

Governance and Resource Policy Implications for Clinical Educator Doctors in Islamic Universities

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Abstract

Clinical doctors in teaching hospitals are increasingly required to perform dual roles as healthcare providers and medical educators. In State Islamic Higher Education Institutions (PTKIN), this duality is institutionally expected but administratively constrained by civil service regulations that enforce a single functional career pathway. This condition raises governance challenges related to career recognition, performance appraisal, and sustainability of clinical educator development. This study aims to examine the regulatory misalignment between the functional career pathways of clinical doctors and academic faculty and to analyze its implications for the governance of clinical educator career development within PTKIN. The study employed a qualitative normative-empirical design. Data were collected through a systematic review of regulations governing functional positions, teaching hospitals, and higher education governance, as well as document analysis of minutes from a Focus Group Discussion (FGD) between UIN Sunan Kalijaga and the National Civil Service Agency (BKN). Data were analyzed using content analysis, comparative policy analysis, and SWOT analysis to identify structural patterns and governance gaps. The findings reveal a structural misalignment between the dual role demands of doctors as clinicians and educators and the civil service principle of a single functional position. This misalignment results in limited recognition of academic contributions, uncertainty in career pathway transitions, and potential stagnation of academic career development for clinical educator doctors within PTKIN. This study highlights the need for integrative governance in managing hybrid academic-clinical careers and contributes to the literature on career governance by conceptualizing the tension between professional roles and bureaucratic regulation in public higher education institutions. It proposes an Integrative Governance Model emphasizing cross-sectoral regulatory harmonization, recognition of clinical educational activities, and alignment of performance appraisal systems to support sustainable career development in PTKIN. By conceptualizing clinical educator doctors as hybrid professionals, this study reframes career misalignment as a governance challenge and offers transferable insights for managing professional careers across clinical and academic domains in multi-sectoral public institutions.

Keywords: career alignment; clinical educator doctors; functional positions; governance; PTKIN



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Introduction

The transformation of State Islamic Higher Education Institutions (PTKIN) over the past two decades has demonstrated an expansion of institutional mandates, shifting from an initial focus on Islamic studies toward the development of various scientific disciplines, including health sciences and medicine (Azra, 2017; Kementerian Agama RI, 2020). The projected strengthening of medical faculties and Islamic value-based teaching hospitals positions clinical educator doctors (dokter pendidik klinis) as key actors in realizing high-quality Islamic teaching hospitals (Ismail & Suryanto, 2019).

In the context of teaching hospitals, clinical doctors are required to perform three main roles: providing clinical services to patients, supervising professional students and residents, and contributing to medical research (World Federation for Medical Education, 2015). Substantively, these three roles align with the Tri Dharma of higher education, namely education, research, and community service (Undang-Undang Republik Indonesia Nomor 12 Tahun 2012 Tentang Pendidikan Tinggi, 2012). However, at the level of civil service regulations, the National Civil Service Agency (BKN) stipulates that a civil servant is not permitted to hold two functional positions simultaneously, such as the Functional Position of Clinical Doctor and the Functional Position of Lecturer (Badan Kepegawaian Negara, 2023). This misalignment between role demands in teaching hospitals and the structure of functional positions creates a governance dilemma. On the one hand, PTKIN requires doctors who are capable of supervising students and developing academic programs. On the other hand, the formal career pathway of doctors as clinicians does not fully accommodate the academic achievements required for the functional position of lecturer.

In the Focus Group Discussion (FGD) on the Development of Lecturer Career Functional Position Studies between UIN Sunan Kalijaga and BKN on 26 November 2025, representatives of BKN emphasized that doctors may carry out both clinical and educational duties concurrently, but must choose one functional position as their official career pathway (Badan Kepegawaian Negara, 2025). Academically, studies on the careers of clinical doctor lecturers in Indonesia, particularly in the context of PTKIN, remain relatively limited. Most of the existing literature focuses on medical education in public universities, the development of teaching hospitals, or health human resource management (Frenk et al., 2010; Harden, 2016), while the governance dimension in managing the careers of doctors serving in PTKIN has received little attention. This indicates a literature gap concerning career alignment between clinical and academic pathways within the PTKIN environment.

Literature Review

Within contemporary medical education theory, the role of doctors as clinical educators is conceptualized as an integrated professional function in which clinical service and teaching activities are inseparable. International standards emphasize that medical competence is developed through continuous engagement in patient care, supervision, assessment, and reflective learning processes conducted in authentic clinical settings (World Federation for Medical Education, 2015). Harden and Crosby further elaborate this position by framing clinical educators not merely as transmitters of knowledge, but as mentors, assessors, curriculum contributors, and professional role models whose educational responsibilities are embedded in everyday clinical practice (Harden & Crosby, 2000). This theoretical framing implies that clinical practice itself constitutes a pedagogical space, where teaching, assessment, and professional socialization occur simultaneously. Empirical studies on medical education systems support this view, highlighting that effective clinical education requires not only technical expertise, but also pedagogical competence, reflective capacity, and

sustained academic engagement (Frenk et al., 2010; Harden, 2016). However, while medical education theory recognizes the unity of clinical and educational roles, this integration is not consistently reflected in the governance structures regulating health human resources within public institutions.

This gap aligns with a growing body of international literature on hybrid professions, which examines professionals operating at the intersection of multiple institutional logics. Scholars argue that hybrid professionals such as clinician academics, professional managers, and public sector experts experience persistent tensions between professional logic, bureaucratic rationality, and managerial accountability (Evetts, 2011; Noordegraaf, 2015). Within this literature, hybrid roles are not viewed merely as individual adaptations, but as outcomes of governance arrangements that inadequately accommodate overlapping domains of expertise and responsibility. Studies on clinician academics in particular highlight how formal career systems often privilege one domain of work while marginalizing others, resulting in fragmented recognition of professional contributions and ambiguous career trajectories (McGivern et al., 2015). While these studies provide valuable insights into hybrid professional governance, they are predominantly situated within secular healthcare systems or conventional higher education institutions, where tensions are framed primarily in managerial or organizational terms.

In the Indonesian civil service system, the functional position of clinical doctors is regulated through a bureaucratic framework that prioritizes service delivery outputs, clinical competency development, and patient-oriented activities as the primary basis for career advancement (Kementerian Pendayagunaan Aparatur Negara dan Reformasi Birokrasi, 2023). Teaching, supervision of students, and scholarly activities are formally categorized as supporting elements rather than core professional outputs. This regulatory logic implicitly treats education as an auxiliary function, despite its centrality in teaching hospitals and medical faculties. The consequence of this arrangement is a structural disjunction between the professional logic of medical education and the administrative logic of personnel management. Doctors working in teaching hospitals may contribute extensively to curriculum implementation, student supervision, assessment of competencies, and academic discussions, yet these activities are only partially recognized or not recognized at all within the credit-based promotion system of the clinical functional position (Badan Kepegawaian Negara, 2023). Consistent with international findings on hybrid professions, this condition reflects governance mechanisms that struggle to translate complex professional work into standardized bureaucratic metrics (Noordegraaf, 2015).

Conversely, the functional position of lecturers in higher education operates under a fundamentally different governance logic. Academic careers are structured around the Tri Dharma of Higher Education, which places teaching, research, and community service as equally central pillars of professional performance (Undang-Undang Republik Indonesia Nomor 12 Tahun 2012 Tentang Pendidikan Tinggi, 2012). Within PTKIN, lecturers including those with professional medical backgrounds—are required to demonstrate scholarly

productivity, supervise academic work, and participate actively in scientific communities at national and international levels (Kementerian Pendidikan Riset, dan Teknologi, 2021).

For doctors who transition into the lecturer functional position, this shift entails not only a change in administrative status, but also a reorientation of professional identity toward academic norms of knowledge production and dissemination. At the same time, the demands of clinical service in teaching hospitals remain substantial, creating tensions characteristic of hybrid professional roles, where competing performance regimes coexist without integrative governance mechanisms (Evetts, 2011; McGivern et al., 2015). These tensions become more explicit within the context of civil service policy, which adheres to the principle of a single functional position. As emphasized in the Focus Group Discussion between UIN Sunan Kalijaga and the National Civil Service Agency, doctors may perform both clinical and educational functions in practice, but must formally choose one functional position as their official career pathway (Badan Kepegawaian Negara, 2025). While this policy ensures administrative clarity, it inadequately reflects the hybrid nature of professional work in medical education institutions.

The requirement for clinical educator doctors to fully transfer into the lecturer functional position in order to pursue an academic career regulated through systems such as IBOOT, SISTER, and BKN opens formal opportunities for promotion up to the rank of professor (Kementerian Pendidikan Riset, dan Teknologi, 2022). However, as observed in international studies of hybrid professions, such solutions may resolve bureaucratic inconsistencies while simultaneously generating new governance tensions, particularly in relation to professional identity, service continuity, and performance evaluation. From a broader governance perspective, these issues highlight the challenges faced by PTKIN as hybrid institutional settings operating within a multi-ministerial regulatory environment. The development of medical faculties in PTKIN is not merely an academic expansion, but a governance project requiring alignment between religious mandate, professional standards, and public sector personnel regulations (Azra, 2017; Kementerian Agama RI, 2020). International governance literature suggests that hybrid institutions are especially vulnerable to policy fragmentation when cross-sectoral regulations are not coherently harmonized (Organisation for Economic Co-operation and Development, 2015).

Accordingly, this study contributes to governance theory by extending the international literature on hybrid professions through the conceptualization of PTKIN as policy laboratories where professional, bureaucratic, and normative ethical logics intersect. By situating clinical educator doctors within this hybrid governance framework, the study advances career governance scholarship beyond conventional public sector or academic institutions, demonstrating how integrated career models may be developed to reconcile clinical excellence, academic productivity, and ethical spiritual formation.

Method

This study employs a qualitative approach with a normative–empirical research design. The normative approach is conducted through a systematic review of laws and policy frameworks governing the functional positions of clinical doctors and lecturers, the management of teaching hospitals, and university governance, particularly within the context of State Islamic Higher Education Institutions (Perguruan Tinggi Keagamaan Islam Negeri – PTKIN). This normative review aims to identify the legal foundations, policy principles, and potential regulatory disharmonies that influence the management and development of clinical educator doctors' careers within the civil service system (Marzuki, 2017; Soekanto & Mamudji, 2019).

The empirical approach is carried out through document analysis of a Focus Group Discussion (FGD) on the Development of Lecturer Functional Position Studies, held on 26 November 2025 and involving UIN Sunan Kalijaga and the National Civil Service Agency (Badan Kepegawaian Negara – BKN). The FGD brought together participants with strategic institutional roles in human resource governance and policy implementation within the PTKIN environment. In aggregate, participants consisted of PTKIN leaders and human resource managers, members of the Faculty of Medicine Establishment Team, and technical officials from BKN who hold authority over the regulation and evaluation of functional positions within the civil service system. This composition enabled the capture of multi-level governance perspectives, ranging from policy formulation to institutional planning and implementation of medical education development within PTKIN.

The FGD focused on key policy issues related to the alignment of career pathways for clinical doctors and lecturers, including: (1) regulations governing the functional positions of doctors and lecturers; (2) mechanisms for transferring into the Lecturer Functional Position; (3) the alignment of clinical doctors' duties with the Tri Dharma of Higher Education; (4) the status of NIDK and NIDN and their administrative implications; (5) governance arrangements for the appointment of non-permanent lecturers and clinical educator lecturers; and (6) the integration of the SISTER system and BKN's e-Kinerja platform in the assessment of credit points. These issues served as analytical units for examining regulatory consistency, policy implementation dynamics, and governance challenges in the career development of clinical educator doctors within PTKIN.

Data analysis was conducted qualitatively, emphasizing interpretive processes and thematic categorization to extract policy meanings from both normative and empirical data (Bowen, 2009; Creswell & Poth, 2018). The analytical stages comprised:

- (1) content analysis of regulatory texts and FGD minutes to identify governing principles, norms, and patterns related to the careers of clinical doctors and lecturers within PTKIN (Bowen, 2009; Krippendorff, 2018);
- (2) comparative policy analysis to examine differences between the functional positions of clinical doctors and lecturers, particularly regarding performance orientation, credit point assessment mechanisms, and their implications for career development, with the aim of

identifying policy mismatches and opportunities for cross-sectoral regulatory harmonization (Dunn, 2018); and

- (3) SWOT analysis as a strategic analytical tool to map strengths, weaknesses, opportunities, and threats in the governance of clinical educator doctor careers within PTKIN, serving as the basis for formulating contextual and operational policy recommendations (Emet Gürel & Tat, 2017).

As part of methodological reflexivity, this study acknowledges limitations related to its reliance on a single FGD forum and document-based policy analysis, and therefore does not aim to capture in-depth individual experiences of specific actors. However, a triangulation strategy combining normative legal review, FGD document analysis, and cross-sectoral policy comparison was employed to enhance the validity of interpretations and the internal consistency of findings. Based on the synthesis of normative and empirical analyses, this study formulates an Integrative Governance Model for the Career Development of Clinical Educator Doctors (Dokdiknis) in PTKIN as both a theoretical and policy contribution. This model illustrates the relationships among actors, regulatory frameworks, and governance mechanisms required to sustainably align clinical and academic career pathways within faith-based higher education institutions operating in a multi-ministerial governance environment (Organisation for Economic Co-operation and Development, 2015).

Result and Discussion

The results of this study are structured based on the integration of normative analysis of functional position regulations and empirical findings from the Focus Group Discussion (FGD) between UIN Sunan Kalijaga and the National Civil Service Agency (BKN). The analysis focuses on revealing patterns of policy misalignment, dynamics of regulatory implementation, and their implications for the governance of clinical educator career development in PTKIN. Systematically, the research findings are presented in several subsections covering: (1) misalignment between clinical and academic career pathways, (2) opportunities and challenges of clinical doctor careers as lecturers in PTKIN based on FGD findings, and (3) strategic mapping of career governance through SWOT analysis as the basis for formulating an integrative governance model.

Misalignment between Clinical and Academic Career Pathways

The normative analysis indicates a structural misalignment between clinical and academic career pathways within the civil service personnel system. In the clinical pathway, the functional position of doctors normatively prioritizes patient care and the development of clinical competence as the main orientation for performance assessment and career promotion (Kementerian Pendayagunaan Aparatur Negara dan Reformasi Birokrasi, 2023). In contrast, the lecturer functional career pathway requires fulfillment of the Tri Dharma of Higher Education, which includes education, research, and community service (Undang-Undang Republik Indonesia Nomor 12 Tahun 2012 Tentang Pendidikan Tinggi, 2012). Empirical findings from the Focus Group Discussion (FGD) between UIN Sunan Kalijaga and the

National Civil Service Agency (BKN) confirm that doctors may simultaneously perform roles as clinicians and educators; however, they are not permitted to hold two functional positions at the same time. Accordingly, doctors must choose one administrative career pathway as their official track within the personnel system (Badan Kepegawaian Negara, 2025).

FGD Findings on the Careers of Clinical Doctors as Lecturers in PTKIN

Analysis of the FGD documents yields several key findings regarding the management of clinical doctor careers within the PTKIN environment. First, BKN emphasized that the performance of dual roles by doctors as clinicians and educators is functionally possible, but administrative recognition remains limited to a single legally recognized functional position (Badan Kepegawaian Negara, 2025). Second, doctors who wish to develop an academic career up to the rank of professor are required to transfer to the lecturer functional position through the IBOOT application mechanism, by fulfilling requirements related to academic qualifications, credit points, scientific publications, and data integration through the SISTER and BKN systems (Kementerian Pendidikan Riset, dan Teknologi, 2022). Third, BKN stated that clinical doctors are permitted to hold structural positions within higher education institutions without having to change their functional position. Such structural assignments do not automatically alter the functional career pathway of clinical doctors (Badan Kepegawaian Negara, 2025)

Fourth, the FGD noted that teaching hospitals carry mandates in education, research, and service that are substantively aligned with the Tri Dharma of higher education. This alignment opens opportunities for clinical activities that incorporate educational and research elements to be recognized as part of academic performance, provided that clear institutional arrangements are in place (World Federation for Medical Education, 2015). Fifth, administratively, there are opportunities for PTKIN to recruit clinical doctors as lecturers, including doctors who previously held a Special Lecturer Identification Number (NIDK) at other institutions, as long as administrative requirements and inter-institutional coordination are fulfilled (Badan Kepegawaian Negara, 2025).

Strategic Mapping of Clinical Educator Career Governance in PTKIN

Based on the integration of normative regulatory analysis and empirical findings from the FGD, the governance of clinical educator doctor careers in PTKIN can be strategically mapped using a SWOT framework. This analysis is intended to synthesize structural conditions, institutional capacities, and policy dynamics as a basis for formulating an integrative governance model.

Table 1. SWOT Analysis of Clinical Educator Career Governance in PTKIN

Dimension	Key Findings
Strengths	<ul style="list-style-type: none"> - Teaching hospitals inherently combine clinical service, education, and research functions, which are substantively aligned with the <i>Tri Dharma</i> of Higher Education. - PTKIN possess institutional authority to appoint lecturers, including clinical doctors, through mechanisms such as NIDN and NIDK. - Clinical doctors contribute high professional credibility and practical expertise to medical education.
Weaknesses	<ul style="list-style-type: none"> - Divergent performance assessment orientations between the clinical functional position (service-centered) and the lecturer functional position (Tri Dharma-based). - Limited formal recognition of teaching and research activities conducted by clinical doctors within the clinical functional career pathway. - Dependence on a single functional position principle that restricts acknowledgment of hybrid professional roles.
Opportunities	<ul style="list-style-type: none"> - Policy mechanisms enabling transfer from clinical functional positions to lecturer functional positions for academic career advancement. - Possibility of recognizing clinically integrated teaching and research activities through clearer institutional arrangements. - Integration of performance management systems (SISTER and BKN's e-Kinerja) to support cross-sectoral career evaluation.
Threats	<ul style="list-style-type: none"> - Persistent regulatory fragmentation across ministries governing health, higher education, religious affairs, and civil service administration. - Potential marginalization of clinical competence within academic evaluation frameworks. - Risk of workload imbalance and career stagnation for clinical educator doctors if governance alignment is not achieved.

Source: Author, 2026.

The SWOT analysis highlights that the main governance challenge does not lie in the absence of institutional capacity, but rather in the lack of regulatory and evaluative integration across sectors. While PTKIN and teaching hospitals provide a structurally conducive environment for hybrid clinical-academic roles, existing personnel regulations continue to treat clinical service and academic performance as administratively separate domains. This condition reinforces the need for an integrative governance model that bridges professional practice, academic evaluation, and bureaucratic accountability in a coherent career framework.

The findings of this study indicate that the misalignment between clinical and academic functional career pathways constitutes a structural issue rooted in the design of the civil service personnel governance system (Sari et.al., 2025; Winoto, 2025). This misalignment does not arise from ambiguity in the role of clinical educator doctors, but rather from differences in the policy rationales underlying each career pathway. From a governance perspective, this condition reflects the absence of a policy framework capable of responding to hybrid professions that operate across clinical and academic domains (Organisation for Economic Co-operation and Development, 2015). Normatively, the functional position of clinical doctors is normatively designed with a primary orientation toward healthcare service delivery and the development of clinical professional competence. Performance assessment and career advancement are therefore centered on medical service outputs, while educational and research activities are treated as supplementary elements (Kementerian Pendayagunaan Aparatur Negara dan Reformasi Birokrasi, 2023). In contrast, the lecturer functional position is grounded in an academic rationale that places the Tri Dharma of higher education teaching, research, and community service as the principal benchmarks for evaluation and promotion (Undang-Undang Republik Indonesia Nomor 12 Tahun 2012 Tentang Pendidikan Tinggi, 2012).

These divergent policy orientations generate a gray area for clinical educator doctors working in teaching hospitals. In practice, clinical service, education, and research are deeply intertwined, yet the personnel system continues to compartmentalize these activities into separate administrative domains. Empirical findings from the FGD confirm that while doctors are functionally permitted to perform dual roles, career recognition remains restricted to a single officially sanctioned functional position (Badan Kepegawaian Negara, 2025). This indicates that role flexibility at the operational level is not matched by flexibility in career governance. From a broader public governance perspective, this situation reflects weak cross-sectoral policy integration among higher education, health, and personnel administration. Each sector formulates regulations based on its own institutional mandate, without coordination mechanisms specifically designed to govern cross-domain professions such as clinical educator doctors (Organisation for Economic Co-operation and Development, 2015). As a result, educational and research contributions embedded in clinical practice are not systematically translated into career-relevant performance indicators.

The implications of this misalignment are systemic. Clinical doctors who remain within the clinical functional career pathway face limited formal recognition of their academic contributions, including teaching, student supervision, and clinical research activities. Conversely, doctors who transfer to the lecturer functional position gain academic legitimacy but may experience diminished recognition of their clinical responsibilities, which often remain substantial in teaching hospitals. This unresolved trade-off reflects a persistent tension between professional practice and bureaucratic evaluation mechanisms (Harden, 2016). The position transfer mechanism through the IBOOT application provides an administratively clear pathway for academic career advancement. However, the requirement to meet high academic performance standards particularly in research and publication while maintaining

intensive clinical workloads creates significant adjustment pressures (Kementerian Pendidikan Riset, dan Teknologi, 2022). Over time, such conditions may contribute to career fatigue and reduce incentives for clinical doctors to pursue academic careers in PTKIN, potentially affecting the sustainability of qualified clinical faculty in medical education institutions (Frenk et al., 2010).

Although policies allowing clinical doctors to hold structural positions without changing their functional status demonstrate a degree of administrative flexibility, this flexibility does not address the core issue of performance recognition. Structural appointments do not resolve the fundamental misalignment between clinical work and academic evaluation (Badan Kepegawaian Negara, 2025). A critical finding of this study is the substantive alignment between the mandates of teaching hospitals and the Tri Dharma of higher education. Clinical supervision, case discussions, and practice-based research inherently contain strong educational and scholarly elements (World Federation for Medical Education, 2015). However, the absence of systematic documentation and evaluation mechanisms prevents these activities from being fully recognized as academic performance, thereby limiting their strategic value for career development.

Within the PTKIN context, this issue is particularly salient, as the establishment of medical faculties is part of a broader institutional transformation agenda. Without coherent career governance for clinical educator doctors, the expansion of medical education programs risks being inadequately supported by sustainable academic human resources (Kementerian Agama RI, 2020). The SWOT analysis further indicates that while PTKIN possess significant institutional capital such as teaching hospitals and experienced clinicians these strengths coexist with structural weaknesses related to functional position design and workload governance.

This study contributes to governance and career policy theory by conceptualizing clinical educator doctors as hybrid professionals whose careers are shaped by the interaction of professional logic, academic norms, and bureaucratic rationality. By situating PTKIN as hybrid governance arenas operating within a multi-ministerial regulatory environment, the study extends existing career governance literature beyond conventional public sector or academic settings. The proposed Integrative Governance Model advances theoretical understanding by demonstrating how performance recognition mechanisms rather than functional position structures alone can serve as the key locus for governing hybrid professional careers in complex institutional contexts.

It is within this framework that the Integrative Governance Model for the Career Development of Clinical Educator Doctors in PTKIN is proposed. The model does not seek to abolish the principle of a single functional position, but rather to recalibrate performance recognition through cross-domain alignment. Integration of systems such as SISTER and e-Kinerja is identified as a strategic instrument to bridge clinical and academic logics, enabling clinical activities with educational and research components to be formally documented and recognized within academic career development (Kementerian Pendidikan Riset, dan

Teknologi, 2022). Overall, the findings underscore that the career challenges faced by clinical educator doctors in PTKIN cannot be addressed through fragmented or sectoral policy interventions. Instead, an integrative and adaptive governance approach supported by cross-ministerial coordination and aligned performance evaluation systems is required to ensure sustainable career development and institutional resilience.

Conclusion

This study emphasizes that the misalignment between clinical and academic functional career pathways is not merely an administrative issue, but a structural governance problem that directly affects the sustainability of clinical educator doctors' careers in PTKIN. While doctors are functionally able to perform dual roles as clinicians and educators, the application of the single functional position principle within the personnel system generates career dilemmas, uncertainty in performance recognition, and risks of stagnation in academic career development. Empirical findings indicate that policy flexibility spaces do exist, including mechanisms for transferring to the lecturer career pathway, the appointment of clinical educator lecturers, and the integration of performance management systems. However, in the absence of a coherent alignment framework, these mechanisms may instead exacerbate workload pressures and fragment performance recognition. The core challenge faced by PTKIN is therefore not role conflict among clinical doctors, but the lack of a governance design capable of systematically bridging clinical and academic domains.

From a theoretical perspective, this study contributes to governance and career policy literature by advancing the understanding of *hybrid professional careers* within complex institutional settings. By conceptualizing clinical educator doctors as hybrid professionals operating at the intersection of professional logic, academic norms, and bureaucratic rationality, the study demonstrates that career misalignment arises primarily from performance recognition mechanisms rather than from role ambiguity. This insight extends existing career governance theory by shifting analytical attention from functional position structures to evaluative and coordination mechanisms as the central locus of governance. From a policy standpoint, the proposed Integrative Governance Model positions career alignment as the central objective of health human resource governance in PTKIN.

The model highlights the necessity of cross-sectoral regulatory harmonization, formal recognition of clinically integrated teaching and research activities as academic performance, and the integration of performance evaluation systems such as SISTER and e-Kinerja. These elements are identified as critical prerequisites for sustainable career development of clinical educator doctors and for strengthening the institutional capacity of medical faculties and teaching hospitals within PTKIN. Future research may apply the integrative governance framework proposed in this study to other institutional contexts where hybrid professions are prevalent, such as public teaching hospitals affiliated with non-religious universities, vocational higher education institutions, or professional education programs operating under multi-sectoral regulation. Comparative studies across different national or institutional

settings could further refine the model and test its applicability in governing hybrid professional careers beyond the PTKIN context.

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