

The Relationship between Organizational Justice and Organizational Commitment among Staff Nurses

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Abstract

Background: Organizational justice and Organizational commitment are very significant for ensuring sustained productivity from the employee of an organization. **Aim of the study:** the study was aimed to finding out the relationship between the organizational justice and organizational commitment among staff nurses'. This study, in addition to identifying the different dimensions of organizational justice and discovering the relationship between these dimensions and organizational commitment, is closely related to the strength and weakness of justice components. **Setting:** The study was conducted at El agouza Hospital. **Research design:** a descriptive correlational design. **Subjects:** (130) staff nurses. **Tools:** the data were collected using two tools self – administered named organizational justice scale and organizational commitment questionnaire. **Results:** The study findings revealed positive correlations among the total scores as well as among certain types of organizational justice and commitment. **Conclusion:** The study finding indicated that there was a strongly statistically significant, positive correlation between total organizational justice and total organizational commitment. Also there were no statistically significant relations between total organizational justice and total organizational commitment and personal characteristics. **Recommendations:** The nursing and hospital leaders should foster staff nurses perception of organizational justice and commitment through a fair distribution of workload and a clear reward system.

Keywords: Organizational justice, Organizational Commitment and Staff nurses.

Introduction:

Human resources constitute the most important part of any organization. Employees attitudes and work behaviors are influenced by how their managers behave and treat them. Fairness is an increasingly important construct in behavior and management given its serious staff and organization consequences (*Fritz and Cox, 2020*). It is considered as a major determinant of organizational effectiveness (*Srivastava, 2015*). This notion is essential in the work environment when policies and procedures are implemented and decisions are taken concerning the distribution of incentives and assets

(*Mohammadi et al., 2020*).

Organizational justice is a multidimensional construct encompassing a gamut of actions and behaviors at work from compensation or the employees to their treatment by own supervisors. It is a conviction felt by an employee about how fair outcomes are distributed, the processes of their allocation, as well as the interpersonal at work (*Mengstie, 2020*). The employees who lack of job satisfaction and the feeling of justice at work have lower organizational commitment and tend to quit. This not only hinders achievement of organizational goals, but also have negative impacts on their colleagues

organizational commitment (*Hashish, 2020*).

Organizational commitment is the employees frame of mind of being committed to facilitate in the accomplishment of the organizations goals, and involves the employees levels of identification, involvement, and loyalty (*Cherian, et al, 2018*). Motivated employees are vital to an organizations competitiveness and therefore understanding people in their jobs and what motivates them could be a driving force in strengthening organizational commitment (*Mete, et al, 2016*).

Organizational commitment is the individuals psychological attachment to the organization. It can be defined as psychosomatic state that builds the workers behaviors in the organizations (*Lamba and Choudhary, 2013*). Organizational commitment refers to the degree to which individuals embrace organizational values and goals, which is vital in order for personnel to feel that they are part of the organization (*April, 2014*).

Employees organizational commitment is a key element in any organization, particularly in healthcare institutions because of their special features. Often, employees are highly committed to their organizations. The benefits of high employees themselves, as well as on the organization and whole served community (*Rodriguez-Fernandes, et al, 2021*). Nurses organizational commitment depending on their acknowledgment and acceptance the goals and values of the organization, as well as on their willingness to deploy efforts to improve its efficiency. Organizational commitment is reflected in the work performance of the nursing staff and the success of the hospital in achieving organizational goals (*Al-Haroon and Al-Qahtani, 2020*).

Aim Of The Study:

This study aims to finding out the relationship between the organizational justice and organizational commitment among staff nurses'.

Research questions

Is there a relationship between the organizational justice and organizational commitment among staff nurses"?

Subjects And Methods:

I. Technical design:

The technical design of the study involved the research design, study setting, subjects of the study and tools of data collection.

Research design:

An analytic Descriptive Correlational design, was used in conducting the study.

Setting:

This study was conducted at El agouza Hospital which affiliated to Ministry of Health in Egypt. This hospital contains about 200 beds. It consists of (20) medical and surgical departments as (medicine, general surgery, ophthalmology, orthopedic, neurosurgery, center care units, operations department, hemodialysis unit, emergency section, premature children unit).

Subjects:

Sample criteria: The subjects of this study consist of staff nurses who are working at the pre mentioned setting. The study sample estimated to be (130) staff nurses out of (200) staff nurses were participated in the study. The only inclusion criterion was being a full-time staff nurse in these settings during the time of the study.

Sample type: purposive.

Sample size: The sample size was calculated to estimate a correlation coefficient of 0.25 or higher between the scores of organizational justice and organizational commitment. at 95% level of confidence and 80% study

power. Using open-Epi software package for a correlation sample size was 130 after accounting for a non-response rate of approximately 5%.

Tools of the study:

Data were collected using a self-administered questionnaire including two measurement tools, namely organizational justice scale and organizational commitment questionnaire. In addition to section for staff nurses' demographic characteristics.

1- Organizational Justice Scale:

It aims to assess staff nurses perception regarding organizational justice. It is adopted from (Ibrahim, 2019). It divided into two parts:

Part 1: Demographic characteristics sheet: to gather personal data such as gender, nursing qualification, age, marital status, and years of experience (total and current).

Part 2: It includes (18 items). It divided into three main dimensions:

- Distributive justice (6 sub items): such as "I am rewarded fairly in view of the amount of experience I have".
- Procedural justice (6 sub items): such as "Hospital procedures are constructed in a manner to hear concerns of all affected by the decision".
- Interactional justice (6 sub items): such as "My immediate supervisor provides me timely feedback about decisions and their implication".

Scoring system:

Responses were measured on three points Likert scale ranging from (No = 1), (sometimes=2), (Yes=3). Respectively, for each dimension the score of the items was summed-up and the total divided by the number of the items to provide a corresponding mean score for each part. These scores converted into a percentage. For categorical presentation a score percentage of 66.7% or higher

(corresponding to yes) was considered high justice, while a lower percentage was considered low justice (Ibrahim, 2019).

2- Organizational commitment questionnaire:

It aims to assess organizational commitment among staff nurses.

This tool adapted from (Zakaria, 2019). It includes (24 items). It divided into three main dimensions:

- Emotional commitment (8 sub items): such as "I consider the problems of the hospital as my own problems".
- Continuance commitment (8 sub items): such as "The reason I want to stay in this hospital is both because I want to and because it is a necessity".
- Normative commitment (8 sub items): such as "One of the main reasons for me to continue to work in this hospital is loyalty and moreover moral obligations".

Scoring system:

The response to each item was measured on five points Likert scale ranging from "strongly agree" to "strongly disagree" was scored from 1 to 5 respectively. The scores were reversed for negative items so that a higher score indicates more commitment. The score of each dimension were summed up. Then, the sums of scores were converted into percent scores. For categorical analysis, a score of 60% or higher in each dimension was considered as high commitment while a lower score was considered as low commitment (Zakaria, 2019).

Tools validity:

The study tools were presented to a panel of experts for face and content validation after translation into Arabic and back translation was done for this tool. The panel consisted of three experts in nursing administration. They were (1) Professor faculty member from

Cairo University, (2) Assistant Professor faculty members from Ain Shams University. They reviewed the tools for relevance, comprehensiveness, applicability, and logical sequence. Some modifications were done according to their suggestions in the form of rephrasing some items.

Tools reliability:

The study tools were tested for internal consistency using cronbach Alpha test as follow:

Scale	N of items	Cronbach's Alpha
Organizational justice	18	0.920
Organizational commitment	24	0.900

I. Operational Design:

Preparatory Phase:

The investigator reviewed current and past, local and international related literature and knowledge aspect of the study using books, articles, journals and internet. This was helpful in processing the data collection tool and in writing up the scientific background of the study.

Ethical Considerations

Prior to the study conduction, ethical approval was obtained from the scientific research ethical committee in faculty of nursing Ain Shams University. In addition, the investigator met the directors of the hospital and explained the aim of the study to gain their approval. All subjects were informed that participation in the study is voluntary, the collected data will be treated confidentially and the anonymity of each participant was assured by the allocation of a code number to the questionnaire sheets. Subjects were informed that the content of the tools will be used for the research purpose only. Each participant was also informed that he/she has right to

withdraw from the study at any time without giving any reason.

Pilot Study:

It was carried out on 10% of the study subjects to examine clarity, feasibility and applicability of the tools. The time needed for filling questionnaire sheets (10) minutes for collecting data from staff nurses. These 10% respondents were selected randomly from the study subject. Some modifications were done in the tools, these subjects were included in the main study sample.

Fieldwork:

The field work started by getting official permission to hospital director of El aguza Hospital. Once official permissions were conducted the study were obtained. The investigator worked at the study setting, met the directors of the hospital to explain the aim of the study and get their approval and cooperation. Then, the investigator met nurse managers as well as the staff nurses, explained the aim of the study to them, and invited them to participate. Those who gave their verbal consent to participate were given the data collection tools and instructed in how to fill them in. Questionnaire forms were distributed to the respondents at their workplace. Then collected by the investigator sometime at the same time and at the other time at the next day. The filled forms were revised by the investigator to ensure their completeness. The return rate was 100%. The appropriate time of data collection was according to type of work and work load of each department, sometimes it was in the middle of the morning and afternoon shift and other time before the end of the afternoon shift and in the beginning of night shift. Collection of data took two months from beginning of March 2021 to the end of April 2021.

II. Administrative Design:

An official letters requesting permission to conduct the study were directed from the dean of Faculty of Nursing, Ain Shams University to the hospital director and nursing director to obtain their approval to carry out this study. These letters included the aim of the study and photocopy from data collection tools in order to get the permission and help for collection of the data.

III. Statistical Design:

IV. Data entry and statistical analysis were done by using SPSS 20.0 statistically software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, mean and standard deviation and medians for quantitative variables. cronbach alpha coefficient was calculated to assess the reliability of tools through their internal consistency. Qualitative categorical variable were compared using Chi-square test. Whenever the expected values in one or more of the cells in a 2x2 tables was less than 5 fisher exact test was used instead. In larger than 2x2 cross-tables, no test could be applied whenever the expected value in 10% or more of the cells was less than 5.

V. Spearman rank correlation was used for assessment of the inter-relationships among quantitative variables and ranked once. In order to identify the independent predictors of the scales' scores, multiple linear regression analysis was used, and analysis of variance for the full regression models was done. Statistical significance was considered at p -value < 0.05 .

Results:

Table (1): The study consisted of 130 staff nurses whose age ranged between 22 and 59 years, median 44.0. Almost

of them 98.5% were females, 85.4% nursing diploma and 82.3% married. Their median years of total and current job experience were 24.5 and 19.5 respectively.

Figure (1): demonstrates that only (3.1%) of the staff nurses in the study sample were carrying a bachelors degree in nursing, while (96.9%) of the staff nurses in the study sample were carrying a diploma degree.

Figure (2): illustrates the highest percentage of staff nurses in the study sample were working in specialized units (28.5%) and the lowest percentage was from the outpatient departments (7.7%).

Table (2): Indicates that staff nurses organizational justice was highest in the interactional type (62.3%), and the procedural justice was the lowest (49.2%).

Figure (3): indicates that slightly less than three-fifths (58.5%) of the staff nurses in the study sample were having high organizational justice.

Table (3): shows that it ranged rephrasing 66.9% for normative commitment and 74.6% for emotional commitment.

Figure (4): illustrates that emotional commitment was the most predominant type among the staff nurses in the study sampling (58.5%) and the normative commitment was the least predominant (15.4%).

Table (4): Demonstrates statistically significant relations between staff nurses' predominant commitment and their procedural ($p=0.02$), and interactional ($p=0.02$) justice. It is evident that these two types of organizational justice were higher among those staff nurses with predominant emotional commitment.

Table (5): indicates statistical significant relations between staff nurses total organizational justice and their emotional commitment ($p=0.03$), it

is noticed that a higher organizational justice is associated with higher emotional commitment.

Table (6): Presents statistically significant moderate positive correlations among staff nurses scores of organizational justice scal dimension. The strongest correlation was between, procedural and interaction types.

Table (7): demonstrates statistically significant moderate positive correlations among staff nurses scores of organizational commitment types. The strongest correlation was between normative and emotional types ($r=0.556$).

Table 1: Distribution of the staff nurses according to their demographic characteristics (N=130)

	Frequency	Percent
Age:		
<40	46	35.4
40-	47	36.2
50-60	37	28.5
Range	22-59	
Mean+_ SD	42.9+_ 9.4	
Median	44.0	
Gender:		
Male	2	1.5
Female	128	98.5
Nursing qualification:		
Nursing school diploma	111	85.4
Technical institute diploma	15	11.5
Bachelor	4	3.1
Experience years (total):		
< 20	34	26.2
20-	54	41.5
30+	42	32.3
Range	1.4-40.0	
Mean+_ SD	23.8+_ 9.5	
Median	24.5	
Experience years (current):		
< 20	65	50.0
20-	41	31.5
30+	24	18.5
Range	1.0-40.0	
Mean+_ SD	18.5+_ 9.5	
Median	19.5	
Marital status:		
Single	19	14.5
Married	107	82.3
Divorced / Widow	4	3.1

Figure 1: Distribution of staff nurses according to nursing qualification (N=130)

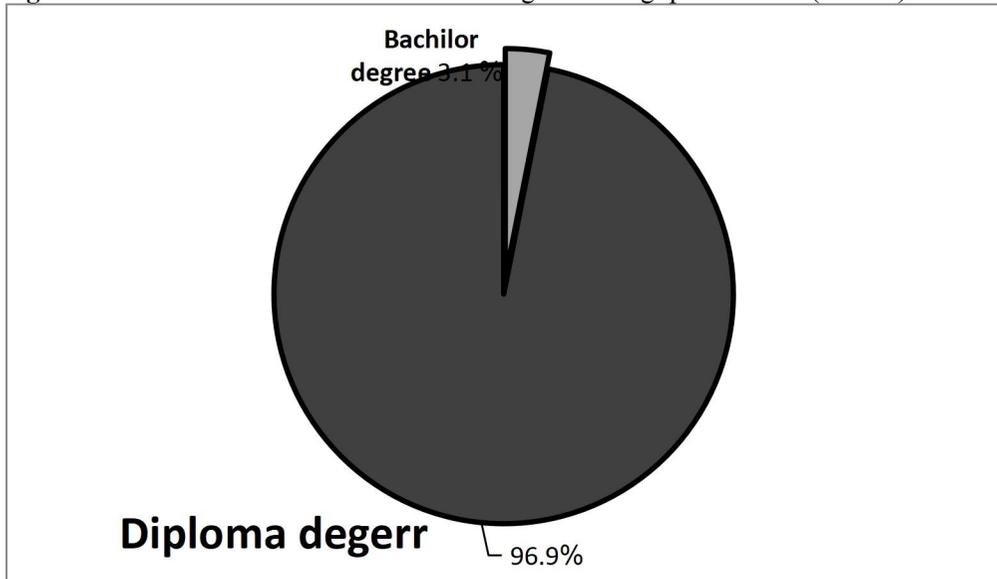


Figure 2: Distribution of staff nurses in the study sample by work units (N=130)

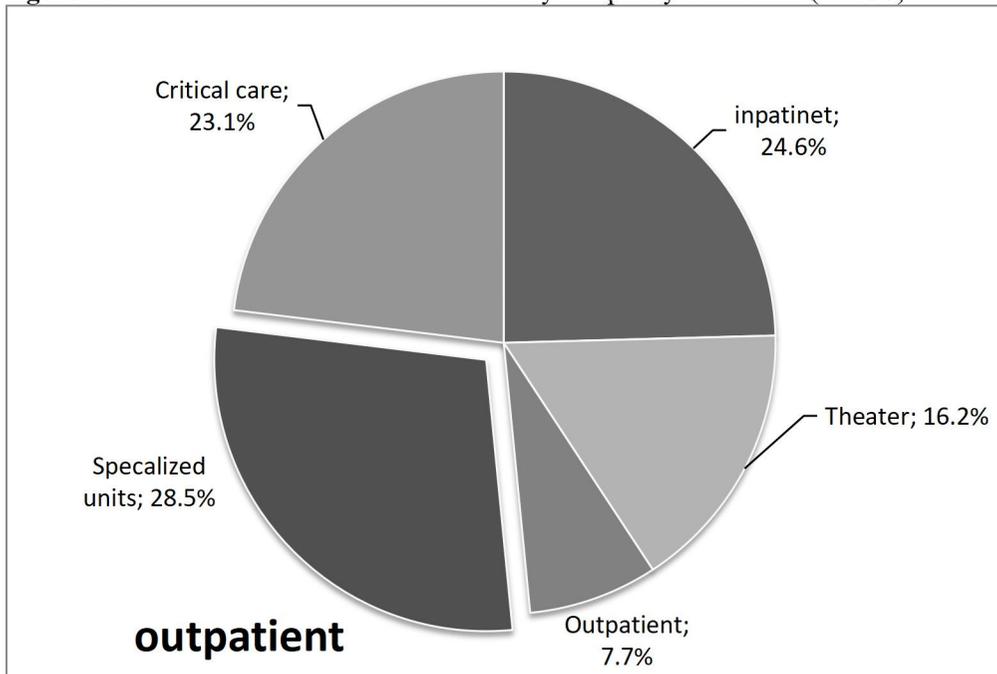


Table 2: Organizational justice among staff nurses in the study sample (N=130)

	Frequency	Percent
High (60%) organizational justice :		
Distributive	76	58.5
Procedural	64	49.2
Interactional	81	62.3

Figure 3: Total organizational justice among staff nurses in the study sample (N=130).

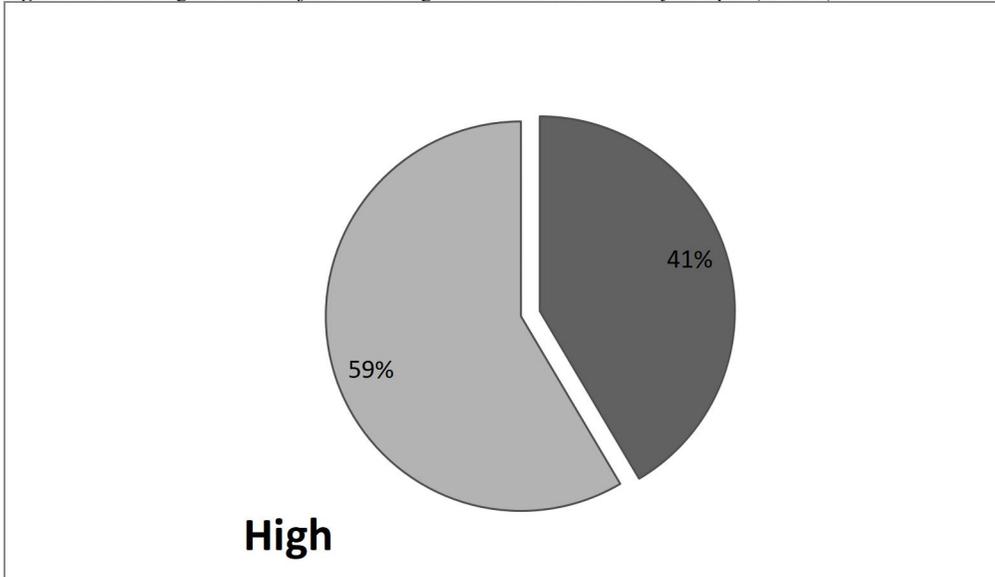


Table 3: Distribution of the staff nurses according to their high organizational commitment (n=130)

	Frequency	Percent
High (60%) organizational commitment		
Emotional	97	74.6
Continuance	91	70.0
Normative	87	66.9

Figure 4: Distribution of the staff nurses according to their high organizational commitment (n=130)

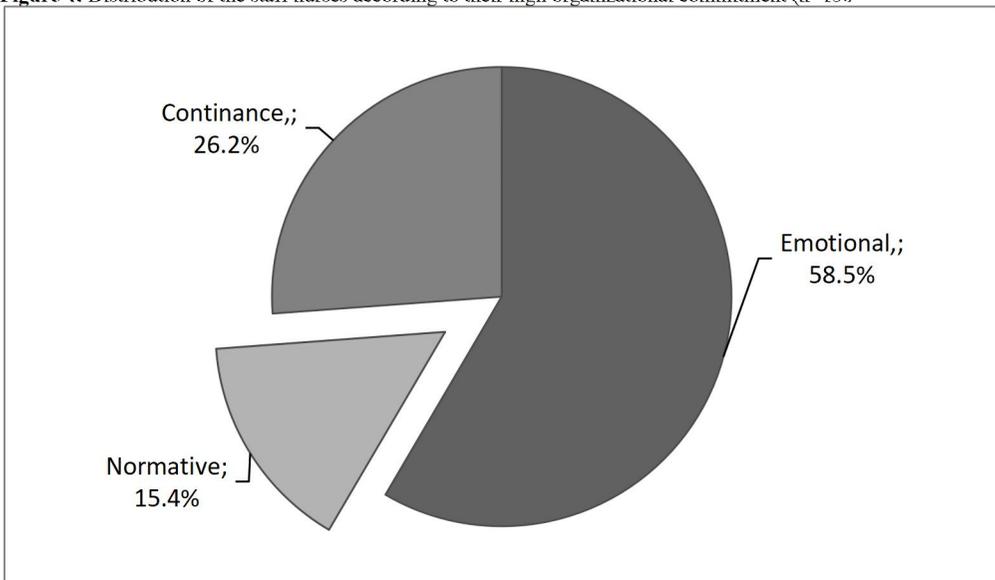


Table (4): Relations between staff nurses' predominant commitment and their types of organizational justice

Organizational justice	Predominant commitment						X2test	p-value
	Emotional		Normative		Continuance			
	No.	%	No.	%	No.	%		
Distributive :								
High	46	60.5	10	13.2	20	26.3		
Low	30	55.6	10	18.5	14	25.9	0.27	0.70
Procedural :								
High	44	68.8	10	15.6	10	15.6		
Low	32	48.5	10	15.2	24	36.4	7.63	0.02*
Interactional :								
High	55	67.9	0	11.1	17	21.0		
Low	21	42.9	11	22.4	17	34.7	8.02	0.02*
Total justice :								
High	49	64.5	9	11.8	18	32.7		
Low	27	50.0	11	20.4	16	29.6	3.05	0.22

(*) Statistically significant at $P < 0.05$ **Table (5):** Relations between staff nurses' total organizational justice and their types of organizational commitment

Organizational commitment	Organizational justice				X2test	p-value
	High		Low			
	No.	%	No.	%		
Emotional :						
High	62	63.9	35	36.1		
Low	14	42.4	19	57.6	4.68	0.03*
Continuance :						
High	58	63.7	33	36.3		
Low	18	46.2	21	53.8	3.48	0.06
Normative :						
High	55	63.2	32	36.8		
Low	21	48.8	22	51.2	2.45	0.12
Predominant :						
Emotional	59	64.5	27	35.5		
Normative	9	45.0	11	55.0	3.05	0.22
Continuance	18	52.9	16	47.1		

(*) Statistically significant at $P < 0.05$ **Table (6):** Correlation matrix of organizational justice scale domains scores:

Organizational justice	Spearman's rank correlation coefficient		
	Organizational justice		
	Distributive	Procedural	Interactional
Distributive	1.000		
Procedural	.518**	1.000	
Interactional	.465**	.585**	1.000

(**) Statistically significant at $P < 0.01$ **Table (7):** Correlation matrix of organizational commitment scale domains scores:

Organizational commitment	Spearman's rank correlation coefficient		
	Organizational commitment		
	Emotional	Continuance	Normative
Emotional	1.000		
Continuance	.545**	1.000	
Normative	.556**	.430**	1.000

(**) Statistically significant at $P < 0.01$

Table (8): Correlation between staff nurses organizational commitment dimensions and organizational justice dimensions scores :

Organizational justice	Spearman's rank correlation coefficient		
	Organizational commitment		
	Emotional	Continuance	Normative
Emotional	.162	.064	-.057
Continuance	.410**	.231**	.238**
Normative	.320**	.148	.151
Total justice	.335**	.160	.105

(**) Statistically significant at $P < 0.01$ **Discussion:**

Organizational commitment nurtured by the support provided by leaders and job resources is a means of bonding employees to their workplace (*Orgamebidez and Almedia, 2018*), and is a key for achievement of organizational goals (*Herrera et al., 2021*). It is also strongly influenced by organizational justice (*Ayaz-Alkaya et al., 2018* ; *Sheeraz et al., 2021*). This must be considered in any endeavors aimed at improving nurses commitment (*Kunecka and Showron, 2018* ; *Molero Jurado et al., 2018*). This gains more important in the current situation of shortage of nursing workforce (*Miedaner et al., 2018*).

The study sample representative of staff nurses with a wide gamut of age and experience. These tow variables were expected to have an impact on their organizational commitment, which was demonstrated in the study results. Still a great majority were females with diploma degree in nursing, which is expected in the study setting, which serves a in el agouza.

According to the present study results, slightly less than three-fifths of the staff nurses the setting were having high perception of total organizational justice. Although this might seem to be a good percentage. Still more than two-fifths had low perception of organizational justice , which would have a negative impact on their organizational commitment, with

possible consequences such as high intention to leave. In agreement with this a study on nurses in Menoufyia , Egypt found that a majority of them were having moderate levels of perceived organizational justice (*Bakeer et al., 2021*).

The present study bivariate and multivariate analyses could not reveal any significant association between staff nurses perception of organizational justice, whether by type or overall, and any of their personal or work characteristics. This might imply that the perception of justice expressed by them is universal regardless age, gender, qualification, experience, or work unit. In line with this, a study on healthcare professionals in France could not reveal any significant associations with any of their personal characteristics (*Lejeune et al., 2020*).

The second main objective of the present study was to assess staff nurses organizational commitment. The results revealed that the emotional commitment type was the highest and most predominant among them. Thus, approximately three-fourths of them were having a high level of this type of commitment. This reflect their affective connection to their work setting, which could be related to close relationships with colleagues, and even friendship relations.

The foregoing present study finding are in line with those of *Karami et al (2017)* in a study of nurses in Iran. On the same line a study of nursing

faculty staff in the United States found a high level of emotional commitment among them. However, in disagreement with the present study results, their normative commitment was higher than their continuance commitment (*Donovan and Payne, 2021*). The discrepancy could be attributed to the different setting, i.e. university versus hospital.

The present study findings are in congruence with those of *Faraji et al., (2015)* whose study on nurses in Iran reported significant associations between organizational commitment and their personal characteristics. On the same line, a study on healthcare providers in Pakistan demonstrated increasing levels of organizational commitment with increasing age and years of experience (*Ajmal et al., 2021*). However, a study in Sweden that found significant relations between nurses emotional organizational commitment and their feeling of organizational justice and leader support (*Berthelsen et al., 2018; Piotrowsky et al., 2021*).

The third and main objective of the present study was to investigate the relation between staff nurse organizational justice and their organizational commitment. The study finding revealed positive correlations among the total the total scores as well as among certain types of organizational justice and commitment. However, the scores of procedural justice was consistently positively correlated to all three types of organizational commitment. Moreover, it was a positive predictor of each of three types of commitment. This underscores the major importance of this type of organizational justice. Similar finding were reported in studies investigating the relations between organizational justice and commitment in Iran (*Reza and*

Mohsen, 2015), Canada (*Fleury et al., 2017*).

On the other hand, the present study multivariate analysis revealed that staff nurses scores of distributive justice was a negative predictor of their normative commitment scores. This might be explained by that the application of some work rules and regulations, especially pertaining to rewards and promotions could be perceived by staff nurses to contradict certain values and norms. Thus, a study in India found that the perception of distributive organizational justice was correlated to employees altruism (*Ajlouni et al., 2021*). In arrangement with the current study *Shimamura et al., (2021)* in a study in Japan found a negative association between employees perception of distributive justice and their job satisfaction, which would negatively affect their organizational commitment.

Conclusion:

The study results conduce to the conclusion that a relatively large percentage of the staff nurses in the study setting had high perception of organizational justice. This is most evident in their interactional organizational justice and least in procedural justice. Their organizational commitment is higher especially for emotional commitment, which is the most predominant type. Staff nurses scores of procedural justice are positively correlated all three types of organizational commitment. Staff nurses age, work unit and experience years were predictors of their organizational commitment scores, their procedural justice scores were positive predictors of all their commitment scores. Thus, a higher perception of procedural justice could foster staff nurses organizational commitment.

Recommendations:

In view of the study results the proposed recommendations are as following ,

• **Management :**

-The nursing and hospital leaders should foster staff nurses perception of organizational justice and commitment through a fair distribution of workload and a clear reward system.

- Efforts should be deployed to improve staff nurses organizational commitment through activities tending to ameliorate their personal identification with the goals and values of the organization.

- The nursing managers should allow and encourage staff nurses to share in decision-making for issues related to the organization and keep them updated with any changes.

- The organization should provide all necessary job resources with staff development opportunities and great support to staff nurses.

- Nursing administration should respond properly and promptly to staff nurses complaints and problems and foster a trusting relationship with them.

• **Nursing practice :**

- Provision of administrative system that enhances staff nurses perception of organizational justice with its three types.

- Improving the communication means and channels between staff nurses and the administration in addition to adequate staffing.

- In-service education programs for staff nurses must be incorporated in hospital staff development system to enhance their organizational commitment.

• **Nursing education :**

- Nursing graduate and postgraduate curricula must include the subjects of organizational justice and commitment.

• **Further research :**

- Investigation of the effectiveness of implemented programs in improving nurses organizational justice and organizational commitment.

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