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## ORGANIZATIONAL JUSTICE PERCEPTION AND JOB BURNOUT AMONG NURSES AT PORT SAID SELECTED HOSPITALS

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### ABSTRACT

**Background:** Organization justice alludes to the degree to which nurses perceive working environment strategy, cooperation, and results to be reasonable, a major result of low levels of justice in organizations is increasing levels of job burnout among nurses. **Study aim:** is to investigate organizational justice perception and their relation to job burnout among nurses at Port Said selected Hospitals. **Subjects and Method:** Descriptive correlational examination configuration was led in all inpatient divisions at Port-Said selected Hospitals on 206 nurses. Data collection tools incorporated Colquitt's Organizational Justice Scale and Maslach Burnout Inventory and content validated by a panel of specialists. **Results:** The study results revealed that around half of nurses had a moderate degree of overall organizational justice and more than one third of nurses had moderate levels of emotional exhaustion. Additionally, less than three quarters of nurses had low levels of depersonalization. Likewise, overall organizational justice and it's all dimensions has a statistical significant negative correlation with total job burnout. **Conclusion and recommendations:** Nurses' perceived moderate degree of organizational justice, interactional justice scored the highest percentage. Whereas, a moderate level of burnout. Negative significant correlation between organizational justice and job burnout. However, negative significant correlations between all organizational justice and its dimensions with emotional exhaustion, depersonalization and total job burnout. The study recommends that a performance appraisal system with relevant job description should be applied to distributive justice by nurse manager.

**Keywords:** Job burnout, Nurses, Organizational justice.

## **INTRODUCTION**

Nurses as a crucial part of the work power in the medical care framework (Chiou, Chiang, Huang, Wu, & Chien, 2013). Nurses as the forefront labor force of health care system have greatly affected the patients' perspectives and the level of care provided (Lu, Barriball, Zhang, & While, 2012). The manner in which administrators act and treat staff would influence their perspectives and working practices (Jafari, & Bidarian, 2012). At the point when individuals have an inspirational mentality to their work, their supervisor, division or association they work in, they become more roused proficiently to work (Bidarian, & Jafari, 2012).

Justice is identified as an achievement or judgment that is deemed right moral on the base of ethics, faith, equity, law or fairness (Pekurinen et al., 2017). Recently, view of nurses of how health care institution handle them equally or unequally is known as organizational justice (Al-zu bi, 2010; Lambert, Hogan, & Cheeseman, 2013) Organizational justice was identified as nurses perception about institutional fairness ( Brockner , 2011), that may take the form of approach work openings, equivalent advancement possibilities, reasonable compensation system, and arrangement of satisfactory data in regards to the association and its choices (Cole , Bernerth , & Walter ,2010). One of the focal resources for authoritative achievement and the main supporter to nurses to accomplishing position fulfillment (Fatt, Khin, & Heng, 2010). Likewise, organizational justice is one of the imperative variables in improvement of the association and its representatives in helping and supporting those (Lotfi & Pour, 2013).

In view of individuals' perceptions of fairness inside their association, three dimensions of organizational justice have been characterized including the distributive, procedural, and interactional justice (Williamson & Williams, 2011). First dimension, distributive justice is identified with trustworthiness and precision in the assignment of authoritative assets. The perception of distributive justice is the conviction that nurses ought to obtain an affirmation of their commitment to the foundation's pay and that it meets the degree of their involvement according to their perception (Özsoy & Ekici, 2017).

Secondly, procedural justice concerns the variety of process, techniques or regulations utilized to find out the physical facilities, benefits, working environment

and execution assessment of nurses (Heponiemi et al., 2011). All in all, it may be characterized as the decency of the process by which results are resolved (Lind & Tyler, 1988), identifying to impacts such as consistency, predisposition concealment, representativeness, precision, correctness, and ethical processes (Heponiemi et al., 2011).

Third dimension, interactional justice which has two sub-dimensions, interpersonal and informational justice (Gür, 2014). Interpersonal justice is related to nurses being consulted by the administrator on how choices are taken, and how junior and senior staff respects each other (Özsoy & Ekici, 2017). Informational justice is commonly utilized, from educating young people about institutional procedures, to social and different issues relating to nurses. Furthermore, the security of advantages regarding the justice of staff's data giving (Gür, 2014). According to Yang and Jung (2009) who suggest that organizations can reduce the occurrence of nurses' job burnout by reducing unfair practices and those individuals differ in their response to injustice.

Guan et al. (2017) described job burnout as an occupational risk that imparts psychosomatic effects on nurses, thus precludes effectiveness and wastes human resources. Also, Carolina (2010) defined job burnout as a condition of substantial and expressive fatigue attributable to inappropriate working conditions. In addition Lambert, Hogan, Barton-Bellessa and Jiang (2012) defined it as the discontent, anxiety and psychological pain that result from dullness at work and lead to a person's emotional and physical exhaustion.

Job burnout depicts a syndrome characterized by emotional exhaustion, cynicism or depersonalization, and reduced or lack of personal accomplishment, arising from long haul introduction to genuinely testing stressors (Leka, Jain, & world health organization, 2010). Emotional exhaustion is a continuous feeling of emotional depletion in the workplace and this dimension is considered one of the most important dimensions of job burnout, as it represents the main stone in the structure of job burnout (de França, Ferrari, Ferrari, & Alves, 2012).

Depersonalization refers to the concept of human characteristics, which contain the continuous sense of lacking idealism, where the individual alternative to rough dealing with colleagues, which extremely affects the form of dealing with each

other, in spite of the different views of researchers about the name, they agreed that it represented pessimism, harshness in dealing with others, coldness, and frequent criticism (Maruyama, Suzuki, & Takayama, 2016). Depersonalization is improvement of pessimistic, insensitive and critical perspectives to the beneficiaries of one's administrations (Schaufeli & Salanova, 2014).

Lack of personal accomplishment alludes to the advancement of negative mentalities and sensations of inadequacy with respect to one's experience (Moliner, Martínez-Tur, Peiró, Ramos, & Cropanzano, 2005). Motivation decline and decreased personal accomplishment also cause the person is unable to find his competence feeling in doing personal duties (Safari, Tamizifar, & Jannati, 2012). It additionally characterized as the sensations of inadequacy and an absence of profitability, a failure to adapt to ordinary circumstances, and diminished accomplishment in work. Inefficacy is the more mind boggling measurement of job burnout (Callahan, Christman, & Maltby, 2018).

Job burnout lead to reduced work performance, higher absenteeism, decreased transparency and efficiency, more conflicts, role transition, interpersonal conflicts with colleagues, increased health costs, individual turnover, mental and physical changes, material misuse, and diminished services quality provided to patients after that dissatisfaction with medical services, all of which negatively affect patients and clients. Therefore, detection and avoidance of job burnout is also of utmost importance while, it is about improving individual mental health and improving the quality of care (Maslach & Leiter 2016).

**Significance of study:**

Justice is a critical point for understanding authoritative conduct. De Cremer, Van Knippenberg, Van Knippenberg, Mullenders and Stinglhamber (2005) portrayed organizational justice as a ruling subject in authoritative life. The significance of examining organizational justice in the work environment has been underscored by decision that caused a feeling of working for justice or absence of fairness in the working environment, which can cause increment in degrees of job burnout. Today, organizational justice is considered as one of the most famous themes in organizational behavior research (Fortin, 2008).

The examination gave a rich record of the pith of living inside organizational justice from nurses' perspective. McDermott et al. (2013) found that procedural and interactional justice indirectly affects weariness through distributive injustice.

Moreover, it was discovered that distributive injustice is indirectly related to short-term absences through exhaustion. Job burnout is a significant indicator of boss dysfunctions in the health care work environment (Gholampour & Pourshafei, 2018). Along these lines, in the current examination will be led to analyze the connection between nurses' perception of organizational justice and job burnout at Port Said selected Hospitals.

### **AIM OF STUDY:-**

This study aimed to investigate organizational justice perception and their relation to job burnout among nurses at Port Said Hospitals through:

1. Assess nurses' perception about organizational justice at Port Said selected Hospitals.
2. Determine the level of job burnout among nurses at Port Said selected Hospitals.
3. Find out organizational justice perception and its relation to job burnout.

### **SUBJECTS AND METHODS**

#### **(I) TECHNICAL DESIGN:**

##### **Research design: -**

Descriptive correlational research design.

##### **Setting:**

The present study was conducted in all inpatient units at Port Said selected Hospitals namely: As-Salam Port Said Hospital, Al hayat Port Fouad Hospital and El-Zohour Hospital.

##### **Subjects**

The study subject were included all nurses who working in all inpatient units in Port said selected Hospitals during the time of data collection with a total number of (206) nurses. Selected by simple random according to the following inclusion criteria, nurses have at least six months of experience.

##### **Tools for Data Collection:**

Data collection tools included two tools namely: - Organizational justice scale and Maslach Burnout Inventory

**Tool I: Organizational Justice Scale:** This tool includes two parts:

**First part:** nurse's personal and job characteristics. It asked about age, gender, hospital name, department, educational qualification, and total years of experience in nursing.

**The second part:** Organizational Justice Scale: This part was developed by Colloquitt (2001) to determine organizational justice as perceived by nurses. The statements are categorized into three dimensions as follows distributive justice (4 items), procedural justice (7 items) and interactional justice (9 items). Scoring: Each statement was scored 3 for "large extent", 2 for "moderate extent" and 1 for "small extent" according to tool instructions. The scores of statements of each dimension and for the total scale were summed-up and converted into percent scores. They were then categorized into "greater than or equal to 75 % indicates large extent perception, while a score of less than 50% indicates small extent organizational justice perception among nurses.

**Second tool:** Maslach Burnout Inventory:

This scale was developed by Maslach Burnout Inventory. It was developed by (Maslach, Jackson, & Leiter, 1996). *MBI: Maslach burnout inventory*. Sunnyvale, CA: CPP, Incorporated. the questionnaire has 22 statements categorized into three dimensions safety domains as follows: emotional exhaustion (9 items), depersonalization (5 items) and personal accomplishment (8items). Scoring: The responses from "never" to "few times a week and every day" were scored from 1 to 4 respectively. A score of 75% or higher was considered as high job burnout perception among nurses, while a lower score was considered low job burnout perception among nurses.

## **II. Operational Design:**

The operational design covers the preparatory phase including content validity, reliability, pilot study, fieldwork.

### **Preparatory phase:**

Review of literature related to the problem and aims to acquire theoretical knowledge of related administrative principles, using current national and international related literature, articles, periodicals, magazines and internet of the various aspects concerning organizational justice and nurses' burnout. Also this phase was concerned

with translation, validation and preparation of tool for data collection with managerial arrangement to accomplish the implementation phase.

**Validity:**

The tool was translated to Arabic language by researcher and then retranslated to English again. The content validity was examined by a panel of five experts' opinions in relevant field to assure that the content was assessing what the researcher want to measure.

**Reliability:**

The tools of the study were tested by using Cronbach's alpha coefficient test to assess the consistency of the research tool.

Reliability was measured for tool I using Cronbach's alpha coefficient test (0.865) which indicate that this tool is 86.8% reliable.

Reliability was measured for tool II using Cronbach's alpha coefficient test (0.947) which indicate that this tool is 94.7% reliable.

**Pilot study:**

A pilot study was carried out after the development of the study tools, and before the data collection phase. A pilot study was carried out on 21 nurses who represent 10% of the nurses who fulfilled criteria of the study to test applicability, feasibility, and objectivity and to estimate the needed time to fill the data collection sheets, and then necessary modification was done according to the result of the pilot study. Nurses responded well to the questionnaire during the pilot study and changes required to the questionnaire, and this pilot study was excluded from the original sample. As a result, data obtained from the pilot study were analyzed and accordingly necessary modifications were done. Completion of nurses' sheet took 15-20 minutes

**Field work:**

This study was carried out in the period started from October 2018 to end of January 2019. The researcher met the respondents during the different shifts to distribute the questionnaire. Data were collected from nurses within Port Said selected Hospitals. The questionnaire sheet were filled in by the study subjects after explain the aim and purpose of the study. They were assured that the information given would be utilized confidentially and used for the research purpose only, and the researcher explained to them how to fill in the sheets. The respondents filled the questionnaire sheet individually by themselves fill the sheet. The researcher remained with the nurses until questionnaires were completed to ensure objectivity of the responses and to check that

all items were answered. Data were collected by the researcher from nurses at three days per week in different shifts. Data were collected by the researcher over four month's period.

### **III. Administrative Design:**

Before conduction of the study, an official letters from the Dean of the Faculty of Nursing and Vice Dean for Post-Graduate Studies and Researches were sent to the selected area of the study. The director of the forementioned setting were contacted and informed in order to obtain permission to include the nurses on the present research.

### **IV. Ethical Considerations:**

An informed consent was obtained from nurses to participate in the study after explaining the purpose and the nature of the study.

The studied nurses were informed that their participation is voluntary and they have the right of withdrawing from the study at any time and ensuring the confidentiality of the information collected and will be used for scientific research only and anonymity is guaranteed.

### **V. Statistical Design:**

Data analysis was performed using IBM SPSS statistical software version 22. The data were explored. Descriptive statistics with mean, median and standard deviation (SD) for continuous variables and frequency for categorical variables were analyzed. Qualitative variables were compared using qui square test ( $X^2$ ) as the test of significance and independent, (r) test was used to identify the relationship between two variables. The p-value is the degree of significance. A significant level value was considered when the p-value  $\leq 0.05$  and a highly significant level value was considered when the p-value  $\leq 0.001$ , while the p-value  $> 0.05$  indicates non-significance results.

## **RESULTS:**

**Table (1):** Show personal characteristics of nurses in the study setting. The study sample consisted of 206 nurses. The results reveal that, around half (51.5%) of nurses were in As- Salam Port Said hospital. As well, more than one third (39.3%) of them aged between thirty to less than forty years old followed by more than one third (38.8%) of them aged between twenty to less than thirty years old. The mean score of nurses' age is  $33.4 \pm 7.8$ . The results revealed that, the vast majority of nurses (92.2 %) were females. Regarding educational qualification, more than one third (38.3%) of



nurses having nursing Diploma . In relation to years of experience more than one third (41.7%) of them had from one to less than ten years of experience. While the minority (4.4%) of them had from thirty to less than forty years of experience. The mean score of years of experience of nurses' was  $12.9 \pm 9.0$ .

**Table (2):** Illustrate levels of organizational justice among nurses. It demonstrates that 43.2% of nurses had a moderate level of organizational justice. In light of this table, more than one third (35%) of nurses had low perception about interactional justice. Also, it was found that mean of interactional justice is the highest score of organizational justice dimensions ( $30.2 \pm 8.0$ ). While less than half (47.6%) of them perceived that there was a low level of procedural justice. As shown in this table, more than two third (68%) of them perceived that level of distributional justice was low. Also, it was found that mean of distributional justice is the lowest score of organizational justice dimensions ( $10.3 \pm 3.6$ ).

**Table (3):** Illustrate levels of job burnout among nurses. Thus, it showed that 68.9% of nurses had moderate level of job burnout. On the other hand, it was found that 46.1% of nurses perceived had moderate level of personal accomplishment. While 41.7% of them perceived that there was a moderate level of emotional exhaustion. Whereas 74.3% of them perceived that level of depersonalization was low

**Table (4):** Reveals the relation between levels of organizational justice and job burnout among nurses. As indicated in the table, there was high significant relation between nurses perception about organizational justice and their job burnout at p value  $< 0.01$ . It was evidenced that there was 70% of nurses had high perception of organizational justice and low level of job burnout. While, there was 87.4% of them had low perception of organizational justice and moderate level of job burnout.

**Table (5):** Illustrate the relation between levels of nurses' perception about organizational justice and their socio-demographic characteristics. The table shows that there was significant relation between levels of nurses perception about organizational justice and their age, educational level and years of nursing experience at p value  $> 0.05$ . As shown in the table, 55% nurses who are in the age group from twenty to less than thirty had low perception of organizational justice. It was found that 53.5% of nurses who are experienced one to less than 10 years had low perception

of organizational justice. The results also revealed 25.3% of nurses with nursing Diploma had high perception of organizational justice.

**Table (6):** Illustrate the relation between nurses' levels of job burnout and their socio-demographic characteristics. Revealed that there was high significant relation between age, educational level and level of job burnout at p value  $<0.01$ . While, there was slight significant relation between duration of nursing experience and level of job burnout at p value  $<0.05$ . It can be noticed that 66.7% of nurses who are in the age group from twenty to less than thirty had high perception about job burnout. Whereas, 66.7% of nurses who are experienced one to less than 10 years had high perception about job burnout. Also, it was found that 88.9% of nurses who were graduated from nursing faculty had the highest level about job burnout.

**Table (7):** Illustrates correlation between organizational justice and maslach burnout among nurses. In light of this table, that there were high statistically significant negative correlations between total organizational justice, procedural justice and interactional justice and emotional exhaustion where  $p \leq 0.05$  where ( $r = -0.497$ ,  $r = -0.364$ ,  $r = -0.408$ , respectively). It's obvious that there were a high statistically significant negative correlations between total organizational justice, procedural justice and total job burnout where  $p \leq 0.05$  where ( $r = -0.511$ ,  $r = -0.385$ , respectively). It was evidenced that there were high statistically significant positive correlations between total organizational justice, distributional justice and interactional justice and personal accomplishment ( $r = -0.401$ ,  $r = -0.311$ ,  $r = -0.347$ , respectively).

**Table (1):** Socio-demographic characteristics of nurses (n=206)

Socio-demographic characteristics	Nurses	
	No.	%
<b>Hospital of employment</b>		
As-Salam port said H.	106	51.5
Alzohour H.	52	25.2
Alhayat port fouad H	48	23.3
<b>Age (years)</b>		
20-<30	80	38.8
30-<40	81	39.3
40-<50	42	20.4
50-<60	3	1.5
Min-Max,	21.0-58.0	
Mean±SD	33.4±7.8	
<b>Gender</b>		
Male	16	7.8
Female	190	92.2
<b>Educational level</b>		
Nursing faculty	57	27.7
Technical nursing institute	70	34.0
Nursing diploma	79	38.3
<b>Duration of nursing experience (years)</b>		
1-<10	86	41.7
10-<20	63	30.6
20-<30	48	23.3
30-<40	9	4.4
Min-Max	1.0-36.0	
Mean±SD	12.9±9.0	

**Table (2):** Levels of organizational justice among nurses (n= 206)

Organizational justice	Organizational justice levels						Mean±SD
	High		Moderate		Low		
	No.	%	No.	%	No.	%	
Distributional justice	24	11.7	42	20.3	140	68.0	10.3±3.6
Procedural justice	40	19.4	68	33.0	98	47.6	21.0±6.2
Interactional justice	65	31.6	69	33.4	72	35.0	30.2±8.0
<b>Total score</b>	30	14.6	89	43.2	87	42.2	61.5±15.3

**Table (3):** Levels of job burnout among the nurses (n= 206)

Maslach Burnout	Nurses burnout levels					
	High		Moderate		Low	
	No.	%	No.	%	No.	%
Emotional exhaustion	42	20.4	86	41.7	78	37.9
Depersonalization	5	2.4	48	23.3	153	74.3
Personal accomplishment	87	42.2	95	46.1	24	11.7
Total score	9	4.4	142	68.9	55	26.7

**Table (4):** Relation between level of Organizational justice and Maslach Burnout among nurses (n= 206)

Maslach Burnout	Organizational justice						X <sup>2</sup>
	Large extent (n=30)		Moderate extent (n=89)		Small extent (n=87)		
	No.	%	No.	%	No.	%	
Low	21	70	29	32.6	5	5.7	13.468 P value .000**
Moderate	9	30	57	64	76	87.4	
High	0	0	3	3.4	6	6.9	

X<sup>2</sup>: Chi-Square test      \*significant at P<0.05 \*\*High significant <0.01

**Table (5):** Relation between levels of nurses perception of nurses perception about organizational justice and socio-demographic characteristics (n= 206)

Socio-demographic characteristics	Organizational justice						Significance
	Large extent (n=30)		Moderate extent (n=89)		Small extent (n=87)		
	No.	% <sup>^</sup>	No.	% <sup>^</sup>	No.	% <sup>^</sup>	
<b>Hospital of employment</b>							
As- Salam port said H.	14	13.2	42	39.6	50	47.2	X <sup>2</sup> =4.498 P=0.343
Alzohour H.	11	21.2	23	44.2	18	34.6	
Al hayat port fouad H	5	10.4	24	50.0	19	39.6	
<b>Age (years)</b>							
20-<30	8	10.0	28	35.0	44	55.0	X <sup>2</sup> =16.837 P=0.002*
30-<40	9	11.1	40	49.4	32	39.5	
40-<	13	28.9	21	46.7	11	24.4	
<b>Gender</b>							
Male	2	12.5	7	43.8	7	43.8	X <sup>2</sup> =0.061 MCP=1.0
Female	28	14.7	82	43.2	80	42.1	
<b>Educational level</b>							
Nursing faculty	4	7.0	29	50.9	24	42.1	X <sup>2</sup> =19.299 P=0.001*
Technical nursing institute	6	8.6	24	34.3	40	57.1	
Nursing diploma	20	25.3	36	45.6	23	29.1	
<b>Duration of nursing experience (years)</b>							
1-<10	10	11.6	30	34.9	46	53.5	X <sup>2</sup> =16.980 P=0.002*
10-<20	5	7.9	31	49.2	27	42.9	
20-<30	15	26.3	28	49.1	14	24.6	

X<sup>2</sup>: Chi-Square test

MCP: Monte Carlo corrected P-value

\*significant at P≤0.05

<sup>^</sup>Percentage is calculated from the total of the row

**Table (6):** Relation between levels of nurses job burnout and their socio-demographic characteristics of nurses (n= 206)

Socio-demographic characteristics	Job burnout levels						Significance
	High (n=9)		Moderate (n=142)		Low (n=55)		
	No.	%	No.	%	No.	%	
<b>Hospital of employment</b>							
As- Salam port said H.	4	44.5	74	52.1	28	50.9	1.264
Alzohour H.	3	33.3	37	26.1	12	21.8	P value
Al hayat port fouad H	2	22.2	31	21.8	15	27.3	.068
<b>Age (years)</b>							
20-<30	6	66.7	61	42.9	13	23.6	4.064
30-<40	3	33.3	62	43.7	16	29.1	P value
40-<	0	0	19	13.4	26	47.3	.008**
<b>Gender</b>							
Male	2	22.2	11	7.7	3	5.5	1.055
Female	7	77.8	131	92.3	52	94.5	P value
							.074
<b>Educational level</b>							
Nursing faculty	8	88.9	42	29.6	7	12.7	7.931
Technical nursing institute	1	11.1	49	34.5	20	36.4	P value
Nursing diploma	0		51	35.9	28	50.9	.006**
<b>Duration of nursing experience (years)</b>							
1-<10	6	66.7	73	51.4	7	12.7	3.701
10-<20	2	22.2	49	34.5	12	21.8	P value
20-<30	1	11.1	20	14.1	36	65.5	.011*

**Table (7):** Correlation between Organizational justice and Maslach Burnout among nurses (n= 206)

Organizational justice	Maslach Burnout							
	Emotional exhaustion		Depersonalization		Personal accomplishment		Total score	
	R	P	R	P	R	P	R	P
Distributional justice	-0.211	.018*	-0.061	.064	0.311	.009**	-207	.026*
Procedural justice	-0.364	.009**	-0.101	.071	0.289	.010*	-385	.008**
Interactional justice	-0.408	.007**	-0.217	.013*	0.347	.008**	-128	.041*
<b>Total score</b>	<b>-0.497</b>	<b>.005**</b>	<b>-0.306</b>	<b>.010*</b>	<b>0.401</b>	<b>.007**</b>	<b>-511</b>	<b>.004**</b>

r: Pearson correlation coefficient

\*significant at P&lt;0.05 \*\* Highly significant at p value&lt;0.01

**DISCUSSION:**

Nurses are the key employees at health care organizations and they are very close relationship with patients, their perception of justice might affect the quality of care; therefore, should be considered critically. Since nurses' perception of injustice would lead them to become unproductive or make decision to leave their job, the direct and final effect of these consequences would get on patients (Hatam,Fardid, & Kavosi, 2013). Binns (2008) stated that when nurses perceived organizational justice, this will reduce the mental (emotional) problems, work discouragement, and personal failure among nurses. This consequently will reduce nurses' job burnout and so effectiveness, efficiency and commitment of nurses will increase.

Present study was concerned with exploring the relation between organizational justice and job burnout among nurses through assessing organizational justice, measuring the level of job burnout, and finding out the relation between organizational justice and job burnout among nurses at Port- Said General selected Hospitals.

Concerning perception of nurses toward organizational justice, the present study clarified that majority of nurses perceived that they have a moderate/low level of organizational justice. This finding might be due to injustice of nurse manager in performing appraisal and distribution of incentives, rewards and promotions. Results of this study were congruent with Top and Tekingunduz (2018) who studied the effect of organizational justice and trust on job stress in hospital organizations and stated that respondents displayed moderate levels of organizational justice.

Regarding distributive justice, the result of this study showed that more than two third of nurses perceived that level of distributional justice was low. Also, it was found that mean score of distributional justice is the lowest score of organizational justice dimensions. This may be due to nurses outcome doesn't reflect their effort in work, their outcome not appropriate for the work they have completed, their outcome doesn't reflect what they have contributed to their performance. Results of this study were similar with Seyrek and Ekici (2017) who study nurses' perception of organizational justice and its effect on bullying behavior in the research and education hospitals and state that level of distributional justice is low.

As regarding to procedural justice, the result of this study showed that less than half of nurses perceived that there was a low level of procedural justice. This finding could be interpreted by nurses haven't been able to appeal and influence the outcome arrived by those procedures. The present study was on the same line with the study of Mohamed (2014) who found that nurses perceived procedural justice as low.

Regarding interactional justice, the result of the present study showed that more than one third of nurses had low perception about interactional justice. Also, it was found that mean of interactional justice is the highest score of organizational justice dimensions. This may be due to nursing shortage and work overload, nurse managers do not have the enough time to release the needed information to all nurses or rationale their actions or decisions such as results of the evaluation process. The present study was on the same line with the study of Özer, Uğurluoğlu and Saygılı (2017) who found that participants gave the highest mean score to interactional justice. The present study was inconsistent with Yaghoubi, Afshar and Javadi (2012) who found that interactional justice dimension had the lowest score among nurses.

Concerning perception of nurses toward job burnout, the present study revealed that more than two third of nurses had moderate level of job burnout. This may be due to acuity level of patient care, high level of complexity, increased work load, feelings of being over extended and exhausted by their work, lack of fairness, lack of adequate staff and poor leadership. The finding of the present study was congruent with the study done by Karkar, Dammang and Bouhaha (2015) who study relation between stress and burnout among hemodialysis nurses and Rosales, Labrague and Rosales (2013) they found that nurses reported moderate level of job burnout.

Related to emotional exhaustion, the result of this study showed that more than one third of nurses experienced a moderate level of emotional exhaustion. This may be due to nurse feel used up at the end of the day, feel fatigued when they getting up and have to face another day on their job. Results of this study were congruent with Rosales, Labrague and Rosales (2013) they found that sample of nurses reported moderate level of emotional exhaustion.

Regarding depersonalization, the result of this study showed that less than three quarters of nurses experienced a low level of depersonalization. This might be due to various reasons; nurses become more callous towards people since they took this job, they worry about hardening their job emotionally, they don't really care what



happens to some patients and they feel patients blame them for some of their problems.

Similar findings were reported by Delpasand, Raeissi, Begdeli and Shahabi (2011) they found that nurses had low level of depersonalization. In contrast with the previous finding, Abdo, El-Sallamy, El-Sherbiny and Kabbash (2016) who found that nurses experienced moderate level of depersonalization.

Concerning personal accomplishment, the findings of the present study clarified that more than one third of nurses experienced a moderate level of personal accomplishment. This might be interpreted by, nurses feel very energetic, and they have accomplished many worthwhile things in their job. This result is confirmed by Gingras, De Jonge and Purdy (2010) who found that nurses experienced moderate level of personal accomplishment. In contrast with the previous finding, Abdo et al. (2016) who was found that nurses experienced high level of personal accomplishment.

The present study clarified that there was high significant relation between organizational justice and job burnout. It was evidenced that there was more than two third of nurses had high perception of organizational justice were perceived low level of job burnout. While, there was majority of nurses had low perception of organizational justice were perceived moderate level of burnout. This result may be related to that, when nurses perceived unfair procedures, policies, interaction, and distribution system, they become emotionally exhausted, depersonalized and have lack of personal accomplishment.

The present study was supported by Li (2014) revealed that there was a significant relation between organizational justice and their job burnout. The present study was incongruent with Shkoler and Tziner (2017) who found that there is a negative relationship between perceptions of nurses' organizational justice and their job burnout.

Regarding relation between nurses' perception of organizational justice and hospital of employment, the present study revealed that there was no a statistically significant relation between organizational justice and hospital of employment. This might be attributed to that the system of distribution, allocation of resources and procedures was convergent. Laschinger, Wong and Grau (2012) emphasized the

necessity of nurse managers' utilization of authentic leadership to create supportive work environments and reduce workplace bullying and burnout among nurses.

According to the relation between nurses' perception of organizational justice and their age, the present study revealed that there was significant relation between nurses' age and their organizational justice. It can be noticed that more than half of nurses who are in the age group from twenty to less than thirty had low perception of organizational justice. This result may be attributed to that young nurses are oriented with organizational practices, policies, rules and regulation of hospital that lead them to become low perception of organizational justice.

The present study was consistent with Yaghoubi, Afshar and Javadi (2012) who found that there was a significant relationship between nurses organizational justice and their age. Also, the present study was consistent with Al-Zu'bi (2010) who found that there is significant relationship exists between age of respondents and their perceptions of organizational justice.

As regards to relation between nurses' perception of organizational justice and their gender, the present study revealed that there was no significant relation between gender and organizational justice. This may be related to that there wasn't difference of distribution of resources and treatment between male and female nurses. The present study was consistent with Jafari and Bidarian (2012) who found that there is no difference between gender and organizational justice. This finding was incongruent with Jafari and Bidarian (2012) who found that there is no difference between male and female perception of justice.

Regarding to relation between nurses perception of organizational justice and their educational level, the present study revealed that there was significant relation between nurses organizational justice perception and their educational level. Also, it was found that nurses with nursing diploma had a perception of organizational justice higher than Bachelors. This result may be due to that nurses who have Bachelor degree tend to seek better positions and be treated more respectfully, and expect more justice in the organization.

The present study was consistent with Golparvar and Arizi (2008) who mentioned that when people continue their studies they tend to seek better positions

and be treated more respectfully, and expect more justice in the organization compared to the others with less education.

Regarding relation between nurses' perception of organizational justice and their years of experience, the present study revealed that there was significant relation between nurses' organizational justice perception and their years of nursing experience. Also, it was found that more than half of nurses who are experienced one to less than ten years had low perception of organizational justice. This result may be due to nurses who are less experienced have lack of information about organizational goals and policies, they need more appreciation and rewards for achievement, and they didn't have the opportunity to participate in decision making. This finding was supported by Mohamed, Higazee and Goda (2018) who found that there was a significant relationship between nurses' organizational justice perception and their years of experience.

According to relation between nurses' perception about burnout and hospital of employment, the present study revealed there was relation between hospital of employment and burnout. Nurses who were in As- Salam hospital experienced moderate perception of burnout. These findings might be because of nurses who were in As- Salam hospital experienced high work load, lack of resources and shortage of nurses. On the same line with a study by Karkar, Dammang and Bouhaha (2015) who mentioned that nurses reported moderate level of burnout regarding their work place.

Concerning relation between nurses' perception about job burnout and their age, the present study found that there was high significant relation between nurses' age and their job burnout. The present study revealed that approximately two third of nurses who are in the age group from twenty to less than thirty had high perception about job burnout. This finding could be related to that young nurses have high work-load, poor time schedule such as continuous and consecutive night shift such as one month. Results of this study were on the same line with the study done by Elkonin and Van der Vyver (2011) who confirmed that nurses' age is inversely correlated with their job burnout, with younger nurses being more susceptible to job burnout.

Concerning relation between nurses' perception of burnout and their gender, there was a significant association between gender and degree of job burnout. Female nurses more than three quarters had high perception of burnout. This may be due to female nurses have more responsibilities more than male nurses. Results of this study were inconsistent with Lahana et al. (2017) they found that there was no significant association between gender and degree of burnout.

Regarding relation between nurses' perception about job burnout and their educational level. The present study revealed that there was high significant relation between educational level and level of job burnout among nurses. It was found that majority of nurses who were graduated from nursing faculty had high level about job burnout. This may be due to nurses who were graduated from nursing faculty have greater responsibilities, they were working in special units and with critical patients that lead to higher level of stress and job burnout. The present results confirmed by Ismail et al. (2015) found that nurses with a high degree had a high level of job burnout.

Regarding relation between nurses' perception about job burnout and duration of nursing experience, there was slight significant relation between duration of nursing experience and level of job burnout. The result clarified that two third of nurses who are experienced one to less than ten years had high perception about job burnout. This may be related to that, low experienced nurses didn't have the ability to manage critically ill patient. Results of this study were supported by Ismail et al. (2015) who found that nurses with experience less than five years had a high level of job burnout.

According to correlation between organizational justice and job burnout dimensions among nurses, it was found that there were high statistically significant negative correlations between total organizational justice, procedural justice and interactional justice and emotional exhaustion as a dimension of job burnout. It's obvious that there were high statistically significant negative correlations between total organizational justice, procedural justice and total job burnout. It was evidenced that there were high statistically significant positive correlations between total organizational justice, distributional justice and interactional justice and personal accomplishment and total job burnout. This result may be due to a hospital which is fair in its system regarding distributive, procedural, interactional justice, providing

motivation to nurses to continue their association with their job. Fairness and justice offers opportunity to the nurses to feel personally accomplished and minimizing feel of emotionally exhausted and depersonalization of nurses.

This finding was supported by Aghaei, Moshiri and Shahrbanian (2012) who found that there was negative a statistically significant relationship between the components of procedural justice and employees job burnout. Also it was congruent with Saeed, Syed and Faria Rabbi (2015) who found that there was negative significant relationship between organizational justice and job burnout of nurses. Also, there is significant and negative relationship between procedural justice and employees total job burnout. Also, a study by Zhang, Li and Wu (2012) found that organizational justice predicted negatively about emotional exhaustion, but positively predicted about personal accomplishment.

This finding was congruent with Liao, Xu and Tang (2012) who found that there was a significant relation between nurses' perception of organizational justice and personal accomplishment as dimension of job burnout. This finding was supported by Elçi, Karabay and Akyüz (2015) who found that employees working in the financial services perceived that organizational justice, distributive justice and procedural justice significantly have negative effect on emotional exhaustion and depersonalization as dimensions of job burnout.

Similar findings were reported by Al-Zahrani's (2011) showed that nurses perception about distributive, procedural, and interactional justice are negatively associated with job burnout. Also, he found that there is negative correlation of statistical significance between distributive justice and emotional exhaustion and depersonalization of job burnout. Furthermore, this finding was supported by Juan, Omar and Salessi (2018) who proved that nurses' perception of organizational justice perceptions were negatively related to their job burnout.

This finding was inconsistent with Aghaei, Moshiri and Shahrbanian (2012) who found that there is no significant correlation between distributive justice and interactional justice with job burnout. In addition, it was incongruent with Saeed, Syed and Faria Rabbi (2015) who found that there is no significant relationship between distributive justice and interactional justice with job burnout. The foregoing present study finding was disagreed with Lambert et al. (2010) who revealed that

both distributive and procedural justice had a statistically significant inverse association with employees' job burnout.

According to, Neami and Shokrkon (2004) who clarified that feeling of justice is one of the factors that affecting staff burnout. From a long time ago social and management scientists have realized the importance and necessity of social justice as an essential base for the effectiveness of organizational processes. Nowadays, for hospitals to be successful and to achieve its organizational objectives it is imperative that its nurses are perceived justice this will lead to decreasing level of burnout.

### **CONCLUSION:**

Based on the study findings, it can be concluded that there was a moderate level of organizational justice among nurses at selected hospitals in Port-Said. In addition, interactional justice scored was the highest justice dimension from the view of nurses' point. Whereas, distributional justice was the least percentage among nurses. Besides, it can be concluded that there was a moderate level of job burnout among nurses. In addition, depersonalization dimension was the lowest level from the view of nurses' point.

Also, there was negative significant correlation between organizational justice and job burnout among nurses. However, statistically significant negative correlations between organizational justice and its dimensions with emotional exhaustion, depersonalization and total job burnout among nurses.

### **RECOMMENDATIONS:**

1. Nurse Manager applying a fair performance evaluation system to distributive justice with an appropriate job description.
2. Nurse Manager is sure that all procedures practiced consistently across nurses, absolutely free from favoritism and be sure that correct information is collected and utilized at decision making.
3. Encourage nurse managers to use two ways communication to improve interactional justice.
4. Conduct periodic meetings between nurse manager and staff nurses to share and discuss nurses' problems and share nurses in creating solutions for their problems.
5. In services department conducting continuous educational programs for nurses to increase their awareness about organizational justice perception.

6. Further research is suggested to investigate the effectiveness of implemented supported programs in different hospitals to achieve more generalizable results and reinforce organizational justice all over Egypt Hospitals.

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## ادراك العدالة المؤسسية والاحتراق الوظيفي لدى الممرضين في مستشفيات بورسعيد المختارة

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### الخلاصة

تشير العدالة المؤسسية إلى رؤية الممرضون للإجراءات في مكان العمل و انخفاض مستويات العدالة في المنظمات يرجع لارتفاع مستويات الإرهاق الوظيفي بين الممرضات. الهدف من الدراسة إيجاد العلاقة بين إدراك العدالة المؤسسية والاحتراق الوظيفي بين ممرضين بمستشفيات بورسعيد المختارة. و تم استخدام العلاقة الترابطية في هذه الدراسة في جميع أقسام المرضى الداخليين بمستشفيات بورسعيد المختارة على 206 ممرض. وقد تم جمع البيانات باستخدام ورقتين الاستبيان الأول: مقياس العدالة المؤسسية والاستبيان الثاني مقياس الاحتراق الوظيفي. النتائج: أظهرت نتائج الدراسة أن ما يقرب من نصف الممرضين يتمتع بمستوى متوسط من العدالة المؤسسية وأكثر من ثلث الممرضين لديهم مستويات متوسطة من الاحتراق الوظيفي ، كان لدى أقل من ثلاثة أرباع الممرضين مستويات منخفضة من تبديد الشخصية. كما توجد علاقة ارتباطية سالبة ذات دلالة إحصائية بين الدرجة الكلية للعدالة المؤسسية وأبعادها مع الاحتراق الوظيفي. الخلاصة: مستوى متوسط من العدالة المؤسسية بين الممرضين ، والعدالة التفاعلية سجلت أعلى نسبة من وجهة نظر الممرضين. بينما، مستوى معتدل من الاحتراق الوظيفي. وتوجد علاقة ارتباط معنوية سلبية بين العدالة المؤسسية والاحتراق الوظيفي. ومع ذلك، توجد ارتباطات سلبية ذات دلالة إحصائية بين العدالة المؤسسية وأبعاد الاحتراق الوظيفي وتبديد الشخصية والاحتراق الوظيفي. التوصيات: توصي الدراسة بضرورة قيام مدير التمريض بتطبيق نظام تقييم الأداء لتحقيق العدالة التوزيعية مع الوصف الوظيفي المناسب.

**الكلمات المرشدة:** الاحتراق الوظيفي، الممرضين، العدالة المؤسسية.