Organizational Justice and its Relation to Nurses' Locus of Control and Job Stability

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Abstract

A crucial factor that influences all facets of human endeavor, locus of control can be used to predict behavior in organizational settings and to describe individual differences. Aim of the research: Investigate organizational justice and its relation to nurses' locus of control and job stability. **Research Design**: Used A descriptive correlational design. **Research Setting**: the research was carried out at Minia University Hospitals. **Research sample**: A convenient sample (235nurse) who worked in the above-mentionedresearch setting. **Tools of data collection**: Usedthree tools as: (1) theorganizational justice questionnaire (2) the Rotter'sinternal-external (I-E) locus of control scale, and (3) job stability. **The result**: The findings of this researchillustrated that the highest number of nurses' (69.8%) had moderate level of organizational justice, as well as (74.5%) of nurses had internal- external locus of control. Also, (56.2%) of nurses had moderate level of job stability. **Conclusion**: The research concluded that there was a positive correlation among organizational justice and locus of control as well as job stability. **Recommendation**: it recommended that, establish and uphold a positive, encouraging work environment by nurse managers that fosters organizational justice and increases nurses' internal locus of control, all of which have an impact on their ability to keep their jobs

Keywords: Job Stability, locus of control, nurses, and Organizational Justice,

Introduction

The workplace is evolving quickly. Workers are redefining the norm for how they want to be scheduled, handled, and communicated with at work. Healthcare organizations also face the challenge of competent employees who want a better work environment and to be treated with respect. The physical and mental well-being of nurses is greatly impacted by their work in settings (Yuenger, healthcare 2023). Organizational justice (OJ)is interested with how employees perceive organizational fairness and how this influences their behavior (Mohamed et al., 2020). The OJ is describe as the degree to which workers believe that decisions are made fairly by management and that they are treated fairly within the hospital(Lönngvistet al., 2022).

Additionally, there are four facets of OJ: informational, distributive, interactional, and procedural justice (**Chegini et al., 2019**).First thedistributive justice regard to how reasonable as well as equitable hospital results are perceived (such as benefits, pay, work evaluations, bonuses, shift assignments, occupational restraint, as well as position assignments). Procedural justice pertinent to the fairness that members believe the policies, procedures, and processes that an organization uses to make decisions. Interactional justice represents how well workers believe they are treated interpersonally as new systems are implemented. Informational justice refers to sufficient and truthful explanations of choices and processes (Abril et al., 2020).

The OJ is linked to extra role performance as well as commitment, proactive behavior, and job satisfaction. Additionally, justice is a key component that influences employees' selfreported behavior, which raises overall performance. When workers feel treated fairly by the hospital, their level of trust rises, which in turn boosts cooperation, locus of control, and corporate citizenship (Hyder et al., 2022).

The term "nurse's locus of control" describes how nurses perceive their level of control over life events, especially those that occur in the workplace. A nurse's locus of control may be either internal or external. The internal locus of control is the confidence that one can impact outcomes through their actions, whereas the external locus of control is the confidence that outcomes are controlled by outside forces like fate or luck (**Musich et al., 2020**).

All things considered, knowing a person's locus of control can give valuable insights into their attitudes, beliefs, and behaviors. It can also help develop interventions targeted at enhancing their mental health and well-being, as well as their job satisfaction and retention in the workplace, all of which are reflected in more stable employment (**Tyler et al., 2020**).

The future held many challenges, chief among them the issue of how to organize and manage work. The needs and difficulties that their organizations and their employees face must be taken into consideration when doing this. In new day's world of challengesas well as altered access to the newest power as well as dominance technology also thefacilities, particularly human resources and creative people, we were witnessing intense competition. In a healthcare facility, the head nurses have a major role to play and carry out a variety of tasks, including nursing unit management, organization, as well as planning (Hassan et al., 2020).

Thus, concerns about the effects of global outsourcing on workers' jobs and job stability have long been hot topics in labor economics literature. However, the results are mixed, with some suggesting that globally defined outsourcing, when narrowly defined, negatively affects all workers' chances of secure employment while others suggest that outsourcing globally, when broadly defined, only raises the risk of unemployment for less-skilled workers (Kuhn &Ploj, 2020 & Wu et al., 2022).

Not to be overlooked, nurses are an essential component of the workforce in the healthcare system. The viewpoints of patients and the quality of care given have been significantly impacted by nurses, who are the front-line workers in the healthcare system. The attitudes as well as methods of operation of nurses are influenced by the way administrators behave and handle them. People are more effectively roused to work when they approach their job, their supervisor, the division or connection they work for, and their inspirational work with an mindset (Zahran&Eldossoqi, 2021).

The Research Significance:

Justice is a crucial concept for comprehending authoritative behavior, which depicted O.J. as the ruling subject in an authoritative environment. Decisions that created a sense of job for justice or not present of fairness in the workplace, which can increase levels of job burnout, have highlighted the importance of looking into OJ in the workplace. One of the high well-known topics in behavior organizational research nowadays is OJ. Additionally, a strong OJ system can prove to be a valuable asset for businesses. It can support businesses in maintaining profitability, output, and staff morale (Zahran&Eldossoqi, 2021).

Furthermore, locus of control is a crucial factor in the understanding of how people behave in groups. People who identify as having an internal locus of control typically accept greater accountability for both their good and bad deeds. People of this type are frequently more successful, ambitious, self-motivated, and punctual. A person who has an external locus of control is frequently regarded as modest as well as amiable. Additionally, one element that influences nurses' organizational commitment, work motivation, and job stability is their sense of control over their outcomes **(Kalil et al., 2019).**

Also the research conducted by Abd-Elrhaman, et al., (2020) the summarized that (65.9%) of staff nurses perceived OJ as moderate, also the study performed by Kalil et al. (2019) illustrated that (57.6%) of nurse had internal locus of control, on the other hand (15%) of them had external locus of control. Moreover the study applied by Badran and Khaled, (2021) they mentioned that (53.8%) of staff nurses had a fair perception level of job security

Finally, there is a gab in the recent evidence which linked variables with each other as organizational justice, nurses' locus of control as well as job stability, so the researchers introduced this topic to investigate the relation between organizational justice, nurses' locus of control and job stability.

The Research aim was to:

- Investigate the organizational justice and its relation to nurses' locus of control and job stability

Specific objectives

- Identify the level of organizational justice, locus of control and job stability among nurses at Minia University Hospital.
- Specify the correlation between organizational justices, nurses' locus of control and job stability among nurses at Minia University Hospital

Research questions

- What is the level of organizational justice, locus of control and job stability among nurses at Minia University Hospital?
- Is there correlation between organizational justices, nurses' locus of control and job stability among nurses at Minia University Hospital?

Subjects and Methods

Design of present research:

The present research had a descriptive correlational research design to achieve the research aim.

Setting:

This research was carried out at Minia University Hospital, Minia City.

It was built in 1988. The research covered every inpatient ward in this hospital, including the orthopedic, surgical, medical, and stork wards. The hospital had a total of 392 beds available for patients.

Subjects:

All nurses who were worked in Minia university hospital at time of data collection with total (no=235).

Tools:

Three tools were employed to collect data as follows:

Tool(I):OrganizationalJusticeQuestionnaire:Composed of two parts

- **First Part**: This created by the researchers and it was concerned with collection of data about age, gender, marital status, educational qualification in nursing and years of experience.
- Organizational Second part: Justice **Ouestionnaire**: This instrument was taken from Ahmed (2014). The validity and reliability of the tool, which was used to evaluate the current state of OJ among study participants, were unaffected by changes made to the version. The 18 statements that made up the tool were divided into three categories: distributive justice, procedural justice, interactional justice. and _

Distributive Justice Index (DJI): Respondents' opinions of the justice reward they received for their contributions to their workplaces were gauged by this set of six statements. -Procedural Justice Measure: This assessment gauged respondents' opinions about the fairness of the procedures that result in certain results. It was composed of six statements. Interactional Justice Measure: Six statements that center on each respondent's manager were included to gauge interactional justice.

Scoring system:

The tool's items can be answered on a 3-point Likert scale that reads, "no, sometimes, yes." These received scores ranging from 0 to 2. A mean score was obtained for each domain of organizational justice by adding up the scores of each group of items and dividing the total by the number of items in this group. A percent score was generated from the scores. Based on the criteria "Low=0-11, Moderate=12-23, and High=24-36," the OJ was calculated.

<u>Tool (II):</u> Rotter's Internal-external (I-E) Locus of Control Scale

It was designed by **Rotter**, (1966) and modified by **Pettijohn et al.**, (2005) and adopted by the researchers to evaluate nurses' level of locus of control at work. It composed of twenty items, that were categorized into 2 dimensions; internal (nine items), as well as external (eleven items).

Scoring System:

Employing a five-point grading system as follows: total score (100), disagree (2), unclear (3), strongly disagree (1), and agree (4). The total score for each dimension, expressed as a percentage.

A strong internal locus of control was indicated by the participant with a percent 84%, an internal locus of control is also indicated by the percentage from 68%–less 83%, and both an internal and an external locus of control is indicated by the percentage from 52%–less 67%. A participant's external locus of control was indicated by a percent from 36%–51%, while a participant with a percent from 20%–35% indicated a strongly external locus of control.

Tool (II): job stability

It was developed by **Abdel Salam & Anfal** (2023) and modified by the researchers to assess nurses job stability. It composed of (24) items, that were categorized into three dimensions; job satisfaction (8 items), commitment (8 items) and Professional growth and development(8 items).The responses of the items are a 3-points "always, Sometimes, never ". These were scored from 3 to 1 respectively.

The scoring system from 24 to 72classified as follows:

- From 24 to 39 pointed out low
- ✤ From 40 to 56 pointed out moderate
- ✤ From 57 to 72 pointed out high.

Validity and reliability of the research tools

- Validity: Five experts in the field of nursing administration examined the study's face and content validity. The suggested adjustments were completed in order to delay the release of the finished tools. The instruments designed with experts' perspectives in mind.
- **Reliability**: The researcher evaluate reliability bytest of Cronbach's Alpha; and tools internal consistency was established; for tools one, two and three was ($\alpha = 0.890, 0.910$ &0.880respectively); and this indicated that tools had acceptable level of reliability.

Pilot Study:

A pilot study involving 10% of nurses (24 nurses) was conducted to evaluate the study tools' visibility, intelligibility, and practicality. The pilot study's applicability also included estimating how long students would need to fill out the tools. It took roughly 27 to 33 minutes to complete the questionnaires. The results of the study included the pilot study.

Filed of the work

- The hospital's director and the director of nursing formally granted the researcher authorization. They were given an explanation of the study's purpose, the questionnaire's contents, and the required amount of time. After establishing a rapport and outlining the significance and goal of the study, the researchers were able to secure informed permission from the nursing directors.
- The study goals were explained to the participants and their oral consent was acquired before to the procedure enrollment.

- The researchers guaranteed voluntary involvement and secrecy to any participant who consented to participate.
- A pilot study was conducted to guarantee the scales' clarity and applicability. The dependability of the scales was then investigated.
- After the tools were translated from English to Arabic, five nursing administration department professionals reviewed and confirmed the instruments' authenticity.
- They were given individual questionnaires to complete, which might take them anywhere from 29 to 35 minutes.
- The researcher verified one more time that the nurse had completed every task on the tool.
- Data was gathered in the shift of morning as well as afternoon for approximately three months, from May to July 2023.

Ethical Considerations:

- The Minia University Faculty of Nursing's Research Ethics Committee granted an official letter. The dean of Minia University's nursing faculty gave the study permission to be conducted.
- A permission was obtained from Undersecretary of the director of Minia University Hospitals, after explaining the nature and purpose of the research.
- After describing the nature and goal of the study to the subjects who were willing to participate, oral consent was obtained prior to the conduct of both the pilot study and the main study.
- Research participants are free to decline participation or to leave the study at any moment, for any reason. The confidentiality of the study participants was taken into consideration when data was being collected. They were given the assurance that all of their information would be kept extremely private, and their anonymity was ensured by giving each nurse a number rather than their name.

Statistical Analysis of the research

Following collection, data were examined, coded, and entered into SPSS version 25, a statistical program. Microsoft Excel was used to create the provided graphs. All statistical analyses were conducted with an alpha error of 0.05 and two-tailed tests. A P value of 0.05 or less is regarded as statistically significant. The frequency,

percentage distribution, mean, and standard deviation statistical tests were applied.

Results

Table (1): presents that (46.4%) of nurses are aged less than thirty yrs. old, (64.3%) of them are females, also (61.7%) of them are married. Regarding the educational qualifications (64.3%) of nurses have technical institute of nursing, also (46.4%) of them have less than ten yrs. of experience.

Figure (1): mentions that (69.8%) of nurses have moderate level of organizational justice, while (18.7%) of them have low level of organizational justice, finally (11.5%) of them have high level of organizational justice.

Figure (2): shows that (74.5%) of nurses have internal- external locus of control, while (10.6%) of them have external locus of control. Moreover (6.8%) of them have strongly internal locus of control.

Figure (3): clarifies that (56.2%) of nurses have moderate level of job stability, while (29.8%) of them have low level of job stability, finally (14.0%) of them have high level of job stability.

Table (2): illustrates that the high nurses' mean scores in favor to the procedural justice dimension with 8.344 ± 2.13 , followed by interactional justice dimension with 5.506 ± 2.25 , while the lowestnurses' mean scores in favor to the distributive justice dimension with 2.817 ± 1.50 . Finally, the total mean scores of nurses' organizational justice with 16.668 ± 5.49

Table (3): reveals that the high nurses' mean scores in favor to the external locus of control dimension with 30.629 ± 6.77 , followed byinternal locus of control dimension with 27.293 ± 7.80 . Finally, the total mean scores of nurses' locus o control with $57.923+13.41\pm5.49$

Table (4): explains that the high nurses' mean scores in favor to the commitment dimension with 20.357 ± 3.36 , followed by professional growth and development dimension with 14.119 ± 4.06 , then satisfaction dimension with 10.834+3.53. Finally, the total mean scores of nurses' job stability with 45.310 ± 9.82 .

Table (5) discuss that there is positive correlation among organizational justice and locus of control as well as job stability with statistically significance difference as (p-value=.001**).

Table ((1):	Percentage	distribution	of nurses'	socio	demographic	data (r	10.=235)
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Damaan al data	Nurses (no.=235)		
Personal data	no	%	
Age			
<30	109	46.4	
30-40	68	28.9	
41-50	46	19.6	
51-60	12	5.1	
Gender			
Male	84	35.7	
Female	151	64.3	
Marital status			
Single	74	31.5	
Married	145	61.7	
Divorce	10	4.3	
Widowed	6	2.6	
Educational qualification			
Secondary school nursing diploma	46	19.6	
Technical institute of nursing	151	64.3	
Bachelor of nursing	38	16.2	
Years of experience			
<10	109	46.4	
10-20	80	34.0	
21-30	46	19.6	

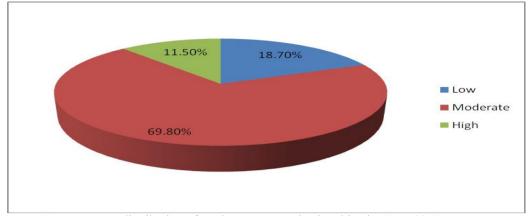


Figure (1): Frequency distribution of total nurses' organizational justice (no.=235).

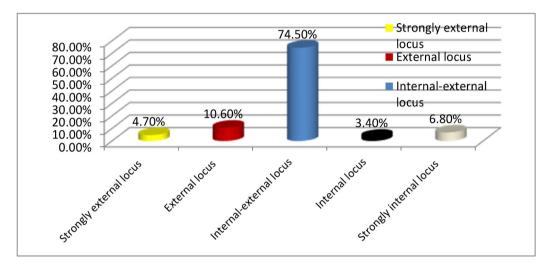


Figure (2): Frequency distribution of total nurses' locus of control (no.=235).

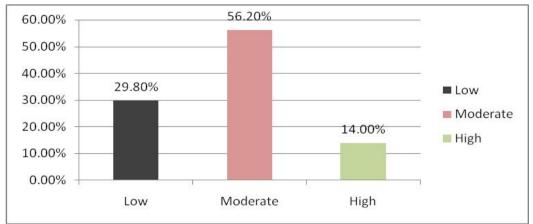


Figure (3): Frequency distribution of total nurses' job stability (no.=235).

	Mean + SD	Maximum	Minimum	Range
Distributive justice	2.817 <u>+</u> 1.50	1	6	5
Procedural justice	8.344 <u>+</u> 2.13	5	12	7
Interactional justice	5.506 <u>+</u> 2.25	3	11	8
Total nurses' organizational justice	16.668 <u>+</u> 5.49	9	29	20

 Table (2):
 Mean scores of nurses' organizational justice and their dimensions (no.=235)

 Table (3): Mean scores of nurses' locus of control and their dimensions (no.=235)

	Mean + SD	Maximum	Minimum	Range
Internal locus of control	27.293 <u>+</u> 7.80	10	45	35
External locus of control	30.629 <u>+</u> 6.77	10	47	37
Total nurses' locus of control	57.923 <u>+</u> 13.41	20	92	72

 Table (4): Mean scores of nurses' job stability and their dimensions (no.=235)

	Mean + SD	Maximum	Minimum	Range
Satisfaction	10.834 <u>+</u> 3.53	8	22	14
Commitment	20.357 <u>+</u> 3.36	12	24	12
Professional growth and development	14.119+4.06	9	24	15
Total nurses' job stability	45.310 <u>+</u> 9.82	30	70	40

 Table (5): Correlation between study variables among nurses(no.=235).

Variahla	Organizational justice	Locus of control	Job stability
Variable	r P- value	r P- value	r P- value
Organizational justice		.677** .001	.704** .001
Locus of control	.677** .001		.610** .001
Job stability	.704** .001	.610** .001	

Discussion

Healthcare organizations face a challenge from skilled workers who want a better work environment and respect. The work that nurses do in these environments has a big impact on their lives, physical and mental health, and selfcontrol. It appears that nurses are becoming more aware of their right to receive fair treatment. The perception of organizational justice among employees was found to be OJ, which can be expressed as equal employment opportunities, fair compensation structures, opportunities for equal growth, and the provision of sufficient information about the organization and its decisions. All of these factors contribute to the stability of a nurse's position in the workforce (Hashish, 2020).

Maintaining high OJ, which is a predictor of nurses' behaviors, is therefore one of the enormous challenges facing healthcare organizations. It is crucial to comprehend the impact that an OJ or injustice has on nurses' attitudes and behaviors (Shimamura et al., 2021). Hence, the aim of actual research was investigating the organizational justice and its relation to nurses' locus of control and job stability

The results nurses'socio demographic of actual research demonstrated thatslightly less than fifty percent of nurses were aged less than thirty yrs., as well as slightly less than sixty six percent of them were females, also less than sixty six percent of them are married. Regarding the educational qualifications slightly less than sixty six percent of nurses had technical institute of nursing, also slightly less than fifty percent of them had less than ten yrs. of experience.

Also regarding OJ, these results mentioned that the majority of nurses had moderate level of OJ, while less than fifth percent of them had low level of OJ, finally more than tenth of them had high level of OJ, from the interpretation of the researchers' point of view, nurses have exposed to organizational injustice as thenurse's shortage, as well as work overload, also some traits of the nurse managers' personal attitude as well as behavior.

Additionally these result's research illustrated that the high nurses' mean scores in favor to the procedural justice dimension, followed by interactional justice dimension, while the lowest nurses' mean scores in favor to the distributive justice dimension. from the interpretation of the researchers point of view, the high nurses' mean scores in favor to the procedural justice dimension due to the nurse share in the some decision making that reflect on their outcomes, then the interactional justice dimension due to the some traits of the supervisors as the good communication with their staff while the lowest nurses' mean scores in favor to the distributive justice dimension due to the follow the rules as well as regulation o the organization on the reward o the employee, which reflect on their satisfactions.

According to research published in 2019 by Chegini et al. and Karam et al., the nurses' perceptions of organizational justice were judged to be average in this context. Additionally, Mohamed et al. (2018)demonstrated that nurses' perceptions of organizational iustice were moderate. Additionally, Ahmed et al. (2014) listed factors like workload, a lack of available nurses, and ongoing changes in Egypt's health sectorincluding modifications to financing, patient rights, and accreditation requirements-that increase the workload for nurses and nurse managers by requiring them to be more vigilant. Thus, more strain and stress for nurses may lead to a greater propensity for their undesirable behavior. While these opposite with Haghighinezhad et al. (2019) indicated

that, the high rate of nurses had loworganisational justice in their hospital.

This result is consistent with Lönnqvist et al. (2022) who clarified that procedural justice had the greatest mean among nurses. Also these results supported by studies Ahmed et al. (2014); Fathabad et al., (2016); Mahmoud and Ibrahim, (2016); Tourani et al., 2016) and Hashish, (2020) they mentioned that the nurses who responded with the lowest mean of OJ were those who felt that distributive justice was exaggerated due to things like unfair salary increases, a wider gap between the amount of money paid to doctors and nurses, an unfair distribution of incentives, personal bias and favoritism on the part of superiors, and a lack of involvement in the decision-making process.

Concerning the nurses' locus of control, this result showed that approximately three quarters of nurses had internal- external locus of control, while tenth of them had external locus of control, from the interpretation of the researchers point of view, nurses had internal and external locus according to the situation, internal locus as nurses take responsibility for completing a specific task or objective and for its success, which provides a certain amount of control, while external locus as nurses when manage their problems they need professional help

This result was agreed with Elsayedet al. (2020) who mentioned that the high number of the participated nurse had moderate level of locus. While disagree with El-Sayed and Abdel-Aleem (2014) as well as Kalilet al. (2019) who asserted that the high percent of nurses had internal locus of control. On the same line Pourhoseinzadehet al. (2017), who revealed that most personnel had external locus of control.

In relation to the nurses' job stability, this result revealed that more than fifty percent of nurses had moderate level of job stability, while more than one quarter of them had low level of job stability, from the interpretation of the researcher's point of view, nurses began to make the career change due to the increase of the workload as well as the night shift and low satisfaction.

Also in these research's findings, illustrated that the dimensions of the job stability as the high nurses' mean scores in favor to the commitment dimension, followed by professional growth and development dimension, then satisfaction dimension, from the interpretation of the researchers point of view, nurses committed to their job due to the rules an regulation that control of them and this job is consider a human job, then professional growth and development due to the unit of the continues training in the hospital, finally the lowest dimension was the satisfaction due to the increase of the workload as well as low in the salary as well as the reward.

This result agreed with **Hassan et al.** (2021), who revealed that the most factors that lead to the nurse's career change increase of the workload as well as low satisfaction the low autonomy in the decision making.

Also, this finding supported by **Flaubert** et al. (2021), who clarified that nurses are committed to their job to meet the diverse as well as often difficultrequirements of personnel with competence as well as compassion.

Moreover, this result paralleled with Hellín Gil et al. (2022), they concluded that is closely correlated with job satisfaction, with higher levels of dissatisfaction with organizational features and professional recognition.

Regarding the correlation, this research's result showed that there were positive correlation among OJ and locus of control as well as job stability, from the interpretation of the researchers point of view, nurses that work in the organization with faire and more justices when deal with each other effect on their decisions and how deal with their problems, these all reflect on the more job stability, committed to their job, more job satisfaction, reduce turnover from their job and increase the productivity as well as their outcomes.

In this context, **Haghighinezhadet al.** (2019) recommended that specific managerial tactics be used, such as improving communication abilities, modifying one's attitude toward nurses, and giving nurses' viewpoints greater weight. In the long run, it might be beneficial for nurses' and the nursing profession's health to increase pay, revise policies and guidelines, and cut back on hours worked. By ensuring that rewards are distributed fairly (distributional justice), creating procedures that benefit all parties equally (procedural justice), and giving employees all the knowledge, they require (interactional justice), nurse managers can eliminate workplace deviance. Also, **Olsen et al. (2017),**who was advised that the hospital administration create plans for enhancing the tools and requirements for jobs that affect the outcomes of nurses.

Conclusion

This research concluded that more sixtysix percent of nurses had moderate level of OJ,slightly three quarters of them had internalexternal locus of control as well as more than fifty percent of nurses had moderate level of job stability. Finally,there were positive correlation among OJ and locus of control as well as job stability with statistically significance difference.

Recommendations

- Establish and uphold a positive, encouraging work environment by nurse managers that fosters organizational justice and increases nurses' internal locus of control, all of which have an impact on their ability to keep their jobs
- Uphold an atmosphere of courteous communication and blamelessness in places where organizational policies and fairness in the distribution of resources as well as workload carefully observed. are Furthermore, enforcing regulations regarding performance appraisals and offering incentives for accomplishments are beneficial tactics.
- Educate nurses on hospital policies, guidelines, and procedures, as well as methods and techniques for allocating rewards and growth opportunities.
- Future study should broaden the sample and include more institutions to effectively capture the nature of linkages.
- Used the mixed methods (qualitative as well as quantitative research) in the further research to better understand and appreciate the interaction between delicate variables like

organizational justice, locus of control, and job stability.

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