

Effect of Organizational Justice and Trust on Nurses' Commitment at Assiut University Hospitals

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Abstract: This study was aimed to assessing the organizational justice, trust and commitment in three university hospitals at Assiut and studying the effect of organizational justice and trust on employees' commitment at different setting. **Research design:** was a cross-sectional descriptive correlation research design. **Setting:** The study was carried out at Assiut University Hospitals (main, pediatric and woman reproductive health hospital) **Subject:** included a representative sample (727) from the total number of nurses who working in the three hospitals. **Tools:** Three tools were used for data collection; namely Organizational Justice Questionnaire, Organizational Trust Scale, and Commitment Scale Items. **Results** revealed that there was a significant positive relationship between organizational justice and trust, a positive relationship between organizational justice and commitment, organizational trust was have a positive and significant relationship on employees' commitment **Conclusions:** Organizational justice was significantly correlated with organizational trust and commitment. **Recommendation:** Organizational management should apply and create what is called climate of fairness and trust through working within a team contribution. Nurse managers should guiding staff nurses with feedback, open communication and give them the opportunities to exchange ideas that fosters a genuine commitment.

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1. Introduction

Perceptions of organizational justice constitute an important heuristic in organizational decision-making, as research relates it to job satisfaction, turnover, leadership, organizational citizenship, organizational commitment, trust, customer satisfaction, job performance, employee theft, role breadth, alienation, and leader-member exchange (Johnson, 2007). Organizational justice refers to the study of fairness within organizational settings and originates from work in social psychology aimed at understanding fairness issues in social interactions (Ponnu and Chuah; 2010). Also, it is essentially the perception that employees of an organization are being treated fairly. It can take several forms, ranging from the perceptions of fairness of policies and procedures to how the distribution of rewards and punishments are viewed and finally to simply being treated with courtesy and respect (McNabb, 2009). Three main proposed components of organizational justice are distributive, procedural, and interactional justice (which includes informational and interpersonal justice). The relationship between trust and organizational justice perceptions is based on reciprocity. Trust in the organization is built when the employees belief that since current organizational decisions are fair then

future organizational decisions will be fair. The continuance of employee's trust in the organization and the organization continuing to meet the employee's expectations of fairness creates the reciprocal relationship between trust and organizational justice (DeConick, 2010). Trust is defined as "the willingness of a party to be vulnerable to the actions of another party" (Afsar & Saeed, 2010).

Robbins and Judge (2009) indicated that three types of trust exist in organizational relationships. The first type is deterrence-based trust and is usually at the beginning of any organizational relationship. Deterrence-based trust focuses on fear of reprisal if trust is not in place. Deterrence-based trust works when leadership implements punishment with specific consequences (Ritter and Lord, 2007).

The second type of trust and the most common in organizations is knowledge based and relies on the predictability of interactions that occur over time. The parties recognize how responds to situations and trust grows from this recognition and relationship. Identification-based trust is the third type and routinely arises out of a long relationship such as with married couples who recognize how the other will respond (Robbins and Judge, 2009).

Turner (2010) set out behaviors which represent foundations that direct trusting relationships. The leaders and teams need to recognize behaviors that demonstrate trust within the organization and help train the teams to assess the team members and reinforce the use of the behaviors in all activities. The behaviors that demonstrate trust are: talk straight, be honest, demonstrate respect, create transparency, right wrongs, apologize when necessary, show loyalty, give credit freely, deliver results and complete tasks correctly, confront reality, take issues head one, practice accountability, listen before speaking, understand and diagnose, keep commitments, and extend trust abundantly.

Organizational scholars have suggested repeatedly that when employees feel trusted by management, they will experience positive attitudes and deliver better performance (**Young, 2009**). In addition **Salamon and Robinson (2008)** introduced the concept of "felt trustworthiness" and "felt trust," respectively, which they conceptualized as employees' perception of their leaders' trust in them.

Being supervised by someone that one does not trust can be psychologically distressing and this distress will likely affect one's job attitudes one such attitude is affective organizational commitment. (**Dirks and Ferrin, 2002**).

Ponnu and Chuah, (2010) defined organizational commitment in term of normative approaches as being the sum of internalized normative pressures pressuring an individual to act in a way corresponding to organization's interests.

The same author indicated three correlate but distinguish dimensions of organizational commitment namely: affective, continuance and normative commitment. These dimensions were found to be correlated but clearly distinguished among each other. According to **Meyer and Allen's (1991)** affective commitment is an employee's emotional attachment, identification with, and involvement in an organization. Continuance commitment is based on costs that an employee is associated with leaving the organization and normative commitment is the employee's feeling of obligation to stay in the organization.

Significance of the study

Organizational justice and trust has been shown to influence other work related outcomes, including job satisfaction and organizational commitment, thus making it an issue that deserves further attention (**Wong et al, 2004**). However, there is a lack of research in the area of the effect of organizational justice and trust on employees' commitment. Therefore, this study is an attempt in this direction, through studying the effect of organizational justice and trust on employees' commitment.

Aims of the study are to:

-Assess the organizational justice, trust and commitment in three hospitals at Assiut University.

-Study the effect of organizational justice and trust on employees' commitment at different setting.

Research hypothesis:

-Justice was positively related to employee's commitment.

-There was a statistically positive correlation between the employee's trust and the employee's commitment (continuance, affective and normative).

- There was a statistically positive correlation between the dimensions of organizational justice (distributive, procedural and interactional), trust and the dimensions of employee's commitment (continuance, affective and normative).

Subject and method

This research will be portrayed according to the following:

- Technical design
- Administrative design
- Operational design
- Statistical design.

1-Technical Design

This design involves the study design, setting, sample, and tools of data collection

Study design: This study is cross-sectional descriptive correlation research design.

Setting: The study was conducted at Assiut University Hospitals (main, pediatric and woman reproductive health hospital). With bed capacity of 2811 beds.

Subject:

Subject of the present study included a representative sample from the total number of staff nurses working at Assiut University Hospitals. Sample size determined according to Ryan schedule (2002) as the following:

| Hospital | Total staff nurses | Sample size |
|------------------------------------|--------------------|-------------|
| Main hospital | 1591 | 417 |
| Pediatric hospital | 258 | 177 |
| Woman reproductive health hospital | 184 | 133 |
| Total | 2033 | 727 |

Data collection tools

The data needed for the study was collected using three different tools.

1- **Organizational justice Questionnaire:** It comprised of two parts:

Part I: Socio demographic data sheet: was designed to gather data about age, gender, marital status, educational level, job position, and years of experience,

Part II: monthly salary and incentives received.

Organizational justice Questionnaire: used for

assessment of the current state of organizational justice. It was developed by (Johnson, 2007). The tool consists of 18 items categorized into three domains of organizational justice as follows: distributive justice, procedural justice, and interactional justice.

- Distributive Justice Index (DJI). Included six-item justice scale created by (Price and Mueller, 1986) and is intended to measure respondents' perception of the fairness of the rewards they receive for their contributions to their work organizations.

- Procedural Justice Measure. Included six-item procedural justice created by (Moorman, 1991) for his research of organizational citizenship.

- Interactional Justice Measure. Created by (Moorman, 1991) included six-item scale to measure interactional justice which focuses on the manager of each respondent.

The responses are based on a 5-point likert scale ranging from (1) "strongly disagree" to (5) "strongly agree". The scores of each group of items were summed-up and the total divided by the number of the items in this group, giving a mean score for each domain of the organizational Justice. These scores were converted into a percent score, and means and standard deviations were computed.

2- **Organizational Trust Scale:** developed by (Tammy, 2002) it included information about the primary reasons for lack of trust and ways to develop and maintain trust. The tool consists of 34 items. The responses are on a 5-point likert scale ranging from (1) "strongly disagree" to (5) "strongly agree".

3- **Commitment Scale Items:** developed by (Allen and Meyer, 1990): and modified by (Jaros, 2007) the scale included three dimensions of Commitment (Affective, Continuance and normative), each one of them comprising eight statements. The responses are on a 5-point likert scale ranging from (1) "strongly disagree" to (5) "strongly agree".

II- Administrative Design

1-An official approval to carry out the study were obtained from different authorities of Assiut University Hospitals (Nursing directors, heads of the selected departments) to be able to collect the necessary data for the present study.

2- Oral agreement was obtained from all participant nurses in the study. Confidentiality of obtained data was assured, the purpose, nature, and the aim of the study was explained before starting data collection.

III. Operational design

Preparatory phase:-

This phase will include the following

1- Reviewing the available literature concerning the topic of the study

2- An Arabic translation of all study tools will be done.

Pilot study:

A pilot study was fulfilled to test the questionnaires clarity, feasibility, and applicability. It was carried out on 10% from total sample seventy two staff nurses from Assiut University Hospitals (main, pediatric and woman reproductive health hospital). Brief explanation of the purpose of the study was provided to every participant in the pilot study, and then she was provided with a copy of the study tools. These data collection tools were self-administered, under supervision of the investigator. Data from the pilot study were analyzed. The pilot has also served in estimating the time needed for filling the forms, and it revealed that each participant would take about half an hour for filling. Staff nurses included in the pilot study were excluded from the main study sample and tested for its reliability by using combach's alpha coefficient test it was $\alpha=0.90$.

Field work:

After identification of the obstacles and limitation the pilot study, and making necessary modification to insure the clarity of the scales, data collection was conducted by the investigator. The data collection took about 30 minutes for each participant. The whole duration for data collection took about six months from June to November 2012.

IV. Statistical Design

Data entry was done using Excel, 2003 computer software package, while statistical analysis was done using SPSS 16 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages means and standard deviations for qualitative variables. Quantitative continuance data were compared using t-test in case of comparisons between two groups. ANOVA test was used in case of comparisons among more than two groups. Qualitative variables were compared using chi-square test. Statistical significance was considered at p -value ≤ 0.05 .

3. Results:

Table (1): Illustrated that, (51.7%) of the study subjects are less than 40 years old. The great majorities of the study subjects are females (92.0%) and (76.3%) are married. Slightly more than half of them had secondary nursing school diploma (53.0%), and (29.0%) of nurses had 1-5 years of experience. The sample consisted mainly of staff nurses (77.6%), and (70.2%) of the study sample receive a salary ranging between <500 - >999 pound and less than half of them (41.1%) take fringe benefits ranging between 50 - < 99 pound, there was a statistically significant difference between main, pediatric and woman health reproductive hospital regarding to sex, age, job, qualification, years of experience and salary (0.000*, 0.002*, 0.001*, 0.006*, 0.003*) respectively.

Table 2 is a comparison of the total mean scores of organizational justice, trust, and commitment assessed by nurses, at Assiut University Hospitals. It was found that there are statistically significant differences among hospitals regarding procedural justice, organizational trust, continuance commitment, overall justice, overall commitment, and distributive justice (* $P \leq 0.000^*$, 0.000^* , 0.000^* , 0.001^* , 0.003^* , 0.009^* & 0.050^*) respectively. It indicates no association of statistical significance regarding interactional justice and normative commitment.

In table 3, the correlation of the scores of organizational justice,, organizational trust, and employees' commitment in the Main Hospital demonstrated significant and positive correlation between organizational justice and organizational trust($r= 0.550$), interactional justice and organizational

trust($r=0.448$), distributive justice and overall commitment ($r= 0.307$). Procedural justice had a weak positive statistically significant correlation with continuance commitment ($r=0.141$) and distributive justice and continuance commitment ($r=0.140$).

Table 4 displays the correlation of the scores of organizational justice, organizational trust, and employees' commitment in Pediatric Hospital. The strongest positive statistically significant correlations were found between organizational justice and organizational trust ($r= 0.709$), interactional justice and overall commitment ($r=0.559$). Also a moderate positive statistically significant correlation was revealed between interactional justice and normative commitment ($r= 0.464$), while procedural justice had only a weak positive statistically significant correlation with normative commitment ($r=0.153$)

Table 1: Socio-demographic characteristics of study subjects (n= 727), 2012

| Socio-demographic characteristics | Main Hospital (n= 417) | | Pediatric Hospital (n= 177) | | Woman Hospital (n= 133) | | Total (n= 727) | |
|-----------------------------------|---------------------------|------|--------------------------------|------|----------------------------|-------|-------------------|-------------|
| | No. | % | No. | % | No. | % | No. | % |
| Sex: | | | | | | | | |
| Male | 56 | 13.4 | 2 | 1.1 | 0 | 0.0 | 58 | 8.0 |
| Female | 361 | 86.6 | 175 | 98.9 | 133 | 100.0 | 669 | 92.0 |
| Age: | | | | | | | | |
| < 40 years | 197 | 47.2 | 110 | 62.1 | 69 | 51.9 | 376 | 51.7 |
| 40 - < 50 years | 147 | 35.3 | 56 | 31.6 | 44 | 33.1 | 247 | 34.0 |
| ≥ 50 years | 73 | 17.5 | 11 | 6.2 | 20 | 15.0 | 104 | 14.3 |
| Job: | | | | | | | | |
| Head nurses | 111 | 26.6 | 37 | 20.9 | 15 | 11.3 | 163 | 22.4 |
| Nurse | 306 | 73.4 | 140 | 79.1 | 118 | 88.7 | 564 | 77.6 |
| Marital status: | | | | | | | | |
| Single | 105 | 25.2 | 32 | 18.1 | 35 | 26.3 | 172 | 23.7 |
| Married | 312 | 74.8 | 145 | 81.9 | 98 | 73.7 | 555 | 76.3 |
| Qualification: | | | | | | | | |
| Secondary nursing school diploma | 210 | 50.4 | 101 | 57.1 | 74 | 55.6 | 385 | 53.0 |
| Institute of nursing | 96 | 23.0 | 39 | 22.0 | 44 | 33.1 | 179 | 24.6 |
| Bachelor of nursing | 111 | 26.6 | 37 | 20.9 | 15 | 11.3 | 163 | 22.4 |
| Years of experience: | | | | | | | | |
| 1 - 5 years | 107 | 25.7 | 57 | 32.2 | 47 | 35.3 | 211 | 29.0 |
| 6 - 10 years | 120 | 28.8 | 62 | 35.0 | 27 | 20.3 | 209 | 28.7 |
| 11 - 15 years | 69 | 16.5 | 29 | 16.4 | 26 | 19.5 | 124 | 17.1 |
| > 15 years | 121 | 29.0 | 29 | 16.4 | 33 | 24.8 | 183 | 25.2 |
| Salary: | | | | | | | | |
| < 500 pound | 34 | 8.2 | 8 | 4.5 | 19 | 14.3 | 61 | 8.4 |
| 500 - 999 pound | 281 | 67.4 | 140 | 79.1 | 89 | 66.9 | 510 | 70.2 |
| > 1000 pound | 102 | 24.5 | 29 | 16.4 | 25 | 18.8 | 156 | 21.5 |
| Fringe benefit: | | | | | | | | |
| < 50 pound | 72 | 17.3 | 14 | 7.9 | 20 | 15.0 | 106 | 14.6 |
| 50 - < 99 pound | 158 | 37.9 | 81 | 45.8 | 60 | 45.1 | 299 | 41.1 |
| 100 - < 199 pound | 128 | 30.7 | 53 | 29.9 | 31 | 23.3 | 212 | 29.2 |
| ≥ 200 pound | 59 | 14.1 | 29 | 16.4 | 22 | 16.5 | 110 | 15.1 |

Table 2: Mean scores of organizational justice, trust, and commitment as perceived by the studied nurses, at Assiut University Hospitals, (n=727) 2012

| Items | Main | Pediatric | Women | P-value |
|----------------------------------|----------------------|-----------------------|----------------------|---------------|
| | Mean ± SD | Mean ± SD | Mean ± SD | |
| Organizational justice | | | | |
| Distributive justice | 12.50 ± 5.43 | 13.74 ± 6.16 | 12.65 ± 5.94 | 0.050* |
| procedural justice | 12.50 ± 4.69 | 14.71 ± 5.18 | 12.44 ± 5.42 | 0.000* |
| interactional justice | 17.35 ± 6.45 | 18.19 ± 6.19 | 16.53 ± 6.94 | 0.081 |
| Overall justice | 42.35 ± 13.06 | 46.63 ± 14.41 | 41.62 ± 16.25 | 0.001* |
| Organizational trust | 98.15 ± 18.80 | 107.11 ± 19.80 | 96.74 ± 24.30 | 0.000* |
| Organizational commitment | | | | |
| Affective commitment | 21.08 ± 5.55 | 21.75 ± 4.66 | 19.83 ± 6.22 | 0.009* |
| Continuance commitment | 22.78 ± 5.73 | 24.54 ± 4.42 | 21.99 ± 6.46 | 0.000* |
| Normative commitment | 21.86 ± 5.42 | 22.67 ± 4.91 | 22.04 ± 7.08 | 0.272 |
| Overall commitment | 65.71 ± 12.98 | 68.97 ± 11.32 | 63.86 ± 17.08 | 0.003* |

ANOVA test

* Statistical significant difference (P < 0.05)

Table3: Correlation between organizational justice, trust, and commitment as responded by study subject at the Main hospital

| Items | | distributive Justice | procedural Justice | interactional Justice | Overall justice |
|----------------------------------|---------|----------------------|--------------------|-----------------------|-----------------|
| Organizational trust | r-value | 0.421 | 0.427 | 0.448 | 0.550 |
| | P-value | 0.000* | 0.000* | 0.000* | 0.000* |
| Organizational commitment | | | | | |
| Affective commitment | r-value | 0.296 | 0.273 | 0.198 | 0.319 |
| | P-value | 0.000* | 0.000* | 0.000* | 0.000* |
| Continuance commitment | r-value | 0.140 | 0.141 | 0.078 | 0.147 |
| | P-value | 0.004* | 0.004* | 0.110 | 0.003* |
| Normative commitment | r-value | 0.284 | 0.239 | 0.203 | 0.304 |
| | P-value | 0.000* | 0.000* | 0.000* | 0.000* |
| Overall commitment | r-value | 0.307 | 0.279 | 0.204 | 0.328 |
| | P-value | 0.000* | 0.000* | 0.000* | 0.000* |

Pearson correlation

* Statistical significant difference (P < 0.05)

Table 4: Correlation between organizational justice, trust, and commitment as responded by study subject at Pediatric hospital

| Items | | distributive Justice | procedural Justice | interactional Justice | Overall justice |
|----------------------------------|---------|----------------------|--------------------|-----------------------|-----------------|
| Organizational Trust | r-value | 0.579 | 0.528 | 0.631 | 0.709 |
| | P-value | 0.000* | 0.000* | 0.000* | 0.000* |
| Organizational commitment | | | | | |
| Affective commitment | r-value | 0.328 | 0.227 | 0.496 | 0.435 |
| | P-value | 0.000* | 0.002* | 0.000* | 0.000* |
| Continuance commitment | r-value | 0.302 | 0.179 | 0.392 | 0.362 |
| | P-value | 0.000* | 0.017* | 0.000* | 0.000* |
| Normative commitment | r-value | 0.388 | 0.153 | 0.464 | 0.420 |
| | P-value | 0.000* | 0.042* | 0.000* | 0.000* |
| Overall commitment | r-value | 0.422 | 0.230 | 0.559 | 0.503 |
| | P-value | 0.000* | 0.002* | 0.000* | 0.000* |

Pearson correlation

* Statistical significant difference (P < 0.05)

Table 5: Correlation between organizational justice, Trust, and commitment as responded by study subject at Woman Health Hospital

| Items | | distributive Justice | procedural Justice | interactional Justice | Overall Justice |
|---------------------------|---------|----------------------|--------------------|-----------------------|-----------------|
| organizational trust | r-value | 0.602 | 0.612 | 0.691 | 0.719 |
| | P-value | 0.000* | 0.000* | 0.000* | 0.000* |
| Organizational commitment | r-value | 0.354 | 0.296 | 0.385 | 0.393 |
| | P-value | 0.000* | 0.001* | 0.000* | 0.000* |
| Affective commitment | r-value | 0.385 | 0.374 | 0.384 | 0.429 |
| | P-value | 0.000* | 0.000* | 0.000* | 0.000* |
| Continuance commitment | r-value | 0.475 | 0.428 | 0.436 | 0.502 |
| | P-value | 0.000* | 0.000* | 0.000* | 0.000* |
| Normative commitment | r-value | 0.472 | 0.427 | 0.466 | 0.514 |
| | P-value | 0.000* | 0.000* | 0.000* | 0.000* |
| Overall commitment | r-value | 0.472 | 0.427 | 0.466 | 0.514 |
| | P-value | 0.000* | 0.000* | 0.000* | 0.000* |

Pearson correlation

* Statistical significant difference ($P < 0.05$)**Table 6: Correlation between organizational trust, and commitment as responded by study subject at the Main, Pediatric and Woman Health Hospital**

| Items | Organizational Trust | |
|---------------------------------|----------------------|---------|
| | r-value | P-value |
| 1-Main hospital:- | | |
| Affective commitment | 0.546 | 0.000* |
| Continuance commitment | 0.412 | 0.000* |
| Normative commitment | 0.436 | 0.000* |
| Overall commitment | 0.597 | 0.000* |
| 2-Pediatric hospital:- | | |
| Affective commitment | 0.552 | 0.000* |
| Continuance commitment | 0.443 | 0.000* |
| Normative commitment | 0.592 | 0.000* |
| Overall commitment | 0.658 | 0.000* |
| 3-Womanhealth hospital:- | | |
| Affective commitment | 0.591 | 0.000* |
| Continuance commitment | 0.586 | 0.000* |
| Normative commitment | 0.646 | 0.000* |
| Overall commitment | 0.705 | 0.000* |

Pearson correlation

Statistical significant difference ($P < 0.05$)

Table 5 displays the correlation of the scores of organizational justice, organizational Trust, and employees' commitment. The strongest positive statistically significant correlations were found between organizational justice and organizational trust ($r = 0.719$), organizational justice and overall commitment ($r = 0.514$), organizational justice and normative commitment ($r = 0.502$) organizational justice and continuance commitment ($r = 0.429$), and finally organizational justice and affective commitment ($r = 0.393$).

Table 6 displays the correlation of the scores of organizational trust and employees' commitment in the Main, Pediatric and Woman Health Hospital. In the main hospital moderate positive statistically significant correlations were found between organizational trust and overall commitment ($r = 0.597$), organizational trust and affective commitment ($r = 0.546$), organization trust and normative commitment ($r = 0.436$) and finally organization trust and continuance commitment ($r = 0.412$). While in the Pediatric hospital, the strongest positive statistically significant correlations were found between organizational trust and overall commitment

($r=0.658$), moderate statistically significant correlations were found between organizational trust and normative commitment, affective commitment and continuance commitment ($r=0.592, 0.552$ & 0.443) respectively. As evident in the table in woman health hospital, the strongest positive statistically significant correlations were found between organizational trust and overall commitment ($r=0.705$) and organizational trust and normative commitment ($r=0.646$). Moderate statistically significant correlations were found between organizational trust and affective commitment ($r=0.591$) and organizational trust and continuance commitment ($r=0.586$).

4. Discussion

Justice is the most important subject that has received great attention during long time. Justice is a positive and good moral being for changing the life of humans. All societies depend on justice; therefore, any discussion about it is one of the first necessities of human life. Justice is a base of human wisdom (**Jamshidi, 2001**). It is a long time that specialists of Social Sciences & Management found out the importance of social justice as a necessity for effectiveness in organizational processes (**Noami et al, 2004**).

Promotion and maintenance of justice behaviors in organizations and among employees are really necessary for increasing positive attitudes of employees, more loyalty, motivation and individual/group efforts accordingly (**Seyed et al, 2008**). In fact, people have various reactions against injustice. A considerable part of the mentioned reactions are harmful for the organization and may lead to negative consequences (**Reb et al, 2006**).

Organizational justice primarily focuses on the fairness at workplace it puts stronger impact on different attitudes of the employees like turnover intentions, absenteeism, role breadth, job satisfaction, job performance, leader-member exchange, trust, leadership and organizational commitment (**Bakhshiet al, 2009**). Injustice and unfair distribution of organization's achievements will undermine the employees' morale and reduce the spirit of their endeavor. Building justice is the key to survival and sustainable development of the organization and its employees. Therefore, preservation and development of fair practices of managers and the sense of justice in the organization are among the main tasks of management (**seyed et al., 2008**).

The interpersonal treatment employees receive from their supervisor such as "adequately considering their view points, supporting their personal biases, explaining their decision and providing feedback timely and applying decision making criteria consistently" could have strong effect on the

employee's perception of fairness. Therefore, organizations that have practices could increase their employee's trust in the organization and supervisors, which will in turn positively affect the levels of organizational commitment (**Whitener, 2001**).

According to the human resources management philosophy organizational commitment is the joint responsibility of line managers and the human resources department (**Shepperd and Mathews, 2000**). The way leaders behave as they practice the organization's human resources policies can influence employee's behavior (**whitener, 2001**).

This study was conducted with the aim of assessing the organizational justice, trust and commitment in Assuit university hospitals and studying the effect of organizational justice and trust on commitment at different setting.

According to this study seven hundred and twenty seven nurses belonging to Main, Pediatric, and Woman reproductive health hospitals were surveyed. The great majority of the study subjects were females (92.0%), (76.3%) married, (51.7%) were less than 40 years old. Slightly more than half of them had secondary nursing school diploma (53.0%), and (29.0%) of them had 1-5 years of experience, (70.2%) have salary ranged between 500 - 999 pound, and less than half of them (41.1%) take fringe benefits between 50 - 99 pound (**table1**).

Regarding to gender the finding is in line with, **Evans (2004)** who mentioned that the history of nursing is almost exclusively a history of women's accomplishments despite the fact that, as early as the fourth and fifth centuries, men have worked as nurses. Moreover, **Parsons and Reiss (2004)** clarified that in reviewing the struggles that men in nursing have encountered in a predominantly female profession; one realizes that stereotypical attitudes do cross gender lines. The profession of nursing will only become stronger with gender diversity. **Ragab (2008)** mentioned that nursing is still primary a female profession and the woman who enter nursing are attracted to the care giving and nursing role.

Table (2) revealed that interactional justice have the highest mean score for the three hospitals among the three justice component, this finding is consistence with the findings of **Beugre(1996)** study that interactional justice have the highest score among the four justice components. The implication is that justice issues are relevant and must be considered in relation to the interactions of individuals with others, i.e., in his or her relations with peers, superiors, subordinates, and the organization as a social system.

Moreover (**table 2**) revealed that there were statistically significant differences related to organizational trust between nurses in Pediatric hospital and Woman reproductive health hospital. This

might be due to that pediatric nurse manager had the ability to involve nurses in decision making she also provide interpretation for all administrative decision that come from top managers and affect their work. **Ruder (2003)** mentioned that when employees believe in the organization values their contributions and cares about their well-being, they feel an obligation to reciprocate in a manner that helps the organization achieve its goals. In turn, employees trust that the organization will fulfill its exchange obligations (e.g., rewarding employees). **Bahramiet al, (2012)** clarified that trust has a significant role in increasing people's participation in the organization and improves their productivity. Trust among individuals and organizations can generate orderly and logical interactions among individuals

Moreover continuance commitment had the highest mean (24.54 ± 4.42), followed by normative commitment (22.67 ± 4.91) and affective commitment (21.75 ± 4.66). Also there were statistically significant differences between nurses at the Main Hospital and Pediatric hospital and among nurses in Pediatric hospital and Woman reproductive health hospital related to Affective commitment. **Meyer and Allen (2004)** found that at least in theory, the optimal organizational commitment profile should have affective commitment with the highest score, followed by normative and continuance commitment scores that are considerably lower. The elevated continuance commitment scores may indicate that the employees feel "trapped" in the organization and have few options available to seek other job opportunities. Also **Meyer and Allen (2004)** mentioned that continuance commitment employees will do little more than is required in order to maintain employment.

Additionally (**tables 3, 4, 5**) demonstrated that the three justice components were positively correlated with overall trust. This finding is consistence with (**DeConick, 2010**) who stated that the relationship between trust and organizational justice perceptions is based on reciprocity. Trust in the organization is built from the employee's belief that since current organizational decisions are fair, future organizational decisions will be fair. The continuance of employee trust in the organization and the organization continuing to meet the employee's expectations of fairness creates the reciprocal relationship between trust and organizational justice. On the same line **Aryee et al (2002)** suggested that motivating factors intangibles like trust in a manager or organization help to satisfy employees and carry them through difficult times, if they are making enough to at least "get by." These factors encourage employees to be productive even when additional bonuses or raises are not in sight. Also, this finding is in agreement with **Conn (2004)** who examined managerial and organizational trust and

one of their potential antecedents--organizational justice. Perceptions of justice have been found to be linked to organizational and managerial trust.

The present study declared that there is a strong positive statistically significant correlation between distributive justice and organizational trust. This is in the same line with the study finding of **Saunders and Thornhill (2003)**, who found that distributive justice has a close relationship to trust since feelings of trust are affected by the comparison to the relative treatment and outcomes of others. In the same respect **Cohen and Spector (2001) cited in Mahmoud (2012)** have found that trust was similarly related to procedural and distributive justice. These results suggested that trust, for both the organization and the supervisor, is greatly impacted by an employee's perception of organizational justice.

As indicated by the present study results, there is a positive statistically significant correlation between procedural justice and organizational trust. The finding is congruence with **Tyler and Blader (2003)** studies that trust in management showed substantial unique effects of procedural justice. Procedural justice has been found to affect the evaluation of the organization and its authorities, and thus it would have strong impact on trust in organization. Arguably, employees will have a high level of trust in organization when they are guaranteed fair procedural treatment. Also, in agreement with the present study, **Saekoo (2011)** carried out a study of the relationships among trust, procedural justice, perceived organizational support, commitment, and job satisfaction. He found that procedural justice and perceived organizational support have positive impact on trust. Trust has non-sufficient impacts on commitment.

As indicated by the present study results, there is a positive statistically significant correlation between interactional justice and organizational trust. The result is in agreement with the finding of **Bernerth et al (2007)** who found a close relationship between the way employees are treated by management and employees' trust in management hence; predict that interactional justice has a positive relationship with organizational trust.

On the same line, **Colquitt (2001)** contends that employees who are treated fairly in terms of interpersonal justice have trust for their managers. In relation, **Cropanzano and Greenberg (2001)** asserted that social interaction like the nature and adequacy of information available and the extent to which employees are treated with fairness leads to trust in management.

Also, this study declared that organizational justice was positively related to employees' commitment. This finding is consistent with the results from **Yavuz(2010)** who mentioned that those who

perceive justice in their organization are more probably to feel satisfied with their job and feel less probably to leave and feel more committed to their job.

Furthermore, **Fatt et al (2010)** reported that the higher the level of employee's perception towards fairness to the means used to determine outcomes (procedural justice) and fairness of the outcomes employees receive (distributive justice) tended to increase the level of employees' job satisfaction, organizational commitment while reduces turnover intention. Procedural justice has been found to have a significant positive relationship with organizational commitment.

Tepper and Taylor (2003) illustrated that although procedural justice is a more important factor and a better predictor of organizational commitment, some research has revealed that distributive justice also has a significant and positive effect on employees' commitment to the organization. In this respect, **Erkux et al (2011)** has found positive and significant connections between organizational commitment and distributive and procedural justice.

Moreover the present study depicted that organizational justice has a positive impact on the organizational trust and employees' commitment. This is in the same line with the study finding of **Nakate (2007)** who studied the relationship between organizational justice, employee trust, employee commitment and service quality. Results revealed a significant positive relationship between organizational justice and service quality, organizational justice and employee trust, organizational justice and employee commitment, employee trust and service quality and employee commitment was found to have a positive and significant relationship on service quality.

While **Ponnu and Chuah (2010)** stated that appraisal system mostly shifts their focus from distributive justice (outcomes) to procedural justice, which establishes grounds for trust and commitment. In addition distributive justice was found to be related to such work outcomes as pay satisfaction, job satisfaction, organizational commitment and trust in organizational.

Cropanzano et al (2007) argued that fair process lead to intellectual and emotional recognition thus in turn creates the trust and commitment that build voluntary cooperation in strategy execution. Generally, the perception of justice is associated with job satisfaction, organizational commitment, and citizenship behavior, the intention of turnover, and the performance and organizational trust.

From the result of the present study, **table (6)** shows that employees' commitment has a strong and positive association with trust and high correlations are found between these two variables. These findings are consistent with the results of previous studies of **Dirks**

and Ferrin (2002) which found that trust is an important factor in influencing organizational commitment. Trust is a very important factor in the transformational leadership process. A transformational leader necessarily needs to mobilize followers' commitment toward the leader's vision. On the same line, **Sheik et al (2012)** studied the relationship among organizational commitment, trust and job satisfaction the results of the correlation analysis indicated that there is a positive and significant relationship between organizational trust and Affective continuance and normative commitment. While, **Ozag (2006)** expressed his caution when he examined the findings of the relationships between trust and both normative and continuance commitment of merger survivors. He found a significant relationship between trust and normative commitment while the relationship between trust and continuance commitment was not significant.

On the same respect **Hopkins and Weathington (2006)** found that, trust in top management was expected to affect organizational commitment because top management was regarded as the representative of the organization. Also, **Tan and Tan (2000)** found that if a co-worker is trustworthy then commitment to a stable relationship and the organization could be fostered.

Lastly, as indicated by the present study result there is a strong relationship between trust and commitment. In agreement with these findings, **Ali and Yunus (2003)** demonstrated that trust can be considered as an antecedent to affective commitment. However incongruence with these present study findings, **Robinson (2010)** found that continuance commitment has no statistically significant relationship to trust.

Conclusions and Recommendations

The following conclusions were drawn based on results of the present study:

- The nurses' perception of interactional justice having the highest mean score for the three hospitals among the three justice component.
- The nurses' perception of continuance commitment had the highest mean, among the three commitment component.
- The nurses' perception of organizational justice was significantly positive correlated with organizational trust and employees commitment
- The research also revealed that there was a significant relation between nurses' perception of organizational trust and employees commitment
- The Pediatric Hospital nurses had the highest mean score as regard organizational justice, trust and commitment.

Based on the findings of the present study, the following recommendations are suggested:

- 1- Give the opportunities to all nurses to participate in decision making.
- 2- Develop a "climate of fairness and trust" through making every one contribute.
- 3- Create a competitive salaries system (e.g. payment based on performance).
- 4- Nurse managers and nurses must work together to develop a climate of mutual trust and enhance commitment toward organization through:
 - Guiding staff nurses with feedback, and using open communication.
 - Develop policies for staff recruitment and performance appraisal.
 - Staff nurses must be included in organizational committees.
- 5- Applying leadership and management training for nurse managers.

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