

Perception of Organizational Justice among Hospital Nurses*

Hastanelerde Çalışan Hemşirelerin Örgütsel Adalet Algısı

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*This study was presented as a verbal abstract proceeding in the 2nd International Congress on Nursing, held on 13-15 April 2018 in Istanbul.

Cite as: Kurt Ş, Özkol Kılınc K, Öztürk H. Perception of organizational justice among hospital nurses. Journal of Health and Nursing Management. 2024;11(2):283-290. **DOI:** 10.54304/SHYD.2024.35582

Abstract

Aim: To determine nurses' Organizational Justice Perception (OJP).

Method: This descriptive study was conducted with 145 nurses who worked at a public teaching- research hospital. The data were collected using Information Form and Organizational Justice Perception Scale (OJPS). Data was analyzed using percentage, mean, independent samples t-test and Mann Whitney-U test.

Results: 60.3% were aged between 20 and 30 years and 69% had a bachelor's degree. 61.7% were satisfied with being nurses, 71.6% were satisfied with their clinics/units and 71% were satisfied with the charge nurses. 66.2% considered their charge nurses to be just, but 72.4% believed that they were unjustly treated at work. OJPS score of the nurses was 64.86 (SD=13.85). The OJPS score was significant for nurses who were satisfied with the charge nurses and with their clinics/units and those who considered their charge nurses to be just or not believed that they were treated justly.

Conclusion: Nurses' OJP is significantly associated with being satisfied with clinic/unit, charge nurses and negative experiences.

Keywords: Hospitals, nurses, organizational justice, perception of organizational justice.

Öz

Amaç: Çalışma, hemşirelerin örgütsel adalet algısını belirlemek amacıyla yapılmıştır.

Yöntem: Tanımlayıcı tipteki bu araştırma bir kamu eğitim ve araştırma hastanesinde çalışan 145 hemşire ile gerçekleştirilmiştir. Veriler, bilgi formu ve Örgütsel Adalet Algısı Ölçeği (ÖAAÖ) kullanılarak toplanmış; yüzde, ortalama, bağımsız gruplarda t-testi ve Mann Whitney-U testi ile analiz edilmiştir.

Bulgular: Hemşirelerin %60,3'ü 20-30 yaş aralığında, %69'u üniversite mezunudur. %61,7'si hemşire olmaktan, %71,6'si çalıştığı servisten, %71'i klinik sorumlu hemşiresinden memnundur. %66,2'si klinik sorumlu hemşiresinin adaletli olduğunu, %72,4'ü çalışma hayatında kendisine adaletsiz davranıldığını düşünmektedir. Hemşirelerin ÖAAÖ toplam puanı 64,86 (SS=13,85) dir. Çalıştığı servisten ve klinik sorumlu hemşiresinden memnun olan, klinik sorumlu hemşiresinin adaletli olduğunu düşünen, çalışma yaşamında kendisine adil davranıldığını düşünen hemşirelerin ÖAAÖ puanlarında anlamlılık bulunmuştur.

Sonuç: Hemşirelerin örgütsel adalet algısı ile çalışılan klinik ve sorumlu hemşireden memnun olmak ve olumsuz deneyimler arasında anlamlılık vardır.

Anahtar Sözcükler: Hastaneler, hemşireler, örgütsel adalet, örgütsel adalet algısı.

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Received / Geliş: 27.12.2022 ▪ **Accepted / Kabul:** 05.08.2024 ▪ **Published Online / Online Yayın:** 31.08.2024

Introduction

Organizational justice reflects employees' personal perceptions (Karaca and Özmen, 2018) and their perceived level of organizational justice influences their professional behaviors. A perception of distribution injustice may lead to depersonalization whereas perceived interactional justice may enhance personal accomplishment (Topbaş et al., 2019). Organizational justice has been investigated in relation to its professional and organizational effects among nurses.

Organizational culture contributes 30% to managers' ethical behavior and 35% to organizational justice (Özsoy and Ekici; 2017). Besides, Yılmaz and Altuntaş (2022) found that nurses' perception of interactional justice was also effective on both organizational revenge intention by 2% and their overall perception of organizational justice by 1%. However, nurses' perception regarding management values such as justice, loyalty, and equity was positively associated with perceived organizational justice (Altuntaş et al., 2020). Therefore, a study was found that the perception of organizational justice was effective on nurses' effort, by increasing it to double during surgical interventions (Motlagh et. al., 2012). Another study determined that distributive and interactional justice perceptions were correlated to work engagement (Wan et al., 2018). Researchers have also found that nurses' intention to leave their jobs correlates to perceived interactional and procedural justice, as well as overall organizational justice (Chen et al., 2015; Tourani et al., 2016). Procedural, distributive and interactional justice have had positive impact on organizational citizenship behavior, job satisfaction, organizational commitment (Park and Yoon, 2009). Research also indicates that a high-level perception of organizational justice is positively related to nurses' organizational trust and identification with the organization (Chen et al., 2015). Topa and colleagues (2016) found that organizational justice perception among employees over the age of 45 years augmented the influence of workplace effort-reward imbalance on health complaints. In this context, substantial data have been collected showing that organizational justice perception of nurses impacts their perception of the work environment and work efforts. However, it would be useful to understand how nurse managers affect nurses' perception of organizational justice and nurses' behavior, therefore, some relevant knowledge is also needed.

Method

Aim and Design: This descriptive study aimed at determining hospital nurses' perception of organizational justice.

Research Questions: To this end, the study aimed to explore how hospital nurses perceive organizational justice and its dimensions through three research questions:

- How do nurses perceive organizational justice?
- Are socio-demographic characteristics associated with nurses' perception of organizational justice?
- Do nurse managers affect on nurses' perception of organizational justice?

Population and Sample of Study: The study's target population comprised the 323 nurses who worked at two public hospitals - a training and research hospital and a public hospital-, in one of the city center in Türkiye. The final study sample included 145 (45%) nurses who were not on annual, medical or maternity leave and agreed to complete the questionnaires.

Data Collection and Instruments: The data were collected from May to September 2017 using Colquitt's (2001) 20-item *Organizational Justice Perception Scale (OJPS)* and a 27-item *Information Form* that included socio-demographics (age, gender, marital status, education level, average monthly income, type of employment, union membership), professional employment experience (time at current hospital and units, experience working on wards and as a nurse manager, monthly hours worked and number of night shifts per month, number of patients served per shift, working wards), professional satisfaction (including economic satisfaction and satisfaction with the profession, the hospital, the department, the charge nurse) and beliefs about how nurses are treated in their work lives (fair or unfairly chief managers acted justly, to whom nurses report an unfair event, thinking about who treated them unfairly, thinking about which subject nurses were unfairly treated, and how nurses should act when they felt they were treated unfairly). These questions were prepared by researchers based on literature review.

The *OJPS* uses five-point Likert type scales (Strongly Disagree to Strongly Agree) that address four sub-dimensions: distributive justice perception (4 items), procedural justice perception (7 items), interpersonal justice perception (4 items) and informational justice perception (5 items) (Colquitt, 2001). The Turkish version (Ozmen et al., 2007), which has been used in several studies (Akbolat and Sirakaya, 2016; Işık et al., 2012; Karaca and Özmen, 2018), has only three sub-dimensions: distributive justice (4 items), procedural justice (7 items), and interactional justice (9 items). Interactional justice combines interpersonal and informational justice. The total Turkish *OJPS* score ranges from 20 to 100 (distributive justice: 4 to 20; procedural justice score 7 to 35; and interactional justice 9 to 45) with reliability coefficients of 0.94 for distributive justice perception, 0.86 for procedural justice perception and 0.88 for interactional justice perception (Ozmen et al., 2007). In the present study, Cronbach's alpha coefficient was 0.90 for distributive justice and procedural justice, and 0.93 for interactional justice.

Data Analyses: SPSS 22.0 (Statistical Package for the Social Sciences version 22.0, IBM SPSS; Armonk, NY, USA) was used in the statistical analysis of the data. The demographics were described by frequency, percentages, means and standard deviations. Means were calculated for the OJPS and its three sub-dimensions. Normality was evaluated via the Kolmogorov-Smirnov test. Kruskal Wallis, independent samples t-test, and Mann Whitney U test were used to compare scores across demographic characteristics. The results were assessed at a confidence level of 95% and a significance level of 5%.

Ethical Considerations: The study conforms to the Declaration of Helsinki. First, to conduct study with a Turkish version of Organizational Justice Perception Scale, written permission of the authors was obtained via e-mail on 22.01.2017. Then, ethical approval was received from one of the University Ethical Committee (date: 14.04.2017; no: 40465587-58). Afterward, to collect data from hospitals and to visit the nurses during working hours, two written permissions were obtained from hospital managers of the Education and Training Hospital and Public Hospital. In addition, written approval was also obtained from the City General Directorate of Public Hospitals Union with the decision dated 04.05.2017. Verbal consent from nurses was obtained before filling out the survey for this study.

Results

Table 1. Nurses' socio-demographic characteristics (N:145)

Socio-demographic characteristics	n	%	OJPS
			Mean (SD)
Age			
20-30 years	87	60.3	63.06 (14.15)
≥31 years	58	39.7	61.01 (14.79)
Gender			
Female	127	87.6	62.08 (14.5)
Male	18	12.4	63.45 (13.30)
Marital status			
Married	78	53.8	62.31 (14.62)
Unmarried	62	42.8	62.14 (14.32)
Divorced/Separated	5	3.4	61.75 (15.19)
Education			
Vocational High School of Health	43	29.7	64.35 (10.69)
Bachelor's degree	100	69	64.00 (12.72)
Satisfied with working as a nurse			
Yes	87	61.7	62.86 (14.58)
No	58	38.3	61.37 (14.23)
First contact for notification of any unjust event or case			
Head nurse	44	31.2	61.65 (15.43)
Charge nurse	35	24.8	63.30 (12.62)
Head physician	17	12.1	62.27 (16.01)
Nurse colleagues	5	3.5	57.60 (15.24)
Managers who treated unjustly			
Head nurse	46	32.6	61.44 (15.83)
Physician	22	15.6	59.95 (12.44)
Nurse colleague	18	12.8	64.76(16.75)
Charge nurse	17	12.1	64.70 (10.80)
Thoughts of nurses when treated unfairly			
Reducing efforts	39	27.7	65.07 (13.35)
Leaving job/changing position	32	26.7	61.21 (13.33)
Stopping or changing of the people or groups who get compared	22	15.6	66.08 (10.22)
Requesting promotion	3	2.1	57.33 (14.57)
Taking longer break or absenteeism	3	2.1	48.00 (19.15)
Others	20	13.8	63.70 (18.04)

More than half of the sample was between 20 and 30 years old (60.3%), female (87.6%), married (53.8%), had a BA or higher degree (69%) and were satisfied working as a nurse (61.7%). About a quarter (24.8%) of nurses were charge nurses.

Although their head nurse was the first contact for 31.2% of these nurses if an unfair situation occurred, a similar percentage (32.6%) indicated that their head nurse was unfair. In fact, 12.2% of respondents had experienced an unfair event with a charge nurse while 15.6% of nurses reported experiencing injustice by a physician. The average OJPS score of the latter group was 59.95 (SD=12.44).

Over one-fourth of the sample (27.7%) said perceiving injustice led them to reduce their work effort they thought about leaving their job or changing their position (26.7%). Besides, 15.6% of them stated that when they perceived unfair behaviours they stopping or changing the people or groups who get compared. OJPS total score of groups was ordered as 65.07 (SD=13.35), 61.21 (SD=13.33), and 66.08 (SD=10.22) (Table 1).

Table 2. Mean OJPS and sub-dimension scores (N:145)

Subscales	N	Min.	Max.	Mean (SD)
Distributive justice	145	4.00	20.00	11.24 (3.45)
Procedural justice	145	7.00	34.00	22.04 (5.44)
Interactional justice	145	13.00	45.00	31.57 (7.88)
OJPS (Total Score)	145	24.00	96.00	64.86 (13.85)

The sample's mean total OJPS score was 64.86 (SD=13.85); mean subscale scores were distributive justice: 11.24 (SD=3.45); procedural justice 22.04 (SD=5.44); and interactional justice 31.57 (SD=7.88) in the sub-dimension (Table 2).

Table 3. Comparisons of the OJPS and its sub-dimensions with categorical variables (N:145)

Demographic Characteristics	n (%)	Distributive justice	Procedural justice	Interactional justice	Organizational Justice Perception
		Mean rank (Rank sum)	Mean rank (Rank sum)	Mean rank (Rank sum)	Mean rank (Rank sum)
Satisfied with the clinic/unit					
Yes	104 (71.6)	78.13 (8126.0)	76.11 (7915.0)	82.07 (8535.0)	80.35 (8356.0)
No	41 (28.4)	59.98 (2459.0)	65.12 (2670.0)	49.99 (2049.0)	54.35 (2228.5)
MWU		1598.0	1809.0	1188.5	1367.5
Z		-2.354	-1.422	-4.148	-3.358
p		0.019*	0.155	<0.001	0.001**
Satisfied with charge nurse					
Yes	103 (71)	81.29 (8373.0)	78.06 (8040.0)	84.41 (8694.5)	83.83 (8634.0)
No	42 (29)	52.67 (2212.0)	60.60 (2545.0)	45.01 (1890.5)	46.45 (1951.0)
MWU		1309.0	1642.0	987.5	1048.0
Z		-3.738	-2.278	-5.130	-4.863
p		<0.001	0.023*	<0.001	<0.001
Charge nurse acts as just					
Yes	96 (66.2)	78.85 (7569.5)	78.77 (7562.0)	82.06 (7877.5)	82.22 (7893.5)
No	49 (33.8)	61.54 (3015.5)	61.69 (3023.0)	55.26 (2707.5)	54.93 2691.5(0)
MWU		1790.5	1798.0	1482.5	1466.5
Z		-2.357	-2.322	-3.639	-3.703
p		0.018*	0.020*	<0.001	<0.001
Believing that they are unjustly treated in their work life					
Yes	105 (72.4)	65.88 (6917.5)	68.22 (7163.5)	66.74 (7008.0)	65.41 (6868.5)
No	40 (27.6)	91.69 (3667.5)	85.54 (3421.5)	89.43 (3577.0)	92.91 (3716.5)
MWU		1352.5	1598.5	1443.0	1303.5
Z		-3.321	-2.225	-2.910	-3.525
p		0.001**	0.026*	0.004**	<0.001

MWU: Mann Whitney U test; Z: Z score

*p<0,05; **p<0,01

Our results showed that 71.6% were satisfied with their clinics/units and 71% were satisfied with their charge nurses. In addition, 66.2% considered their charge nurses to be just, but 72.4% believed that they were unfairly treated at work.

Comparison of scores across demographics showed that overall OJPS, distributive justice, and interactional justice were higher among the nurses who were satisfied with the clinic/unit ($MWU = 1367.5, 1598.0, \text{ and } 1188.5$, respectively, $p < 0.05$) and those who were satisfied with charge nurses ($MWU = 1048, 1309, \text{ and } 987.5$, respectively, $p < 0.05$) as well as those who believed that they were justly treated at work ($MWU = 1303.5, 1352.5, \text{ and } 1443.0$, respectively, $p < 0.05$). However, nurses who believed that they were justly treated at work had higher procedural justice scores too ($MWU = 1598.5$; $p < 0.05$) as did those who were satisfied with charge nurses ($MWU = 1642$; $p < 0.05$) (Table 3).

Discussion

This study explored nurses' perception of organizational justice, using the OJPS (Colquitt, 2001). Employees' perceived organizational justice is important for health institutions' success (Şahin and Taşkaya, 2010) and a fair work environment and feeling valued is critical to society (Dong et al., 2020). Organizational justice reflects decision-making on issues such as promotions, rewards, remuneration as well as the way managers report to employees how decisions are made (İçerli, 2010; Topbaş et al., 2019; Tourani et al., 2016). There are three dimensions to an employees' perception of organizational justice: distributive justice (the perception that outcomes/benefits are justly distributed); procedural justice (the perception that administrative processes are carried out fairly); and interactional justice (the perception that relations are just during distributive process (Hashish, 2020; Keklik and Us, 2013). Interactional justice is related to management's sensitivity, sincerity, and respect (Kaplan and Adem, 2012). It draws attention to communication between an organization's decision makers and its employees (Kutanis and Çetinel, 2010). Perception of distributive justice is high when one thinks that tangible and intangible rewards, including promotion and remuneration practices, are fair (Ertan, 2017).

Nurses in this study perceived organization justice overall to be at moderate level on the OJPS. Their age, gender, marital status, and educational status were not significantly related to their perception. Other studies with nurses had similar findings (Kuokkanen et al., 2014; Rajabi et al., 2017; Yaghoubi et al., 2012), but some others found lower perceptions (Haghighinezhad et al., 2019) and some reported higher levels (Fathabad et al., 2016; Zhu et al., 2015). Likewise, studies conducted with healthcare professionals and nurses similarly concluded that perceived organizational justice was not affected by gender (Ertan, 2017; Rajabi et al., 2017; Şahin and Taşkaya, 2010), educational status (Rajabi et al., 2017), age (Ertan, 2017; Rajabi et al., 2017) or marital status (Ertan, 2017). Similar to other researchers, we found that the interactional justice sub-dimension had the highest mean score (Bağcı, 2016; Haghighinezhad et al., 2019; Kuokkanen et al., 2014; Tourani et al., 2016), and distributive justice had the lowest (Bağcı, 2016; Haghighinezhad et al., 2019; Kuokkanen et al., 2014; Zhu et al., 2015). These findings suggest that nurses were more attentive to interpersonal relations, wanted decision makers to be more sensitive and respectful toward nurses, and attached importance to how nurses' perspectives were included in decision-making (Bağcı, 2016).

We found that overall organizational justice and sub-dimension scores were lower among nurses who believed that they were unfairly treated at work. Nurses with lower OJP in this study reported experiencing unfair treatment from physicians. Moreover, we found that nurses with moderate level OJP stated that if any unfair event occurs, they can reduce their efforts, or stop making comparisons, or changing the people or groups being compared. However, they can leave the job or change positions. We also found that perceptions of distributive justice, interactional justice and overall organizational justice of nurses who were satisfied with their clinics/units were significantly better, demonstrating that relations between managers and nurses influence OJP. Likewise, overall organizational justice perception and sub-dimension scores were higher among the nurses who were satisfied with charge nurses and those who considered charge nurses' actions just.

In other words, both the distribution of economic resources and management strategies, are important. Chegini and colleagues (2019) showed that perceived organizational justice was positively related to nurses' job satisfaction. Managers need to develop intra-organizational relations, respecting individuals' personalities, dignity, cultural beliefs, rights and liabilities. In this context, organizational justice acts as a mediator between managers and employees (Demirel, 2009). In another study, nurses experienced less burnout when managers achieved interactional justice. Specifically, nurses' awareness of the reasons behind organizational decisions (informational justice) was more effective in reducing burnout than managers' sensitive behavior towards nurses. Therefore, head nurses play a significant role in improving nurses' OJP. (Campana and Hammoud, 2015). Higher level OJP reduces intention to leave job (Fathabad et al., 2016) whereas disrespect for ethical principles has a significant negative effect on total OJP among nurses (Haghighinezhad et al., 2019). Additionally, positive work environment affected nurses' respect perceptions and thus work, organizations and nursing

outputs positively changed (Laschinger, 2004). Researchers have also found that organizational justice might contribute to more positive feelings about the job and to supporting personal and organizational outcomes (Cao et al., 2020). Higher-level OJP reduced intention to leave job (Fathabad et al., 2016) whereas disrespect for ethical principles has a significant negative effect on total OJP among nurses (Haghighinezhad et al., 2019). Additionally, positive work environment affected nurses' respect perceptions and thus work, organizations and nursing outputs positively changed (Laschinger, 2004). In another study, researchers found that organizational justice might contribute to increase in positive feelings about the job and to sustain personal and organizational outcomes (Cao et al., 2020). Studies have demonstrated its mediator role between nurse managers' leadership styles and quality of work life (Gillet et al., 2013) and its effect on both nursing care outcomes and mental health of nurses (Lönnqvist et al., 2022). Further studies are needed to deeply search the relationship between nurses' health, nursing outcomes, and organizational justice perception.

Limitations: This study included only nurses working at two hospitals --a training and research hospital and a public hospital- in one of the city center in Türkiye. So the results of the study cannot be generalized to all nurses throughout Türkiye.

Conclusions and Recommendations

These study results indicate the importance of a just organizational culture for nurses' job satisfaction and quality patient care. Organizational justice refers to the positive perception in employee assessments of managers' behaviors in terms of human relations and management skills. The nurses' studied in these two settings perceived that organizational justice and its domains were moderate. Nevertheless, perceptions of organizational justice are critical for nurses, as lower perceptions could be associated with adverse outcomes, such as poorer quality of care, reduced work effort, absenteeism, and job turnover.

Given the salience of head nurses' and charge nurses' role in justice perceptions, including justice perception, justice-related values should be a hiring criterion when selecting candidates for nursing management positions. Examining managerial and administrative decision-making and judgments – including how nurses' views are taken into consideration and whether decision-making is transparent – should be part of quality assurance evaluations when nursing outcomes do not meet expectations. We also suggest conducting qualitative research to examine the decision-making processes of head nurses and chief nurses in order to better understand the factors that might contribute to nurses' job satisfaction. We also recommend replicating this study in different regions and different hospitals in order to generalize the findings.

Acknowledgement: We would like to thank the nurses who participated in the study and the head nurses who supported the study. However, special thanks to the Dr. Jo Anne Bennett who put effort to review our manuscript as a native speaker.

Author Contribution: The authors confirm contribution to the paper as follows; study conception and design: ŞK; data collection: ŞK; analysis and interpretation of results: ŞK, KÖK, HÖ; draft manuscript preparation: ŞK, KÖK, HÖ. All authors reviewed the results and approved the final version of the manuscript.

Ethics Committee Approval: Recep Tayyip Erdoğan University Non-Interventional Clinical Research Ethics Committee approval was obtained (Date: 14.04.2017 - Number: 2017/58).

Conflict of Interest: The authors declare that there is no conflict of interest.

Funding: The authors declare that the study has no financial support.

Informed Consent: Informed consent of the participants were obtained.

Teşekkür: Araştırmaya katılan hemşirelere ve çalışmaya destek veren başhemşirelere teşekkür ederiz. Bununla birlikte çalışmamızın İngilizce dil incelemesine verdiği destekten dolayı Dr. Jo Anne Bennett'e özellikle teşekkür ederiz.

Yazarlık Katkısı: Yazarlar makaleye katkılarını şu şekilde beyan etmektedir; çalışma fikri ve tasarımı: ŞK; veri toplama: ŞK; sonuçların analizi ve yorumlanması: ŞK, KÖK, HÖ; aday makalenin hazırlaması: ŞK, KÖK, HÖ. Tüm yazarlar sonuçları gözden geçirdi ve makalenin son halini onayladı.

Etik Kurul Onayı: Recep Tayyip Erdoğan Üniversitesi Girişimsel Olmayan Klinik Araştırmalar Etik Kurulu tarafından onaylanmıştır (Tarih: 14.04.2017 - Karar No: 2017/58).

Çıkar Çatışması: Yazarlar herhangi bir çıkar çatışması olmadığını beyan ederler.

Finansal Destek: Yazarlar, çalışmanın finansman desteği olmadığını beyan ederler.

Katılımcı Onamı: Katılımcıların bilgilendirilmiş onamları alınmıştır.

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