



Research Article

The Effect of Job Crafting on Clinical Decision-Making Ability Among Junior Nurses

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Abstract

Objective: To explore the impact of job crafting on the development of clinical decision-making ability in junior nurses, and to provide a new perspective for enhancing junior nurses' clinical decision-making ability and optimizing nursing talent cultivation strategies. **Methods:** A total of 160 junior nurses with ≤ 3 years of clinical experience were recruited from tertiary hospitals in Guangdong Province by convenience sampling. Data were collected using a general information questionnaire, the Job Crafting Scale, and the Nurse Clinical Decision-Making Ability Scale. The relationship between job crafting and clinical decision-making ability was analyzed. **Results:** Among junior nurses, the total score for job crafting was (76.08 ± 12.84) and the total score for clinical decision-making ability was (113.75 ± 14.57) , both of which were at the moderate level. Job crafting was significantly positively correlated with clinical decision-making ability among junior nurses ($r = 0.514$, $P < 0.01$).

Conclusion: Job crafting can influence the clinical decision-making ability of junior nurses. The higher the level of job crafting, the stronger the clinical decision-making ability of junior nurses. Hospitals and nursing managers should pay attention to nurses' job crafting behaviors, provide targeted guidance to facilitate job crafting among junior nurses, and thereby accelerate the rapid improvement and sustainable development of their clinical decision-making ability.

Keywords: Junior Nurses; Job Crafting; Clinical Decision-Making Ability

Introduction

Clinical decision-making ability is a critical competency for nurses to identify changes in patients' conditions, assess nursing risks, formulate scientific care plans, and resolve clinical problems in complex clinical scenarios. It represents an integration of nursing theory and practical skills. Nurses' clinical decision-making ability

directly affects patient safety, treatment outcomes, and the quality of nursing services [1]. The National Nursing Development Plan (2021–2025) [2] emphasizes the need to further strengthen the nursing workforce, enrich the connotation and extension of nursing services, enhance nursing management, and promote high-quality nursing development. Junior nurses, as the emerging force and future backbone of the nursing team, have attracted considerable attention regarding their organizational behaviors and psychological well-being. This group is in a phase of occupational

adaptation and capability development, and generally experiences difficulties in clinical decision-making, manifested as insufficient clinical experience, lack of acuity in patient observation, weak emergency response capabilities, and immature clinical decision-making thinking [3]. Therefore, exploring effective approaches to improve the clinical decision-making ability of junior nurses is of significant practical importance for strengthening the nursing workforce and promoting high-quality nursing development. Job crafting is a proactive work behavior through which employees voluntarily adjust and optimize their job tasks, work cognitions, and interpersonal relationships. Unlike the traditional model of passively accepting work assignments, it emphasizes individual initiative, agency, and creativity [4]. In recent years, research on the application of job crafting in the nursing field has gradually increased; however, studies examining the relationship between job crafting and clinical decision-making ability remain scarce. Accordingly, this study focused on junior nurses as the research subjects to investigate the effect of job crafting on their clinical decision-making ability, aiming to provide theoretical evidence and practical reference for nursing management.

Subjects and Methods

Research Subjects

A total of 160 junior nurses from general hospitals in Guangdong Province were selected as research participants by convenience sampling from July to August 2026. Inclusion criteria were: (1) registered nurses currently on duty; (2) clinical working experience ≤ 3 years; (3) voluntary participation in this study with informed consent and completed questionnaires. Exclusion criteria were: (1) nurses on refresher training or intern nurses; (2) those on sick leave, maternity leave, personal leave, or other forms of absence during the survey period; (3) those with severe psychological or physical illnesses that precluded normal participation in the survey.

Research Instruments

- **General Information Questionnaire:** covers demographic variables including gender, age, educational level, professional title, years of clinical experience, average monthly frequency of night shifts, and whether they had received training related to clinical decision-making.
- **Job Crafting Scale:** The Job Crafting Scale, developed by DVORAK [5] and translated into Chinese by ZHU Shixiao [6], was used in this study. The scale consists of 21 items distributed across three dimensions: task crafting (7 items), cognitive crafting (7 items), and relational crafting (7 items). A 5-point Likert scale was employed, with responses ranging from 1 ("strongly disagree") to 5 ("strongly agree"). Total scores range from 21 to 105, with higher scores indicating greater job crafting ability. In

this study, the Cronbach's α coefficient of the scale was 0.875, indicating good reliability.

- **Clinical Decision-Making in Nursing Scale (CDMNS):** Clinical decision-making ability was assessed using the Clinical Decision-Making in Nursing Scale (CDMNS), originally developed by Jenkins [7] and translated into Chinese by He Minyi et al. [8]. The scale comprises 40 items across four dimensions: (1) searching for information or new information, (2) identifying goals and values, (3) seeking alternatives, and (4) evaluating or re-evaluating outcomes. Of the 40 items, 18 are negatively worded and 22 are positively worded. A 5-point Likert scale was used, with responses ranging from "never" to "always" (i.e., never, rarely, sometimes, often, always). Positively worded items were scored from 1 to 5, while negatively worded items were reverse-scored from 5 to 1. Total scores range from 40 to 200, with higher scores indicating greater clinical decision-making ability. According to the scoring criteria, scores of 40.00–93.33 indicate low clinical decision-making ability, 93.34–146.67 indicate moderate ability, and 146.68–200.00 indicate high ability. In this study, the Cronbach's α coefficient of the scale was 0.816, indicating good reliability.

Data Collection Procedures

The questionnaire was administered via the Wenjuanxing platform. A standardized instruction was used to explain the purpose, significance, and completion instructions of the survey. Participants were informed that the questionnaire was anonymous to ensure the authenticity of the responses. All items were set as required, and each IP address was allowed to submit the questionnaire only once to ensure completeness and prevent duplicate submissions. The survey was conducted from July to August 2026. A total of 162 electronic questionnaires were returned. After excluding invalid questionnaires that did not meet the inclusion and exclusion criteria or had identical responses across all items, 2 invalid questionnaires were removed, yielding 160 valid responses, with an effective response rate of 98.8%.

Statistical Analysis

Data were analyzed using SPSS 27.0 statistical software. Continuous variables were presented as mean $\pm$ standard deviation ($\bar{x} \pm s$), and categorical variables were presented as frequencies and constituent ratios. Pearson correlation analysis was used to examine the correlation between job crafting and clinical decision-making ability. Multiple linear regression analysis was performed with total clinical decision-making ability score as the dependent variable and job crafting sub-dimensions as independent variables to test the effect of job crafting on clinical decision-making ability. A P-value < 0.05 was considered statistically significant.

Results

Demographic and general characteristics of the participants (Table 1)

Variable	Category	n	Proportion (%)
Gender	Male	16	10
	Female	144	90
Age	≤ 22 years	87	54.4
	23–27 years	57	35.6
	≥ 28 years	16	10
Years of experience	1 years	94	58.8
	1–3 years	66	41.3
Educational level	College degree	22	13.8
	Bachelor's degree	117	73.1
	Master's degree or above	21	13.1
Professional title	Nurse	109	68.1
	Senior nurse	51	31.9
Average monthly frequency of night shifts	≤ 4 times	64	40
	5–8 times	86	53.8
	≥ 9 times	10	6.3
Received clinical decision-making training	Yes	73	45.6
	No	87	54.4

Table 1: General characteristics of the participants (n = 160).

Scores of jobs crafting and clinical decision-making ability

In this study, the total score of job crafting among the 160 junior nurses was 76.08 ± 12.84 , and the total score of clinical decision-making ability was 113.75 ± 14.57 . The scores for each dimension and item are presented in Tables 2 and 3, respectively.

Item	Score range	Score ($\bar{x} \pm s$)	Mean item score
Total score of job crafting	21~105	76.08 ± 12.84	3.62 ± 0.61
Task crafting	7~35	24.86 ± 5.17	3.55 ± 0.74
Cognitive crafting	7~35	25.71 ± 4.92	3.67 ± 0.71
Relational crafting	7~35	25.51 ± 4.57	3.64 ± 0.65

Table 2: Scores of jobs crafting among junior nurses (n = 160).

Item	Score range	Score ($\bar{x} \pm s$)	Mean item score
Overall CDMNS score	40~200	113.75 ± 14.57	2.84 ± 0.36
Information seeking	10~50	27.44 ± 4.33	2.74 ± 0.43
Goal identification	10~50	28.72 ± 4.67	2.87 ± 0.47
Alternative seeking	10~50	31.62 ± 5.04	3.16 ± 0.50
Outcome evaluation	10~50	28.53 ± 4.36	2.85 ± 0.44

Table 3: Scores of clinical decision-making abilities among junior nurses (n = 160).

Correlation between job crafting and clinical decision-making ability

Pearson correlation analysis revealed that the total score of job crafting was significantly positively correlated with the total score of clinical decision-making ability ($r = 0.514$, $P < 0.01$). The correlation coefficients between each dimension of job crafting and clinical decision-making ability are presented in Table 4.

Item	job crafting	Task crafting	Cognitive crafting	Relational crafting	Clinical decision-making ability
job crafting	1				
Task crafting	.876**	1			
Cognitive crafting	.887**	.659**	1		
Relational crafting	.862**	.618**	.669**	1	
Clinical decision-making ability	.514**	.503**	.464**	.375**	1

Note: ** $P < 0.01$.

Table 4: Correlations between job crafting and clinical decision-making ability ($n = 160$, r values)

Multiple regression analysis of job crafting on clinical decision-making ability among junior nurses

Hierarchical multiple linear regression analysis was performed with demographic variables controlled in the first block, the total score of clinical decision-making ability as the dependent variable, and the three dimensions of job crafting as independent variables. The results showed that task crafting and cognitive crafting had significant positive predictive effects on clinical decision-making ability ($P < 0.05$), while relational crafting did not significantly predict clinical decision-making ability ($P > 0.05$). The three dimensions collectively explained 28.4% of the variance in clinical decision-making ability, with task crafting having the greatest influence. The regression model demonstrated good fit and was statistically significant (Table 5).

Variable	B	SE	B	t	P
(Constant)	71.361	6.009	-	11.875	< .001
Task crafting	0.975	0.267	0.346	3.645	< .001
Cognitive crafting	0.689	0.297	0.233	2.319	0.022
Relational crafting	0.017	0.306	0.005	0.057	0.954

Note: $R^2 = 0.284$, adjusted $R^2 = 0.270$; $F = 20.637$, $P < 0.001$.

Table 5: Multiple linear regression analysis of job crafting on clinical decision-making ability ($n = 160$).

Discussion

Clinical Decision-Making Ability of Junior Nurses Was at a Moderate Level

In this study, the clinical decision-making ability score of junior nurses was 113.75 ± 14.57 , indicating a moderate level. This finding suggests that contemporary junior nurses are no longer passively adhering to fixed nursing routines; instead, they demonstrate a proactive orientation toward work optimization and professional self-adjustment. However, this score was relatively lower than that reported by Chen Yue et al. [9] for junior nurses working in emergency and critical care settings. A possible explanation for this discrepancy is that the participants in the present study were recruited from various clinical departments, which may have exposed them to clinical problems of differing complexity and acuity.

Among the four dimensions of the Clinical Decision-Making in Nursing Scale (CDMNS), the dimension of “seeking alternatives” yielded the highest score (mean item score: 3.16 ± 0.50). This finding is inconsistent with previous research [10], which reported relatively lower scores on this dimension among junior nurses. A plausible reason is that the majority of junior nurses belong to the

younger generation who have grown up in an era of information explosion. The availability of diverse information channels has cultivated their divergent thinking and heightened their awareness of seeking alternative solutions [11]. When confronted with clinical problems, they are therefore more inclined to generate multiple options.

In contrast, the dimension of “searching for information or new information” scored the lowest (mean item score: 2.74 ± 0.43), indicating that junior nurses have a notable deficiency in actively searching for patient information, consulting the literature, and seeking evidence-based evidence prior to making clinical decisions. Given their limited clinical experience and heavy workloads, junior nurses tend to prioritize completing routine treatment and nursing tasks over case-specific information retrieval and evidence-based inquiry, leaving insufficient time and motivation for acquiring new information [12].

Effective information-seeking requires sufficient professional knowledge and competence. Accordingly, nursing managers should prioritize cultivating junior nurses’ information-seeking skills and self-directed learning abilities during training and daily supervision. They should also provide continuous professional development opportunities to equip junior nurses with the necessary knowledge and competence to make sound clinical judgments, and ultimately improve the overall quality of nursing care.

Job Crafting Among Junior Nurses Was at a Moderate-to-High Level

In this study, the total score of job crafting among junior nurses was 76.08 ± 12.84 , indicating a moderate-to-high level. Among the three dimensions, cognitive crafting scored the highest (25.706 ± 4.924), while task crafting scored the lowest (24.856 ± 5.172).

Cognitive crafting refers to nurses’ reinterpretation of the social value of the nursing profession, with its core lying in a perspective shift-from “what I am doing” to “what this means” [13]. Task crafting refers to the behavior through which nurses proactively adjust their job tasks to better align work content with personal strengths and interests [14].

Clinical work frequently involves diverse and dynamic situations, requiring nurses to make timely adjustments and continuously engage in job crafting to acquire positive resources and strengths, thereby optimizing work arrangements and improving the quality of nursing care [15]. However, junior nurses often lack sufficient clinical experience and are predominantly engaged in routine fundamental nursing procedures with relatively fixed task assignments. Consequently, they exhibit deficiencies in proactively optimizing workflow and refining nursing tasks. When confronted with environmental changes or stressful events, junior nurses tend to first undergo changes in their cognitive perceptions, repeatedly

reflecting on their professional values. In contrast, task crafting involves the proactive adjustment and reconstruction of daily work content, workflow, and job responsibilities. Given their limited clinical experience and the objective constraints imposed by job scope, management regulations, and work inertia, junior nurses face considerable difficulties in autonomously altering established task patterns, which ultimately contributes to their relatively low level of task crafting [16].

Positive Effect of Job Crafting on Clinical Decision-Making Ability Among Junior Nurses

The results of this study showed that job crafting was a significant positive predictor of clinical decision-making ability among junior nurses. Specifically, task crafting had a significant positive effect on clinical decision-making ability ($P < 0.001$). When junior nurses enter clinical practice and proactively take on more challenging nursing tasks, they are more likely to complete the entire clinical decision-making process with clear work objectives [16]. Therefore, the ability to engage in task crafting can significantly promote the improvement of clinical decision-making ability.

Cognitive crafting also positively predicted clinical decision-making ability, although its predictive strength was weaker than that of task crafting ($P < 0.05$). Cognitive crafting helps junior nurses re-examine the meaning and value of nursing work, shifting their mindset from mechanically executing medical orders to actively analyzing changes in patients’ conditions, thereby acting as a contributing factor to the enhancement of their clinical decision-making ability.

In contrast, relational crafting centers on interpersonal interactions such as nurse-patient communication and team collaboration. In nursing practice, relational crafting is manifested when junior nurses actively seek guidance from senior nurses and participate in interprofessional collaboration [17]. However, it may not independently improve the quality of individual clinical decision-making. It is speculated that effective communication and collaboration may only facilitate the implementation of clinical decisions, rather than directly influencing the cognitive process of clinical decision-making itself.

Clinical work is dynamic and complex, requiring nurses to solve problems and make decisions in response to diverse clinical scenarios. This makes it necessary for nurses to develop a higher level of job crafting, to proactively optimize nursing services and make sound clinical decisions.

Study Limitations and Future Perspectives

Several limitations of this study should be acknowledged. First, the cross-sectional design precludes the establishment of causal relationships between job crafting and clinical decision-

making ability. Although we identified significant associations, longitudinal or interventional studies are needed to confirm the directional effects. Second, the use of convenience sampling from general hospitals in a single province may limit the generalizability of the findings to other regions or healthcare settings. Third, all data were collected via self-reported questionnaires, which may be subject to social desirability and recall bias. Future studies could incorporate objective measures or multi-source data to enhance the validity of the findings. Despite these limitations, this study provides valuable empirical evidence on the relationship between job crafting and clinical decision-making ability among junior nurses, offering practical implications for nursing management and talent development.

Conclusion

The results of this study demonstrated that job crafting had a significant positive effect on clinical decision-making ability among junior nurses. For junior nurses who lack work experience and have limited clinical competence, task crafting serves as a key driver for enhancing job competency and overcoming professional development challenges. When junior nurses enter clinical practice and proactively take on more challenging nursing tasks, they are more likely to complete the entire clinical decision-making process under clear work objectives. Therefore, the ability to engage in task crafting can significantly promote the improvement of clinical decision-making ability. Cognitive crafting also positively predicted clinical decision-making ability, although its predictive strength was weaker than that of task crafting. Cognitive crafting helps junior nurses re-examine the meaning and value of nursing work, shifting from mechanically executing medical orders to actively thinking about changes in patients' conditions, thereby serving as an influencing factor in the enhancement of clinical decision-making ability. In contrast, relational crafting encompasses interpersonal interactions such as nurse-patient communication and team collaboration. In nursing practice, relational crafting manifests as junior nurses actively seeking guidance from senior nurses and participating in interprofessional collaboration [18]. However, it may not independently improve the quality of individual clinical decision-making. It is speculated that effective communication and collaboration may only facilitate the implementation of clinical decisions, rather than directly influencing the cognitive process of clinical decision-making itself. Clinical work is dynamic and complex, requiring nurses to solve problems and make decisions in response to diverse clinical scenarios. This necessitates that nurses possess a higher level of job crafting to proactively enhance nursing services and make sound clinical decisions.

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