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The Relationship between Structural Empowerment and Clinical Judgment in Nurses at UOBK Al-Mulk Hospital

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ABSTRACT

Clinical judgment is a crucial skill that nurses must master to offer safe and high-quality nursing services. Incompetence in clinical judgment can result in errors in clinical practice and reduce patient safety. One of the elements that affects clinical judgment is structural empowerment, which includes support from the organization in the form of access to information, resources, support, and opportunities for development. This study aims to determine the relationship between structural empowerment and clinical judgment in nurses at UOBK Al-Mulk Hospital. This study used quantitative methods and a cross-sectional approach with 62 respondents selected using a total sampling technique. Data were collected using a questionnaire based on a Likert scale. The results of the Kruskal-Wallis test with the help of the computer program showed a p value of 0.005 ($p < 0.05$). The results of this study show that there is a significant relationship between structural empowerment and clinical judgment in nurses at UOBK Al-Mulk Hospital.

Keywords: structural empowerment, clinical judgment, nurse practitioners

INTRODUCTION

Clinical judgment is an analytical way of thinking that can be done continuously when performing nursing services that are tailored to certain cases (Nurlaelah et al., 2024). To increase the ability clinial judgment then it is necessary structural empowerment which is a form of support in improving the ability of nurses. Structural empowerment focused on 4 main accesses, namely the level of knowledge, sources of support, the availability of resources to achieve the expected goals, and the availability of opportunities for development (Baslia et al., 2025).

According to the World Health Organization (as cited in Rahmadhani et al., 2024), Indonesia is among the five countries with the lowest nurse performance.International Cauncil of Nurses (2025), data shows that 30% of nurses in the world experience a decrease in the quality of work due to a lack of structural empowerment. Ministry of Health (2024) Reporting to government hospitals,

around 74% of nurses are considered to have good performance, while in private hospitals only 68%. Research Fathiyah (2025) in several hospitals in West Java, it was found that nurses experienced stress due to work due to high work demands, lack of good organization and lack of resources.

Low clinical judgment This can be caused by nurses' hesitation in the decision-making process as well as limited opportunities to participate in continuous training. Other factors that affect are the ability to think critically that is not optimal, the high workload experienced by nurses, and institutional provisions that limit the space of movement in clinical practice. In addition, the lack of interprofessional collaboration, limited physical resource support, and the incompatibility of facilities with service needs can also be the cause of the low Clinical judgment (Elsavina et al., 2025).

If this problem continues to arise, it will have a serious impact on clinical errors that can cause adverse event, and has an effect on patient safety. In addition, nurses who feel less confident, unable to think analytically, will experience work stress, and burnout, (Baslia et al., 2025). If a nurse has structural empowerment It will be difficult to get clinical information processes and provide optimal decisions (Meri et al., 2025).

Efforts that have been made to improve the knowledge and clinical quality of nurses are by providing special training for nurses who will carry out tasks in certain rooms, and are directed to be able to identify data, analyze it, make priorities, prepare plans, take actions according to what has been planned, conduct evaluations, and prepare patient safety programs. However, these efforts are still lacking in structural empowerment so that clinical judgment that nurses have not been optimal (Kurniasari, 2024). Based on research conducted by Rahayu and Mulyani (2020) clinical judgment can better show the role of nurses as nursing caregivers. Stuttgart Sukmono et al. (2024) explain structural empormement can provide access to nurses' freedom in making decisions and provide greater opportunities.

A preliminary study conducted at UOBK Al-Mulk Hospital on October 13, 2025 on 8 nurses with interviews and observations where 3 nurses said they still

depended on the direction of doctors or senior nurses in determining certain actions. It can be seen that 3 nurses carry out their duties according to what is directed by the doctor and are not independent in carrying out actions. However, there were also 5 nurses who said they were able to make independent decisions based on the results of the study, and looked firm, active and provided targeted therapeutic communication. This preliminary study was adjusted to the interview guidelines in terms of information, support, resources, and clinical capabilities. Data from UOBK Al-Mulk Hospital in 2024 provided by the nursing management section reports that nurse performance in 2024 is in the category of quite good, namely 60%, therefore based on the results of this preliminary study, the clinical judgment of nurses at UOBK Al-Mulk Hospital has not been fully developed optimally, so it is necessary to further research the relationship between structural empowerment and clinical judgment.

METHODS

Study Design

This type of research uses a quantitative method with a cross-sectional approach. This study used a correlation study to identify the relationship between sturctural empowerment (X) and clinical judgment (Y) in nurses at UOBK Al-Mulk Hospital.

Sample

This research was conducted at UOBK Al-Mulk Hospital in September 2025-January 2026. The sampling technique used in this study is total sampling, namely the entire population of 62 implementing nurses are used as respondents.

Instrument

The data collection method in this study was obtained by distributing questionnaires. Both the structural empowerment questionnaire and the clinical judgment questionnaire were developed by the researcher (self-developed instruments) and were tested for validity and reliability before use,[howing that both instruments were valid and reliable for use in this study. The structural empowerment questionnaire using the Likert scale consisted of 12 performances with positive (points 1, 3, 5, 7, 9, 10, 12) and negative (points 2, 4, 6, 8, 11). The

clinical judgment questionnaire using the Likert scale contains 20 questions with positive (points 1, 2, 4, 6, 7, 9, 11, 12, 14, 16, 17, 19) and negative (points 3, 5, 8, 10, 13, 15, 18, 20). For both questionnaires, if the positive question is answered strongly agreed, given a score of 4, agree to be given a score of 3, disagree is given a score of 2 and strongly disagrees is given a score of 1. If the question is negative then the answer score is the opposite.

RESULTS

The results of the data analysis of this study are presented in the form of a table. Based on gender, age, last education, length of employment, and training previously attended, which is described in the following table.

Table 4. 1 Distribution of repondent characteristics by Gender, Age, Last Education, Length of Work, and Training Previously Attended

Features	Frequency (*f*)	Percentage (%)
Gender		
Male	27	43.5
Women	35	56.5
Age		
20-30 Years	28	45.2
31-40 Years	27	43.5
41-50 Years	5	8.1
51-60 Years	2	3.2
Final Education		
D3 Nursing	47	75.8
S1 Nursing	15	24.2
Long Time Working		
<5 Years	35	56.5
>5 Years	27	43.5
Training That Has Been Attended		
BTCLS	34	54.8
BTCLS, Modern Wound Care	8	12.9
BTCLS, Konselor HIV, Asessor	20	32.3

Based on table 4.1, it shows that the results of the respondents' characteristics are as follows. Respondents were male 27 (43.5%) and 35 (56.5%) were female. Almost half of the data is female, namely 35 people (56.5%). Respondents aged 20-30 years amounted to 28 people (45.2%), 31-40 years old amounted to 27 people (43.5%), 41-50 years old amounted to 5 people (8.1%), and 51-60 years old

amounted to 2 people (3.2%). Almost half of them are 20-30 years old, as many as 28 people (45.2%). Respondents who were in the last education of D3 Nursing amounted to 47 people (75.8%) and those who were educated in the last S1 Nursing as many as 15 people (24.2%). Most of the respondents' last education, namely D3 Nursing, was 47 people (75.8%). Respondents with a working period of <5 years amounted to 35 people (56.5%), while respondents with a working period of ≥5 years were 27 people (43.5%). Most of the respondents had a working period of <5 years, which was 35 people (56.5%). Respondents who had participated in BTCLS (Basic Trauma and Cardiac Life Support) training amounted to 34 people (54.8%), respondents who participated in BTCLS and Modern Wound Care training as many as 8 people (12.9%), and respondents who participated in BTCLS training, HIV Counselors, and Assessors as many as 20 people (32.3%). Most of the respondents had participated in BTCLS training as many as 34 people (54.8%).

Table 4.2 The Relationship between Structural Empowerment and Clinical Judgment in Nursing

Structural Empowerment	Clinical Judgment						Total		P-Value
	Good		Enough		Less				
	f	%	*f*	%	*f*	%	n	%	
Good	22	35.5	7	11.3	5	8.1	34	54.8	0.005
Enough	6	9.7	8	12.9	1	1.6	15	24.2	
Less	4	6.5	3	4.8	6	9.7	13	21	
Total	**32**	**51.6**	**18**	**29**	**12**	**19.4**	**62**	**100**	

Based on the results of tabulation of data in Table 4.2, it is known that respondents with good structural empowerment category have good clinical judgment as many as 22 people (35.5%), sufficient as many as 7 people (11.3%), and less than 5 people (8.1%), with a total of 34 people (54.8%). Respondents with the structural empowerment category had good clinical judgment as many as 6 people (9.7%), enough as many as 8 people (12.9%), and less than 1 person (1.6%), with a total of 15 people (24.2%). Meanwhile, respondents with the category of structural empowerment lacked clinical judgment, both 4 people (6.5%), sufficient as many as 3 people (4.8%), and less than 6 people (9.7%), with a total of 13 people (21.0%).

The P-Value obtained from the Kruskal-Wallis test obtained a P-Value value of 0.005 ($p < 0.05$), so that Ha is accepted and H0 is rejected. Therefore, it can be

concluded that there is a significant relationship between structural empowerment and clinical judgment in nurses.

DISCUSSION

Structural Empowerment

According to Kanter's theory 1977 in Cahyani and Ekowati (2024) explains that structural empowerment is how an organization provides opportunities for access to information, resources, and support that will be able to improve its employees to work optimally. In the scope of nursing itself, it means how the hospital can facilitate its nurses in improving their skills, knowledge, which is compiled and managed well by the hospital. Structural empowerment can provide benefits such as creating a work atmosphere that supports cooperation, collaboration, and increasing professional collaboration. Structural empowerment not only provides benefits to individuals but also to groups of people, with the application of stuctural empowerment The good benefits that can be obtained are that there are human resources who are more independent, responsible, innovative, and able to make the right clinical decisions in an emergency (Sukmono et al., 2024). According to research conducted by Wang et al., (2024) proven that the work environment that provides structural empowerment can affect the attitude, motivation, and performance of nurses. Nurses provided structural empowerment good people tend to be more confident, more able to work together, and more motivated to improve their services.

Clinical Judgment

According to Tanner (2006) in Connor et al. (2023) explains that clinical judgment It is the interpretation as well as the conclusion to make the right decision made by the nurse in a clinical situation regarding the patient's needs. In addition, Process clinical judgment is an analytical way of thinking that can be done continuously when carrying out nursing services that are tailored to certain cases. This process involves collecting data, understanding clinical information, and making the right nursing decisions and procedures according to the patient's condition (Nurlaelah et al., 2024). According to research conducted by Rahayu and Mulyani (2020)

precision in clinical judgment can be influenced by several factors, namely: 1) Nurse competence, competence is an ability that nurses have to cover (knowedge), skills (skills), and attitudes (attitude) These three must be owned by nurses in carrying out nursing care. 2) Communication skills, effective communication carried out by nurses with patients and with other teams will result in optimal communication. 3) A supportive environment and culture, work environment can improve the ability to clinical judgment in nurses, with the support of superiors, the availability of facilities, a small workload can increase clinical assessment, because the supportive work environment will obtain optimal clinical assessment.

The Relationship between Structural Empowerment and Clinical Judgment

The results of this study show that there is a significant relationship between structural empowerment and clinical judgment in nurses at UOBK Al-Mulk Hospital ($p = 0.005$), meaning that the better the structural empowerment received by nurses, the better their clinical judgment ability. This finding is in line with several previous studies. According to research conducted by Wang et al. (2024) of the nurse practitioners in several hospitals in China found that structural empowerment positively correlated with the innovative behavior of nurses, including in decision-making, so that structural empowerment related to more self-efficacy, professionalism, and quality of nursing practice. In addition, other research shows that when nurses get support structural empowerment good, such as flexible leadership and access to professional autonomy, they are more motivated and more dedicated to their work (Lu et al., 2025). In addition, according to research conducted by Nurlaelah et al. (2024) which explains that nurses who have the ability to clinical judgment Good people tend to be more confident in making decisions, communicating with other healthcare teams, and showing greater professional responsibility for the care provided. In addition, it is also in the book (Kabak, 2025) explained that clinical judgment Having an important role in giving priority to patient problems, nurses not only follow standard operating procedures (SOPs) mechanically, but they can also make decisions according to the patient's condition and priorities, so as to be able to choose the most appropriate intervention, and evaluate the patient's response to nursing actions. It also shows that nurses who have the ability to clinical judgment are more likely to be more precise in making

clinical decisions, especially in complex and emergency situations. These findings are also supported by research (Wang et al., 2024) which shows that structural empowerment positively correlated with the ability of the nurse in the ability clinical judgment which results in the attitude of nurses to be faster in identifying patient problems, analyzing clinical data appropriately, and providing responses that are appropriate to the patient's circumstances. Another study conducted by (Weese, 2021) Reinforces that structural support from management, such as constructive supervision and the granting of professional autonomy directly contribute to the improvement of nurses' clinical judgment abilities. Structural empowerment not only increase work morale, but also strengthen the cognitive capacity of nurses in clinical judgment on the basis of evidence.

CONCLUSION

Based on the results of the research conducted at UOBK Al-Mulk Hospital, it can be concluded that there is a significant relationship between structural empowerment and clinical judgment in nurses at UOBK Al-Mulk Hospital ($p = 0.005$). The better the structural empowerment received by nurses, the better their clinical judgment ability, and vice versa.

LIMITATION

In the ongoing research process, researchers face various challenges that affect the smoothness and final results of the research. One of the main obstacles is that data collection cannot be completed in one time. This occurs as a result of the limited time of the respondents when undergoing work schedules and the high level of service activity in the space, so that some respondents take longer to complete the questionnaire. In addition, this study involved all implementing nurses as research subjects (total sampling), which means there were no backup respondents. This circumstance makes the study highly dependent on the participation of each individual involved. If there are respondents who cannot attend or do not fill out the questionnaire thoroughly, this can have an impact on the completeness and quality of the data obtained.

For the further researcher, it is recommended to include other variables that may affect clinical judgment, such as the type of care leadership, work motivation, workload, and internal motivational factors. It is also recommended to adopt a more comprehensive design, for example by adding control groups, expanding the data collection tools used, and increasing the number of respondents so that the results of the study can better reflect the condition of the respondents. In addition, it is recommended to provide a longer and more adaptive period in data collection, as well as adjust the time of filling out the questionnaire to match the leisure time of the nurses in each shift.

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