career development, potentially hindering professional skill development, slowing career advancement, and impacting psychological well-being. These challenges are manifested in two main subthemes: system-level challenges and disagreements with hospital management.

Challenges at the System Level

Nurses, both working in rural and urban hospitals, reported that system limitations, particularly the lack of adequate medical equipment, were a major barrier to their competency and career development. This situation was particularly acute for nurses working in rural areas, as limited facilities often forced them to refer patients to distant hospitals.

Several nurses aged 31–35 highlighted that limited facilities not only hinder clinical learning but also become a source of work stress. One nurse stated, "The lack of medical equipment not only hinders our opportunities to improve our skills but also becomes a source of stress. How can we improve if the facilities are not there?" (FG2B, 32 years old, female, urban, >3 years of service).

Young nurses working in rural areas also expressed frustration at not being able to apply the knowledge they gained during their formal education. One recent graduate nurse said, "I was very enthusiastic about applying the knowledge I learned from college, but the very limited

facilities prevented me from doing so. This made me disappointed and stressed” (FG1A, 24 years old, female, rural, <3 years of service). Another nurse expressed similar sentiments, emphasizing that the use of modern medical equipment is an essential part of professional skill development (FG2A, 34 years old, male, rural, >3 years of service).

Disagreements with Management

In addition to systemic challenges, nurses also face disagreements with hospital management that they perceive as hindering career growth and skills development. These disagreements include differences of opinion, a lack of responsiveness to nurses' aspirations, and perceived inconsistent managerial policies.

Some nurses expressed a lack of recognition, particularly regarding the need for medical equipment upgrades. One nurse stated, “We have requested equipment upgrades, such as replacing manual equipment with digital equipment, but they have not yet been approved” (FG2B, 32 years, female, urban, >3 years of service). A similar complaint was voiced by a senior nurse with over two decades of service who believes that delays in equipment upgrades could jeopardize patient safety (FG3B, 38 years, female, rural, >3 years of service).

Disagreements also arise in the form of operational policies that increase workload and emotional stress. An ICU nurse described the pressures experienced due to limited room capacity and interactions with patients' families, saying, "This situation always causes stress for patients, families, and nurses because we have to do extra work" (FG1B, 29 years old, male, urban, >3 years of service).

In more serious cases, disagreements with management can even directly impact nurses' careers. One senior nurse recounted her experience of having a promotion revoked due to disagreements with the hospital director: "I was taken back from my head nurse position because I opposed the 12-hour shift policy. Promotions here feel inconsistent and highly dependent on leadership policies" (FG4M, 42 years old, female, rural, >3 years of service). Nurses' career development experiences in private hospitals in Indonesia are perceived as the result of an interaction between the work environment, emotional relationships with the organization, and structural challenges faced in daily practice. A positive work environment characterized by management support, opportunities for competency development, and recognition for performance shapes how nurses interpret their career journeys. When organizations provide space for learning, provide trust, and engage nurses in the professional process, hospitals are viewed as places that foster long-term growth, not simply as locations for work. This view aligns with literature emphasizing the important role of organizational support in shaping perceptions of career growth and positive work attitudes (Ba & Liu, 2018).

This supportive environment not only impacts the technical aspects of skills development but also strengthens the psychological attachment of nurses to the hospital (Anggraeni et al., 2017). The experience of receiving guidance, promotion opportunities, and fair treatment from superiors fosters a sense of being valued and recognized as an important part of the organization. In this sense, the relationship between the hospital and nurses resembles a social exchange pattern, where institutional support is reciprocated with greater dedication and involvement from the nurses (Al-Haroon et al., 2020). This condition reinforces the view that career growth is a product of a responsive organizational system.

Emotional engagement at work emerges as an important dimension of nurses' career experiences. Nurses who feel professionally developed describe a strong emotional attachment

to the hospital, reflected in feelings of pride, loyalty, and a desire to continue contributing despite work pressures. Hospitals are perceived not only as formal institutions but also as social spaces that shape nurses' professional identities. This view is consistent with the concept of affective commitment, where emotional bonds develop through meaningful work experiences and value congruence between the individual and the organization.

In addition to professional factors, aspects related to fulfilling personal and family needs also influence nurses' emotional engagement. Job stability and income help nurses meet social and family responsibilities, ultimately strengthening their sense of security and attachment to the organization. In Indonesia's collectivist culture, work is interpreted as a means of self-actualization and as a form of responsibility to family and the social environment. Previous literature shows that fulfilling economic and social needs significantly contributes to the emotional engagement and career sustainability of healthcare workers (Faramita et al., 2015; Eliyana et al., 2019).

Furthermore, nurses' career experiences are also characterized by various challenges that have the potential to hinder professional development and psychological well-being. System limitations, such as a lack of medical equipment and inconsistent organizational policies, create barriers to skill development and contribute to work-related stress. Disagreements with management, especially when nurses' aspirations are not adequately addressed, reinforce perceptions of unfairness and undermine career growth experiences. This situation aligns with findings from previous studies showing that structural barriers and organizational conflict negatively impact nurses' job satisfaction and career development (Ogbuanya & Yekinni, 2020; Calvin & Bongani, 2017). However, the presence of challenges does not always lead to a weakening of commitment. Some nurses continue to demonstrate a strong attachment to the hospital as a form of moral and professional responsibility. A sense of obligation to continue serving patients, loyalty to the institution, and the value of dedication are factors that support continued work amid limitations. This reflects the normative dimension of organizational commitment, which develops through the internalization of professional values and norms, particularly in a culture that emphasizes loyalty and togetherness.

Thus, the career development experience of nurses in private hospitals in Indonesia is understood as a dynamic process shaped by a supportive work environment, emotional engagement, and the organization's ability to manage structural challenges. When hospitals can create a climate that supports learning, values nurses' contributions, and responds fairly to their needs, career growth is interpreted positively and forms the basis for ongoing commitment. Therefore, nurse career development cannot be separated from the organization's efforts to build a healthy, equitable, and sustainable work environment oriented toward human resource sustainability.

CONCLUSION

The study concluded that nurses' career development experiences in private hospitals in Indonesia are shaped by the interaction between a supportive work environment, emotional engagement with the organization, and structural challenges encountered in daily professional practice. Management support, competency development opportunities, and recognition of the nurses' role reinforce positive meanings of career growth and foster attachment and loyalty to the hospital. Meanwhile, system limitations, inconsistent policies, and disagreements with

management have the potential to hinder skill development and cause psychological distress. Implications suggest that hospitals should view nurse career development as a long-term organizational strategy by providing a fair, participatory, and learning-oriented work environment to maintain the sustainability of nursing resources and the quality of healthcare services. Future research is recommended to explore nurses' experiences across different types of hospitals and broader regions, and to integrate hospital management perspectives to gain a more comprehensive understanding of the dynamics of nurse career development and organizational commitment.

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