The Relationship Between Organizational Justice And Organizational Commitment Among Healthcare Staff

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Abstract

Background: *Nowadays, human resources are the most important input for healthcare organizations. From this aspect, organizational justice (OJ) and organizational commitment (OC) are very significant for ensuring sustained productivity from the staff of healthcare organization.* **Aim of the study:** *the study was aimed to assess the relationship between the organizational justice and organizational commitment among healthcare staff. Additionally, 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.* **Methods:** *A descriptive correlational design was conducted in King Abdulaziz University Hospital at KSA from February to March 2023. The study subjects consisted of 130 healthcare staff. The data were collected using two tools: organizational justice s[1]cale and organizational commitment questionnaire.* **Results:** *The study findings revealed positive correlations among the totalscores as well as among certain types of organizational justice and commitment.* **Conclusion:** *The study finding indicated that*

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*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 hospital leaders should foster health care staff perception of organizational justice and commitment through a fair distribution of workload and a clear reward system.*

***Keywords:** Organizational justice, Organizational Commitment.*

Introduction:

Human resources are one of the most vital determinants of functional quality and performance of healthcare organization. Commitment and loyalty of human resources can result in the performance of organizational duties with efficiency [1]. Organizational commitment (OC) facilitates organizational efficiency and operations. In an active work environment, irresponsible and passive employees will be considered organizational impediments that deteriorate quantitative and qualitative characteristics of employees' performance [1, 2]. Fairness is an increasingly important construct in behavior and management given its serious staff and organization consequences [2].

One of the most important factors affecting OC is the perception of OJ. Monitoring justice is one of important factors effecting organization continuance and protecting its health in the long run [3]. Observing justice is considered one of the necessities of organizational behavior, because it improve interest, loyalty and trust of people to the organization and adds to human and social investment of the organizations [4]. Perceptions of OJ constitute an important aspect in organizational decision-making, as research relates it to job satisfaction, turnover, leadership, organizational citizenship, organizational commitment, trust, customer satisfaction, job performance, employee theft, role breadth, alienation, and leader-member exchange [5].

Organizational justice has three dimensions namely: distributive justice, procedural justice and interactional justice. The distributive justice refers to attitudes and opinions of the staff about the suitability of what is received and obtained; distributive justice includes not only the fairness of the payments, but also involves a broad set of organizational outcomes (upgrades, rewards, punishments, business applications, advantages and evaluations). Procedural justice refers to the perceived justice from procedures and processes that through them the consequences are specified, interactional justice is defined as the perceived justice from interpersonal relationships and the fairness of the behavior of decision makers in the process of organization decision making. Organizational justice is among the important organization

parameters and is associated with important organizational processes such as job satisfaction and organizational commitment [6-8].

It is considered as a major determinant of organizational effectiveness [9]. 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 [10]. OJ 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 [11]. The employees who lack of job satisfaction and the feeling of justice at work have lower OC and tend to quit. This not only hinders achievement of organizational goals, but also has negative impacts on their colleagues OC [12].

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 [13]. Motivated employees are vital to organizations competitiveness and therefore understanding people in their jobs and what motivates them could be a driving force in strengthening OC [14]. OC is the individuals' psychological attachment to the organization. It can be defined as psychosomatic state that builds the workers behaviors in the organizations [15]. OC 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 [16].

Employees' OC is a key element in any organization, particularly in healthcare institutions because of their special features. Often, employees are highly committed to their organizations [17]. Healthcare staffs' OC 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. OC is reflected in the work performance of the healthcare staff and the success of the hospital in achieving organizational goals [18]. Therefore, this study aims to assess the relationship between the organizational justice and organizational commitment among healthcare staff.

Methods:

A descriptive correlational design was conducted in King Abdulaziz University Hospital at KSA from February to March 2023. Purposive sample of this study consist of healthcare staff working at the pre mentioned setting. The study sample estimated to be 130 out of 200 staff was participated in the study. The only inclusion criterion was being a full-time healthcare staff in these settings during the time of the study. 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-Ep info software package for a correlation sample size was 130 after accounting for a non-response rate of approximately 5%.

Data were collected using a self-administered questionnaire including two measurement tools; organizational justice scale and organizational commitment questionnaire. In addition to, section for staffs' demographic characteristics such as gender, qualification, age, marital status, and years of experience. **Organizational Justice Scale:** to assess staff perception regarding organizational justice. It is adopted from [19]**.** It divided into three main dimensions (18 items); distributive justice (6-sub items), procedural justice (6-sub items), interactional justice (6-sub items). Responses was 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 [19]**.**

Organizational commitment questionnaire: to assess organizational commitment among healthcare staff. This tool adapted from [20]**.** It divided into three main dimensions includes (24 items); emotional commitment (8-sub items), continuance commitment (8-subitems), normative commitment (8-sub items). 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 [20]**.**

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 healthcare administration.   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. The study tools were tested for internal consistency using cronbach Alpha test as follow: Organizationaljustice was 0.92 and Organizationalcommitment was 0.90.

The researchers 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. Prior to the study conduction, ethical approval was obtained from the scientific research ethical committee of University. In addition, the researchers 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 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. 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.

Data entry and statistical analysis were done by using SPSS 28.0 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.

Spearman rank correlation was used for assessment of 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): shows the study consisted of 130 study participants whose age ranged between 22 and 59 years, median 44.0. Almost of them 98.5% were females, and 82.3% married. Their median years of total and current job experience were 24.5 and 19.5 respectively.

Table (2): shows that study participants' organizational justice was highest in the interactional type (62.3%), and the procedural justice was the lowest (49.2%).

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

Table (4): Demonstrates statistically significant relations between study participants' 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 study participants with predominant emotional commitment.

Table (5): indicates statistical significant relations between study participants' 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 study participants' scores of organizational justice scale dimension. The strongest correlation was between, procedural and interaction types.

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

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

	Freque ncy	Perc ent
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
Qualification:		
diploma Bachelor	111	85.4
Diploma	15	11.5
Master or PhD	4	3.1
Experience years (total):		
> 20	34	26.2
20-	54	41.5
30+	42	32.3

	Frequency	Percent
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

Table 2: Organizational justice among study participants

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

Table (3): Distribution of the study participants' according to their high OC

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

Table (4): Relations between study participants' predominant commitment and their types of OJ

Organizational justice	Predominant commitment						X^2 test	p-value
	Emotional		Normative		Continuance			
	No.	%	No.	%	No.	%		
Distributive :								

	No.	%	No.	%	No.	%	X^2	p-value
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 study participants' total organizational justice and their types oforganizational commitment

Organizational commitment	Organizational justice				X^2 test	p-value
	High		Low			
	No.	%	o.	%		
Emotional :						
High	62	63.9	5	36.1	4.68	0.03*
Low	14	42.4	9	57.6		
Continuance :						
High	58	63.7	3	36.3	3.48	0.06
Low	18	46.2	1	53.8		
Normative :						
High	55	63.2	2	36.8	2.45	0.12
Low	21	48.8	2	51.2		
Predominant :						
Emotional	59	64.5	7	35.5		
Normative	9	45.0	1	55.0	3.05	0.22
Continuance	18	52.9	6	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 study participants OC dimensions and OJ 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 encouraged through the support provided by leaders and job resources is a means of bonding employees to their workplace, and is a key for achievement of organizational goals [21]. It is also strongly influenced by OJ [22]. This must be considered in any activities aimed at improving healthcare staff commitment [23]. This gains more important in the current situation of workload of healthcare workforce [24].

The present study revealed that these two variables were expected to have an impact on their organizational commitment, which was demonstrated in the study results. Still a great majority were females, which is expected in the study setting. According to the present study results, slightly less than three-fifths of the study participants were having high perception of total OJ. This might seem to be a good percentage. Still more than two-fifths had low perception of OJ, which would have a negative impact on their OC, with possible consequences such as high intention to leave.

In agreement with this a study conducted by Bakeer et al., (2021) [25] found that a majority of them were having moderate levels of perceived organizational justice. The present study bivariate and multivariate analyses could not reveal any significant association between study participants' perception of OJ, 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 conducted by Lejeune et al., (2020) [26] on healthcare professionals in France could not reveal any significant associations with any of their personal characteristics**.**

The second main objective of the present study was to assess study participants' 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 reflects their affective connection to their work setting, which could be related to close relationships with colleagues, and even friendship relations.

The previous study finding are in line with the present finding of Karami et al (2017) [27] in a study in Iran. On the same line a study in USA 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 [28]**.** The present study findings are in congruence with those of Faraji et al., (2015) [29] in Iran reported significant associations between OC and their personal characteristics. On the same line, a study on healthcare providers in Pakistan demonstrated increasing levels of OC with increasing age and years of experience [30]**.** However, a study in Sweden that found significant relations between emotional organizational commitment and their feeling of organizational justice and leader support [31]**.**

The third and main objective of the present study was to investigate the relation between study participants' OJ and their OC. The study finding revealed positive correlations among the total the total scores as well as among certain types of OJ and commitment. However, the scores of procedural justice were consistently positively correlated to all three types of OC. Moreover, it was a positive predictor of each of three types of commitment. This underscores the major importance of this type of OJ. Similar finding were reported in studies investigating the relations between organizational justice and commitment in Iran [32]**,** Canada [33]**.**

On the other hand, the present study multivariate analysis revealed that study participants' 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 healthcare staff to contradict certain values and norms. Thus, a study in India found that the perception of distributive organizational justice was correlated to employees' altruism [34]**.** In arrangement with the current

study Shimamura et al., (2021) [35] 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 concluded that a high perception of OJ; this is most evident in their interactional organizational justice and least in procedural justice. Their OC is higher especially for emotional commitment, which is the most predominant type. Study participants' scores of procedural justice are positively correlated all three types of organizational commitment. Study participants' age, work unit and experience years were predictors of their OC scores, their procedural justice scores were positive predictors of all their commitment scores. Thus, a higher perception of procedural justice could foster healthcare staff organizational commitment.

In view of the study results the proposed recommendations are as following, hospital leaders should foster healthcare staff perception of organizational justice and commitment through a fair distribution of workload and a clear reward system. The healthcare organization should provide all necessary job resources with staff development opportunities and great support to healthcare staff. In-service education programs for healthcare staff must be incorporated in hospital staff development system to enhance their organizational commitment.

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