

## Impact of Work Distributive Justice on Patient's Satisfaction: Mediating Roles of Nurses' Work Performance

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**Abstract:** In any organization justice in work distribution is crucial. This justice in the work distribution increases the confidence of the workers and provides equality among other worker. Therefore, the objective of this study is to investigate the relationship between work distribution justice and patient satisfaction in the context of the Hail health cluster. Further, to examine the role of work performance as a mediator. The study employed a quantitative research design, utilizing a sample of 327 nurses working within the Hail Health Cluster. Data was collected through structured questionnaires from May to July 2024, after the data analysis SEM-PLS was used to extract the results. The findings reveal a significant positive relationship between distributive justice and patient satisfaction, with nurses' performance acting as a vital mediator. Results indicate that equitable distribution of workloads, recognition, and resources among nursing staff not only enhances their performance but also leads to improved patient satisfaction levels. The mediating effect of nurses' work performance underscores the importance of distributive justice as a fundamental factor in healthcare management that enhances patient care outcomes. This research highlights the need for healthcare administrators to implement fair and transparent policies regarding workload distribution to foster an environment that supports high-quality nursing performance, ultimately benefiting patient care and satisfaction.

**Keywords:** *Work distributive justice, patient satisfaction, employee performance, Hail health cluster*

### 1. Introduction

In today's healthcare system patient satisfaction has emerged as a critical measure of quality and success. Among various factors influencing patient satisfaction, the role of work distributive justice fairness in workload distribution and resources among healthcare staff holds considerable importance. When healthcare organizations ensure that resources, responsibilities, and rewards are distributed equitably among staff, it positively impacts job satisfaction, motivation, and overall performance, especially among nurses, who are at the forefront of patient care. In high-stress healthcare environments (Hussain, 2024; Hussain et al., 2022; Junior et al., 2021), the risk of burnout and job turnover is significant. By avoiding irregular capabilities distributive justice can help moderate it which usually leads to a trite, stressed team. Healthcare sector services can decrease stress rates, recollect skilled specialists, or retain the stability of care by ensuring that no individual staff team members or sector is overawed, all of them are important for patient satisfaction and care (Hodkinson et al., 2022).

Moreover, in the Hail Health Cluster, came to know the effect of work-distributive justice on patient happiness takes on a specific importance. This constituency, the healthcare sector requires allocation of resources, gives and superlative setting to discover better capability circulation between nurses can intervene in patient consequences (Van den Oetelaar et al., 2021). Nurses as crucial caretakers play an important role in defining the worth of patient collaboration, the effectiveness of fair distribution, and finally patient relaxation. Therefore, investigating if distributive justice affects their capability can give an important vision into getting advanced patient care levels (Hussain et al., 2022).

Thus, this research seeks the connect this knowledge gap by discovering the mediating role of the work performance of nurses in the relationship between distributive justice and patient care in the Hail Health Cluster (Aloufi, 2023). The findings aim to offer healthcare administrators and policymakers actionable insights into the significance of equitable resource allocation, aiming for improved patient care and satisfaction across healthcare systems as well as facilitating the nurses with training and skill development (Duffy, 2022).

## 2. Literature Review

This section of the article is developed in the review of previous studies. In this study work distributive justice is the independent variable and patient satisfaction is the dependent variable, whereas nurses' work performance is the mediator between the WDJ and PS as well as training and skill development is the moderator between this variable. All the variables are explained one by one:-

### **Work Distributive justice**

Work distributive justice refers to the fair and equitable allocation of responsibilities, rewards, and resources among employees within an organization (Yang et al., 2021). In healthcare, this concept is crucial because it ensures that no single staff member is overburdened, which can lead to burnout and decreased job satisfaction. Fair distribution fosters a positive work environment, encouraging teamwork, morale, and motivation among healthcare professionals. When staff members perceive fairness in workload distribution, they are more likely to be committed, cooperative, and focused on delivering quality patient care (Pradhan Shah et al., 2024). Thus, work distributive justice serves as a foundational element for maintaining both workforce well-being and patient-centered service quality (Anderson, 2021).

### **Work performance**

Work performance in healthcare encompasses the efficiency, effectiveness, and quality with which healthcare professionals execute their duties and responsibilities. For nurses and other frontline staff, high work performance means adhering to care standards, following protocols, and providing compassionate and timely patient care (Gkliati & Saiti, 2022). Performance is influenced by multiple factors, including workload, resources, training, and the support available within the healthcare system. When staff performance is optimized, patients receive better care, experience shorter wait times, and report higher satisfaction (Hung et al., 2021). Therefore, enhancing work performance through fair practices and adequate resources directly benefits both patients and the healthcare facility's overall reputation (Mohammad et al., 2021).

### **Patients satisfaction**

Patient satisfaction is a critical measure of the quality and effectiveness of any organization. In healthcare, the satisfaction of patients reflects the patients' overall experience and perceived value of care received (Ampaw et al., 2020). Factors influencing patient satisfaction include the timeliness of care, staff empathy, communication clarity, and facility organization. In healthcare settings, satisfied patients are more likely to trust their providers, adhere to treatment plans, and experience improved health outcomes (Drossman & Ruddy, 2020). Patient satisfaction also impacts the institution's reputation and financial success, as satisfied patients are more likely to return for future care and recommend the facility to others. Thus, patient satisfaction serves as both a direct and indirect indicator of a healthcare organization's performance and patient-centered approach (Wang et al., 2023).

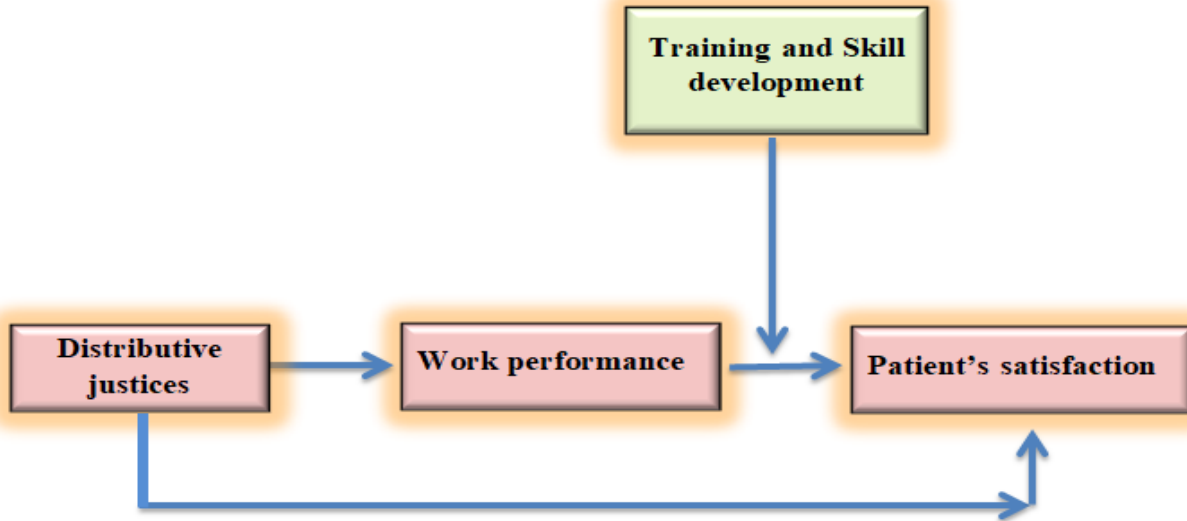
### **Training and skill development**

Training and skill development are essential for healthcare staff to maintain competence, adapt to new technologies, and provide high-quality patient care (Ngenzi et al., 2021). Continuous professional development ensures that healthcare providers are well-prepared to handle evolving medical practices, advanced equipment, and patient care challenges. For nurses and other frontline staff, ongoing training helps to improve technical skills, patient interaction capabilities, and crisis management. (V Babu et al., 2021). Effective training programs not only enhance individual performance but also contribute to team cohesion, reduce errors, and improve patient outcomes. Therefore, investing in training and skill development is integral to building a knowledgeable, confident, and adaptable healthcare workforce that can meet patient needs effectively (Hodkinson et al., 2022).

### **Hypothesis Development and Conceptual Framework**

The hypothesis for this study is developed based on a literature review of the previous study and the current study fills the gap created by the previous study with the help of the following diagram. This section of the study explains the relationship among the variables and develops hypotheses.

Figure 1: Conceptual framework



Source: Developed by author

### Work-Distributive Justice and Patient Satisfaction

Work distributive justice plays a significant role in shaping patient satisfaction, particularly in healthcare settings where fair treatment of staff directly impacts the quality of patient care. (Liu et al., 2021). When workloads and resources are distributed equitably, healthcare staff, especially nurses, experience reduced stress and increased job satisfaction, allowing them to dedicate more attention and empathy to patients. This positive work environment encourages staff commitment and engagement, ultimately enhancing the patient experience (Ogbonnaya & Babalola, 2021). Therefore, work-distributive justice not only improves staff morale but also contributes to patients' perception of quality care, directly impacting their satisfaction levels. (Ahmad et al., 2022). Based on the above discussion following hypothesis can be developed as

**H1:** *There is a positive relationship between Work Distributive justice and Patient's satisfaction*

### Work Distributive justice and nurses' work performance

The fair distribution of tasks and responsibilities among nurses is a key factor in boosting their work performance. (Kitsios & Kamariotou, 2021). When nurses feel that their workload is manageable and resources are allocated equitably, they are more likely to stay motivated, maintain high standards of care, and demonstrate a proactive approach to patient care. Moreover, equitable distribution reduces the likelihood of fatigue and burnout, which often hinder work performance. (Maslach & Leiter, 2022). This sense of fairness in workload not only supports the individual nurse's performance but also improves team dynamics, which is essential in delivering cohesive, efficient patient care. (Ellis, 2021). Based on the above discussion following hypothesis can be developed as

**H2:** *There is a positive relationship between Work Distributive justice and nurses work performance*

### Work Performance and Patient Satisfaction

There is a strong link between healthcare work performance and patient satisfaction. When nurses and other staff perform their duties effectively, patients benefit from timely, compassionate, and thorough care, which positively impacts their perception of the healthcare experience. (Malenfant et al., 2022). High work performance among healthcare providers means they can better meet patient needs, answer questions, and respond to concerns, leading to higher patient trust and confidence in the care they receive. Consequently, improved work performance is a critical driver of patient satisfaction, as it contributes directly to a positive and reassuring patient experience. (Locock et al., 2020). Based on the above discussion following hypothesis can be developed as

**H3:** *There is a positive relationship between nurses work performance and Patient's satisfaction*

**Work performance as a mediator**

Nurses’ work performance serves as a positive mediator between work-distributive justice and patient satisfaction, meaning that fair workload distribution enhances nurse performance, which in turn improves patient satisfaction. (Hashish, 2020). When distributive justice is present, nurses feel valued and supported, leading to better focus, attentiveness, and care quality. This enhanced performance naturally results in higher patient satisfaction, as patients receive the benefits of a well-supported nursing staff. (Hannah, 2023). Therefore, nurses’ work performance is a vital link that enables the positive effects of work-distributive justice to translate into improved patient experiences and outcomes. (Hashish, 2020). Based on the above discussion following hypothesis can be developed as

***H4:** Nurse’s work performance positively mediates the relationship between Work Distributive justice and Patient Satisfaction*

**Training and skill development moderate**

Training and skill development act as a moderator in the relationship between nurses’ work performance and patient satisfaction (Jankelová & Joniaková, 2021). Well-trained nurses with up-to-date skills are more adept at handling patient needs, managing complex cases, and using advanced technology, all of which contribute to higher patient satisfaction. When healthcare organizations invest in continuous training, it amplifies the effect of strong work performance by equipping nurses with the skills needed to provide efficient and compassionate care. (Giordano et al., 2024). In this way, training and development enhance nurses’ ability to deliver quality care, reinforcing the positive impact of their performance on patient satisfaction (King et al., 2021). Based on the above discussion following hypothesis can be developed as

***H5:** Training and skill development moderate the relationship between nurses work performance and Patient’s satisfaction*

**3. Methodology**

In the study, the main respondents are staff nurses working in a public hospital in the Hail health cluster in Saudi Arabia. The public hospital has the largest number of nurses. A simple random sampling method is used to select the data. The researcher excluded the nurses who were on leave during this period of data collection and also excluded the nurses who did not have direct patient care and medical students. The unique number who exceeded the criteria was 2171. The researcher selected the sample size of 327 nurses at a 95% confidence level and 5% confidence interval by the Lynch formula. This study is a cross-section and data is collected with the help of a questionnaire. Before the data collection, the administration of the hospital was informed about the aim of the study. The questionnaire was distributed by hand and face-to-face. There were 317 questionnaires used for the data analysis after scanning. So the response rate was favorable for the data analysis. The following table explains the demographic characteristics of respondents.

**Table 1: Demographic characteristics**

| <b>Demographic variable</b> | <b>Category</b>          | <b>Percentage (%)</b> |
|-----------------------------|--------------------------|-----------------------|
| <b>Gender</b>               | Male                     | 40%                   |
|                             | Female                   | 60%                   |
| <b>Age group</b>            | Less than 25             | 19%                   |
|                             | 26- 35                   | 35%                   |
|                             | 36-45                    | 28%                   |
|                             | 45 above                 | 18%                   |
| <b>Position</b>             | Register Nurses          | 50%                   |
|                             | Advanced Practice Nurses | 30%                   |
|                             | Medical Surgical Nurses  | 20%                   |
| <b>Years of experience</b>  | Less than year           | 8%                    |
|                             | 1-5 years                | 27%                   |
|                             | 6-7 years                | 18%                   |
|                             | 6-10 years               | 22%                   |
|                             | More than 10             | 25%                   |

**Measurement scales of variable**

In this study the work distributive is the independent variable, it is measured with 5 items. The patient’s satisfaction is the independent variable and it is measured with 5 items developed by (Panteloukas et al., 2012; Tarjo, 2020). Further, the work task performance of the workers is a mediator and it is measured with 7 items. The training and skill development is the moderator and it is measured with five items developed by (Elneel & Almulhim, 2024; Hayat, 2024). All the variables are measured ad fiver Likert-scale.

**Data analysis techniques**

For the analysis of data, the current study used SmartPls and applied SEM test. First of all, a measurement model was conducted for extracting the values of Cronbach alpha values (CA), composite reliability (CR) average variance extracted (AVE), and the Heterotrait-Monotrait (HTMT) ratio. Furthermore, the theoretical model was investigated by analyzing the discriminant validity (DV) and correlation. Moreover, common method bias was used, such as “variance inflation factor (VIF), coefficient of determination (R2), effect size (F2), and predictive relevance (Q2).

**4. Findings**

**Assessment of Measurement Model**

The measurement model explains Cronbach's alpha values, The Composite Reliability (CR) values, and the Average Variance Extracted (AVE). Further factor loading of the variables is also estimated there.

**Table 2: Factor loading, CA, CR, and AVE values**

| Variable                       | Code  | Loading | CA   | CR   | AVE  |
|--------------------------------|-------|---------|------|------|------|
| Work distributive justices     | WD1   | 0.76    | 0.73 | 0.85 | 0.63 |
|                                | WD 2  | 0.80    |      |      |      |
|                                | WD 3  | 0.77    |      |      |      |
|                                | WD 4  | 0.84    |      |      |      |
|                                | WD 5  | 0.81    |      |      |      |
| Patient’s satisfaction         | PS 1  | 0.78    | 0.78 | 0.81 | 0.66 |
|                                | PS 2  | 0.82    |      |      |      |
|                                | PS 3  | 0.86    |      |      |      |
|                                | PS 4  | 0.71    |      |      |      |
|                                | PS 5  | 0.85    |      |      |      |
| Training and skill development | TSD 1 | 0.78    | 0.84 | 0.91 | 0.67 |
|                                | TSD 2 | 0.83    |      |      |      |
|                                | TSD 3 | 0.88    |      |      |      |
|                                | TSD 4 | 0.84    |      |      |      |
|                                | TSD 5 | 0.79    |      |      |      |
| Work task performance          | WTP 1 | 0.74    | 0.86 | 0.83 | 0.72 |
|                                | WTP 2 | 0.79    |      |      |      |
|                                | WTP 3 | 0.76    |      |      |      |
|                                | WTP 4 | 0.80    |      |      |      |
|                                | WTP 5 | 0.83    |      |      |      |
|                                | WTP 6 | 0.87    |      |      |      |
|                                | WTP 7 | 0.84    |      |      |      |

This table explains that there are factor loading of four variables. This table explains the CA, CR, and AVE values. The result indicates that all the CA values are more than 0.60 and CR also meets the threshold level which explains the reliability of the data. Further, the AVE value is also more than 0.50. Overall, the result of this study provides significant results

**Table 3: Discriminant validity (Fornell and Lacker Criterion)**

| Construct | WD   | PS   | TSD  | WTP  |
|-----------|------|------|------|------|
| WD        | 0.84 |      |      |      |
| PS        | 0.52 | 0.78 |      |      |
| TSD       | 0.42 | 0.51 | 0.81 |      |
| WTP       | 0.41 | 0.48 | 0.46 | 0.80 |

Table 4 presents the discriminant validity of the constructs in the study, evaluated using the Fornell-Larcker criterion. Overall, all exhibit good discriminant validity as their AVE square root (0.77) exceeds its correlations with the other constructs

### Assessment of Structural Model

The assessment of the structural model explains the acceptance and rejection of the hypothesis based on the p-value. This model also provides the results of path coefficients and discussion about the results. The table explains the Hypothesis testing

**Table 6: Results of Hypothesis testing**

| Hypothesis | Path       | Beta value | t-value | p-value | Decision |
|------------|------------|------------|---------|---------|----------|
| H1         | WD->PS     | 1.27       | 3.10    | 0.005   | Accepted |
| H2         | WD->WP     | 3.21       | 2.94    | 0.005   | Accepted |
| H3         | WP->PS     | 0.63       | 4.67    | 0.010   | Accepted |
| H4         | WD->WP->PS | 0.58       | 5.04    | 0.002   | Accepted |
| H5         | TSD*OC->KT | 1.67       | 3.28    | 0.000   | Accepted |

This table describes the consequences of hypothesis testing, showing the link between variables with the use of coefficient values, testing values, and probability values. Every hypothesis is based on the probability value threshold of 0.05, indicating statistical importance if the probability value is below this level. Below is a complete explanation of each hypothesis.

Thus, each hypothesis is statistically important with probability values below 0.05, associated with each planned link. These results show the significance of work distributive justice, work performance, training, and organizational culture in positively affecting patient care and knowledge allocation.

### Discussion

This result from this research shows the significance of distributive justice and training in improving healthcare sector work performance and patient satisfaction. The acceptance of all hypotheses shows that there is a significant link between each variable, associated with the planned framework.

Firstly, distributive justice has a positive impact on work performance. This finding is in line with the previous study, which shows that fair distribution of resources or rewards can improve the self-confidence and obligation of employees (Mohsin et al., 2024; Naseem et al., 2020; Sarfraz et al., 2023). When healthcare sector staff perceives fairness in the working atmosphere, they can perform excellently, which assistances the sector. This result shows the significance of promoting a working environment where all workers feel free, valued, and fairly treated (Santos et al., 2024).

Training and skill development are important components of this research. Organizations allow workers to use their responsibilities more effectively by improving the skills of employees which consequently affect work performance and patient satisfaction (Abdullah et al., 2021). The acceptance of the hypothesis shows that training not only gives power to employees to work hard but also increases the patient satisfaction level. Patients feel more free in the quality of patient care they have when attended by trained experts (Hannawa et al., 2022).

The link between worker performance and patient satisfaction was also accepted, showing that the quality of healthcare sector services has a good impact on the experience and care level of patients (Mohsin et al., 2021; Muhammad et al., 2019; Naiwen et al., 2021; Naseem et al., 2020; Sarfraz et al., 2023). Improved work



performance, driven by a combination of distributive justice and training, leads to better healthcare outcomes, which enhances the patient experience. This finding aligns with prior studies in healthcare that underscore the link between effective service delivery and positive patient outcomes. The study underscores the critical role of fair treatment, ongoing training, and a skilled workforce in healthcare organizations. (Singh et al., 2024). Healthcare administrators should focus on implementing fair practices, continuous training programs, and skill development initiatives to ensure high work performance, thereby enhancing patient satisfaction. (Moldovan et al., 2022).

## 5. Recommendations and Limitations

### Practical Implications

This research is based on practical implementation and encourages the organization to improve fairness or justice in the workroom, this study shows that distributive justice plays an important role in fostering work performance and patient satisfaction. Healthcare experts should implement policies and gratitude, which can higher the motivation, service quality, and maintenance of workers. Therefore, investing in training programs is important for preparing workers with the important skills which address the patient wants. Healthcare sectors and institutions can improve the patient satisfaction level and reputation of an organization by concentrating on patient-centered care or developing performance metrics.

### Theoretical Implications

This research is also based on the theoretical framework of distributive justice by showing its importance in the healthcare sector, describing if justice affects employee performance and patient consequences, thus increasing its implication beyond the traditional group atmosphere. Moreover, it incorporates a performance model and training, describing that employee training has a significant influence on work performance and patient satisfaction.

Furthermore, the findings reinforce the established relationship between work performance and patient satisfaction, underscoring its critical relevance in healthcare and the importance of effective service delivery in enhancing patient experiences.

### Limitations and Recommendations for Future Study

This study has practical, theoretical, and empirical foundations. But there are limitations also exist. This study's limitations include restricted generalizability due to specific sample characteristics, such as being drawn from a single healthcare institution or geographic area. Future research should replicate this study across diverse healthcare settings to enhance the validity of the findings. Additionally, while the focus was on distributive justice, exploring other dimensions of organizational justice, like procedural and interactional justice, could provide a more comprehensive understanding of fairness perceptions in healthcare. Longitudinal studies are recommended to better assess causal relationships over time, as the current study relies on cross-sectional data. Expanding the scope to include a wider array of patient satisfaction metrics, such as loyalty and trust, would deepen insights into how work performance impacts various aspects of patient experience. Lastly, investigating potential mediating variables, like employee engagement, and moderating factors, such as organizational culture, could reveal more intricate interactions between distributive justice, training, work performance, and patient satisfaction.

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