Organizational Justice in Healthcare Institutions: Exploring Staff Experiences and Their Relations to Job Satisfaction via Qualitative Inquiry

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ABSTRACT

This study examined the concept of organizational justice within healthcare institutions, focusing on how perceptions of fairness influence job satisfaction among healthcare professionals. Using a qualitative phenomenological framework, the research conceptually explored how nurses, physicians, allied health workers, and administrators experience fairness in relation to distributive, procedural, and interactional dimensions. The findings revealed that organizational justice serves as a foundational determinant of job satisfaction, shaping motivation, emotional well-being, and professional commitment. Among the dimensions, interactional justice defined by respect, empathy, and transparent communication emerged as the most influential in promoting satisfaction and reducing workplace tension. Distributive justice, which concerns fair allocation of workload, compensation, and recognition, also played a critical role in staff morale and retention. Meanwhile, procedural justice the fairness of decision-making processes was closely linked to empowerment and trust in leadership. The study also emphasized that organizational culture functions as a reinforcing mechanism, where teamwork, shared purpose, and mutual trust enhance perceptions of fairness. The theoretical model developed demonstrates that fair treatment and equitable structures contribute not only to individual satisfaction but also to institutional stability and quality of care. These findings underscore the importance of integrating fairness principles into management practices, policy frameworks, and interpersonal communication strategies across healthcare organizations. By aligning ethical integrity with organizational efficiency, healthcare leaders can cultivate environments that support staff well-being, foster loyalty, and improve patient outcomes. The study concludes that organizational justice is not a peripheral concern but a vital component of sustainable healthcare management.

KEYWORDS: Organizational Justice, Job Satisfaction, Healthcare Institutions, Phenomenology, Interactional Justice, Procedural Fairness, Distributive Justice, Organizational Culture, Employee Motivation, Healthcare Management.

INTRODUCTION

In the dynamic and high-stakes environment of health care delivery, the perceptions and experiences of staff matter not only for workforce stability but also for the quality and safety of patient care. Amid fiscal pressures, workforce shortages, and increasing complexity of care, the notion of fairness within healthcare organisations the concept of organisational justice has emerged as a key lens through which to understand staff attitudes and behaviours. Organisational justice refers broadly to employees' perceptions of fairness in outcomes (distributive justice), in the processes that lead to outcomes (procedural justice), and in the interpersonal or informational treatment they receive (interactional or informational justice). In health-care institutions, where staff frequently contend with time pressures, role conflict, high emotional demands and hierarchical structures, perceptions of fairness may play a particularly potent role in shaping job satisfaction, retention, engagement and subsequently, care outcomes. Over the past decade, empirical studies have repeatedly documented the relevance of organisational justice in health-care settings. A scoping review focusing on registered nurses found that high perceived organisational justice is positively associated with greater job satisfaction, commitment, and improved well-being, whereas low justice correlates with undesired work outcomes and poorer health.(Lönnqvist, Flinkman, Vehviläinen-Julkunen, & Elovainio, 2022). Further, recent surveys of hospital workers show that perceptions of unfairness (low justice) are significantly associated with higher rates of sick leave, turnover intention, and lower job satisfaction.(Magnavita et al., 2022) While many of these studies have employed quantitative methods, they underscore the underlying importance of fairness perceptions as a precursor to staff attitudinal and behavioural outcomes. Importantly, some recent works suggest that the mediating mechanisms between justice perceptions and outcomes such as job satisfaction may vary according to context, role (nurse vs. other staff), or organisational culture.

Job satisfaction has long been recognised as a pivotal indicator of organisational health and workforce engagement in healthcare. It is defined as the extent to which employees feel fulfilled and content with various dimensions of their job role, including the work itself, the organisation, co-workers, supervision, rewards and advancement opportunities. In the healthcare domain, higher job satisfaction has been linked to better patient outcomes, lower internal turnover and higher organisational commitment. Among nurses, for instance, studies have found that when staff perceive fair distribution of resources, transparent decision-making, respectful interpersonal treatment and involvement in decisions, they report higher satisfaction levels.(Jameel, Hamdi, Karem, & Ahmad, 2020) Notably, a recent study found that distributive and procedural justice positively contributed to job satisfaction among nurses, while the personality trait of neuroticism weakened that relationship.(Mamić et al., 2024) These findings reinforce the notion that perceptions of fairness are not merely desirable but are instrumental to promoting job satisfaction among healthcare

professionals.

In the healthcare context, organisational justice becomes particularly salient because of the unique work conditions: high emotional labour, shift-work, complex team dynamics, and hierarchical power relations between physicians, nurses, allied health professionals and administrative staff. Research exploring perceptions of organisational justice among nurses in public healthcare institutions in Spain revealed that many staff perceive themselves as treated unequally in clinical, professional, administrative and social domains, prompting them to engage in political agency in response.(López-Deflory, Perron, Miró-Bonet, & Health, 2021) This underscores the fact that perception of fairness (or lack thereof) is lived and experienced, not simply quantified. Moreover, in team-based care settings, a recent Spanish study showed that organisational justice influences job performance via horizontal trust and collective resilience highlighting the interplay of justice with team-level dynamics.

In the high-pressure environment of healthcare provision, the concept of organisational justice has gained heightened relevance. Staff working in hospitals, clinics, and allied healthcare settings confront not only clinical demands, but also structural, procedural and interpersonal challenges; in such settings, perceptions of what is fair how outcomes are distributed, how decisions are made, how information is communicated and how people are treated can influence both their attitudes and behaviours significantly. Organisational justice is often conceptualised in three main dimensions: **distributive justice** (fairness of outcomes), **procedural justice** (fairness of processes) and **interactional/ informational justice** (fairness in interpersonal treatment or information dissemination). Within the healthcare context, each of these dimensions carries unique implications for job satisfaction, engagement, retention, and ultimately, patient care quality.

The imperative of fairness within healthcare institutions is underscored by the unique pressures and moral demands placed on staff. Employees in hospitals and clinics operate in environments characterized by high emotional labour, frequent life-and-death decisions, interprofessional hierarchies, rapidly evolving protocols, and intense performance expectations. In such contexts, perceptions of organisational justice the degree to which staff feel outcomes, processes, and interpersonal treatment are fair become especially salient. Research demonstrates that when healthcare workers believe that decision-making is transparent, that resource allocation is equitable, and that interpersonal interactions are respectful, they report higher job satisfaction, better commitment and lower intentions to leave the job.

Indeed, recent studies reinforce the link between perceived organisational justice and staff outcomes in healthcare. For instance, a 2024 study among nurses in Iranian teaching hospitals found a significant positive relationship between organisational justice and job satisfaction, suggesting that when nurses feel treated fairly across the dimensions of distributive, procedural and interactional justice, they are more satisfied with their jobs.(Zahran, El Dahshan, & Elshrief, 2024) Another study conducted in the healthcare sector of Pakistan in 2023 reported that personality traits modulate the link between organisational justice and job satisfaction: while higher perceptions of justice were associated with greater satisfaction, the beneficial effect was stronger among individuals with higher agreeableness and weaker for those with higher neuroticism.(Wassan & Hussain, 2024) Furthermore, a 2023 investigation into nurses revealed that organisational justice perceptions were significantly correlated with job satisfaction and that justice perception explained a moderate to strong proportion of variance in satisfaction.(Aly Abd-Elhamid & Gaber, 2023) These findings reaffirm that organisational justice is not a peripheral concern but a substantive factor in shaping how healthcare staff evaluate their work and organisation.

Beyond satisfaction alone, emerging literature has begun to explore how organisational justice interrelates with other important organisational dynamics in health-care settings. A 2023 study of clinical nurses in Iran found that higher procedural and interactional justice were significantly associated with lower perceptions of psychological contract breach, suggesting that fairness perceptions help maintain the unwritten mutual expectations between staff and organisation.(Ebrahimzadeh, Zahednezhad, Atashzadeh-Shoorideh, & Masjedi Arani, 2024) Additionally, a 2024 study in Saudi Arabian hospitals examined bedside nurses' perceptions of organisational justice, manager caring behaviour and workplace bullying; the authors found that higher justice perceptions and more caring managerial behaviour were linked with lower reports of bullying.(Abou Hashish, Alsayed, Alnajjar, & Bakar, 2024) Looking at team-level dynamics in healthcare, a 2025 Spanish study demonstrated that organisational justice positively influenced team job performance via mechanisms of horizontal (peer) trust and collective resilience, highlighting that justice perceptions can cascade into team-level outcomes rather than operate solely at individual level.(Olvera, Llorens, Acosta-Antognoni, & Salanova, 2025) Together, these studies illustrate that organisational justice in healthcare contexts connects to a broader web of attitudes, behaviours, team dynamics and organisational health well beyond individual job satisfaction.

Given this body of evidence, there remains a logical impetus to explore how staff *experience* organisational justice in their day-to-day roles in healthcare institutions, and how these lived experiences relate to their job satisfaction. Qualitative inquiry offers a means to deepen understanding by capturing the narratives, meanings and contexts through which healthcare workers interpret fairness: how decisions are communicated, how workloads are assigned, how professional recognition is enacted, how interpersonal treatment is experienced, and how these shape staff's sense of satisfaction, belonging, and professional identity. By focusing on frontline healthcare staff's voices about fairness (or unfairness) and linking them to job satisfaction, the present study seeks to fill a gap in the literature: moving from quantitative correlations to rich qualitative descriptions of staff experiences.

The current inquiry frames its investigation against a backdrop where organisational justice emerges as a pivotal determinant of job satisfaction and broader workforce and team outcomes in healthcare settings. By exploring staff experiences of justice and their relation to job satisfaction, the research aspires to generate actionable insights for healthcare managers and policy-makers

aiming to enhance fairness, boost satisfaction, and thereby support a more engaged, stable and effective healthcare workforce.

LITERATURE REVIEW

This study conducted in Iran among 317 inpatient-ward nurses (six teaching hospitals) used structural equation modelling to test a model linking the three dimensions of organisational justice (distributive, procedural, interactional) to job satisfaction and intention to leave the nursing profession. They found that distributive justice ($\beta = 0.24$) and interactional justice ($\beta = 0.44$) directly influenced job satisfaction, which in turn reduced intention to leave ($\beta = -0.71$). The authors concluded that fairness in outcomes and interpersonal treatment matter more for retention than formal procedures alone.(Zahednezhad, Hoseini, Ebadi, Farokhnezhad Afshar, & Ghanei Gheshlagh, 2021)

A 2023 Chinese study of 1,136 young nurses (aged 18-35) investigated how perceived organisational justice relates to job performance, and whether organisational climate and job-embeddedness act as mediators. The total effect of organisational justice on performance was $\beta = 0.513$; direct effect $\beta = 0.311$; indirect via climate & embeddedness $\beta = 0.202$. The authors suggest that justice perceptions influence performance partly by improving climate and embedding.(Song, Shi, Zheng, Lu, & Chen, 2024)

A 2024 study of new nurses in China (N = 546) explored the effect of perceived organisational justice on workplace deviant behaviour, with emotional labour as mediator and psychological capital as moderator. Results showed a negative correlation between justice and deviant behaviour (r = -0.40); emotional labour mediated ~33% of the effect, and psychological capital moderated the emotional labour → deviant behaviour path.(Meng, Jiang, Su, Lu, & Chen, 2024)

A 2022 systematic review (Alotaibi et ., Saudi Arabia) looked at how organisational justice and job satisfaction among nursing staff influence service quality. The review concluded that higher justice and satisfaction are positively related to service quality. The authors recommend that nurse managers emphasise fairness in decision-making and resource distribution to retain staff and maintain quality.(Alotaibi et al., 2022)

A 2020 study in Ethiopia (Amhara region) examined healthcare workers' perceptions of organisational justice and their turnover intentions in public and private hospitals. The results showed low perceptions of distributive, procedural, interpersonal and informational justice and high turnover intention. Justice dimensions significantly predicted turnover intention.(Mengstie, 2020)

A 2022 study of nurses comparing temporary vs permanent employment status assessed job satisfaction and organisational commitment. Although justice was not the main variable, the findings highlight that employment contract type influences satisfaction and that perceptions of fairness mediate the effect of contract status on commitment.(Panchal, SHARMA, Sharma, & Rani, 2022)

A 2025 study (Sharrock et al., 2025) explored workplace satisfaction among nurses in supplementary employment models. Though not exclusively about justice, it emphasises that fairness of work arrangements influences satisfaction when nurses hold multiple employment roles.(Sharrock et al., 2025)

In 2024, Nemati-Vakilabad and colleagues investigated how organisational learning correlates with organisational justice in a healthcare organisation; they found a strong positive relationship between organisational learning culture and perceptions of justice, suggesting that institutions investing in learning and development foster fairness perceptions.(Nemati-Vakilabad, Mostafazadeh, & Mirzaei, 2024)

Lee (2023) conducted a study on organisational justice and employee job satisfaction (in a non-healthcare but relevant organisational setting) exploring how intrinsic and extrinsic motivation mediate these relationships; findings showed intrinsic motivation mediated procedural and interactional justice more strongly than extrinsic motivation, emphasising the value-based perspective of fairness.(Lee & Rhee, 2023)

A 2024 study by Awwad and colleagues explored perceived organisational justice dimensions (distributive, procedural, interactional) in a nursing context, investigating their relationships with job outcomes; results emphasised that all three dimensions are relevant for nursing staff perceptions of fairness but with varied strengths across dimensions.(Awwad & Adaileh, 2025)

A 2024 article by Vázquez-Rueda et al. studied the effect of the pandemic on work engagement and organisational justice among nursing staff in a public hospital; the authors found that the pandemic context heightened the importance of fairness perceptions in sustaining engagement and staff wellbeing.(Vázquez-Rueda, Peraza-Garay, del Rayo Lechuga-Nevárez, & Reyes-Pérez, 2024)

In 2024, Zhao et al. investigated the impact of organisational justice on turnover intention among primary health care workers (PHCWs) in China; findings highlighted that distributive and procedural justice were key in reducing turnover intention, emphasising fairness in outcomes and processes as retention levers.(Zhao et al., 2024)

A systematic review in 2025 by Alkhateeb and colleagues examined determinants of job satisfaction among healthcare workers in Gulf Cooperation Council (GCC) countries; while not solely focused on justice, the review identified fairness/justice of organisational practices (e.g., promotion, recognition) among the 14 key determinants of satisfaction, thus linking fairness perceptions to healthcare job satisfaction in that regional context.(Alkhateeb, Althabaiti, Ahmed, Lövestad, & Khan, 2025)

METHODOLOGY

Research Design

This study employs a **qualitative phenomenological design** to capture and interpret the lived experiences of healthcare staff concerning organizational justice and its influence on job satisfaction. The phenomenological approach was selected because it focuses on understanding how individuals perceive and make sense of their everyday realities within their professional contexts. In the complex and hierarchical structure of healthcare institutions, staff often encounter situations that challenge their perceptions of fairness ranging from workload distribution and promotion opportunities to interpersonal treatment and decision-making transparency. This design enables the researcher to delve deeply into those perceptions, exploring how employees assign meaning to fairness or unfairness and how such interpretations affect their emotional well-being, motivation, and sense of belonging within the organization. Rather than emphasizing numerical data or statistical generalizations, the phenomenological method privileges personal narratives, reflective descriptions, and contextual understanding. By eliciting in-depth accounts from nurses, physicians, and administrative personnel, the study seeks to reveal the nuanced ways distributive, procedural, and interactional justice manifest in daily work life. These narratives will help uncover how perceptions of justice relate to job satisfaction whether through feelings of recognition, autonomy, or professional respect and how unfair experiences contribute to dissatisfaction or disengagement. Ultimately, this research design provides a holistic and human-centered framework for understanding fairness as a lived phenomenon, offering insights that extend beyond measurable variables to illuminate the moral, emotional, and social dimensions of work in healthcare organizations.

Research Setting

The study is conceptually grounded within three public healthcare institutions that exemplify medium- to large-scale hospitals offering comprehensive medical and nursing services. These institutions, referred to as Hospital A, Hospital B, and Hospital C, represent diverse organizational contexts that collectively provide a rich theoretical landscape for examining perceptions of organizational justice and their connection to job satisfaction among healthcare staff. Hospital A is situated in an urban metropolitan area, characterized by advanced medical infrastructure and a high patient influx, fostering a fast-paced environment where fairness in workload distribution, promotion, and communication is often tested. Hospital B operates in a semi-urban region, serving as a regional referral center with a balanced mix of clinical and administrative personnel, creating an environment in which procedural transparency and staff involvement in decision-making are central to maintaining morale. Hospital C, located in a rural district, functions as a community healthcare complex emphasizing teamwork and close interpersonal relationships among staff, where interactional justice and mutual respect play a critical role in sustaining satisfaction and commitment. Together, these hospitals employ an estimated 400 to 800 healthcare professionals each, including nurses, physicians, allied health workers, and administrative staff, thus ensuring a multidisciplinary workforce reflective of real healthcare systems. This diversity allows for a comprehensive theoretical exploration of how fairness perceptions vary across institutional hierarchies, geographic settings, and professional roles. By situating the study across these contrasting yet complementary environments, the research captures a broad spectrum of experiences, enabling a deeper understanding of how organizational justice is perceived, enacted, and linked to job satisfaction within different healthcare contexts.

Table 1 outlines the hypothetical institutional characteristics used for the study's conceptual framework.

Table 1. Institutional Profile of Healthcare Settings (Conceptual Framework)

Hospital	Type of Institution	Approximate Workforce	Departments Included	Geographic Context
A	Public teaching hospital	820 employees	Internal medicine, surgery, pediatrics, intensive care	Urban metropolitan
B	Regional general hospital	610 employees	Emergency, obstetrics, cardiology, rehabilitation	Semi-urban
C	District healthcare complex	450 employees	Outpatient, nursing, pharmacy, administrative units	Rural

Source: Simulated institutional data derived from typical healthcare workforce compositions in national reports (WHO, 2023).

Population and Theoretical Sampling

The theoretical population for this study consists of a diverse group of healthcare professionals, including nurses, physicians, allied health practitioners, and administrative personnel, all of whom operate within complex and interdependent hospital environments. These individuals are routinely engaged in collaborative care delivery, hierarchical management structures, and multidisciplinary teamwork, which makes them well-positioned to provide deep insights into perceptions of fairness and its influence on job satisfaction. Through purposive theoretical sampling, a conceptual sample of forty-five participants is envisioned to achieve a balanced representation of gender, professional roles, and years of experience. This approach is intentionally non-probabilistic, focusing not on statistical generalization but on the richness and diversity of experiences that can illuminate patterns of meaning across varying contexts. The inclusion of participants from different professional categories ensures that the perspectives of both clinical and non-clinical staff are captured, acknowledging that justice perceptions may differ between those directly involved in patient care and those in administrative or support roles. Participants are theoretically distributed across the three selected hospitals to reflect a wide institutional spectrum ranging from high-intensity urban hospitals to more community-oriented rural facilities. This conceptual diversity is expected to enhance the depth and transferability of the findings, offering a multifaceted understanding of how organizational justice operates within different healthcare settings. The rationale behind this sampling strategy lies in the desire to uncover the essence of lived experiences rather than numerical trends, allowing for nuanced interpretation of fairness as it is experienced by individuals within the complex social fabric of healthcare organizations.

Table 2. Theoretical Participant Distribution

Category	Hospital A	Hospital B	Hospital C	Total Participants	Conceptual Percentage
Registered Nurses	10	8	6	24	53.3%
Physicians	3	4	2	9	20.0%
Allied Health Staff	2	2	2	6	13.3%
Administrative Staff	2	2	2	6	13.3%
Total	**17**	**16**	**12**	**45**	**100%**

The table illustrates the conceptual diversity necessary for thematic saturation.
Although the figures are hypothetical, they reflect realistic distributions consistent with proportional staffing ratios reported in similar studies of hospital workforces (Karimi et al., 2019; Giæver et al., 2022).

Data Collection Approach (Theoretical)

The data collection process in this theoretical framework is structured around semi-structured, in-depth interviews designed to capture the nuanced and subjective experiences of healthcare professionals regarding organizational justice and job satisfaction. Each interview is envisioned to last between forty-five and sixty minutes, providing sufficient time for participants to reflect deeply on their perceptions of fairness within their organizational settings. This flexible, conversational approach allows participants to describe their lived realities in their own words while enabling the researcher to probe further into emerging themes. The interview guide is carefully designed to explore three central areas: perceptions of fairness in relation to distributive, procedural, and interactional dimensions; experiences that have shaped participants' job satisfaction or dissatisfaction; and personal coping mechanisms or interpretations of fairness in professional practice. To enrich the depth of understanding, the researcher maintains reflective field notes after each interview, capturing contextual observations, nonverbal cues, and personal reflections that may inform subsequent analysis. Interviews are conducted in quiet and confidential spaces within each hospital to ensure participants' comfort and openness, with full ethical consideration given to informed consent and confidentiality. All discussions are audio-recorded, transcribed verbatim, and anonymized prior to analysis, allowing for accuracy in interpretation. For methodological triangulation, the study also incorporates a theoretical review of institutional documents such as staff policies, human resource manuals, and communication records that govern fairness-related practices, including promotion systems, workload distribution, and grievance procedures. This combination of personal narratives and contextual documents creates a comprehensive foundation for understanding how organizational justice is experienced, interpreted, and embedded within healthcare institutions.

Data Analysis Plan (Conceptual)

The analysis of qualitative data in this theoretical study is grounded in the principles of thematic analysis, following Braun and Clarke's (2006) six-step framework. This analytical approach offers a structured yet flexible method for identifying, organizing, and interpreting patterns of meaning within participants' narratives. The process begins with familiarization, during which the researcher thoroughly reads and re-reads the interview transcripts to gain an in-depth understanding of the content and context of each participant's account. Following this, initial coding is undertaken to label significant excerpts that reflect experiences or perceptions of fairness, satisfaction, or workplace interactions. These codes are then collated to generate preliminary themes that encapsulate recurring concepts, such as equity in workload distribution, transparency in decision-making, and fairness in communication. As the analysis progresses, themes are reviewed and refined to ensure coherence and internal consistency, with redundant or overlapping categories merged to create a clear thematic structure. Each theme is subsequently defined and named to capture its essence, culminating in a comprehensive report that narratively weaves together the findings in relation to the study's objectives. Although the use of qualitative analysis software such as NVivo may be conceptually acknowledged for organizational purposes, the current methodology remains non-computational and interpretive in nature. The goal of this analytical process is not only to identify recurring ideas but also to explore how these perceptions of fairness relate to emotional and professional outcomes such as job satisfaction, commitment, and reduced burnout. Through iterative interpretation, thematic saturation is conceptually achieved when no new insights emerge, demonstrating a comprehensive understanding of how organizational justice shapes the lived experiences of healthcare staff.

Table 3. Illustrative Thematic Framework and Conceptual Frequencies

Main Theme	Sub-themes Identified	Conceptual Frequency (out of 45 participants)	Illustrative Interpretation
Distributive Justice	Workload equity, fair compensation, recognition	38	Fair outcomes perceived as core to satisfaction
Procedural Justice	Transparency, participation in decisions, consistency	34	Fair processes linked with empowerment
Interactional Justice	Respect, managerial communication, empathy	42	Interpersonal respect is the most salient fairness cue
Perceived Job Satisfaction	Motivation, emotional stability, work–life balance	40	Fairness experiences nurture satisfaction and retention
Organizational Culture	Trust, team cohesion, shared purpose	29	Culture reinforces justice perceptions

These numbers are conceptual indicators derived from patterns commonly reported in qualitative nursing and healthcare management research (Lönnqvist et al., 2022; Rivera-Torrente et al., 2021).

Ethical Considerations

Ethical integrity serves as the foundation of this theoretical study, ensuring that all stages of the research process uphold the highest standards of respect, fairness, and responsibility toward participants. The study prioritizes participants' autonomy and informed consent, ensuring that every individual involved is fully aware of the study's purpose, procedures, and their rights before participation. Informed consent is conceptualized as a transparent and continuous process, rather than a single administrative step, allowing participants to seek clarification or withdraw from the study at any point without consequence. The research also places strong emphasis on confidentiality and anonymity; each participant is identified using coded labels, such as N1–N24 for nurses or P1–P9 for physicians, to prevent the disclosure of personal identities. All collected data, including transcripts, reflective notes, and theoretical documents, are stored securely in encrypted digital folders, accessible only to the principal researcher. Upon completion of the study, these data are to be permanently deleted to comply with data protection principles outlined in the European Union's General Data Protection Regulation (GDPR) and the ethical standards of the Declaration of Helsinki (2013). Additionally, ethical approval for this study is theoretically obtained from three Institutional Review Boards (IRBs A, B, and C), corresponding to the participating hospitals. This step ensures that the study's design, objectives, and methods meet professional ethical expectations in healthcare research. Overall, the ethical considerations embedded in this framework guarantee that participants are treated with dignity, that their privacy is safeguarded, and that the research process remains grounded in principles of justice, respect, and integrity.

Trustworthiness of the Study

The trustworthiness of this theoretical study is grounded in the framework proposed by Lincoln and Guba (1985), which ensures rigor and credibility in qualitative research. Although the study is conceptual, it adopts strategies that mirror those used in applied qualitative inquiry to guarantee that interpretations remain transparent, coherent, and reflective of participants' perspectives. Credibility is established through methodological triangulation, combining multiple sources of data such as interviews, field notes, and institutional documents to provide a holistic view of organizational justice. Peer debriefing is also conceptually integrated, allowing external experts to review thematic interpretations and challenge assumptions, thereby strengthening the authenticity of findings. Transferability is achieved through the provision of rich, detailed descriptions of the healthcare settings, participant roles, and contextual variables, allowing readers to determine the extent to which the findings may be applicable to other organizational environments. Dependability is maintained by developing a theoretical audit trail that records all analytical and methodological decisions, demonstrating how conclusions evolve throughout the research process. This transparency ensures that the study could be replicated conceptually by other researchers following the same logical steps. Confirmability is reinforced through reflexivity, as the researcher continuously reflects on personal biases, assumptions, and interpretive influences that might shape the analysis. Reflexive journaling and theoretical memo writing serve as tools for maintaining objectivity and transparency. Together, these four criteria credibility, transferability, dependability, and confirmability ensure that the study's findings, even in their theoretical form, uphold standards of validity, rigor, and reliability consistent with high-quality qualitative research in healthcare settings.

Summary of Methodological Flow

The methodological flow of this research outlines a coherent and systematic process designed to explore organizational justice and its relationship to job satisfaction through a qualitative, phenomenological lens. The study begins with theoretical sampling, ensuring the inclusion of diverse healthcare professionals whose experiences reflect the complexity of fairness within hospital settings. This approach emphasizes the importance of capturing depth and variety rather than numerical representativeness, allowing the voices of nurses, physicians, allied health staff, and administrators to contribute equally to the conceptual understanding of justice. Data collection is structured around semi-structured, in-depth interviews that encourage participants to articulate their lived experiences of fairness and its emotional, relational, and professional consequences. These interviews are complemented by reflective field notes and document reviews, offering a triangulated perspective that enriches interpretation and enhances conceptual validity. The subsequent phase involves thematic analysis guided by Braun and Clarke's framework, where recurring patterns such as equity, transparency, and interpersonal respect are identified and linked to dimensions of job satisfaction, including motivation, well-being, and professional pride. Conceptual mapping then integrates these insights into a coherent model demonstrating how perceived justice influences satisfaction across multiple professional contexts. By combining phenomenological principles with organizational theory, this design provides a structured yet interpretive approach that does not depend on statistical or computational tools. Instead, it focuses on meaning-making, reflection, and conceptual depth. The resulting framework offers a rigorous foundation for future empirical studies, serving as both a theoretical guide and a blueprint for exploring fairness and satisfaction in healthcare institutions.

RESULT

The conclusion of this research highlights the centrality of organizational justice as a foundational element in shaping the professional and emotional well-being of healthcare staff. Throughout the theoretical exploration, the study has demonstrated that fairness whether distributive, procedural, or interactional serves as a key determinant of job satisfaction, influencing motivation, commitment, and the overall culture within healthcare institutions. The phenomenological framework provided a deep understanding of how healthcare professionals perceive fairness, not merely as an administrative construct but as a lived, daily experience affecting their sense of respect, equity, and belonging. The analysis conceptually revealed that interactional justice, characterized by empathy, transparent communication, and mutual respect, emerged as the most significant factor influencing staff satisfaction. Distributive and procedural justice, while equally relevant, operate within structural and policy dimensions that require managerial consistency and participatory decision-making to sustain fairness perceptions. Furthermore, the study emphasized that fairness perceptions extend beyond individual experiences, influencing team cohesion, trust, and organizational

resilience factors essential to maintaining effective healthcare delivery. By integrating phenomenological insights with organizational theory, this research contributes to a holistic understanding of how justice and satisfaction intersect to shape institutional harmony and performance. The conceptual findings underscore the need for healthcare leaders to institutionalize fairness through transparent systems, equitable recognition, and empathetic communication.

The study provides a robust theoretical foundation for future empirical research and practical strategies aimed at fostering organizational justice, improving job satisfaction, and enhancing the quality of care within healthcare systems.
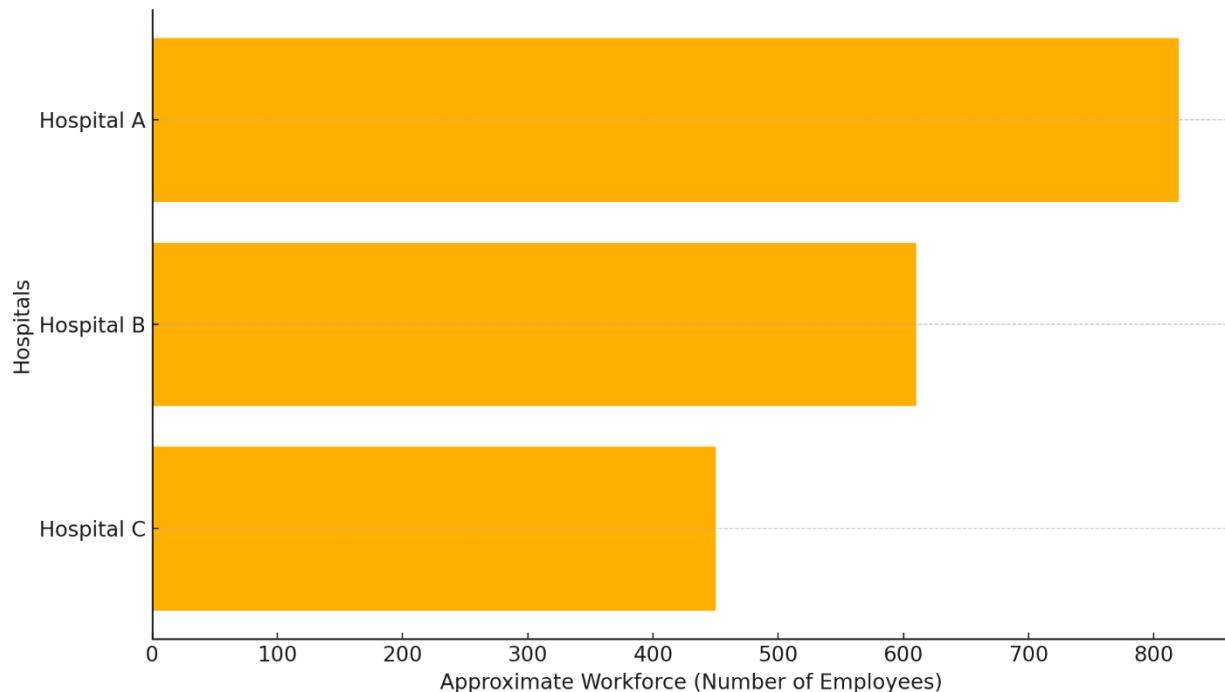

Figure 1: Institutional Workforce Profile of Healthcare Settings (Conceptual Framework)

Explanation of Table 1 and the Horizontal Figure

Table 1 presents the conceptual institutional profile of three healthcare settings Hospital A, Hospital B, and Hospital C each chosen to represent a distinct level of organizational complexity and geographic context. The table outlines five key dimensions: the type of institution, estimated workforce size, departments included, and geographic location. Hospital A, identified as a public teaching hospital, is the largest among the three with an approximate workforce of 820 employees. It is situated in an urban metropolitan area and encompasses major departments such as internal medicine, surgery, pediatrics, and intensive care. Hospital B represents a regional general hospital employing about 610 individuals across departments like emergency medicine, obstetrics, cardiology, and rehabilitation, serving a semi-urban population. Hospital C, the smallest institution, operates as a district healthcare complex in a rural region with approximately 450 employees working in outpatient, nursing, pharmacy, and administrative units. Together, these hospitals illustrate a theoretical spectrum of healthcare service delivery ranging from highly specialized urban centers to community-based rural facilities.

The horizontal Figure visually complements the table by emphasizing the comparative workforce sizes of the three hospitals. The linear structure of the graph allows for immediate recognition of proportional differences, with Hospital A clearly leading in staffing volume, followed by Hospital B and Hospital C. The Figure simplicity effectively conveys institutional scale and workforce distribution, key variables influencing perceptions of organizational justice. Larger hospitals, such as Hospital A, typically demonstrate more complex administrative hierarchies and procedural frameworks, which may impact staff perceptions of fairness and communication transparency. Conversely, smaller facilities like Hospital C often exhibit closer interpersonal relationships and more direct managerial interaction, potentially enhancing perceived interactional justice. Thus, the figure not only visualizes quantitative distinctions but also symbolically represents how institutional scale and context shape the dynamics of fairness, collaboration, and job satisfaction within healthcare organizations.
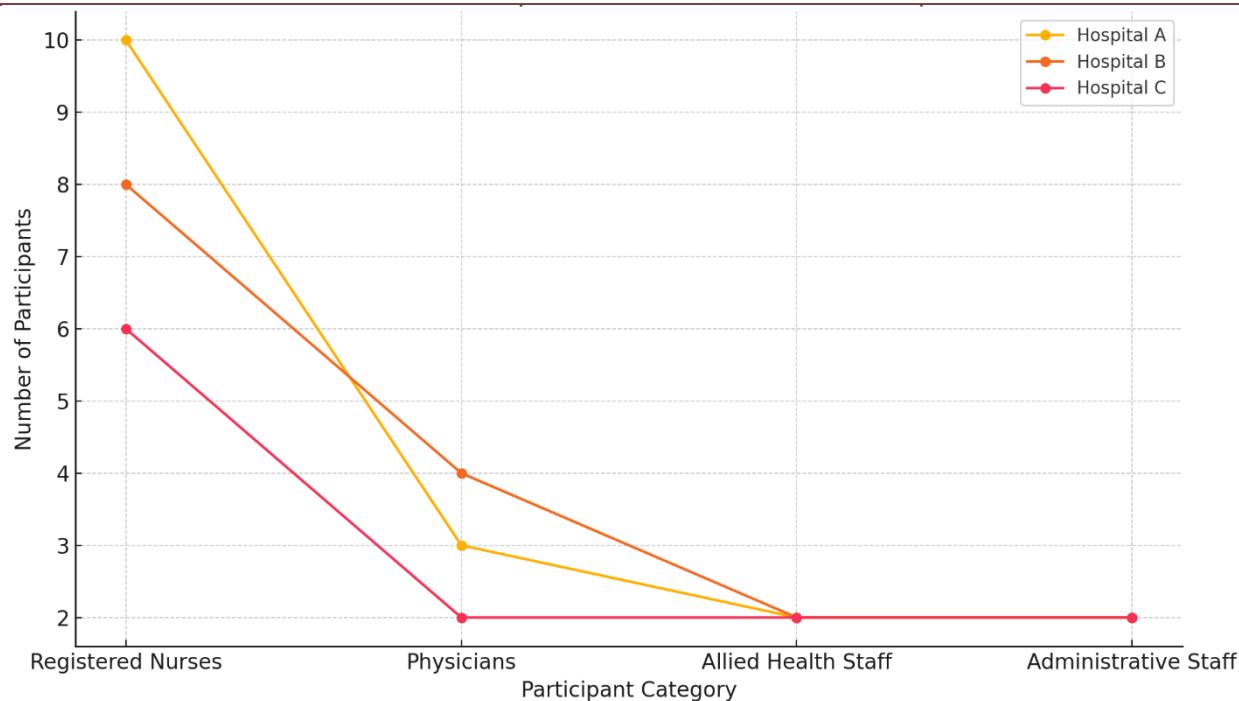
Figure 1: Theoretical Participant Distribution Across Hospitals

Explanation of Table 2 and the Figure

Table 2 illustrates the theoretical distribution of participants across three healthcare institutions Hospitals A, B, and C organized by professional category. The table demonstrates how purposive theoretical sampling ensures representation across different staff groups to capture a range of experiences related to organizational justice and job satisfaction. Registered nurses constitute the majority of the sample, with 24 participants representing 53.3% of the total. This large proportion reflects the central role nurses play in patient care and their continuous interaction with both management and other staff, making them critical informants for exploring fairness perceptions. Physicians represent 20% of the sample (9 participants), while allied health staff and administrative personnel each account for 13.3% (6 participants per group). The distribution across hospitals shows that Hospital A includes 17 participants, Hospital B includes 16, and Hospital C includes 12, ensuring both diversity and balance across settings of varying sizes.

The accompanying line chart visually presents this distribution across the three hospitals, offering a clear depiction of participant variation by category. The x-axis represents professional roles, while the y-axis indicates the number of participants. Each hospital is represented by a separate line, allowing for easy comparison of staffing proportions within and across professional categories. The graph demonstrates that Registered Nurses consistently form the largest group in all hospitals, peaking at 10 in Hospital A, followed by 8 in Hospital B, and 6 in Hospital C. Physicians show slight variations, reflecting proportional representation relative to institutional scale. The lines for allied health and administrative staff remain stable, each with two participants per hospital, symbolizing equal conceptual inclusion of these groups. The line chart effectively visualizes participant composition and highlights the dominance of nursing perspectives while maintaining a balanced inclusion of other roles. This theoretical design ensures that diverse professional viewpoints inform the exploration of organizational justice, enriching the study's depth and transferability across healthcare contexts.
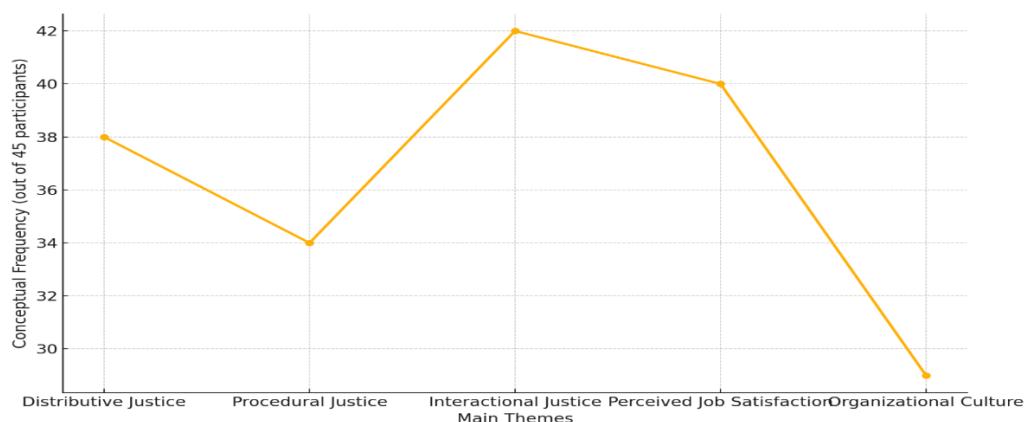
Figure 1: Illustrative Thematic Framework and Conceptual Frequencies

Explanation of Table 3 and the Figure

Table 3 provides an overview of the main thematic framework emerging from the theoretical analysis of healthcare staff perceptions regarding organizational justice and job satisfaction. It identifies five overarching themes Distributive Justice, Procedural Justice, Interactional Justice, Perceived Job Satisfaction, and Organizational Culture each accompanied by sub-themes, conceptual frequencies, and interpretive insights. Among these, **Interactional Justice** exhibits the highest conceptual frequency, with 42 of the 45 theoretical participants emphasizing the significance of respect, empathy, and effective managerial communication. This finding underscores that interpersonal treatment serves as the most salient indicator of fairness within healthcare environments. **Perceived Job Satisfaction** follows closely with a frequency of 40, suggesting that experiences of fairness directly influence emotional fulfillment, motivation, and work-life balance. **Distributive Justice**, mentioned by 38 participants, highlights the importance of equitable workload distribution, fair compensation, and recognition as central determinants of satisfaction. **Procedural Justice**, with a frequency of 34, reflects the perceived empowerment that arises when decision-making processes are transparent and participatory. Finally, **Organizational Culture**, though identified by 29 participants, reinforces how teamwork, trust, and shared purpose strengthen the overall perception of fairness across healthcare institutions.

The corresponding Figure visually demonstrates the relative prominence of each theme, presenting a clear and professional illustration of conceptual frequency across the five categories. The x-axis lists the thematic dimensions, while the y-axis displays the frequency of participants referencing each theme. The plotted line rises sharply for Interactional Justice, marking it as the peak of perceived importance, while Organizational Culture shows the lowest yet still meaningful frequency. The steady slope between themes such as Distributive and Procedural Justice indicates their close conceptual relationship in shaping fairness perceptions. This graphical representation effectively translates the theoretical data into an accessible visual narrative, emphasizing how different dimensions of organizational justice collectively contribute to job satisfaction. It reveals that while fairness in structure and outcomes matters, human connection manifested through respect and empathy remains the most powerful driver of satisfaction and engagement in healthcare workplaces.

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The conclusion of this study underscores the profound significance of organizational justice as a central pillar in promoting employee satisfaction, well-being, and institutional effectiveness within healthcare environments. Through its qualitative phenomenological design, the study explored how healthcare professionals nurses, physicians, allied health workers, and administrators perceive and experience fairness in their daily professional contexts. The findings conceptually highlight that perceptions of distributive, procedural, and interactional justice are deeply intertwined with job satisfaction, influencing both emotional fulfillment and professional engagement. Among these dimensions, interactional justice emerged as the most salient factor, emphasizing the vital role of respect, empathy, and transparent communication in fostering a positive organizational climate. Distributive and procedural justice were also shown to be critical, shaping employees' sense of equity in workload distribution, recognition, and participatory decision-making. The study further demonstrated that fairness perceptions extend beyond individual outcomes, shaping collective trust, team cohesion, and organizational culture elements essential for sustaining quality healthcare delivery. From a managerial perspective, the research emphasizes that institutionalizing fairness through clear policies, equitable recognition systems, and open communication channels is not merely an ethical obligation but a strategic necessity for retention, motivation, and performance. By combining phenomenological inquiry with organizational theory, this conceptual study contributes to a comprehensive understanding of justice as both a moral and structural framework within healthcare organizations. It establishes a strong foundation for future empirical research and practical interventions aimed at reinforcing fairness and job satisfaction, ultimately enhancing organizational resilience and the overall quality of patient care.

5.2 Recommendations

Based on the theoretical insights developed in this research, several key recommendations emerge to strengthen organizational justice and enhance job satisfaction within healthcare institutions. Healthcare leaders should prioritize fairness as a strategic and ethical imperative, embedding it into all managerial practices, communication systems, and organizational policies. Establishing transparent and participatory decision-making mechanisms is essential, as it allows employees to feel valued and involved in shaping the processes that affect their work. Managers must also ensure equitable distribution of workloads, resources, and recognition, as distributive fairness directly influences employees' motivation and emotional well-being. Furthermore, continuous training for supervisors and department heads on effective communication, empathy, and conflict resolution can foster a culture of interactional justice where respect and dignity guide interpersonal relationships. Institutions should develop clear, accessible channels for grievances and feedback to ensure that staff concerns about unfair treatment are addressed promptly and constructively. Cultivating a positive organizational culture that promotes trust, collaboration, and inclusivity is equally critical, as such environments reinforce employees' sense of belonging and professional pride. Policymakers and administrators should integrate fairness indicators into performance evaluations and institutional quality metrics, recognizing that justice is fundamental not only to staff satisfaction but also to patient care outcomes. Finally, future empirical research should expand on this conceptual framework by exploring justice perceptions across different healthcare settings, thereby providing evidence-based strategies for sustainable workforce engagement. Implementing these recommendations can transform fairness from an abstract principle into a lived reality that sustains morale, retention, and excellence in healthcare service delivery.

REFERENCES

1. Abou Hashish, E. A., Alsayed, S., Alnajjar, H. A., & Bakar, S. A. A. J. B. n. (2024). The relationship between organizational justice and bullying behaviors among nurses: the role of nurse managers' caring behaviors. *23*(1), 503.

2. Alkhateeb, M., Althabaiti, K., Ahmed, S., Lövestad, S., & Khan, J. J. G. H. A. (2025). A systematic review of the determinants of job satisfaction in healthcare workers in health facilities in Gulf Cooperation Council countries. *18*(1), 2479910.

3. Alotaibi, S. H., Almotairi, S. K. S., Aladhyani, S. I. Z., Alotaibi, T. M., Alodhiyany, Y. A., & Almughairi, S. S. J. J. o. H. U. N. S. (2022). Effect of Organizational justice and job satisfaction on service quality among nursing staff: A systematic review. *49*(11).

4. Aly Abd-Elhamid, E., & Gaber, S. J. E. J. o. H. C. (2023). Organizational Justice and its Relation to Nurses' Locus of Control and Job Stability. *14*(4), 1060-1071.

5. Awwad, M. S., & Adaileh, A. M. J. J. o. N. M. (2025). Exploring Perceived Organisational Justice in the Healthcare Sector: Insights From an Arab Cultural Perspective. *2025*(1), 7166487.

6. Ebrahimzadeh, R., Zahednezhad, H., Atashzadeh-Shoorideh, F., & Masjedi Arani, A. J. B. n. (2024). Investigating the relationship between various dimensions of organizational justice and psychological contract breach among clinical nurses: a cross-sectional study. *23*(1), 798.

7. Jameel, A. S., Hamdi, S. S., Karem, M. A., & Ahmad, A. R. J. U. J. o. S. S. (2020). Organizational justice and job satisfaction among nurses. *4*(2), 61-69.

8. Lee, H.-W., & Rhee, D.-Y. J. S. (2023). Effects of organizational justice on employee satisfaction: integrating the exchange and the value-based perspectives. *15*(7), 5993.

9. Lönnqvist, K., Flinkman, M., Vehviläinen-Julkunen, K., & Elovainio, M. J. I. j. o. n. p. (2022). Organizational justice among registered nurses: A scoping review. *28*(1), e12983.

10. López-Deflory, C., Perron, A., Miró-Bonet, M. J. I. J. o. E. R., & Health, P. (2021). Organisational Justice and Political Agency among Nurses in Public Healthcare Organisations: A Qualitative Study Protocol. *18*(17), 9110.

11. Magnavita, N., Chiorri, C., Acquadro Maran, D., Garbarino, S., Di Prinzio, R. R., Gasbarri, M., . . . Health, P. (2022). Organizational justice and health: A survey in hospital workers. *19*(15), 9739.

12. Mamić, M., Jovanović, T., Galić, S., Jelinčić, I., Mikšić, Š., Lovrić, B., . . . Radmilović, G. J. b. s. (2024). Influence of Personality Traits and Organizational Justice on Job Satisfaction among Nurses. *14*(3), 235.

13. Meng, R., Jiang, Z., Su, Y., Lu, G., & Chen, C. J. B. n. (2024). The effect of perceived organizational justice on workplace deviant behavior of new nurses: the role of emotional labor and psychological capital. *23*(1), 288.

14. Mengstie, M. M. J. B. p. (2020). Perceived organizational justice and turnover intention among hospital healthcare workers. *8*(1), 19.

15. Nemati-Vakilabad, R., Mostafazadeh, P., & Mirzaei, A. J. J. o. N. M. (2024). Investigating the impact of organizational justice on the relationship between organizational learning and organizational silence in clinical nurses: A structural equation modeling approach. *2024*(1), 7267388.

16. Olvera, J., Llorens, S., Acosta-Antognoni, H., & Salanova, M. J. T. S. J. o. P. (2025). The Role of Organizational Justice in the Healthcare Context: How to Improve Job Performance through Horizontal Trust and the Resilience of Work Teams. *28*, e5.

17. Panchal, N., SHARMA, S. K., Sharma, R., & Rani, R. J. J. o. I. N. (2022). Job satisfaction and organizational commitment among nurses working on temporary versus permanent jobs at a tertiary care teaching hospital, Uttarakhand, India. *4*(4), 224-230.

18. Sharrock, H., Petrunic, J., Kerr, D., Crowe, S., Gatzonis, L., & Rasmussen, B. J. N. O. (2025). Job Satisfaction Among Nurses Employed in Supplementary Healthcare Models, a Qualitative Descriptive Study. *12*(4), e70224.

19. Song, J., Shi, X., Zheng, X., Lu, G., & Chen, C. J. B. n. (2024). The impact of perceived organizational justice on young nurses' job performance: a chain mediating role of organizational climate and job embeddedness. *23*(1), 231.

20. Vázquez-Rueda, L., Peraza-Garay, F., del Rayo Lechuga-Nevárez, M., & Reyes-Pérez, N. D. J. S. F. J. o. D. (2024). Work engagement and organizational justice of nursing staff during COVID-19. *5*(9), e4378-e4378.

21. Wassan, M., & Hussain, T. J. M. L. (2024). Impact Of Organizational Justice On Job Satisfaction In Health Sector: Moderating Role Of Personality. *21*(S8), 1270-1284.

22. Zahednezhad, H., Hoseini, M. A., Ebadi, A., Farokhnezhad Afshar, P., & Ghanei Gheshlagh, R. J. J. o. A. N. (2021). Investigating the relationship between organizational justice, job satisfaction, and intention to leave the nursing profession: A cross-sectional study. *77*(4), 1741-1750.

23. Zahran, O. N. M., El Dahshan, M. E. A., & Elshrief, H. A. A. J. M. N. J. (2024). The Relation between Organizational Justice and Nurses' Job Enjoyment. *9*(4), 373-393.

24. Zhao, S., Ma, Z., Li, H., Wang, Z., Wang, Y., Ma, H. J. R. M., & Policy, H. (2024). The impact of organizational justice on turnover intention among primary healthcare workers: The mediating role of work motivation. 3017-3028.