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Organizational Justice and its Role in Shaping Organizational Commitment: A Social Exchange Theory Insight in Public Hospitals in Ethiopia

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Abstract

Organizational justice is a critical component in HRM and administrative systems. This study examines the effect of organizational justice practices on organizational commitment in public hospitals in Ethiopia. Drawing on social exchange theory and employing a cross-sectional survey design, data were collected from a stratified random sample of 371 participants using a five-point Likert scale questionnaire. Data analysis was performed using descriptive statistics and partial least squares structural equation modeling (PLS-SEM) through SMART PLS software. Hypothesized relationships were assessed using bootstrapping techniques. Results revealed that distributive justice ($\beta = 0.357$, $p < 0.05$), procedural justice ($\beta = 0.308$, $p < 0.05$) and interpersonal justice ($\beta = 0.271$, $p < 0.05$) positively and significantly affect organizational commitment. However, informational justice ($\beta = 0.069$, $p > 0.05$) exhibited a positive but statistically insignificant effect on organizational commitment. The distinct effects of the various organizational justice dimensions refine the existing theoretical model and underscore the need for theory to move beyond treating organizational justice as a unidimensional construct. This research provides empirical evidence from healthcare environments in developing countries, offering healthcare administrators, decision-makers and key participants valuable insights into the significance of justice in promoting commitment. Furthermore, the results highlight the necessity of continuous monitoring and assessment of equity in benefit distribution, decision-making processes and interpersonal interactions in the healthcare sector.

Keywords: Organizational Commitment, Organizational Justice, Public Hospital, Social Exchange Theory.

Introduction

In the context of workforce globalization and rapid technological change, organizations face increasing challenges in effectively managing a diverse workforce across various work environments (1). Organizations have relied more on justice-based human resource management (HRM) strategies to address these issues (1, 2). These strategies promote fair distribution of resources, organizational decision-making and workplace communications and interactions (3, 4). The term "organizational justice" describes how workers view fairness regarding workplace policies, interactions, procedures and outcomes (5). The concept primarily highlights perceived equity, fairness in administrative decisions and the quality of interactions between employees and organizations (6). Organizational justice is widely recognized as a multifaceted concept comprising four interrelated components (7): distributive, procedural, interpersonal and informational justice. Employee perception of the fairness of outcomes, including rewards, pay and workload allocation, is the focus of distributive justice. The fairness of decision-making processes is related to procedural justice, which includes consistency, transparency and the suppression of bias. The focus of interpersonal justice is on how effectively people are treated with decency, dignity and suitability. Moreover, informational justice places a strong emphasis on the adequacy and accuracy of information conveyed during decision-making (5). Organizational justice is vital in creating and upholding a stable work environment, as well as in predicting employees' emotional states and behaviors. A positive perception of justice influences employee readiness to exert effort and add value to institutions (8). Conversely, perceived injustice frequently leads to negative effects like absenteeism, low commitment and decreased productivity (9). Consequently, organizational commitment and justice have become important research areas in HRM and organizational behavior

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(10, 11). Without a committed and dedicated staff that collaborates to achieve shared objectives, organizational excellence is unachievable in today's competitive world (11, 12). These considerations are especially significant in health-care settings because employee commitment directly affects service quality and patient outcomes. However, realizing justice in healthcare institutions is sometimes challenging, specifically in resource-constrained countries like Ethiopian public hospitals, where staff shortages, inadequate resources, high workloads and working conditions are concerns (13, 14). Such circum-stances may have a negative influence on workers' view of fairness, eroding their commitment to delivering quality healthcare service.

Indeed, Ethiopia faces a substantial dearth of health professionals, with only 0.96 per 1,000 people. This ratio is over five times lower than the WHO benchmark of 4.45 per 1,000, which is necessary to meet sustainable development health targets and also significantly lower than the African average of 2.2 per 1,000 (15). In such healthcare systems, retaining committed medical staff is indispensable for facilitating healthcare delivery. However, studies on organizational justice's role in determining staff commitment and hospital effectiveness are still inadequate in African contexts, specifically in sub-Saharan nations, like Ethiopia (16) . In Ethiopia, health professionals have been found to exhibit low commitment as well as high complaints and intentions to leave (17, 18). In public hospitals of the southern Oromia region, organizational commitment is notably low (14); about one-third of nurses have only a somewhat good level of dedication (19). Justice in institutional processes is a challenge for both public and private institutions in Ethiopia, which frequently leads to employee complaints, job strikes and decreasing performance (20). Nevertheless, a functional health system cannot be established without a sufficient number of committed and supportive health employees (21).

Despite the recognized importance of organiza-tional justice, research that examines all four dimensions of organizational justice within a single study is limited in the Amhara regional state's specialized public hospitals. As well, some prior studies combined informational and interpersonal justice into a single interactional justice dimension (22, 23). Again, there is little empirical data regarding the link between institutional fairness and commitment in Ethiopia's healthcare system, particularly in specialized hospitals (24, 25). But addressing the enduring issues and fostering a culture of justice and productivity in Ethiopian public hospitals requires an understanding of how these variables interact (14).

Contextual moderators, such as occupation, organizational setting, national context and justice dimensions, can substantially influence the institutional fairness and commitment relation-ship. As an example, only informational justice significantly affected commitment in the hospitality industry (26), but commitment is significantly impacted by all aspects of organizational justice in Lagos State firefighters (27). This suggests that the nature of the profession may influence how employees view justice and translate into commitment. Employee justice perception may shape differently in these situations than in other sectors (28). There is inconsistent evidence about the impact of justice dimensions on commitment. Some researchers have confirmed procedural justice's significant role in molding employee commitment (29, 30), while some studies found no apparent connection between commitment and procedural justice in the hospitality industry (26). According to prior studies, employee commitment is strongly influenced by interpersonal justice (31, 32); however, this effect is not consistent across all situations (33). Similarly, findings on the effect of informational justice are still mixed. An informational justice effect may have an indirect or moderating influence on commitment, according to some research that showed no direct significant relationship between the two (34). On the other hand, research from Pakistan's banking industry has shown that organizational commitment is substantially predicted by informational justice (8). Likewise, only distributive and procedural justice had substantial influence on employee commitment at public health facilities in the Jimma Zone, Oromia region (25). Research yields varied findings at the sectoral level. For instance, an investigation of 554 samples from five-star hotels in the southwest part of Turkey revealed that commitment is positively and significantly affected by organizational justice and trust (35). In

contrast, evidence from Ethiopian public hospitals indicates that distributive justice substantially influences workers' engagement (25); however, distributive fairness has a negligible effect on commitment, according to a study conducted on Indian health professionals (33). From a national perspective, much research has been carried out in advanced Western nations and their findings vary depending on cultural contexts. However, since there are few prior studies in developing nations, more research is required to fill this knowledge gap (36). This study, therefore, investigates organizational justice dimensions' effect on organizational commitment in public hospitals in the Amhara Regional State, Ethiopia.

This study primarily uses social exchange theory (SET), which is a widely accepted framework for comprehending workplace behaviour, positing that mutual exchange in which workers respond to fair organizational treatment with good attitudes and behaviours is the cornerstone of employment relationships (37). According to SET, individuals analyse and compare the potential merit and downsides of interactions and decide to end them if the drawbacks outweigh the advantages (38). In this context, organizational justice serves as the foundation of social exchange, while commitment represents employees' reciprocal response to perceived fairness, which states that there is an implicit expectation of reciprocation when someone helps another (39).

Therefore, using reciprocity as a foundational mechanism, this study examines each justice dimension's role in shaping commitment. Based on theoretical and empirical evidence, four hypotheses are developed: Hypothesis (H1): Distributive justice has a significant effect on organizational commitment. Hypothesis (H2): Procedural justice has a significant effect on organizational commitment. Hypothesis (H3): Interpersonal justice has a significant effect on organizational commitment. Hypothesis (H4): Informational justice has a significant effect on organizational commitment.

Following a thorough literature review, the conceptual framework is developed, made up of four independent variables (organizational justice dimensions) (7) and one dependent variable, organizational commitment (40). The framework assumes that each dimension of justice may independently influence commitment in health-care settings shown in Figure 1.

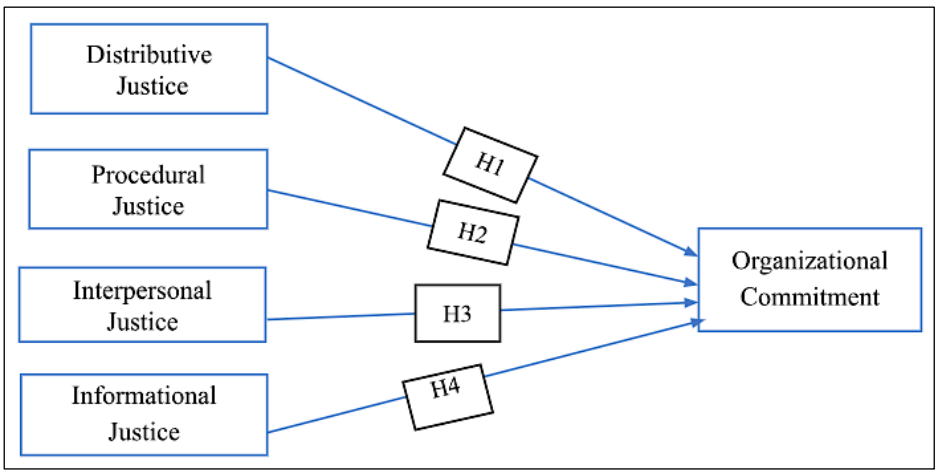

Figure 1: Conceptual Framework

Methodology

Research Instruments

Each variable item was adapted from pre-existing and validated scales. Distributive, procedural, interpersonal and informational justice were measured using four, six, four and five indicators, respectively (7). Similarly, organizational commitment was measured with four items for each commitment component (40). A five-point Likert scale was used to evaluate each characteristic; responses ranged from strongly disagree [1] to strongly agree [5].

Population and Sample

Since Ethiopia's public health sector is the primary source of healthcare services for the general people, this study mainly concentrated on it (41). And this sector employs the majority of Ethiopian healthcare professionals, who have different backgrounds, specializations and levels of

experience. Eight sizable referral specialized hospitals—Dessie, Debre Tabor, Gondar, Debrebirhan, Debre Markos, Felege Hiwot, Tibebe Gion and Woldia—were purposefully selected. It is believed that the selected hospitals represent the features of the public healthcare facilities that work within the common national administrative policies and service delivery frameworks. As a result, the data collected from these referral hospitals offer valuable insights into organizational justice dynamics and deepen our knowledge of employee experiences within Ethiopia's public health sector.

The target population consists of 5,312 permanent health professionals. Equation [1] was applied to calculate the sample size at a 95% confidence range and a 5% sampling error (42).

$$n = \frac{N}{1+N(e)2} \qquad [1]$$

Where, n denotes sample size, N is population and e is the sampling error.

$$\text{n} = \frac{5312}{1+5312(0.05)2} = 371$$

Following sample size determination, Equation [2] was used to apply a proportional representation, allocating the total sample across hospitals (43).

$$\text{ni} = \text{Ni} * \text{n/N} \qquad [2]$$

Where, ni refers to the sample size of the i^{th} stratum, Ni denotes a population of a single district, n is the overall sample, i = 1, 2, 3,…, K and N represent the entire population of all districts.

Through proportional simple random sampling, respondents were chosen from each hospital: Debre Birhan Hospital 46 out of 652, Felege Hiwot Hospital 50 out of 712, Woldia Hospital 34 out of 490, Gondar University Hospital 81 out of 1,151, Debre Markos Hospital 33 out of 480, Debre Tabor Hospital 37 out of 534, Tibebe Gion Hospital 52 out of 745 and Dessie Hospital 38 out of 548. Only 318 of the 371 questionnaires were correctly filled and collected.

Data Analysis Technique

Descriptive statistics were used in combination with partial least squares structural equation modelling (PLS-SEM), which was implemented using SmartPLS software. Recently a popular and frequently used analytical model for examining intricate structural models with several components, indicators and interrelationships is PLS-SEM. It is easier and does not take strict assumptions as compared to covariance-based SEM. To apply PLS-SEM, the work adhered to at least ten times the number of paths tied to any single factor, which suggests the lowest required sample size to guarantee the suitability of PLS-SEM (44). The endogenous variable in this investigation was connected with four paths, which resulted in a minimum sample size requirement of forty. As a result, correctly filled and collected data, three hundred eighteen, exceeds the necessary minimum.

Results

Descriptive Analysis

In terms of demographics, the majority are female (55%), married (63.8%) and between the ages of 31 and 40. Most (54.1%) hold a bachelor's degree and have served over six years. Results from the descriptive statistics consistently show relatively low mean scores, including interpersonal (M = 2.365, SD = 1.380), informational (M = 2.309, SD = 1.468), distributive (M = 2.215, SD = 1.276), procedural (M = 2.287, SD = 1.332) and commitment (M = 2.324, SD = 1.359). According to these results, employees believe that the hospitals' implementation of organizational justice is inadequate, which may diminish their commitment.

Measurement Model Assessment

In PLS-SEM analysis, there were two consecutive stages. First the measurement model was carefully evaluated to safeguard validity and reliability under exploratory analysis. Next, the hypotheses were tested through confirmatory factor analysis, specifically employing the basic bootstrapping procedure (45). Besides, reliability was examined separately through the Cronbach's alpha coefficient. The study's all-variables alpha values

outweigh the lowest benchmark of 0.70, showing no issues of internal consistency among the items (46). However, items PJ1, IFJ4, AFC1 and NC3 exhibited low factor loadings, which resulted in lower Cronbach's alpha values and AVE; so, these items were excluded from the PLS-SEM analysis. Table 1 presents the measurement model evaluation summary.

Table 1: Summary of Measurement Model Results

	Factors	Loadings	VIF	Cronbach's alpha	Composite reliability (CR)	Average Variance Extracted (AVE)
Distributive	DJ1	0.743	1.319			
Justice (DJ)	DJ2	0.621	1.586	0.702	0.755	0.511
	DJ3	0.831	1.410			
	DJ4	0.646	1.657			
Informational	IFJ1	0.747	3.224			
Justice (IFJ)	IFJ2	0.844	3.347	0.772	0.803	0.591
	IFJ3	0.665	3.050			
	IFJ4	0.372	4.242			
	IFJ5	0.808	3.243			
Interpersonal	IJ1	0.717	1.468			
Justice (IJ)	IJ2	0.793	1.659	0.783	0.788	0.606
	IJ3	0.822	2.383			
	IJ4	0.779	2.147			
Procedural	PJ1	0.356	3.814			
Justice (PJ)	PJ2	0.779	1.895	0.791	0.829	0.536
	PJ3	0.661	1.283			
	PJ4	0.787	1.389			
	PJ5	0.747	1.980			
	PJ6	0.678	1.558			
Organizational	AFC1	0.344	3.546			
Commitment	AFC2	0.669	2.056	0.898	0.903	0.524
(OC)	AFC3	0.656	2.033			
	AFC4	0.707	2.409			
	CC1	0.820	3.056			
	CC2	0.810	3.794			
	CC3	0.747	2.578			
	CC4	0.724	2.477			
	NC1	0.688	2.555			
	NC2	0.738	2.937			
	NC3	0.409	3.459			
	NC4	0.659	1.726			

Convergent validity was scrutinized using some criteria:

(a) indicator loadings and AVE should be above 0.5,

(b) CR should be above 0.70.

The results show that all constructs fulfill these requirements, as their values fall within the acceptable limits (44, 47). In addition, all factors' variance inflation factor (VIF) values are within the recommended limit of 5 (44).

Besides convergent validity, discriminant validity was examined to check whether each factor represents a unique concept and is not capturing the same construct (48). Hence, the heterotrait-monotrait (HTMT) ratio was used, a more effective and modern method, especially in PLS-SEM (49). Unlike traditional techniques such as the Fornell-Larcker method, HTMT offers a stronger evaluation of whether constructs are empirically unique. Strong discriminant validity is often indicated if an HTMT ratio is below 0.85; values from 0.85 to 0.90 are acceptable with carefulness and if scores exceed 0.90, it indicates excessive overlap between constructs (46). As presented in Table 2, HTMT ratios are within the recommended limit, informing satisfactory discriminant validity among study variables.

Table 2: HTMT Ratio

Variables	DJ	IFJ	IJ	EC	PJ
DJ	-	0.437	0.508	0.803	0.801
IFJ		-	0.240	0.448	0.532
IJ			-	0.672	0.564
OC				-	0.783
PJ					-

Note: DJ: Distributive Justice, IFJ: Informational Justice, IJ: Interpersonal Justice, PJ: Procedural Justice, OC: Organizational Commitment.

Table 3: Fornell Larcker Criterion

Variables	DJ	IFJ	IJ	EC	PJ
DJ	**0.715**				
IFJ	0.367	**0.769**			
IJ	0.410	0.191	**0.778**		
OC	0.705	0.389	0.575	**0.724**	
PJ	0.687	0.445	0.468	0.711	**0.732**

Note: DJ: Distributive Justice, IFJ: Informational Justice, IJ: Interpersonal Justice, PJ: Procedural Justice, OC: Organizational Commitment. Scores on the diagonal in bold denote √AVE, scores below the diagonal denote the associations among the variables.

Consequently, all variables meet the acceptable discriminant validity standards (47). Factors account for a higher variance in their own items than in other factors as shown in Table 3. As a result, the constructs have adequate discriminant validity. When evaluating discriminant validity, cross-loading assessment is important because it ensures that indicators are more closely tied to the required factor than to other factors (46). Each indicator's cross-loading value is higher on the assigned factor than on other factors, as shown in Table 4. So, there is no issue with discriminant validity.

Table 4: Cross Loadings

	OC	DJ	IFJ	IJ	PJ
AFC2	0.669	0.435	0.306	0.337	0.567
AFC3	0.656	0.407	0.307	0.254	0.567
AFC4	0.707	0.479	0.255	0.324	0.480
CC1	0.820	0.596	0.377	0.524	0.570
CC2	0.810	0.583	0.298	0.533	0.581
CC3	0.747	0.550	0.255	0.492	0.467
CC4	0.724	0.510	0.317	0.397	0.404
NC1	0.688	0.489	0.174	0.389	0.519
NC2	0.738	0.474	0.254	0.394	0.473
NC4	0.659	0.544	0.261	0.444	0.511
DJ1	0.544	0.743	0.284	0.361	0.699
DJ2	0.320	0.621	0.149	0.229	0.297
DJ3	0.689	0.831	0.395	0.364	0.587
DJ4	0.314	0.646	0.104	0.141	0.215
IFJ1	0.310	0.323	0.747	0.112	0.380
IFJ2	0.370	0.302	0.844	0.163	0.373
IFJ3	0.187	0.245	0.665	0.131	0.268
IFJ5	0.284	0.254	0.808	0.182	0.329
IJ1	0.413	0.308	0.088	0.717	0.328
IJ2	0.507	0.334	0.209	0.793	0.423
IJ3	0.433	0.314	0.146	0.822	0.326
IJ4	0.426	0.316	0.138	0.779	0.371
PJ2	0.470	0.551	0.325	0.328	0.779
PJ3	0.474	0.553	0.310	0.312	0.661
PJ4	0.743	0.587	0.417	0.436	0.787
PJ5	0.362	0.365	0.314	0.213	0.747
PJ6	0.384	0.375	0.195	0.359	0.678

Note: DJ: Distributive Justice, IFJ: Informational Justice, IJ: Interpersonal Justice, PJ: Procedural Justice, OC: Organizational Commitment.

PLS-SEM Analysis

Next to measurement model assessment, a PLS-SEM analysis was conducted to evaluate the structural model and its overall quality. This evaluation places a strong focus on important measurement metrics, including R-squared (R^2), predictive relevance (Q^2), VIF and the structural paths' significant level. The Q^2 score for commitment is 0.635, showing strong predictive capability. The thresholds are as follows: Q^2 values greater than 0 indicate a negligible capability; values above 0.25 suggest adequate predictive relevance; values greater than 0.35 indicate a moderate capability; and values exceeding 0.50 show a large predictive capability (49). The model exhibits robust predictive significance, informing its overall explanatory and predictive power. Meanwhile, the predictive capability value in this study is higher than the 0.50 criterion shown in Table 5.

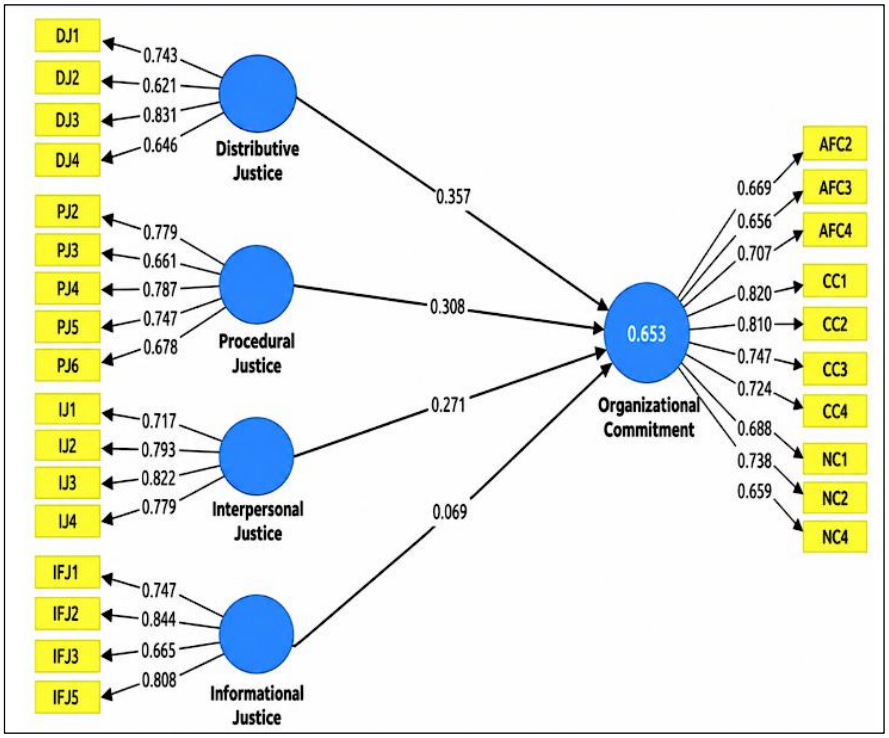

Figure 2: Structural Model

The variance accounted for by exogenous variables was examined by the coefficient of determination (R^2). An unadjusted high R^2 score of 0.653 indicates strong explanatory power, indicating that the organizational commitment variable is strong and the predictors are well balanced. Therefore, strong generalizability is confirmed, showing that the model is quite successful for predicting the variable as shown in Table 5 and Figure 2. The practical significance of the exogenous variable was also measured using the effect size (f^2) evaluation shown in Table 5, which measures the degree (strength) and importance of each independent construct relationship with the dependent construct. A method was used to interpret the results (50): f^2 values of 0.02, f^2 values of 0.15 and f^2 values greater than 0.35 indicate small, medium and large effects, respectively. Consequently, every variable—aside from informational justice constructs on commitment—showed a strong effect size. Additionally, the analysis verified that there were not multi-collinearity issues between predictors (51). In particular, multicollinearity problems appear when a VIF value exceeds 10, whereas VIF < 3.3 is a more conservative cutoff. Consequently, every VIF value falls within the satisfactory bounds shown in Table 5.

Table 5: Model Relevance and Explanatory Power

Predictor		VIF	Effect size (f^2)	p-value
DJ		1.949	0.189	0.000***
PJ		2.237	0.122	0.005**
IJ		1.307	0.162	0.014*
IFJ		1.260	0.011	0.454
Endogenous Variable	R^2	Q^2		
Organizational Commitment	0.653	0.635		

Note: R^2 = explained variance; Q^2 = predictive relevance; f^2 = effect size; VIF = multicollinearity indicator; p-value = statistical significance level. DJ: Distributive Justice, IFJ: Informational Justice, IJ: Interpersonal Justice, PJ: Procedural Justice, OC: Organizational Commitment. The asterisk value *** shows the significance at $p < 0.001$.

Testing Hypotheses

The hypotheses were tested mainly using t-values, coefficients of paths (β) and significance levels, as presented in Table 6. The results demonstrate that distributive justice emerged as a substantial predictor of institutional commitment, with a β coefficient of 0.357, significant at $p < 0.001$, leading to accepting the hypothesis. Similarly, interpersonal justice was found significant and positively associated with commitment, with a β coefficient of 0.271, significant at $p < 0.001$, leading support to the corresponding hypothesis.

Table 6: Testing the Hypotheses

Hypothesis	β Coefficients	Sample Mean	Standard Deviation	t-value	p-value	Decision
DJ -> OC	0.357	0.360	0.045	7.972	0.000***	Supported
IFJ -> OC	0.069	0.071	0.040	1.732	0.083	Not Supported
IJ -> OC	0.271	0.272	0.049	5.520	0.000***	Supported
PJ -> OC	0.308	0.306	0.048	6.406	0.000***	Supported

Note: DJ: Distributive Justice, IFJ: Informational Justice, IJ: Interpersonal Justice, PJ: Procedural Justice, OC: Organizational Commitment. The asterisk value *** shows the significance at $p < 0.001$.

Furthermore, the study reveals workers' organizational commitment is significantly shaped by procedural fairness; the effect is statistically significant with a β value of 0.308 and a p-value of less than 0.001, thereby supporting the hypothesis. Conversely, the influence of informational justice was not statistically significant with a β value of 0.069, a t value of 1.732 and p score 0.083; therefore, the alternative hypothesis was not supported.

Discussion

The study identified institutional justice in public healthcare as a substantial factor for shaping organizational commitment. Specifically, distributive fairness plays an important and influential role in determining institutional commitment. This is in line with other research showing distributive fairness's strong influence on commitment and a substantial connection between workers' commitment and three organizational justice dimensions (25, 31). Distributive justice, on the other hand, was found to have an insignificant influence on the commitment of health professionals in India (33). The study also discovered that procedural fairness has a robust and positive impact on commitment, in line with the previous evidence (30). A study on a firefighters in Lagos State provides more evidence that perceived procedural injustices have a negative impact on commitment levels (27). However, contradictory findings have also been reported, indicating that procedural justice was not a substantial determinant factor for healthcare workers' commitment (33). As well, no direct link among commitment and procedural justice was confirmed in the hospitality industry (26).

Similarly, interpersonal justice exerts a significant effect on health professionals' commitment, indicating that handling employees with fairness positively influences the commitment of public hospital staff. Supporting this, research in Lagos State found a strong and significant influence of interpersonal fairness on workers' engagement (27). Positive views of interpersonal fairness between workers have also been linked with high engagement and motivation (31, 52). However, it has been noted that commitment of Indian health professionals is seldom affected by interpersonal fairness (33). This study indicates that although

not statistically significant, informational fairness has a beneficial effect on workers' engagement and commitment. This result corresponds with prior evidence showing that informational justice has a negligible influence on worker commitment (53) . Similarly, employee commitment was determined only by distributive and procedural justice in a study conducted in the Jimma Zone, Ethiopia (25). Other studies have also found that informational fairness is not directly linked to commitment but rather operates via indirect or moderating pathways (34). However, it has been reported that informational justice contributes meaningfully and has a crucial effect on institutional dedication (54).

Theoretical Implications

This study offers solid and insightful theoretical perspectives on justice within institutions in the field of organizational behavior and human resource management. First, distributive justice demonstrates outcome-based reciprocity by having a strong effect on organizational commitment in public hospitals. When employees believe the outcomes are equitable, they feel compelled to respond with a strong organizational commitment and readiness to exert effort. This strong effect indicates that outcome fairness is especially significant in resource-constrained situations. The second most significant factor affecting commitment is procedural justice, which highlights that the relationship is founded on process-based trust and reciprocity. When employees trust decision-making processes, they reciprocate with positive employee commitment and dedication. Interpersonal justice, which reflects reciprocity-based relationships, moderately affects commitment. Health professionals reciprocate positive interpersonal treatment with commitment; however, its influence is weaker compared to distributive and procedural justice, maybe because they prioritize tangible benefits and procedural systems in resource-scarce countries. There is a slight but insignificant role of informational fairness in commitment. This implies that information exchange alone is inadequate for employees to develop a strong reciprocity. Employees may assign higher priority to outcomes, procedures and interpersonal treatment than to information; therefore, informational justice does not translate into strong reciprocal commitment unless reinforced by fair outcomes, procedures and interpersonal interactions.

Second, it widens the applicability of the organizational justice model to the developing countries' public sectors. A significant portion of available evidence regarding how institutional justice in determining commitment concentrates on the private sector and Western contexts. Therefore, this study provides valuable empirical evidence about healthcare employees' justice perceptions and the presence of exchange-based commitment systems for Ethiopian public hospital organizations.

Third, the distinct dimensions of organizational justice's effect on commitment refine the existing theoretical model and underscore the need for theory to move beyond treating justice as a one-dimensional variable. Finally, this study advances commitment theory by positioning organizational justice as a key antecedent factor of commitment. It emphasizes that commitment is not merely rooted in individual characteristics but intensely embedded in an employee's perception of respect, fairness and ethical treatment.

Practical Implications

According to the results, distributive justice, followed by procedural and interpersonal justice, exerts a strong effect on commitment. This implies that, in a resource-constrained healthcare setting such as Ethiopia, health professionals prioritize adequacy of salary and benefits and the fairness of workload assignments, promotions and recognition, which significantly determine their commitment. In practice, healthcare employees prioritize whether resources are distributed equally over other institutional justice aspects. Thus, hospital administrators and policymakers should prioritize equitable and transparent resource allocation to improve motivation and commitment. Incorporating justice into tangible and intangible benefits and rewards assists organizational stability and improves quality care in public hospitals. The findings further show the importance of procedural justice in healthcare; upholding transparent, consistent and unbiased procedures robustly increases the legitimacy and trustworthiness of decision-making processes and policy implementations, eventually enhancing employee commitment. Though its influence is weaker than that of distributive and procedural justice, interpersonal justice still plays a

momentous role in fostering commitment; treating healthcare professionals with dignity, respect and support strengthens their commitment. In contrast, informational justice is positively associated with commitment; however, its influence is not statistically significant. This informs that solely providing timely information and explanations beneficially may not be a key determinant of organizational commitment among healthcare professionals; rather, offering timely, truthful and transparent information to healthcare employees remains relevant for supporting overall organizational trust and workplace relationships.

Conclusion

This study reveals that organizational fairness exercises are vital determinants of organizational commitment in hospital settings. The findings clearly show procedural, distributive and interpersonal fairness have a statistically significant effect on commitment; on the other hand, it was discovered that informational fairness did not have a statistically significant impact. This suggests that equitable allocation of organizational resources, including rewards, salary and promotion, is essential for firming up commitment. Ensuring distributive justice inspires and commits employees. The study also discloses that procedural justice importantly influences organizational commitment, as employee perceptions of consistently and unbiasedly applied decisions, along with the taking of their opinions, are pivotal in shaping their commitment. In addition, it is discovered that interpersonal fairness was a reliable determinant of institutional commitment, implying that treating employees with respect, while free from unsuitable comments or behavior, plays a significant role in leveling up their commitment in public hospitals. Nevertheless, informational justice shows an insignificant effect on organizational commitment, despite the relationship being positive. This highlights that employees in public hospitals may prioritize more justice in outcomes, procedures and interpersonal treatment than the quality of information they get. In this context, fair outcomes, processes and respectful relationships seem to matter more for creating commitment than communication alone.

In brief, organizational injustice undesirably disturbs employee organizational commitment. Issues like unfair salaries, delayed payment, biased promotions, inconsistent procedures and disrespect can lead to dissatisfaction and lowered commitment. Consequently, we advise that public hospitals and relevant stakeholders need to prioritize justice across all institutional processes and activities to boost workers' commitment and responsiveness and eventually contribute to the overall performance of the healthcare system.

Despite its contributions, this study has limitations. The findings might not be completely generalizable to other contexts, as the study was carried out in referral public hospitals within the Amhara region. The coming investigations ought to widen the scope by incorporating other regions and a more diverse national sample to better identify both regional variations and overall national trends. Future research could also use a comparative approach between public and private healthcare facilities to realize how sector-specific characteristics influence organizational fairness perceptions. Additionally, it is also suggested to look at how various justice dimensions affect commitment sub-dimensions and to carry out a longitudinal method to gain deeper insight into how employee organizational justice perceptions evolve and affect each other over time. Furthermore, replication studies conducted after periods or years would assist in evaluating whether observed trends persist and whether policy changes have had a lasting influence.

Abbreviations

None.

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Author Contributions

Adisu Moges: Investigation, Methodology, Resources, Formal Analysis, Writing-Original Draft, Review, Editing, Chalchissa Amentie: Methodology, Resources, Formal Analysis, Gemechu Nemera: Writing-Original Draft, Review, Editing.

Conflict of Interest

The authors have disclosed no conflict of interest.

Data Availability

If a legitimate request is made, the corresponding author will provide the data.

Declaration of Artificial Intelligence (AI) Assistance

AI assistance tool was only used for grammar proofreading. The authors take full responsibility for the content's originality, interpretation and accuracy.

Ethics Approval

The study received ethical approval from the research ethics committee of Arba Minch University (approval No. Rec/05/2025). And all participants provided informed consent.

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