

# Sustainable Nursing Human Resource Management (SNHRM): A Literature Review and Conceptual Framework for Workforce Sustainability in Indonesian Public Hospitals

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## Abstract

The global and Indonesian nursing workforce is experiencing a sustainability crisis that conventional, turnover-intention-based human resource management (HRM) approaches have failed to resolve. Prior research predominantly treats nurses' intention to leave as a proximal, episodic proxy for workforce stability, while largely overlooking Workforce Sustainability as a multidimensional, longitudinal, and collective outcome. This paper aims to synthesize the theoretical and empirical literature on Sustainable HRM, Conservation of Resources, Social Exchange, and Organizational Resilience theories to develop an integrative conceptual model, Sustainable Nursing Human Resource Management (SNHRM), that explains how sustainable HRM practices generate Workforce Sustainability among nurses in Indonesian public hospitals. Using a systematic narrative literature review of peer-reviewed studies published mainly between 2015 and 2025, the review is synthesized into the Nursing Sustainability Integration Theory (NSIT), an integrative framework in which SNHRM practices influence Workforce Sustainability through a serial mechanism involving Leadership Climate, Psychological Safety, and Workforce Resilience, which in turn strengthens Commitment Sustainability. Seven theoretical propositions are advanced to guide future empirical testing, particularly through Higher Order Construct modeling in Partial Least Squares Structural Equation Modeling (PLS-SEM). The review contributes an integrative theoretical lens that repositions nursing HRM research from a retention-oriented toward a sustainability-oriented paradigm and offers a conceptual foundation for hospital management and health policy to design HRM interventions within Indonesia's civil-service (ASN) and national health insurance (JKN) context. As a conceptual/literature-review paper prepared for doctoral colloquium purposes, empirical validation of the proposed model remains the agenda of the author's ongoing dissertation research.

## Keywords:

sustainable human resource management; nursing workforce; workforce sustainability; psychological safety; workforce resilience

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## INTRODUCTION

The global nursing workforce crisis is not merely a statistical phenomenon; it is a manifestation of a systemic failure to manage health human resources sustainably. The World Health Organization projects a global shortage of approximately 10 million health workers by 2030, with nurses accounting for the largest share of this deficit (WHO, 2023). A joint report by WHO, the International Council of Nurses, and Nursing Now further estimates that at least 5.9 million additional nurses are needed to close the global health workforce gap, and stresses that the core problem is not merely production capacity but the system's ability to retain and sustain the workforce it already has. The COVID-19 pandemic exacerbated this condition: Lasater et al. (2021) found that nearly one in five nurses in the United States intended to leave the profession in the aftermath of the pandemic, while reports from international health institutions point to comparable proportions across Europe.

Indonesia faces a distinctive paradox: the production of nursing graduates is substantial, yet public health facilities continue to experience genuine workforce deficits, particularly outside Java (Kemenkes RI, 2022). The nurse-to-population ratio in Indonesia remains well below the recommended minimum standard, with a stark geographical gap between Java-Bali and eastern Indonesia. The annual nurse turnover rate in Indonesian public hospitals is reported to range between 15% and 25%, far exceeding the 10% critical threshold conventionally used as a benchmark of organizational stability (Nursalam et al., 2022). More troubling still, a substantial proportion of nurses who remain physically present exhibit symptoms of quiet quitting and presenteeism, a condition that conventional turnover-intention indicators fail to capture.

The distinctive characteristics of public-sector employment regulation further complicate this problem. Civil-servant (ASN) nurses are bound by a bureaucratic system that constrains career mobility and flexibility, which paradoxically dampens developmental motivation despite relatively secure job tenure (Dewi & Hasibuan, 2021). The transformation of health financing through Indonesia's National Health Insurance scheme (JKN) and the INA-CBGs case-based payment system since 2014 has further intensified productivity pressure on nurses without a commensurate strengthening of managerial capacity (Trisnantoro & Hendartini, 2022). HRM systems in Indonesian public hospitals remain dominated by a reactive, administrative-transactional approach rather than a proactive, sustainability-oriented strategic approach (Aditama, 2022).

For more than three decades, nursing HRM research has been dominated by turnover intention as the primary proxy for workforce stability, following the tradition established by Mobley's (1977) model through to adaptations of the Job Demands-Resources Model (Bakker & Demerouti, 2017). Over-reliance on this construct has created a significant blind spot: turnover intention measures the desire to leave, not the capacity and willingness to stay and grow; low turnover does not automatically reflect a healthy workforce, since nurses who stay only because they lack alternatives represent forced retention, which is ultimately counterproductive. More fundamentally, turnover intention is an episodic, individual-level construct, whereas Workforce Sustainability is a longitudinal, collective phenomenon that

demands a different conceptual framework altogether (Ehnert et al., 2023; Mariappanadar, 2020).

A preliminary review of the international literature published between 2015 and 2025 identifies four interrelated gaps. Theoretically, dominant theories such as Conservation of Resources and Job Demands-Resources were designed to explain individual-level stress dynamics rather than system-level workforce sustainability, while Sustainable HRM theory has yet to be specified for the nursing profession in developing-country contexts. Empirically, more than 70% of identified studies still treat turnover intention as the principal dependent variable, while Workforce Sustainability as a multidimensional construct remains almost entirely unoperationalized. Contextually, the majority of Sustainable HRM literature in healthcare originates from OECD countries whose institutional characteristics differ markedly from Indonesia's ASN bureaucracy and collectivistic culture. Methodologically, no validated Higher Order Construct (HOC) yet exists to measure sustainable nursing HRM practices in an integrated manner.

Building on these gaps, this paper aims to synthesize the theoretical and empirical literature to formulate a conceptual framework of Sustainable Nursing Human Resource Management (SNHRM) that explains how sustainable nursing HRM practices generate Workforce Sustainability through the mechanisms of Leadership Climate, Psychological Safety, and Workforce Resilience, which in turn strengthen Commitment Sustainability. As a conceptual/literature-review paper prepared for doctoral colloquium purposes, this article does not present empirical data or hypothesis testing; validation of the model through Partial Least Squares Structural Equation Modeling (PLS-SEM) is planned as the next stage of the author's dissertation research agenda. The remainder of the paper proceeds as follows: the Literature Review section develops the theoretical foundations and conceptual framework, followed by a brief account of the review protocol, a synthesis of findings and discussion, and finally the conclusions, limitations, and agenda for future research.

## **LITERATURE REVIEW**

### **Sustainable HRM Theory and Related Grand Theories**

Sustainable HRM theory (Ehnert, 2009; Mariappanadar, 2014) proceeds from a paradox perspective, asserting that the effectiveness of HRM should not be judged solely by short-term productivity but also by its capacity to preserve and regenerate human resources over the long term. Mariappanadar (2020) developed the Sustainable HRM Indicator, integrating the dimensions of harm minimization and positive enablement, recognizing that good HRM practice is not merely the absence of harm to employees but the active enabling of their development. Boxall and Purcell (2022) add that the synergistic effect of bundled HRM practices significantly exceeds the additive effect of individual practices, an argument that underlies the conceptualization of SNHRM as a multidimensional, formative construct.

Conservation of Resources theory (Hobfoll, 1989; Halbesleben et al., 2014) explains that individuals strive to acquire, retain, and protect resources they value, and that resource loss triggers a negative spiral that is stronger than the corresponding gain spiral. While it offers an important foundation for understanding burnout and resilience, this theory is fundamentally

individual-oriented and insufficiently equipped to explain workforce sustainability at the system level. Social Exchange theory (Blau, 1964; Cropanzano et al., 2017) complements this perspective by explaining how reciprocal relations between the organization and nurses shape relational commitment, while Organizational Support theory (Eisenberger et al., 1986; Kurtessis et al., 2022) asserts that perceived organizational support is a prerequisite for long-term resilience and commitment. These four theoretical traditions provide a rich foundation, yet none has been explicitly integrated into a single causal framework designed specifically to explain Workforce Sustainability in the nursing context of a developing country.

### **Sustainable Nursing Human Resource Management (SNHRM)**

SNHRM is defined as a nursing human resource management system that deliberately designs, implements, and evaluates workforce management practices across the dimensions of recruitment and retention, continuous professional development, holistic well-being, equity and inclusion, and adaptive work flexibility, with an explicit orientation toward long-term nursing workforce sustainability. As a formative bundle of HRM practices, SNHRM differs from generic Sustainable HRM conceptualizations in four respects: it is nursing-specific; it operationalizes measurable dimensions; it acknowledges the institutional pressures specific to public hospitals in developing countries; and it positions Workforce Sustainability as an explicit goal rather than a mere by-product of good HRM policy.

### **Leadership Climate**

Leadership Climate differs fundamentally from Leadership Style: whereas Leadership Style refers to a leader's individual behavioral pattern, Leadership Climate refers to employees' shared perceptions of the leadership policies, practices, and procedures they experience collectively within their work unit (Zohar & Luria, 2005). Magnet Hospital research shows that hospitals with a leadership climate that supports nursing autonomy and participative decision-making consistently exhibit higher levels of nurse satisfaction, retention, and patient outcomes (Kramer & Schmalenberg, 2008), while Avolio et al. (2021) demonstrate that a transformational leadership climate functions as an amplifier that strengthens the impact of HRM practices on positive outcomes.

### **Psychological Safety**

Psychological safety refers to a team's shared belief that their work environment is safe for interpersonal risk-taking, such as voicing opinions, asking questions, and reporting errors without fear of humiliation or punishment (Edmondson, 1999). Newman et al.'s (2022) meta-analysis of 136 studies found significant positive correlations between psychological safety and learning behavior, team performance, and employee voice, while Appelbaum et al. (2023) found that psychological safety within nursing units functions as an independent predictor of nursing workforce resilience, operating through both resource-building and stress-buffering pathways.

### **Workforce Resilience**

Workforce Resilience is conceptualized as the collective capacity of a nursing unit's workforce to anticipate, absorb, adapt to, and recover from pressures that threaten the

continuity and quality of care, while maintaining or even enhancing its professional capacity (Hartmann et al., 2022). Yıldız and Çelik (2023) show that resilience functions as a buffer against burnout, although its effectiveness depends on a supportive leadership climate, while Kerse (2022) argues that workforce resilience derives from both the accumulation of individual resources and the collective resources of the team.

### **Commitment Sustainability and Workforce Sustainability**

Meyer and Allen's (1991) three-component model of organizational commitment has generated thousands of studies, yet it lacks an explicit temporal dimension. Commitment Sustainability is proposed as a construct that captures the condition in which nurses sustain emotional attachment, intrinsic motivation, and professional identification consistently throughout their careers, even amid situational pressures, drawing on an integration of Social Exchange theory, Conservation of Resources theory, and Self-Determination theory (Deci & Ryan, 2000). Workforce Sustainability itself is defined as the condition in which a nursing organization possesses and sustains a workforce that is numerically adequate, competent, psychologically healthy, motivationally engaged, and professionally connected to core service values over the long term; it is conceptualized at the organizational level rather than as a mere aggregation of individual stay-or-leave decisions (Vogel et al., 2023; Spreitzer et al., 2012).

### **Synthesis of Research Gaps**

The literature synthesis above points to four principal gaps that justify the SNHRM framework, as summarized in Table 1.

**Table 1.**

*Synthesis of Research Gaps and the Contribution of the SNHRM Framework*

| <b>Gap Dimension</b> | <b>Condition in Current Literature</b>                                                                                                                             | <b>Contribution of the SNHRM Framework</b>                                                                                                               |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Theoretical          | COR and JD-R theories operate at the individual level; Sustainable HRM theory has not been specified for nursing in developing countries.                          | Integrates Sustainable HRM, Psychological Capital, and Organizational Resilience perspectives into the Nursing Sustainability Integration Theory (NSIT). |
| Empirical            | Over 70% of identified studies use turnover intention as the dependent variable; Workforce Sustainability is rarely operationalized as a multidimensional outcome. | Proposes a serial mechanism linking SNHRM to Workforce Sustainability through Leadership Climate, Psychological Safety, and Workforce Resilience.        |
| Contextual           | Most Sustainable HRM-healthcare literature originates from OECD countries with different institutional and cultural characteristics.                               | Situates the framework within Indonesia's ASN bureaucracy, JKN financing scheme, and collectivistic institutional culture.                               |

| Gap Dimension  | Condition in Current Literature                                                      | Contribution of the SNHRM Framework                                                                                 |
|----------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Methodological | Absence of a validated Higher Order Construct for sustainable nursing HRM practices. | Positions SNHRM as a formative Higher Order Construct to be validated through PLS-SEM in future empirical research. |

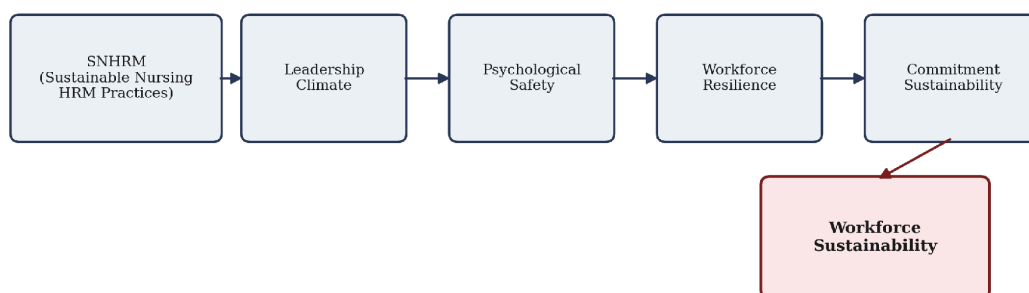
Source: synthesized by the author from the reviewed literature (2015-2025).

### Nursing Sustainability Integration Theory (NSIT) and the Conceptual Framework

To address the theoretical fragmentation described above, this paper proposes the Nursing Sustainability Integration Theory (NSIT), a framework that unites three theoretical traditions that have hitherto operated in isolation. Sustainable HRM theory provides a systems orientation and a long-term perspective on how HRM practices can be designed to support, rather than exploit, human capacity. Psychological Capital theory (Luthans, Youssef, & Avolio, 2007) offers a framework for understanding how individual psychological resources interact with organizational conditions to produce positive outcomes. Organizational Resilience theory (Lengnick-Hall, Beck, & Lengnick-Hall, 2011) provides a perspective on how collective adaptive capacity is built and sustained. NSIT argues that SNHRM practices shape an organizational climate that allows psychological safety to develop; psychological safety, in turn, enables teams to build resilience capacity; and collective resilience becomes the foundation for normative commitment, which ultimately produces a Workforce Sustainability that is resilient to external pressures. This causal framework is visualized in Figure 1.

**Figure 1.**

*Conceptual Framework of the SNHRM-NSIT Serial Mechanism*



*Note: SNHRM = Sustainable Nursing Human Resource Management practice bundle. Source: developed by the author based on Ehnert (2009), Luthans et al. (2007), and Lengnick-Hall et al. (2011).*

### **Theoretical Propositions**

Based on the theoretical synthesis above, this paper advances seven theoretical propositions as the foundation for empirical testing in the next stage of research. These are framed as propositions (P) rather than hypotheses (H), since this paper is conceptual in nature and does not yet involve the testing of field data.

P1: SNHRM practices are positively associated with the Leadership Climate perceived by nurses.

P2: Leadership Climate is positively associated with Psychological Safety.

P3: Psychological Safety is positively associated with Workforce Resilience.

P4: Workforce Resilience is positively associated with Commitment Sustainability.

P5: Commitment Sustainability is positively associated with Workforce Sustainability.

P6: Psychological Safety and Workforce Resilience serially mediate the relationship between Leadership Climate and Commitment Sustainability.

P7: The serial mechanism of SNHRM → Leadership Climate → Psychological Safety → Workforce Resilience → Commitment Sustainability explains variance in Workforce Sustainability more comprehensively than turnover-intention-based models.

### **RESEARCH METHOD**

Consistent with the author guidelines, a conceptual/literature-review paper is not required to present a research design, population, sample, and data-collection procedure in the manner of an empirical article. This paper was instead developed through a systematic narrative literature review that searched the Scopus, Web of Science, ScienceDirect, and Google Scholar databases, supplemented by the Indonesian SINTA database for sources relevant to the Indonesian context. Search terms combined “sustainable HRM,” “nursing workforce,” “workforce sustainability,” “psychological safety,” “workforce resilience,” and “leadership climate,” restricted primarily to publications from 2015 to 2025 for current empirical sources, while retaining a number of seminal theoretical works that serve as the foundational references for each theoretical tradition (e.g., Hobfoll, 1989; Blau, 1964; Meyer & Allen, 1991).

Inclusion criteria comprised peer-reviewed articles in reputable indexed journals (with priority given to Scopus Q1-Q2), published in English or Indonesian, and relevant to the constructs of Sustainable HRM, nursing, or workforce sustainability. Exclusion criteria comprised non-peer-reviewed articles, opinion pieces without a clear empirical or theoretical basis, and publications outside the scope of the topic. Consistent with the author guidelines, more than 80% of the references used are drawn from primary scientific journal articles published within the last ten years. The synthesis was conducted thematically to identify theoretical foundations, construct definitions, and the mapping of research gaps, as presented in the Literature Review section above.

## **FINDINGS AND DISCUSSION**

### **Positioning SNHRM within the Sustainable HRM Literature**

The synthesis in Table 1 shows that the principal contribution of the SNHRM framework lies in its capacity to bridge the individual level of analysis, which has hitherto been dominated by COR theory and the JD-R Model, with the system-level analysis required to explain Workforce Sustainability as a collective, longitudinal phenomenon. This finding is consistent with Ehnert et al.'s (2023) argument that the application of Sustainable HRM in the healthcare sector remains very limited, and that almost no study has integrated the dimensions of leadership, psychological safety, and resilience into a single coherent causal model within a Southeast Asian developing-country context.

### **The Serial Mediation Logic of NSIT**

The serial-mechanism logic depicted in Figure 1 asserts that the impact of SNHRM practices on Workforce Sustainability is not direct but instead operates through a sequential psychological and social chain. Consistent SNHRM practices, such as equitable workload distribution, professional development support, and work flexibility, first shape nurses' collective perception of a supportive Leadership Climate. This supportive leadership climate then becomes a prerequisite for the emergence of Psychological Safety, consistent with Frazier et al.'s (2022) meta-analytic finding that supportive leadership behavior is among the strongest predictors of team-level psychological safety. Psychological Safety, in turn, allows nurses to invest cognitive energy in learning and adaptation rather than self-protection, thereby building Workforce Resilience (Liu, Wang, & Hu, 2022). This collective resilience subsequently becomes the foundation for a normative, rather than merely calculative, Commitment Sustainability, which ultimately culminates in Workforce Sustainability.

### **Contextualizing SNHRM in Indonesian Public Hospitals**

Situating the SNHRM framework within the context of Indonesian public hospitals requires accounting for distinctive institutional characteristics: the rigidity of the ASN civil-service employment system, which constrains career flexibility (Dewi & Hasibuan, 2021); the productivity pressure arising from the INA-CBGs financing scheme under the JKN national health insurance system (Trisnantoro & Hendrartini, 2022); and Indonesia's cultural profile, characterized by high power distance and high collectivism. These cultural characteristics may moderate the strength of the relationship between Leadership Climate and Psychological Safety: in a high-power-distance culture, subordinates' willingness to voice concerns to superiors tends to be lower unless the leadership climate explicitly cultivates a sense of psychological safety. The implication is that the SNHRM framework cannot simply be transplanted from developed-country contexts into Indonesia; rather, these contextual factors must be built into the design of interventions and measurement instruments in the next, empirical stage of research.

### **Theoretical and Practical Implications**

Theoretically, the NSIT and SNHRM frameworks contribute to the development of the Sustainable HRM and Healthcare HRM sub-fields by offering a conceptual integration that has not previously been undertaken. Practically, the framework has the potential to help public hospital management prioritize HRM interventions according to the proposed causal

sequence, rather than implementing HRM programs in a fragmented manner. For the Ministry of Health, the SNHRM framework may serve as an early reference point for developing sustainability-oriented national standards for nursing HRM management, extending beyond the structural and process indicators that currently dominate accreditation standards.

## CONCLUSIONS

This paper synthesizes the literature on Sustainable HRM, Conservation of Resources, Social Exchange, and Organizational Resilience theories to propose the conceptual framework of Sustainable Nursing Human Resource Management (SNHRM) and the Nursing Sustainability Integration Theory (NSIT), which explains how sustainable nursing HRM practices can generate Workforce Sustainability through the serial mechanism of Leadership Climate, Psychological Safety, Workforce Resilience, and Commitment Sustainability. Seven theoretical propositions are advanced as the foundation for the next stage of empirical testing. The central conclusion of this paper is that the paradigm of nursing HRM management needs to shift from a short-term, turnover-reduction orientation toward a long-term, workforce-sustainability orientation, and that this shift requires theoretical integration and measurement approaches that are explicitly designed for the nursing context of public hospitals in developing countries such as Indonesia.

## LIMITATION & FURTHER RESEARCH

As a conceptual paper, this review is subject to several limitations. First, the approach adopted is a narrative review rather than a systematic review following a stricter PRISMA protocol, and it may therefore be subject to literature-selection bias. Second, the propositions advanced have not yet been empirically tested; the validity and reliability of SNHRM as a Higher Order Construct, as well as the strength of the relationships among the model's variables, still require field-data substantiation. Third, the framework has been developed with a specific focus on the Indonesian public-hospital context, and its generalization to private hospitals or other national contexts should therefore be undertaken with caution.

Future research, which constitutes the author's dissertation agenda, is planned to empirically test the SNHRM model using a quantitative approach with a population of public-hospital nurses in East Java selected through stratified cluster sampling, and to analyze the data using Partial Least Squares Structural Equation Modeling (PLS-SEM) to test SNHRM as a reflective-formative Higher Order Construct, including serial mediation testing through bootstrapping. Further research is also recommended to develop and psychometrically validate an SNHRM measurement instrument, and to consider longitudinal and multilevel designs that can more accurately capture the temporal and collective dimensions of Workforce Sustainability.

## AUTHOR CONTRIBUTION

Author: Conceptualisation and literature search strategy, theoretical synthesis, writing the entire paper, editing and layouting. The author has read the final version of the paper.

### **Declaration of interest**

The author declares that there are no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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