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An investigation into the effect of organizational justice on employees' job satisfaction among government health workers in Kalomo District

Kenani Phiri [1*] Chrine Hampompwe [2] Bupe Getrude Mutono-Mwanza [3] Austin Mwange [4]

[1] MSc (Human Resources Management) Candidate, The University of Zambia, Graduate School of Business, Great East Road, Lusaka, Zambia

[2] Professor, The University of Zambia, School of Natural Sciences, Department of Computer Science Department, Great East Road Campus, Lusaka, Zambia

[3] Senior lecturer, The University of Zambia, Graduate School of Business, Great East Road Campus, Lusaka, Zambia

[4] Lecturer, The University of Zambia, Graduate School of Business, Great East Road Campus, Lusaka, Zambia

* Corresponding Author: **Kenani Phiri**

Article Info

Abstract

The primary purpose of the research was to investigate the relationship between organizational justice and employee job satisfaction. In this study, the research sampled four health facilities namely the Request Muntanga Hospital, Kalomo Urban Clinic, Namwianga Mission Hospital and Mawaya Clinic. The study employed the quantitative research approach employing the descriptive research design. Data was collected using structured questionnaires and analysed using descriptive and regression analyses. The findings of the study showed that distributive justice, procedural justice and interactional justice were all negatively related to employee job satisfaction. Generally, the study concluded that there is poor organizational justice in health facilities in Zambia leading to employee job dissatisfaction. The study recommended for equality and training programs for employees to enhance organisational justice. However, the major limitation of the study was that it was limited to public health workers in Kalomo Southern province with a focus on health facilities in the peri-urban area. Thus, future studies can also broaden the scope of the study by incorporating health workers in other regions such as Copperbelt and Lusaka.

1. Introduction

1.1 Background of the Study

Research on organizational justice in health institutions in African countries is limited despite being important for workforce performance and operational efficiency (Ghasi, 2020). Skilled and motivated health workforce is an essential input to strengthen health institutions in low and middle-income countries (Gile, 2018) Nonetheless, perception of unfair treatment of health workers reduces employee job satisfaction and among others workforce performance and operational efficiency (Gile, 2018). Health workers have views about and expect fairness in the distribution of organizational resources and opportunities, wages, decision-making processes, interpersonal behaviors and provision of information within their work environment (Chen, 2015). This perception of fairness or unfairness in resource allocation, decision-making and interpersonal interaction refers to organizational justice (Chen, 2015). Health workers care about justice because fair actions and processes make them feel valued and motivated to perform, thus making organizational justice imperative in improving operational efficiency of health institutions (Gile, 2018). Organizational justice (OJ) has been conceptualized in three dimensions: distributive justice, procedural justice and interactional

justice. Distributive Justice refers to perceived fairness of how outcomes and resources are distributed among employees in organizations (Yadav, 2016). Employees compare their outcomes such as pay, promotion and access to resources and inputs with their peers within and outside their organizations. A positive perception of distributive justice improves organizational attachment, identification and involvement (Chen, 2015). In contrast, distrust, disputes, disrespect and demotivation of employees occur when benefits are assigned in unfair manner (Khrumah, 2019).

Procedural justice refers to perception of fairness in the decision-making process, including motives, methods, mechanism and processes used in determining outcomes (Yadav, 2016), and comprises: voice and process control perspectives (Yadav, 2016). Voice involves opportunity to be heard and taken into consideration, while process control entails opportunity to influence information used in decision-making. Organizations should tolerate opinion of employees; make decisions based on consistent approach and correct information; exhibit impartiality, avoid favoritism and remain ethical; provide effective feedback; and explain decisions to employees (Yadav, 2016). When decision-making is perceived as fair, employee job satisfaction is high, and performance improves due to increased job involvement, organizational commitment, trust and cooperation among employees (Cogin, 2016).

Interactional justice refers to employee perceptions of fairness of interpersonal treatment they are subjected to during decision-making procedures and comprises two dimensions: interpersonal and informational justice (Bies, 2001). Interpersonal justice entails how supervisors treat co-workers with respect and dignity. Informational justice implies how supervisors share information with their subordinates relating to their tasks. Derogatory judgements, deceptions, abusive actions, public criticism and coercion result in decreased perception of interactional justice (Bies, 2001).

From this back ground, this study seeks to carry out an investigation into the effect of organizational justice employee job satisfaction of health workers in Kalomo district. Various studies have shown that that there is really a relationship between organizational justice and employee job satisfaction (Cropanzano, Prehar & Chen, 2007). This investigation looked into the three dimensions of organizational justice; distributive, Procedural and interactional justice. The study investigated how each of these affect employee job satisfactions of these health workers. According to (Rahman et., al. 2015; Mwanaumo *et al*., 2020; Yankovskaya *et al*., 2021) it has been established people are not merely fascinated by physical outcomes. They also pay significant attention whether those outcomes are justified or not justified i.e., commensuration of rewards with the performance in the workplace. That mentioned when it comes to distributive justice, Health workers in Kalomo are susceptible to face injustices during distribution of outcomes as compared to their inputs. Outcomes in this context include the wages received, promotions and career opportunities, while inputs include education, training, experience and effort employed on the job (Mwanaumo *et al*., 2020). According to Fernandes and Awamleh (2006), distributive justice refers to the perception fairness of employees regarding the outcomes, i.e., pay levels, workload, work schedule, promotions, and various fringe benefits, considered as the major determinants of employee job satisfaction. When

it comes to procedural justice, health workers face injustice when the decision-making process is not fair. They are concerned with the procedures involved in arriving at the decisions like those involving man power planning, fair disciplinary actions, and allocation of resources etc (Ilukena *et al*., 2023).

According to Rahman *et al* (2015) when employees consider interaction between manager and subordinate as fair; it may lead to higher employee outcome. On the contrary, when the relationship is sour between these two, it leads to negative outcome. Health worker interactions on the job with their supervisors and other work mates are likely to face injustice. Interactional justice entails fairness in dissemination of vital information required for them to carry out their duties; this information could be new health guidelines, new cabinet circulars and much other information affecting how they carry out their normal duties (Handema & Haabazoka, 2020). Many studies have found significant association between interactional justice and employee job satisfaction (Masterson *et al*, 2000; Al Zubi, 2010; Usmani and Jamal, 2011). Mikula *et al*., (1990) observe that there exists a high degree of perceived interactional injustice among employees, who tend to put higher emphasis in their interactions with superiors. According to Yang *et al* (2011), individuals nurturing caring and positive relationship with their co-workers are more likely to be satisfied on their jobs. Recent trends in Zambia's health system have shown a host of challenges at facility and national level stemming from staff shortages, increasing poverty, poor distribution of resources in the rural areas, and lack of medical schools in Zambia have made it difficult for the local and national authorities to deliver effective health facilities to the people (WHO, 2022). This study focused on employee challenges at facility level with the aim of ascertaining how organizational justice affects employee job satisfaction. Evidence has shown that employees who are dissatisfied with their jobs tend to possess negative attitudes, are demotivated and perform poorly. In a sensitive work place such as a health facility, such phenomenon should not be allowed to thrive.

1.2. Statement of the Problem

It is perceived that healthcare providers in public health institutions have bad attitude towards work, and their clients which may be attributed to many factors, employee job satisfaction being one of them. Employee job satisfaction is a fundamental element used to evaluate the quality of a health care institution. Dissatisfied health-care employees give poor quality and less efficient care. Employee job satisfaction is an extremely important variable especially for health-care employees (Solano-Ruiz *et al*., 2013; Larina *et al*., 2021).

Various studies have shown that that there is a positive relationship between organizational justice and employee job satisfaction (Cropanzano, Prehar, & Chen, 2007).Despite evidence at international level showing that the dimensions of organizational justice has a positive effect on employee job satisfaction (Rana, 2014; Rahman, Haque,Elahi& Miah, 2015) very few studies in Zambia have been conducted. In fact, the few have focused on other sectors such as NGOs (Banda, 2019) and local authorities (Angula & Hamoonga, 2020). There was a literature gap in the health sector which this study sought to bridge by examining the effect of organizational justice on employee job satisfaction. Therefore, an investigation into the effect of organisational justice on the employee job satisfaction of government health

workers in Kalomo district was conducted. There was need to establish the extent to which organizational justice affects the employee job satisfaction of the health workers in Kalomo District and also to establish whether this is in a positive or negative way.

1.3. Research Aim
▪ To investigate the effect of Organizational Justice on employee job satisfaction among health workers in Kalomo district

1.4. Research objectives
▪ To determine the effect of distributive Justice on employee job satisfaction of health workers in Kalomo district;
▪ To determine the effect of procedural justice on employee job satisfaction of health workers in Kalomo district;
▪ To determine the effect of interactional Justice on employee job satisfaction of health workers in Kalomo district

1.5. Significance of the Study
This study highlighted how the organizational justice dimensions affect employee job satisfaction in health workers in Kalomo district. This study provides results that can help HR managers to develop and implement an effective strategy considering the justice perception of employees by making suitable decisions about the outcomes and procedures for the employees that can increase their employee job satisfaction, motivation and commitment of employees that will ultimately increase performance of employees in organization to achieve organizational goals. The findings of this study further help Health Institution authorities to notice what dimensions of organizational justice are most important in current era to increase employee job satisfaction in employees. Lastly, this study provided recommendations for approaches to be taken by management depending on the finding of this study.

2. Review of Literature
2.1 Concept of organisational justice
According to Afridi and Baloch (2018), organizational justice refers "to the extent to which employee perceives workplace procedure, interactions and outcomes to be fair in nature". Perceptions of organizational justice constitute an important heuristic in organizational decision-making, as research relates it to employee job satisfaction (Bakhshi, Kumar & Rani, 2009). Organizational justice is the term used to describe the role of fairness as it directly relates to the workplace. Specifically, organizational justice is concerned with the ways in which employees determine if they have been treated fairly in their jobs and the ways in which those determinations influence other work-related variables (Al-zu'bi, 2010; Larina et al., 2021; Yankovskaya et al., 2021). Organizational justice can help explain why employees retaliate against inequitable outcomes or inappropriate processes and interactions (Asalem & Alhaiani, 2007). Employee's perceptions relate to three dimensions of organizational justice: distributive justice, procedural justice, and interactional justice (Al-zu'bi, 2010). Organizational justice has been conceptualized in three dimensions: distributive justice, procedural justice and interactional justice.

Distributive justice has been defined as fairness in awarding outcome among employees on the basis of equity, equality and need (Cropanzano, Prehar, & Chen, 2007). On the other hand, procedural Justice refers to the procedures/means by which outcomes are allocated, but not specifically to the outcomes themselves (Cropanzones, et al., 2007; Handema & Haabazoka, 2020). Lastly, interactional justice reflects concerns about the fairness of the non-procedurally dictated aspects of interaction; however, research has identified two subcategories of interactional justice: informational justice and interpersonal justice (Folger & Cropanzano, 1998). Table 1 gives a summary of how each of these dimensions of organisational justice in the work place.

Table 1: Organizational Justice Dimensions

1. Distributive Justice: Appropriateness of outcomes.
• Equity: Rewarding employees based on their contributions.
• Equality: Providing each employee roughly the same compensation.
• Need: Providing a benefit based on one's personal requirements.
2. Procedural Justice: Appropriateness of the allocation process
• Consistency: All employees are treated the same.
• Lack of Bias: No person or group is singled out for discrimination or ill-treatment.
• Accuracy: Decisions are based on accurate information.
• Representation of all Concerned: Appropriate stakeholders have input into a decision.
• Correction: There is an appeal process or other mechanism for fixing mistakes.
• Ethics: Norms of professional conduct are not violated.
3. Interactional Justice: Appropriateness of the treatment one receives from authority figures.
• Interpersonal Justice: Treating an employee with dignity, courtesy, and respect.
• Informational Justice: Sharing relevant information with employees.

Source: Cropanzona *et al*. (2007)

2.2. Concept of employee satisfaction

Employee job satisfaction has been widely studied over the last four decades of organizational research (Al-zu'bi, 2010; Ilukena *et al*., 2023). Employee job satisfaction has been defined and measured both as a global construct and as a concept with multiple dimensions or facets (Al zu'bi, 2010). In general, overall employee job satisfaction has been defined as "a function of the perceived relationship between what one wants from one's job and what one perceives it as offering" (Locke, 1969). Understanding employee job satisfaction has been a central goal of organizational scholars for decades, and, in recent years, many of these scholars have turned their attention to the role of organizational justice in shaping this important work attitude (Clay-Warner, Reynods, & Roman, 2005). Employee job satisfaction is critical to retaining and attracting well-qualified personnel.

Employee job satisfaction is an attitude that people have about their jobs and the organizations in which they perform these jobs. Methodologically, we can define employee job satisfaction as an employee's affective reaction to a job, based on a comparison between actual outcomes and desired outcomes Mosadeghrad (2003) cited in (Al-zu'bi, 2010). Employee job satisfaction is generally recognized as a multifaceted construct that includes employee feelings about a variety of both intrinsic and extrinsic job elements. It encompasses specific aspects of satisfaction related to pay, benefits, promotion, work conditions, supervision, organizational practices and relationships with co-workers Misener *et al*., 1996 (cited in Al-zu'bi, 2010). Furthermore, according to Kivimaki and Kalimo, 1994 (cited in Al-zu'bi 2010) more satisfied employees have more innovative activities in continuous quality improvement and more participation in decision-making in organizations. High employee job satisfaction may lead to improved productivity, less absenteeism, lower turnover ratio; reduce accident, less job stress and less unionization.

2.3. Relationship between organizational justice and employee job satisfaction

Many studies have investigated the relationship between organizational justice and employee job satisfaction, where, various studies have established a significant relationship between the variables (Afridi & Baloch, 2018; Mwanaumo *et al*., 2020). Findings from various studies give credence to the issue that distributive justice has significant impact on outcomes with regard to personal job contentment, promotional opportunity and employee pay satisfaction (Afridi & Baloch, 2018). This is echoed by DeConinck and Stilwell (2004) stating that distributive justice is an indicator of pay satisfaction, one of the components of employee job satisfaction. In a similar vein, Azam Ismail *et al*. (2009) revealed a significant and positive relationship of organisational justice and employee job satisfaction.

On the other hand, procedural justice has direct impact on employee job satisfaction and the extant literature supports this high correlation (Fernandes & Awamleh, 2006). According to Kuldeep (2009), when an organization is faced

with high employee turnover, procedural justice can play a vital role in employees' satisfaction. Pettijohn *et al*. (2001) view that participation by employees in determining their pay give them a feeling of positive perception as to the perceived interactional justice in the institution which in turn increases employee job satisfaction.

2.4 Theoretical Framework

The study was anchored on the Equity theory, one of the well-known theories within the organizational setting developed by Stacey Adams (Adams, 1845). The equity theory seeks to explain that people are encouraged by their beliefs about the fairness of the reward structure in their organization. Therefore, in a typical organization employee are given the advantage of enjoying what is adequately due to them. Generally, employees tend to use prejudiced judgment to balance their contribution and benefit in the relationship to compare themselves with other employees. If they perceive that they are not reasonably compensated they either compromise on the quantity or quality of work or resign from their present organizations.

On the other hand, when these same employees perceive that they are favorably rewarded in their organization, employees may be encouraged to become committed (Reiss, 2004). Discrimination exists when individuals perceive that the ratio of their efforts to rewards they get is inversely proportional than it is for their peers. When this occurs, employees may seek to diminish inequity in many ways. These include putting minimal efforts, request to be promoted and change the behavior of the worker among other available options (Robbins, 2012). One of the challenges confronting equity theory concerns how organizations handle inconsistencies in equity that come out when these comparisons are present (Bloom, 2000). For instance, when there is a high disparity in reward structure, remuneration or employee motivation, those employees who are considered key performers recognize high equity when making self-comparisons as compared to average and low performers who recognize low equity when making social comparisons. However, in some circumstances, the outlays of perceived unfairness among the latter group can outweigh the benefits of perceived equity among the former group (Bloom, 2000).

This theory was considered appropriate in guiding this study because it provides an aid to ascertain the conditions under which the health institutions in Kalomo can create equitable culture for different categories of employees because employees will compare their input/outcome ratio to other employees to decide what is fair.

2.5. Conceptual Framework

The conceptual framework for the study is depicted in Figure 1. The conceptual framework in Figure 1 shows the impact of organizational justice dimensions as the independent variables (Distributive justice, Procedural justice and Interactional justice) on the employee job satisfaction, the dependent variable.
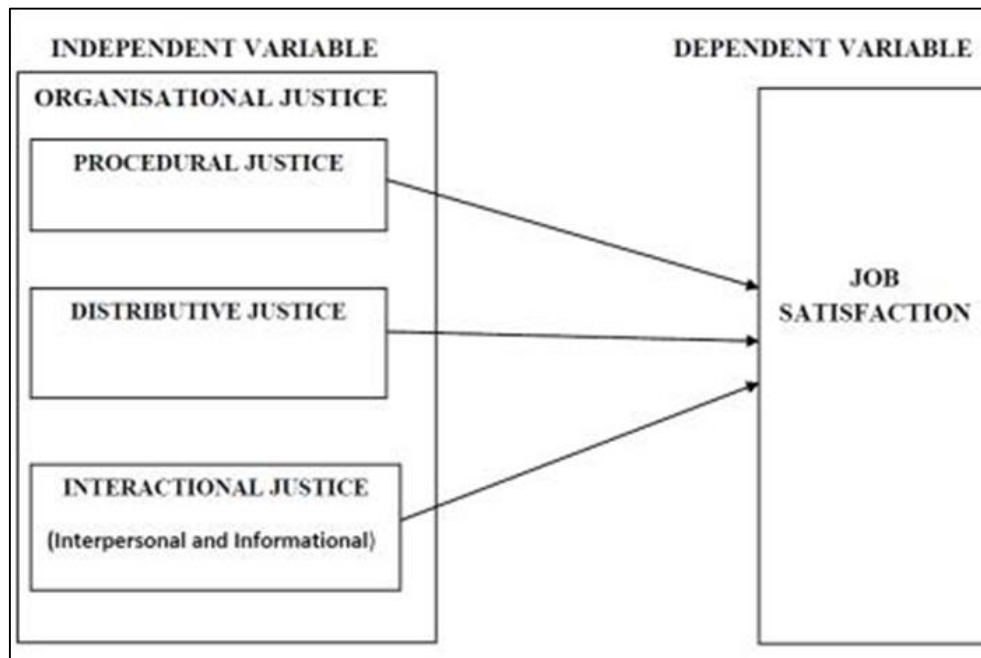
Fig 1: Conceptual framework

2.6. Analysis of Gaps in Literature

The current study is aimed at investigating the effect of the three facets of organizational justice among government health workers in Kalomo District. Literature published on this subject area by various scholars has been reviewed and gaps have been identified, and these include the following:

Limited research has been carried out on the effect of organizational justice dimensions in the health sector; much of the research is in the manufacturing, banking and other business sectors. This research endeavored to bridge this gap by answering the research questions posed in this study, therefore what is the effect of each of the three facets of organizational justice on employee job satisfaction of health workers in Kalomo.

In the majority of the literature reviewed in this study, focus has been on the Impact of organizational justice and not the effect organizational justice has on employee job satisfaction. Therefore, focus has been on the influence of organizational justice on employee job satisfaction, and less on the consequences it has on employee job satisfaction. This study bridged this gap by bringing out the effect of each of the three facets of organizational justice on employee job satisfaction.

3. Research Methods

The study employed the quantitative research approach given the quantitative nature of the research objectives. This study therefore adopted a descriptive research design which is a type of quantitative research that rely on numerical data. The descriptive design allowed the researcher to collect data about a phenomenon from multiple sources using the same instrument much faster and with high rigor. This study was conducted in Southern province particularly in Kalomo District focusing on health facilities in the urban regions. The facilities that were within the scope of the study included: Request Muntanga Hospital; Namwianga Mission Hospital; Kalomo Urban Clinic; and Mawaya clinic. The population of this study consisted of all employees in government healthcare institutions in Kalomo District. According to the

Ministry of health, Kalomo district has 422 employees currently deployed to the area under the ministry of health. In this study, the sample size was computed using Slovin's formula for sample size computation as follows:

$$n = \frac{N}{1+Ne^2} = \frac{422}{1+422(0.05^2)} = 205 \qquad (1)$$

This study used purposive and convenience sampling techniques to select the 205 participants for the study. Primary data was collected through administration of structured questionnaires to respondents whilst secondary data in the form of journal articles, books and other published reports were utilized by the researcher. Prior to administration of the questionnaires, the researcher obtained written permission from the University of Zambia to conduct the research. Secondly, the researcher obtained informed consent from participants. The researcher engaged a research assistant who helped with data collection. The research instrument was subjected to a reliability test to ensure that it was reliable for the official data collection. This entailed that a pilot study be conducted first involving 20 respondents. When data was gathered from the pilot study, the Cronbach's alpha a measure of reliability was computed. The collected data was be analyzed using the Statistical Package for Social Sciences software (SPSS). Data were analysed using descriptive and regression analyses.

4. Results and Discussion

4.1 Response rate

The study administered 205 questionnaires to health practitioners in Kalomo district and observed that 38 questionnaires were incomplete and could not be analyzed while 20 questionnaires were not retrieved because the respondents were unreachable during the period of data collection. This entailed that 147 were completed and analyzed in the study translating into a response rate of 72% as depicted in Figure 2.
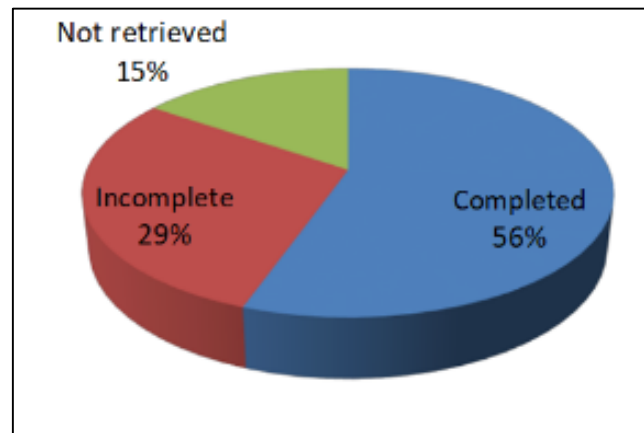
Fig 2: Response rate

4.2. Demographics of respondents

The demographics that were looked at by the study were gender, education, age and experience in terms of how long the respondents had been working at their respective health facilities. The results are presented in Table 2.

Table 2: Demographics of respondents (n=147)

Variable	N	%
Gender		
Male	84	57.1
Female	63	42.9
Age		
< 25 years	27	18.4
26-30 years	44	29.9
31-35 years	18	12.2
36-40 years	25	17.0
41-45 years	7	4.8
46-50 years	15	10.2
>50 years	11	7.5
Education		
Certificate	6	4.1
Diploma	31	21.1
Degree	59	40.1
Master's degree	47	32.0
PhD	4	2.7
Income level		
< K5000	11	7.5
K5000-K10000	77	52.4
K10000-K15000	45	30.6
K15000-K20000	9	6.1
>K20000	5	3.4
Length of service		
< 3 years	27	18.4
3-5 years	46	31.3
5-7 years	36	24.5
7-9 years	25	17.0
> 9 years	13	8.8

Source: Author (2022)

The study observed that majority 57% were male and 43% were female as illustrated in Table 2. The findings of the study showed that majority 30% of the respondents were in the age group 26-30 years, 18% were less than 25 years, 17% were in the age group 36-40 years, 12% were in the age group 31-35 years, 10% were in the age group 46-50 years, 8% were above 50 years and the least 5% were in the age group 41-45 years as illustrated in Table 2. Further, the findings of the study showed that majority 40% of the respondents had Degrees, 32% had Master's degrees, 21% were Diploma holders, 4% had certificates and the least 3% had PHDs as illustrated in Table 2. On the other hand, the findings showed that majority 52% earned income in the range K5000-K10000, 31% earned income in the range K10000-K150000, 8% earned income less than K5000, 6% earned income in the range K15000-K20000 and the least earned income above K20000 as illustrated in Table 2. The findings of the study showed that majority 31% of the respondents had been working for a period 3-5 years at their relevant health facility, 25% had been working a period 5-7 years, 18% had been working for less than 3 years, 17% had been working a period 7-9 years and the least 9% had been working for over 9 years as illustrated in Table 2.

4.3. Effect of distributive justice on employee job satisfaction of health workers in Kalomo district

The study sought to ascertain the effect of distributive justice on employee job satisfaction of health workers in Kalomo district using regression analysis. The results of the regression analysis are presented in Table 3.

Table 3: Regression results for distributive justice and employee job satisfaction

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.309	.300		14.341	.000
	Distributive justice	-.724	.071	-.834	-.337	.036

a. Dependent Variable: employee job satisfaction

According to findings illustrated in Table 3, the study observed that a significant negative effect was inherent between distributive justice and employee job satisfaction which was statistically significant at 5% significance level (r = -.83, p =.036). This means that equitable allocation of the burdens and rewards of social cooperation among health practitioners in Kalomo whose individual demands and claims are in conflict with one another tend to decrease their employee job satisfaction. These findings are congruent with the findings of other foreign experts as well as being in contradiction with those findings. For instance, Rivai *et al.* (2019) found that distributive justice has a positive and substantial relationship on employee satisfaction. In their study, Akram *et al.* (2016) found that a strong positive relationship existed between distributive justice and employee job satisfaction. In contrast, Ghran *et al.* (2019) found that distributive justice was inversely connected employee satisfaction.

4.4. Effect of procedural justice on employee job satisfaction of health workers in Kalomo district

Furthermore, regression analysis was done to ascertain the effect of procedural justice on employee job satisfaction of health workers in Kalomo district. Table 3 presents the regression results.

Table 4: Regression results for procedural justice and employee job satisfaction

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.510	.301		14.991	.000
	Procedural justice	-.772	.702	-.883	-1.007	.031

a. Dependent Variable: employee job satisfaction

According to findings illustrated in Table 4, the study observed that a significant negative effect was inherent between procedural justice and employee job satisfaction which was statistically significant at 5% significance level (r = -.88, p =.031). This means that the fairness of the procedures that health practitioners in positions of authority follow in order to arrive at particular outcomes or choices tend to decrease employee job satisfaction of other subordinate health workers. Akram *et al.* (2016) and Ghran (2019) both came to the same conclusion about this unfavorable effect. Mahmud *et al.* (2015) also found that procedural fairness has a statistically detrimental influence on employee satisfaction.

4.5. Effect of interactional justice on employee job satisfaction of health workers in Kalomo district

The study also undertook regression analysis to ascertain the effect of procedural justice on employee job satisfaction of health workers in Kalomo district. The results are presented in Table 5.

Table 5: Regression results for interactional justice and employee job satisfaction

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.510	.301		14.991	.000
	Interactional justice	-.772	.702	-.883	-1.007	.031

a. Dependent Variable: employee job satisfaction

The study observed that a negative effect was inherent between procedural justice and employee job satisfaction which was statistically significant at 5% significance level (r = -.66, p =.03) as illustrated in Table 4. This means that the perception health workers have that they are being treated fairly when employers offer explanations for their choices and treat employees with decency, respect, and sensitivity decreases their employee job satisfaction. Interactional justice was also found to have an inverse relationship with employee's level of employee job satisfaction by Akram *et al.* (2016) and Ghran (2019).

5. Conclusions and Implications

The main objective of the study was to ascertain the effects of organizational justice on employee job satisfaction. Organizational justice was measured by distributive justice, procedural justice and interactional justice. The study reviewed literature on organizational justice and employee job satisfaction and observed conflicting findings. The study employed the quantitative research approach employing the descriptive research design. Data was collected using structured questionnaires and analysed using descriptive and

regression analyses. The findings of the study showed that distributive justice, procedural justice and interactional justice were all negatively related to employee job satisfaction. Generally, the study concluded that there is poor organizational justice in health facilities in Zambia leading to employee job dissatisfaction. The study recommended for equality and training programs for employees to enhance organisational justice. However, the major limitation of the study was that it was limited to public health workers in Kalomo Southern province with a focus on health facilities in the peri-urban area. Thus, future studies can also broaden the scope of the study by incorporating health workers in other regions such as Copperbelt and Lusaka.

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