Organizational Justice on the Professional Identity of Nurses in a Government Hospital

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ABSTRACT

Fair and transparent organizational practices are essential in shaping how nurses view their roles and responsibilities within the healthcare system. While organizational justice and professional identity are well-studied internationally, limited evidence is available at the local level, particularly in government hospital settings. This quantitative research employed a descriptive–correlational design to examine the relationship between personal characteristics, organizational justice, and professional identity among nurses in a government hospital for the first quarter of 2025. Findings showed that most respondents were adults, predominantly female, bachelor's degree holders, and contractual employees with relatively short years of service. Organizational justice was rated high, especially in procedural and interactional aspects, while distributive justice received comparatively lower ratings. Professional identity was very high across all dimensions, reflecting pride in the profession, strong values, consistent professional behavior, active engagement, and high self-efficacy. Personal characteristics were not significantly associated with professional identity, and only educational attainment was related to organizational justice. A significant moderate positive relationship was found between organizational justice and professional identity, indicating that fair treatment and just workplace practices strengthen nurses' sense of professional identity. Based on these results, an Organizational Justice and Professional Identity Enhancement Plan is proposed.

Keywords: Descriptive-Correlational Design; Nurses; Organizational Justice; Professional Identity

INTRODUCTION

Nurses play a crucial role in ensuring quality healthcare, especially in government hospitals where patient demand is consistently high and resources are often limited. Their professional identity and sense of fairness in the workplace significantly shape their motivation, engagement, and retention. In the context of this study, organizational justice refers to the staff nurses' perceptions of fairness within the organization, encompassing distributive justice (fairness of outcomes such as pay, workload, or promotions), procedural justice (fairness of policies and decision-making processes), and interactional justice (fairness in interpersonal treatment from supervisors and colleagues). Meanwhile, professional identity refers to how nurses view themselves in relation to their profession, including their internalized values, beliefs, and attitudes about nursing, their self-image as healthcare providers, commitment to professional ethics, sense of belonging to the nursing community, and identification with the roles and responsibilities of the profession. A strong professional identity develops through continuous professional development, workplace socialization, and reinforcement of their contributions to patient care, influencing how nurses perceive their worth, perform their duties, and relate with colleagues, patients, and the broader health system.

Recent studies have emphasized the impact of organizational justice on nursing outcomes. Jiang et al. (2024) noted that nurses who perceived fairness in their organization demonstrated higher job performance and commitment, while Su et al. (2023) found that organizational justice improved overall job performance when mediated by a positive organizational climate and job embeddedness. Interactional justice has also been shown to foster trust and organizational identification among nurses, strengthening their sense of belonging and engagement (Hayarati et al., 2024). Professional identity, on the other hand, has been linked to nurses' well-being, reduced burnout, and greater willingness to respond to crises such as the COVID-19 pandemic (Qi et al., 2021). In government hospitals in Iloilo, anecdotal reports and observations suggest that staff

nurses' professional identity is often influenced by how fairly they perceive organizational decisions and practices to be. Some nurses have expressed frustration over unclear promotion criteria, unequal workload distribution, and limited involvement in decision-making, which can weaken professional identity and decrease engagement. However, nurses who feel supported, respected, and fairly treated develop a stronger sense of pride in their profession, contributing to a positive work culture and better patient outcomes.

Although the relationship between organizational justice and professional identity has been studied internationally, limited research has focused on Filipino nurses in public hospitals, particularly in the Western Visayas region. This study aims to address this gap by assessing the relationship between organizational justice and professional identity among staff nurses in a government hospital in Iloilo. The study is aligned with Sustainable Development Goal 3: Good Health and Well-Being, as it seeks to promote nurses' well-being through fair workplace practices and improve nurse retention, job satisfaction, and quality of patient care. The researcher, who has over 20 years of experience in nursing education and is currently affiliated with the hospital where the study will be conducted, possesses the competence to understand organizational structures, professional identity, and the realities of hospital practice. The findings may provide nursing administrators and hospital managers with practical insights to strengthen fairness in workplace policies, improve workload distribution and communication, enhance professional identity among nurses, and ultimately support a healthier work environment and better healthcare service delivery in public hospital.

Research Questions

This study was to assess the interrelationship among personal characteristics, organizational justice, and professional identity of nurses in a government hospital in Kalibo, Province of Aklan, Philippines during the fourth quarter of 2025.

The study specifically answered the following queries:

What was the personal characteristics of the nurses in terms of:

    1.1 age;
    1.2 sex;
    1.3 civil statis;
    1.4 highest educational attainment;

    1.5 total years of service as a nurse;

    1.6 length of service in current hospital;

    1.7 area / unit of assignment;

    1.8 type of employment?

What was the level of organizational justice among nurses in terms of :

    1.4 distributive justice;
    1.5 procedural justice; and
    1.6 interactional justice?

Whas was the level of professional identity among nurses in terms of :

    1.7 self-image;
    1.8 professional values;
    1.9 professional behavior;
    1.10   professional engagement; and
    1.11   professional self-efficacy?

Was there a significant relationship between:

    4.1 personal characteristics and organizational justice;

4.2 personal characteristics and professional identity; and

4.3 organizational justice and professional identity?

What organizational justice and professional identity enhancement plan could be proposed based on the findings of the study?

Statement of Null Hypothesis

H_{o1}: There was no significant relationship between personal characteristics and organizational justice of the nurses.

H_{o2}: There was no significant relationship between personal characteristics and professional identity of the nurses.

H_{o3}: There was no significant relationship between organizational justice and professional identity of the nurses.

Review Of Related Literature And Studies

Organizational Justice. Organizational justice refers to employees' perception of fairness in the workplace, encompassing the fairness of resource distribution, the transparency and consistency of decision-making processes, and the quality of interpersonal treatment within the organization (Niehoff & Moorman, 1993). In the nursing profession, organizational justice shapes work attitudes, job satisfaction, and professional conduct, particularly in high-pressure environments where equitable treatment and supportive relationships are essential. It is categorized into distributive justice (fairness of outcomes such as pay, workload, and scheduling), procedural justice (fairness and consistency of decision-making processes), and interactional justice (quality of interpersonal communication and respect from supervisors). Studies have shown that fairness significantly influences nurses' work outcomes. Ebrahimzadeh et al. (2024) found that procedural and interactional justice inversely predicted psychological contract breach, while Meng et al. (2024) reported that lower perceived organizational justice increased workplace deviant behavior among new nurses, with emotional labor serving as a mediator.

The influence of organizational justice also extends to leadership, performance, and well-being. Alruwaili (2025) found that organizational justice mediated the relationship between transformational leadership and nurse well-being, while Zhao et al. (2024) reported that distributive and procedural justice reduced turnover intention among healthcare workers. Hashish (2024) also showed that higher perceived justice was associated with fewer instances of workplace bullying. Additional studies confirm these effects: Zahran et al. (2024) linked low organizational justice to reduced job enjoyment among nurses; Song et al. (2024) found that organizational justice improved job performance through organizational climate and job embeddedness; Zhou et al. (2022) reported that organizational justice influenced job engagement and turnover intention during the COVID-19 pandemic; and Ito (2023) identified interactional justice and organizational justice climate as predictors of affective commitment among nursing staff. These findings highlight that fairness within healthcare organizations strongly influences nurses' well-being, behavior, performance, and organizational commitment.

Professional Identity. Professional identity in nursing has been defined as "a sense of oneself and in relationship with others that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse" (Godfrey & Young, 2021, as cited in International Society for Professional Identity in Nursing, n.d.). It has been conceptualized through four domains: values and ethics, knowledge, nurse as leader, and professional comportment (Marold, 2025). Professional identity reflects nurses' internalized values, beliefs, and behaviors that shape their self-concept, pride, ethical grounding, and commitment to the profession (Landis et al., 2024). Landis et al. (2024) also introduced the Professional Identity in Nursing Scale (PINS 2.0), which measures values and ethics, knowledge, leadership, and professional comportment. Studies show that strong professional identity enhances decision-making, communication, teamwork, job satisfaction, and retention (Hinkley et al., 2023), and positively influences academic achievement through self-efficacy and learning engagement (Zou et al., 2024).

Other studies highlight the influence of professional identity on learning environments and workplace outcomes. Mbalinda et al. (2024) identified professional values, competencies, ethical conduct, and sense of belonging as key elements of professional identity, while noting barriers such as inadequate mentorship and limited clinical integration. Gong (2025) found that psychological capital and supportive learning environments strengthen professional identity, while stress weakens it. Luo (2025) reported that professional identity mediates the relationship between adversity quotient and work stress, helping nurses manage stress and reduce burnout. Beiranvand et al. (2025) identified professional identity as the strongest predictor of job satisfaction, and Jiang et al. (2024) found that organizational justice and professional identity act as chain mediators between work readiness and job performance among new nurses.

Personal Characteristics and Organizational Justice. Personal characteristics such as age, sex, civil status, educational attainment, length of service, area of assignment, and type of employment have been examined in relation to perceptions of organizational justice in nursing and healthcare settings, as these factors influence expectations, professional experiences, and organizational roles. Age has been associated with differences in justice perception, with older and more experienced nurses often reporting higher levels of organizational justice. Zahran et al. (2024) found that nurses aged 40 and above scored significantly higher on procedural and interactional justice compared to younger nurses, suggesting that professional maturity fosters more favorable fairness evaluations. Sex differences have been reported inconsistently. Hashish (2024) noted no significant difference in overall organizational justice perception between male and female nurses, while Al-Makhaita et al. (2023) reported slightly higher interactional justice scores among female nurses, possibly reflecting greater sensitivity to interpersonal respect and communication. Educational attainment also influences fairness perceptions, as Meng et al. (2024) found that nurses with postgraduate qualifications perceived higher procedural justice due to greater awareness of organizational policies, whereas nurses with lower educational levels tended to focus more on distributive fairness related to pay and workload. Length of service, area of assignment, and type of employment have also been linked to organizational justice perceptions. Ebrahimzadeh et al. (2024) reported that nurses with more than 10 years of experience perceived greater distributive and procedural fairness, likely due to familiarity with institutional policies and stronger professional networks. Unit assignment also affects fairness evaluations, as nurses working in high-intensity areas such as the ICU or ER often report lower distributive and procedural justice due to heavier workloads and perceived inequities in staffing and resource allocation (Choi & Ha, 2024), while those in general wards or outpatient units tend to report higher justice perceptions. Type of employment further shapes fairness perceptions, as contractual or temporary nurses frequently report lower distributive justice due to differences in salary, benefits, and promotion opportunities compared to permanent staff, and Jiang et al. (2024) also noted that temporary staff may perceive lower procedural justice when excluded from decision-making or professional development opportunities.

Personal Characteristics and Professional Identity. Personal characteristics such as age, sex, civil status, educational attainment, length of service, area of assignment, and type of employment have been shown to influence nurses' professional identity, as these factors affect how nurses perceive themselves within the profession, the values they uphold, and their engagement in professional roles. Age is one of the most consistent predictors of professional identity. Zou et al. (2024) found that older nurses and nursing students exhibited stronger professional identity scores, possibly due to accumulated clinical experience and deeper integration into professional norms, while Beiranvand et al. (2025) reported that nurses with more years in the profession demonstrated greater pride, commitment, and ethical adherence. Sex differences have produced mixed findings, with Luo (2025) observing no significant difference in professional identity scores between male and female nurses, although Mbalinda et al. (2024) reported slightly higher professional values and engagement among female nursing students. Educational attainment has also been associated with identity development, as Gong (2025) found that nurses with higher academic qualifications demonstrated stronger professional self-efficacy and engagement, and Zou et al. (2024) reported that learning engagement mediates the relationship between academic achievement and professional identity. Length of service further reinforces professional identity, with Beiranvand et al. (2025) noting that nurses with more than 10 years of experience scored higher in professional values and comportment. Area of assignment also influences identity perceptions, as Jiang et al. (2024) reported that nurses working in specialized units such as ICU or oncology showed stronger professional engagement due to specialized skills and team cohesion, whereas nurses in high-turnover wards sometimes reported lower self-efficacy. Type of employment likewise affects professional identity, with Luo (2025) noting that contractual or temporary nurses may demonstrate lower professional engagement and self-image due to limited opportunities for advancement and professional development, while

permanent nurses often express stronger identification with their workplace and profession.

RESEARCH METHODOLOGY

Design. The study utilized a quantitative approach employing the descriptive-correlational research design. In this study, the descriptive design was used to determine the personal characteristics of staff nurses, their perceived levels of organizational justice, and their professional identity. To present a clear profile of the respondents and quantify their perceptions across the dimensions of the two main variables. The correlational design was used to assess the interrelationships among the variables of personal characteristics, organizational justice, and professional identity.

Environment. This study was conducted in a government-owned provincial hospital in Aklan.

Respondents. The respondents of this study were all 243 registered nurses currently employed in the hospital.

Sampling Design. This study used a complete enumeration.

Inclusion Criteria and Exclusion Criteria. The study included were all registered nurses employed in the hospital, regardless of whether they held permanent or contractual status. To ensure that respondents had adequate exposure to the hospital's organizational processes and work environment, they must have rendered at least six months of continuous service in the hospital and at least three months in their current unit of assignment. Only those who voluntarily agreed to participate and provided informed consent were included in the study. Excluded from participation were nurse managers, supervisors, head nurses, the chief nurse, and other administrative nursing officers to avoid role-related bias in responses. Nurses who were on extended leave, such as sick leave, maternity leave, or study leave, during the period of data collection were also excluded. Additionally, nurses who declined to participate or submitted substantially incomplete questionnaires were omitted from the study.

Instrument. This made use of a three-part instrument. Part I of the study determines the personal characteristics of the nurses in terms of age, sex, civil, highest educational attainment, length of service, area of assignment and type of employment. Part II of the instrument is an adopted instrument. The Organizational Justice Scale by Niehoff and Moorman (1993). These 11 items covering three dimensions: distributive justice (items 1, 2, 3), procedural justice (items 4, 5, 6, 7), and interactional justice (items 8, 9, 10, 11). using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). The scale has been widely used in healthcare settings and has shown acceptable reliability, with reported Cronbach's alpha values between 0.74 and 0.89. Part III of the instrument is the Professional Identity Five Factor Scale for Nurses (PIFFSN) an adapted version of Fagermoens (1997) original work, further refined by Hao et al. (2020) to reflect the five dimensions of professional identity relevant to the nursing profession. These five dimensions are self-image, professional values, professional behavior, professional engagement, and self-efficacy. The scale consists of 10 items, with two statements representing each dimension. The respondents will rate their agreement with each item using a 5-point Likert scale where: 1 – strongly disagree, 2 - disagree, 3 – neutral, 4 – agree and 5 – strongly agree. The PIFFSN has demonstrated good internal consistency, with reported Cronbach's alpha values ranging from 0.82 to 0.89 across dimensions.

Data Gathering Procedures. The research process began with the submission and approval of three proposed research titles by the Graduate School Research Committee, after which a research adviser was assigned and transmittal letters were forwarded to the Dean of the College of Allied Health Sciences and the Chief of Hospital to secure permission to conduct the study. A design hearing was conducted to evaluate the methodological rigor and ethical compliance of the proposal, and revisions were incorporated before submitting the study to the Institutional Ethics Review Board (IERB) for ethical clearance. Data gathering began after the notice to proceed was issued. Staff nurses from different hospital departments were recruited, and the researcher personally distributed the questionnaires using a face-to-face intercept method at convenient times to minimize work disruption. Respondents were given time and privacy to complete the questionnaires, and each questionnaire was checked for completeness before retrieval until the required sample size was achieved. The responses were then encoded in Microsoft Excel and forwarded to a statistician for analysis. Results were presented in tables with interpretations and supporting literature, and the manuscript was presented during the final defense before the same panel of experts. After the defense, all questionnaires were

securely shredded to ensure confidentiality and compliance with ethical standards.

Statistical Treatment of Data. The statistical data were analyzed. The frequency distribution and simple percentage were used to present the personal characteristics of the nurses. The mean score and standard deviation were used to determine the levels of organizational justice and professional identity of the respondent. Then, Chi-Square and Cramer's V was used to determine whether significant relationships existed between personal characteristics and the study variables. Cramer's V was used to assess the strength of the relationship whenever significance was found. And the Pearson r was used to determine whether organizational justice was significantly correlated with the professional identity of the respondents.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted for ethical approval prior to data gathering.

Presentation, Analysis, And Interpretation of Data

Table 1Pesonal Characteristics of the Nurses

	F	%
Age		
18 to 25 years old (young adult)	72	35.60
26 to 44 years old (adult)	97	48.00
45 years old and above	33	16.40
Sex		
Male	37	18.30
Female	165	81.70
Civil Status		
Single	118	58.40
Married	81	40.10
Widowed	3	1.50
Highest Educational Attainment		
Bachelor's Degree	195	96.50
Master's Degree	7	3.50
Total Years of Service as a Nurse		
Less than 1 year	31	15.30
1 to 5 years	71	35.10
5 to 10 years	29	14.40
11 to 15 years	37	18.30
More than 15 years	34	16.80
Length of Service in the Current Hospital		
Less than 1 year	34	16.80
1 - 3 years	71	35.10
4 to 6 years	25	12.40
7 to 10 years	22	10.90
More than 10 years	50	24.80
Area of Assignment		
Emergency Room	26	12.90
Hemodialysis Unit	14	6.90
Isolation Ward	8	4.00
Infectious ICU	4	2.00
PACU	5	2.50
Operating Room	11	5.40
Delivery Room	4	2.00
Medical Surgical Ward	29	14.40
Surgical ICU	3	1.50
Medical ICU	5	2.50

Intensive Care Unit	1	.50
Obstetrics Ward	18	8.90
Surgical Ward	23	11.40
Medical Ward	19	9.40
Outpatient Department	6	3.00
Neonatal Intensive Care Unit	6	3.00
Pediatric Ward	20	9.90
Employment Status		
Contractual	140	69.30
Regular	62	30.70

Note. n=202.

As shown in Table 1, the nurses in the study mostly belonged to the adult age group, reflecting the common workforce pattern in Philippine government hospitals where mid-career nurses dominate and tend to remain longer in service (Agapito & Caluyo, 2023). The group was largely composed of female nurses, consistent with the global trend of nursing as a predominantly female profession (World Health Organization, 2021), and many were single, aligning with findings that Filipino nurses often enter government service early in their careers before starting families (Pasek & Roxas, 2022). Most nurses held a bachelor's degree, while only a few pursued graduate studies due to workload and financial limitations (Capili & Mendoza, 2021). The distribution of years of service reflected a mix of novice and experienced nurses, which supports workforce stability and strengthens teamwork through mentorship and updated clinical knowledge (Serrano & Bautista, 2022). Variation in tenure within the hospital reflects workforce mobility and contractual hiring patterns common in public-sector hospitals (Garcia & Umali, 2023), while similar staffing structures have been reported in Southeast Asian public hospitals (Pham et al., 2022). Nurses were assigned across multiple units according to patient volume and service complexity, with high-intensity areas shaping stronger professional role identification (Lopez & dela Cruz, 2021). Most respondents were under contractual employment, reflecting the continued reliance on contract-based staffing in Philippine public hospitals due to budget and administrative constraints (Uy et al., 2023). Overall, the profile of respondents reflects the typical demographic and employment composition of nurses in government health facilities.

Table 2 Level of Organizational Justice

Dimensions	Mean score	SD	Interpretation
Distributive Justice			
1. My work schedule is fair.	4.08	0.732	Agree
2. I think that my level of pay is fair.	3.13	1.12	Neutral
3. Overall, the rewards I receive are fair.	3.24	1.03	Neutral
Factor mean	3.49	0.801	High
Procedural Justice			
4. Job decisions are made in an unbiased manner.	3.79	0.858	Agree
5. All sides affected by the decision are represented.	3.79	0.783	Agree
6. Procedures are applied consistently.	3.97	0.753	Agree
7. Decisions are made based on accurate information.	4.10	0.712	Agree
Factor mean	3.91	0.663	High
Interactional Justice			
8. My supervisor treats me with dignity.	4.50	0.633	Strongly agree
9. My supervisor treats me with respect.	4.49	0.640	Strongly agree
10. My supervisor is sensitive to my needs.	4.33	0.707	Strongly agree
11. My supervisor offers adequate justification for decisions	4.38	0.674	Strongly agree
Factor mean	4.42	0.605	Very High
Grand mean	3.94	0.533	High

Note. *n=202.*

Legend: A score of 1.00 to 1.80 is very low (strongly disagree), 1.81 to 2.60 is low (disagree), 2.61 to 3.40 is moderate (neutral), 3.41 to 4.20 is high (agree), and 4.21 to 5.00 is very high (strongly agree).

The results indicate that the overall high level of organizational justice indicates that the hospital environment is generally viewed as fair, respectful, and well-managed, which supports open communication, teamwork, and positive work attitudes among nurses. High interactional justice suggests that supervisors treat nurses with dignity and sensitivity, fostering a supportive atmosphere even during stressful shifts (de Beer et al., 2024), while high procedural justice indicates that hospital processes such as scheduling, staffing, and decision-making are generally clear and consistently followed. These conditions contribute to stronger morale, teamwork, and trust in leadership (Song et al., 2024). However, lower ratings in distributive justice suggest dissatisfaction with pay, rewards, and tangible benefits, a common situation in government hospitals where heavy workloads and high patient ratios are not always matched by financial incentives (Zhao et al., 2024; Ebrahimzadeh et al., 2024). Factors such as contractual employment, uncertainties in job security, delayed benefits, and sudden changes in assignments or schedules may also influence perceptions of fairness. Overall, the hospital demonstrates strengths in respectful leadership and fair procedures, but concerns regarding compensation, workload, and employment stability remain. These findings highlight the need for nursing management to sustain fair communication and decision-making while advocating for equitable recognition, professional development opportunities, and transparent reward systems to strengthen nurses' morale, professional identity, and retention (Vázquez-Rueda, 2024; Ebrahimzadeh et al., 2024; Jiang et al., 2024).

Table 3 Level of Professional Identity among Nurses

Dimensions	Mean score	SD	Interpretation
Self-Image			
1. I feel proud to be a nurse.	4.78	0.440	Strongly agree
2. I think my work reflects my values.	4.63	0.578	Strongly agree
Factor mean	4.70	0.455	Very High
Professional Values			
3. I uphold the ethics of the nursing profession.	4.70	0.490	Strongly agree
4. I believe in the importance of compassion in nursing	4.78	0.429	Strongly agree
Factor mean	4.74	0.415	Very High
Professional Behavior			
5. I follow hospital policies and protocols strictly.	4.53	0.566	Strongly agree
6. I behave professionally at all times.	4.51	0.592	Strongly agree
Factor mean	4.52	0.531	Very High
Professional Engagement			
7. I participate in professional nursing associations.	4.33	0.640	Strongly agree
8. I take part in activities to improve nursing care.	4.48	0.566	Strongly agree
Factor mean	4.40	0.546	Very High
Professional Self-Efficacy			
9. I feel confident in my role as a nurse.	4.63	0.523	Strongly agree
10. I believe I can handle challenges in my nursing job.	4.59	0.532	Strongly agree
Factor mean	4.61	0.495	Very High
Grand mean	4.60	0.377	Very High

Note. *n=202.*

Legend: A score of 1.00 to 1.80 is very low (strongly disagree), 1.81 to 2.60 is low (disagree), 2.61 to 3.40 is moderate (neutral), 3.41 to 4.20 is high (agree), and 4.21 to 5.00 is very high (strongly agree).

The results show in Table 3 that nurses in the government hospital have a very strong professional identity across all five dimensions, reflecting pride in the profession and alignment of personal values with nursing practice. Very high ratings in self-image, professional values, professional behavior, engagement, and self-

efficacy indicate strong ethical commitment, adherence to standards, and confidence in managing clinical responsibilities (Azizi et al., 2024; Qin et al., 2024; Yi et al., 2024; Huang et al., 2024; Mei et al., 2022). These findings suggest that nurses possess strong internal motivation and commitment to providing ethical and high-quality care. However, real hospital conditions such as heavy workloads, limited resources, shifting schedules, and restricted access to professional development opportunities may challenge the sustainability of this professional identity. In government hospital settings, nurses often continue to demonstrate professionalism and compassion despite demanding work environments, highlighting their resilience. For nursing management, a workforce with strong professional identity is a valuable asset because it supports quality care, teamwork, and professional standards. At the same time, mismatches between professional ideals and workplace realities may lead to emotional strain (Zhong et al., 2024; Zheng et al., 2025). Therefore, nursing managers play an important role in sustaining professional identity by ensuring fair workload distribution, recognizing professional contributions, supporting development opportunities, and maintaining supportive leadership to strengthen morale, reduce burnout, and improve retention.

Table 4 Relationship between Personal Characteristics and Organizational Justice

Independent Variables	chi value	*p* value	Cramer's V value	Decision	Interpretation
Age	1.338E2	.392	--	Failed to reject Ho	Not significant
Sex	66.172	.436	--	Failed to reject Ho	Not significant
Civil Status	91.936	.995	--	Failed to reject Ho	Not significant
Highest Educational Attainment	1.024E2	.002	.712	Reject Ho	Significant
Total Years of Service as a Nurse	2.666E2	.375	--	Failed to reject Ho	Not significant
Length of Service in the Current Hospital	2.874E2	.117	--	Failed to reject Ho	Not significant
Area of Assignment	9.785E2	.913	--	Failed to reject Ho	Not significant
Employment Status	77.360	.140	--	Failed to reject Ho	Not significant

Legend: Significant if *p* value is < .05. Dependent variable: Organizational Justice. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

The findings in Table 4 show that most personal characteristics such as age, sex, civil status, years of service, length of service in the current hospital, area of assignment, and employment status do not have a significant relationship with organizational justice, indicating that nurses generally perceive fairness in the organization similarly regardless of demographic background. This finding is consistent with studies showing that perceptions of organizational justice are more influenced by organizational culture and leadership practices than by demographic characteristics (Mamić et al., 2024; Sun et al., 2023). In government hospitals, nurses operate under similar policies, workloads, and resource conditions, which may explain the consistent perceptions of fairness. However, educational attainment showed a statistically significant and very strong association with organizational justice. Nurses with higher education may evaluate fairness more critically due to greater awareness of organizational standards and expectations for transparency and participation in decision-making (Nemati-Vakilabad et al., 2024; Ansari et al., 2025; Abou Hashish et al., 2024). These findings highlight the need for nursing management to maintain transparent communication and equitable opportunities, particularly for highly educated nurses, since perceptions of organizational justice influence job satisfaction, well-being, and retention (Ibrahim et al., 2023; Zhao et al., 2024.

Table 5 Relationship between Personal Characteristics and Professional Identity

Independent Variables	chi value	*p* value	Cramer's V value	Decision	Interpretation
Age	23.220	.722	--	Failed to reject Ho	Not significant
Sex	16.681	.274	--	Failed to reject Ho	Not significant
Civil Status	29.466	.389	--	Failed to reject Ho	Not significant
Highest Educational Attainment	7.201	.927	--	Failed to reject Ho	Not significant
Total Years of Service as a Nurse	59.525	.349	--	Failed to reject Ho	Not significant
Length of Service in the Current Hospital	58.551	.382	--	Failed to reject Ho	Not significant
Area of Assignment	2.228E2	.510	--	Failed to reject Ho	Not significant
Employment Status	15.190	.365	--	Failed to reject Ho	Not significant

Legend: Significant if *p* value is < .05. Dependent variable: Professional Identity. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Table 5 results show that none of the personal characteristics tested—age, sex, civil status, highest educational attainment, total years of service as a nurse, length of service in the current hospital, area of assignment, and employment status—have a statistically significant relationship with nurses' professional identity, indicating that professional identity is consistently high regardless of demographic background. This suggests that pride in being a nurse, commitment to professional values, professional behavior, engagement, and confidence in the role are shared across nurses. Studies show that professional identity is shaped more by psychological, educational, and environmental influences such as self-efficacy, resilience, workload, organizational culture, and workplace experiences rather than demographic factors (Li et al., 2025; Marold, 2025; Howle et al., 2025). Professional identity develops through professional socialization, values, role modeling, and clinical experiences within the workplace (Marold, 2025; Gilvari et al., 2023). These findings imply that nursing management should focus on supportive leadership, fair workload distribution, professional development opportunities, and recognition of practice to sustain nurses' professional identity and quality of care (Howle et al., 2025; Thompson, 2023).

Table 6 Relationship between Organizational Justice and Professional Identity

Variables	r value	*p* value	Decision	Interpretation
Organizational Justice vs. Professional Identity	.474	.000	Reject Ho	Significant

Legend: Significant if *p* value is ≤ .05. Dependent Variable: Professional Identity. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

Table 6 results show a moderate and significant positive relationship between organizational justice and professional identity, indicating that nurses who feel fairly treated in the workplace tend to have a stronger sense of professional identity. When fairness is present in procedures, communication, and interpersonal interactions, nurses are more likely to demonstrate pride in their role, uphold professional values, engage in professional activities, and feel confident in their duties. This finding is supported by studies showing that organizational justice strengthens motivation, professional values, and sense of belonging among nurses (Jiang et al., 2024), and that fairness in decision-making and interpersonal treatment contributes to a more stable and well-developed professional identity (Meng et al., 2024; Douglass et al., 2024; Howle et al., 2025). In hospital practice, nurses who perceive fairness in scheduling, feedback, and leadership communication tend to show

greater enthusiasm, collaboration, and commitment to high standards of care, whereas unfair treatment such as unequal workload distribution or lack of recognition may weaken morale and professional pride (Meng et al., 2024). These findings imply that professional identity is influenced not only by personal values but also by organizational conditions, highlighting the importance of fair procedures, equitable workload distribution, clear communication, and respectful leadership in strengthening nurses' engagement, performance, and long-term commitment to the profession (Jiang et al., 2024; Howle et al., 2025).

CONCLUSION AND RECOMMENDATIONS

Conclusion. The findings reveal that Organizational justice among nurses was found to be high. Procedural and interactional justice were especially strong, suggesting that nurses experienced fair processes, respectful communication, and dignified treatment from supervisors. However, distributive justice particularly perceptions of fairness in workload, rewards, and compensation was comparatively lower than the other dimensions. Professional identity was rated at a very high level, indicating strong pride in being a nurse, commitment to professional values, consistent professional behavior, active engagement, and high self-efficacy. The personal characteristics examined in the study such as age, sex, civil status, employment status, years of service, and area of assignment were not significantly related to either organizational justice or professional identity. Only educational attainment showed a significant relationship with organizational justice, indicating that nurses with higher academic preparation have different or more refined expectations regarding fairness within the organization. No demographic factor showed significant association with professional identity. A significant moderate positive relationship was found between organizational justice and professional identity. This means that nurses who perceived higher fairness in the workplace also tended to demonstrate stronger professional identity

Recommendations. The proposed Organizational Justice and Professional Identity Enhancement Plan may be recommended for adoption in the hospital where the study was conducted to strengthen fairness practices, improve perceptions of distributive justice, and sustain the strong professional identity demonstrated by nurses, and may also be adapted by other healthcare institutions seeking to promote a more just and supportive work environment. The findings may be integrated into undergraduate and graduate nursing education, particularly in discussions on leadership, organizational behavior, and professional identity development, and may serve as reference material for teaching research methodology and correlational designs using frameworks such as Equity Theory and Social Identity Theory. Hospitals and healthcare organizations may also consider strengthening policies that promote transparent and fair organizational practices, including recognition systems, workload distribution, communication processes, and staff participation in decision-making, while recognizing the expectations of nurses with higher educational attainment to support equity, engagement, and a workforce with strong professional identity and morale. The following research topics are suggested for future studies:

a. "Organizational Justice and Professional Identity Among Nurses: A Large-Scale Multi-Site Study Across Diverse Healthcare Settings"

b. "Fairness Practices and Professional Identity in Nursing: A Mixed-Method Examination Across Different Hospital Categories"

c. "The Lived Experiences of Nurses on Organizational Fairness and Its Influence on Their Professional Identity: A Phenomenological Study"

Organizational Justice And Professional Identity Enhancement Plan

Rationale

A strong sense of organizational justice is essential in creating a healthy work environment where nurses feel respected, valued, and treated fairly. Fair processes, consistent decisions, transparent communication, and dignified interpersonal treatment contribute to building trust and strengthening nurses' professional identity. Professional identity, which includes pride in being a nurse, commitment to ethical values, professional behavior, engagement, and self-efficacy, is closely linked to quality of care, teamwork, and motivation. Findings of the study revealed that nurses exhibited a high level of organizational justice, particularly in

procedural and interactional aspects, while distributive justice was relatively lower. Nurses also showed a very high level of professional identity, and a moderate positive significant relationship was found between organizational justice and professional identity. This means that higher perceptions of fairness contribute to stronger professional identity among nurses.

Additionally, educational attainment was the only personal characteristic significantly associated with organizational justice, suggesting that nurses with advanced degrees may have higher expectations for fairness, recognition, and involvement in organizational decisions. Thus, this plan aims to strengthen organizational justice practices while ensuring the long-term sustenance of nurses' professional identity.

General Objectives

To strengthen organizational justice and sustain a very high level of professional identity among nurses.

Specific Objectives

a. To improve the relatively lower level of distributive justice among nurses;

b. To maintain and further enhance high procedural and interactional justice;

c. To sustain and strengthen the very high professional identity among nurses; and

d. To address the distinct fairness expectations of nurses with higher educational attainment.

Areas of Concern	Specific Objectives	Activities	Persons Responsible	Resources	Time Frame	Success Indicators
Relatively lower distributive justice (fairness of workload, rewards, and opportunities).	To improve distributive justice among nurses.	**Personally initiated activities:** • Tracking accomplishments for accurate performance evaluation **Hospital-initiated activities:** • Clear dissemination of workload guidelines.	Staff Nurses Nurse Supervisors Chief Nurse HR Director Hospital Administrators	• Reward and recognition guidelines • Performance evaluation tools • Budget for recognition activities (Php 10,000/activity) • Updated staffing assignment matrix	First Quarter of 2026 Onwards	• Improved distributive justice scores • Documented recognition activities • Transparent workload schedule postings
Need to maintain high procedural justice (fairness of processes and decisions).	To sustain and strengthen procedural justice among nurses.	**Personally initiated activities:** • Participation in unit meetings to understand hospital processes. **Hospital-initiated activities:** • Conduct seminars on Transparent Decision-Making and Policy Clarity.	Staff Nurses Nurse Supervisors Chief Nurse HR Director	Communication tools • Learning modules • Policy transparency boards • Meeting minutes forms	First Quarter of 2026 Onwards	• Consistent procedural justice scores • Clear, posted policies • Nurse participation in policy reviews
Need to preserve very high interactional justice (respectful treatment,	To maintain and enhance high interactional justice among nurses.	**Personally initiated activities:** • Practicing respectful and supportive communication.	Staff Nurses Nurse Supervisors Chief Nurse HR Director	• Training materials • Budget for team-building (Php 20,000/activity) • Communication	First Quarter of 2026 Onwards	• Sustained very high interactional justice scores • Active participation in

communication, dignity).		supervisors. **Hospital-initiated activities:** • Conduct trainings on Respectful Communication and Professional Interactions.		posters • Feedback forms		team-building activities • Fewer interpersonal conflicts reported
Need to sustain very high professional identity.	To maintain and reinforce nurses' strong professional identity.	**Personally initiated activities:** • Joining professional associations and CPD programs. **Hospital-initiated activities:** • Conduct Professional Identity Development Seminars.	Staff Nurses Nurse Supervisors Chief Nurse Training Unit HR Director	• CPD modules • Mentorship forms • Certificates for recognition • Seminar budget (Php 10,000/activity)	First Quarter of 2026 Onwards	• Sustained very high professional identity scores • Increased participation in professional activities
Educational attainment significantly affects perceptions of fairness.	To address fairness expectations of nurses with higher educational attainment.	**Personally initiated activities:** • Participation in policy discussions and leadership tasks. **Hospital-initiated activities:** • Involvement of highly educated nurses in committees requiring analytical input (research, quality improvement, policy review).	Chief Nurse Nurse Supervisors HR Director Hospital Administrators	• Leadership development materials • Committee assignment lists • Evaluation tools	First Quarter of 2026 Onwards	• Higher fairness ratings among advanced-degree nurses • Increased involvement in leadership committees

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