

Organisational Justice and Turnover Intention in Hospital Settings: A Systematic Literature Review and Insights for Future Research

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Received: 21 October 2024 | Accepted: 25 November 2024 | Published: 31 December 2024

DOI: <https://doi.org/10.55057/ajress.2024.6.8.10>

Abstract: *This article systematically reviews the literature related to investigations of the relationship between organisational justice and turnover intention among employees in hospital settings. The results outline an intricate relationship between these factors, highlighting key findings and future research directions. The outcomes of the review suggest that, while existing literature has made initial strides in establishing a theoretical foundation to understand this connection, it emphasises the need for a more inclusive, holistic, and integrated approach in future research. Thus, several future research approaches are recommended: (1) Research design: (i) conduct longitudinal studies to explore the extent to which the dynamics of justice practices influence turnover intention over time, and (ii) perform more in-depth research using a mixed-method approach; (2) Research population and sampling: (i) broaden participation by including other specific medical professionals instead of focusing heavily on a particular group (e.g., nurses), and (ii) adopt more representative sampling procedures for greater generalisability of findings; (3) Research framework: (i) investigate distinct organisational justice components to gain nuanced insights and advance theoretical understanding of contextual dynamics, (ii) address the lack of studies focusing on the negative determinants related to these variables, and (iii) explore additional mediating and moderating variables between organisational justice and turnover intention. Future research considering these recommendations is essential to provide a more integrated and comprehensive understanding of how organisational justice influences turnover intention, enabling healthcare organisations to develop more effective strategies for employee retention and improving overall workforce stability.*

Keywords: Organisational justice, turnover intention, hospitals, systematic review

1. Introduction

The global healthcare sector is grappling with a high turnover of healthcare professionals, particularly physicians, which has adversely impacted the quality of patient care and the sustainability of health systems (Perreira et al., 2018; Zahednezhad et al., 2020). Recent research highlights that fear related to COVID-19 has played a significant role in driving healthcare workers to leave their jobs, exacerbating concerns about staff shortages, heavier workloads for those who remain, and a decline in healthcare service quality in several countries (Abd-Ellatif et al., 2021; Poon et al., 2022). According to Poon et al. (2022), the pandemic-induced fear amplified stressors such as anxiety, burnout, and increased workload that

contributed to high turnover rates prior to COVID-19. As the pandemic wanes, it is crucial to reexamine the factors from before the pandemic that continue to influence healthcare workers' decisions to leave their jobs (Poon et al., 2022).

The Malaysian public sector's physician turnover has persisted even before the COVID-19 pandemic (Abdul Rassip & Wan Puteh, 2020; Dulajis et al., 2022). The significant loss of doctors from the public sector has resulted in maldistribution, shortages, and a brain drain, negatively impacting the Malaysian public health system (Ab Rahman et al., 2019). As a result, public health facilities have managed around 70% of the country's acute health cases with only 30% of its specialists, hindering progress toward providing universal healthcare access (Ahmad, 2019). This exodus of public doctors raises concerns about the capacity of public hospitals to handle large-scale medical care and treat complex health conditions (Dulajis et al., 2022). Such issues highlight the critical need for effective measures to retain physicians and ensure equitable healthcare delivery across Malaysia.

Physicians in Malaysia's public sector have long expressed dissatisfaction with excessive workloads, additional administrative tasks, lack of recognition, and perceived imbalances between their efforts and the rewards they receive (Ab Rahman et al., 2019; Dulajis et al., 2022). Abdul Rassip and Wan Puteh (2020) pointed out that limited career advancement opportunities, insufficient compensation, inadequate training, and inflexible work schedules contribute to this dissatisfaction and desire to leave. These concerns align with the concept of organisational justice (OJ) by several scholars (e.g., Colquitt et al., 2001; Greenberg, 1990), suggesting that public doctors in Malaysia may feel a sense of injustice, leading to their job dissatisfaction and tendency to leave. The application of OJ as a factor for turnover intention (TI) remains underexplored, as earlier studies have not explicitly focused on it (Abdul Rassip & Wan Puteh, 2020; Dulajis et al., 2022).

While OJ is acknowledged as a vital factor influencing TI, it is suggestive that its role in the Malaysian public sector's healthcare context has not been explicitly studied and requires specific research. In order to address this scarcity, it is crucial to examine how existing literature can guide the development of a strong theoretical foundation for future research. This systematic literature review aims to consolidate and assess the current research on OJ and TI among healthcare professionals, particularly physicians. It is expected that this review could provide a clearer understanding of the theoretical relationships involved and lay the groundwork for future studies. The insights gained from this review will help inform a cohesive theoretical framework for a dedicated study in the Malaysian public sector's healthcare context.

2. Methodology for Systematic Review

The authors adopted the Preferred Reporting Items Systematic Reviews and Meta-Analysis (PRISMA) method to search for relevant materials from leading databases (Scopus, Dimensions, and Google Scholar). The systematic review process employed in this study consisted of four stages: (i) identification of relevant resources based on specified keywords, (ii) screening according to eligibility criteria, and (iii) exclusion of those not meeting the inclusion requirements. Data abstraction and analysis concluded the review process.

3. PRISMA Systematic Review Procedure

PRISMA (Moher et al., 2009) guided the present study's systematic review. This methodology has the distinct merits of outlining specific research questions that enable systematic

investigation and defining exclusion and inclusion criteria. It allows the present study to systematically search for terms related to investigating the linkages between OJ and TI among healthcare workers.

3.1 Identification of the Resources

The authors gathered materials from databases (Scopus, Dimensions, and Google Scholar) that are commonly accessible to research communities. Scopus and Google Scholar have been among the leading bibliographic data sources. These databases have offered metadata of multidisciplinary research, scientific papers, and citation links for over 15 years. Scopus contains over 84 million records, while Google Scholar contains up to a hundred million scholarly and grey literature records. Meanwhile, Dimensions provides a platform for the databases linked to grants, publications, datasets, clinical trials, patents and policy documents amounting to more than 106 million publications.

3.2 Eligibility and Exclusion Criteria

Table 1 outlines the inclusion and exclusion criteria to shortlist the resources that complied with the systematic review objectives. The inclusion criteria focused only on English-language full-text journal articles published between 2016 and 2022. Further, a test of the link between OJ and TI is taken as a segment of the inclusion criteria.

Table 1: The inclusion and exclusion criteria

Criteria	Inclusion	Exclusion
1. Year	2016 - 2022	Before 2016
2. Language	English	Non-English
3. Types of resources	Full-text journal articles	Non-journal articles
4. Study objective	Testing the linkage between OJ and TI	Not testing the linkage between OJ and TI

3.3 Systematic Review Process

The present study went through three stages of the systematic review process. It started in February 2023 by identifying keywords and their related resources. The keywords included were ‘organisational justice’ or ‘organisational justice’. Additionally, ‘turnover intention’ and other terms carrying similar meanings, such as ‘intention to leave’ and ‘intention to quit’, were combined in the search string (**Table 2**). This stage produced 717 research articles, proceeding papers, review papers, citations, and theses.

Table 2: The result of resources gathered based on the search strings

Databases	Search Strings	Results
Scopus	TITLE-ABS-KEY (“organi*ational justice”) AND (“turnover intention” OR “intention to leave” OR “intention to quit”))	185
Dimensions	Title and abstract: (“organisational justice” OR “organisational justice”) AND (“turnover intention” OR “intention to leave” OR “intention to quit”)	283
Google Scholar	allintitle: “organisational justice” OR “organisational justice” AND “turnover intention” OR “intention to leave” OR “intention to quit”	249

In the second stage, the screening process included additional keywords of ‘healthcare’ and ‘hospital’ in the search strings, looking for relevant studies specifically conducted among healthcare or hospital personnel (**Table 3**). It produced 97 results, but 28 duplicates were detected and removed accordingly. Thus, 69 of them were retained for further review stages.

Table 3: The result of resources screening gathered based on the search strings

Databases	Search Strings	Results (Removed)	Retained
Scopus	TITLE-ABS-KEY (("organi*ational justice") AND ("turnover intention" OR "intention to leave" OR "intention to quit") AND ("health*care" OR "hospital*"))	31 (0)	31
Dimensions	Title and abstract: ("organisational justice" OR "organisational justice") AND ("turnover intention" OR "intention to leave" OR "intention to quit") AND ("healthcare" OR "health care" OR "hospital")	39 (23)	16
Google Scholar	allintitle: "organisational justice" OR "organisational justice" AND "turnover intention" OR "intention to leave" OR "intention to quit" AND "healthcare" OR "health care" OR "hospital" OR "hospitals"	27 (5)	22

The third stage (eligibility) involved briefly assessing the titles and abstracts. Since the current study decided only to include full-text journal articles published in English between 2016 and 2022 that examined the links between OJ and TI, 48 resources did not meet the inclusion criteria and were eliminated. In the final stage of the systematic review process, the present study included the remaining 21 articles (14 from Scopus, four from Dimensions, and three from Google Scholar) that met the inclusion criteria for qualitative analysis (**Figure 1**).

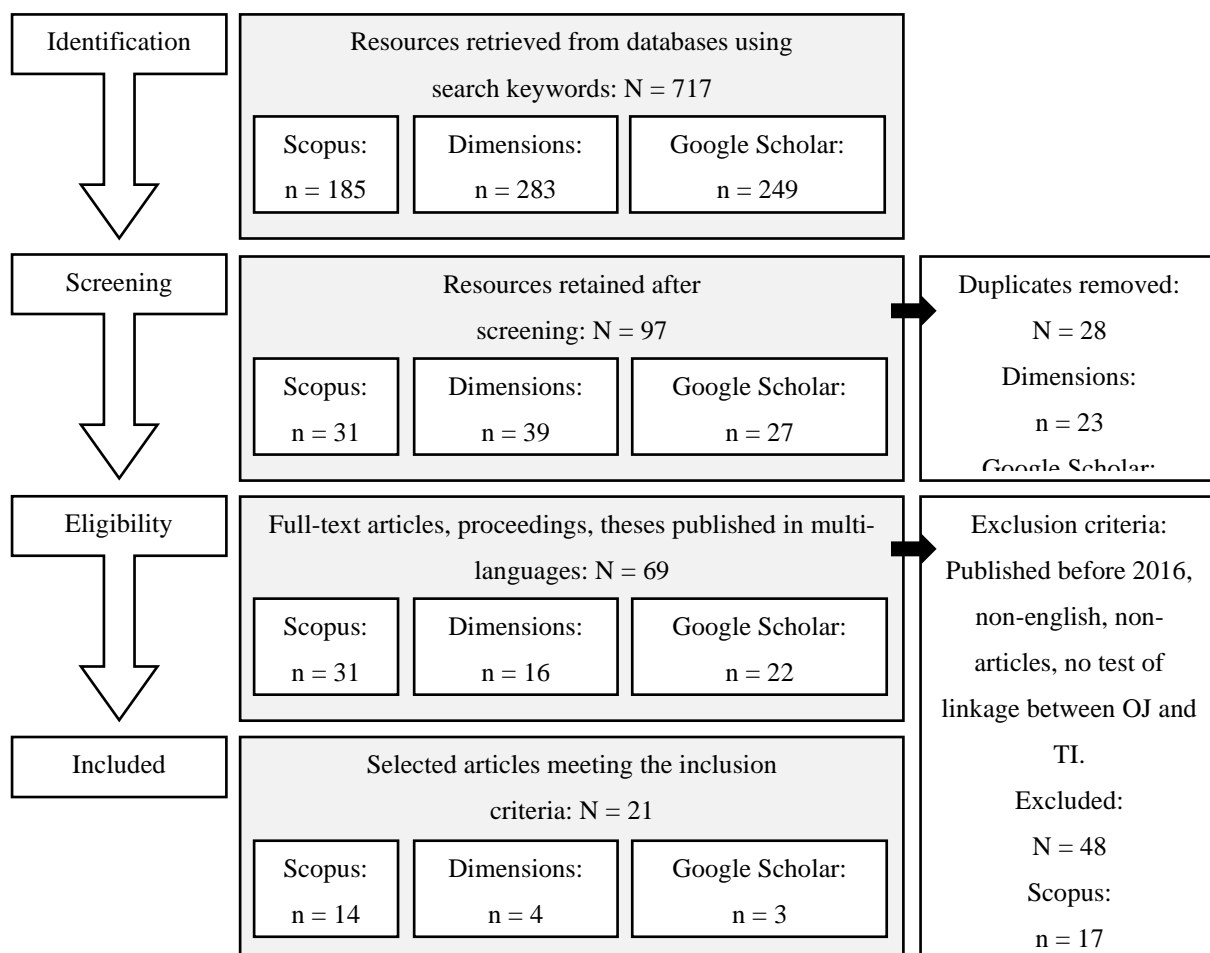


Figure 1: Process Flow of the Systematic Review Process

4. Data Abstraction and Analysis

In preparation for the data extraction (**Table 4**), a brief abstract review and an in-depth qualitative content analysis involving the selected 21 publications were conducted. It aims to identify in what orientation and to what extent OJ links to TI, especially among healthcare workers. The authors have learnt that various other elements, directly and indirectly, associate OJ's relationship with TI.

Table 4: Extraction of data from the reviewed articles

Author	Justice Issues	Method	Variables	Findings
Sokhanvar et al. (2016)	Senior nurses' turnover increases work pressure and stress within a vicious cycle. Across many factors, injustice is presumed to cause negative attitudes and TI. However, they have not been extensively explored.	Design: Quantitative cross-sectional Samples: Nurses Sampling: Not done Organisation: LabafiNejad Hospital Location: Iran	X: OJ (distributive, procedural, interactional and systemic) Y: TI	Linkages of OJ and TI: 1. OJ is inversely correlated to TI. 2. Procedural and interactional justice were inversely correlated to TI. 3. Distributive and systemic justice were not significant in impacting TI. Highlight: The most cost-effective and significant factors impacting TI are interactional and procedural justice.
Jeroen et al. (2016)	The relationship between hospitals and physicians has been strained and deteriorated. While most studies have focused on financial relationships, the economic and non-economic hospital-physician exchanges are less explored.	Design: Quantitative cross-sectional Samples: Self-employed physicians having a contractual relationship with Belgian hospitals Sampling: Convenience Organisation: General hospitals Location: Belgium	X1: Psychological contract breach X2: OJ (distributive and procedural) Y: Organisational attitudes (job satisfaction, affective commitment, intention to leave) Z: Leader-member exchange	Linkages of OJ and TI: 1. Psychological contract breach and OJ were related to organisational attitudes. 2. Low intention to leave constituted part of positive organisational attitudes derived from perceived justice. Highlight: Leader-member exchange diminished psychological contract breach and enhanced OJ effects on organisational attitudes.
Bayer & Şahin (2016)	High nurse turnover is a pressing issue driven by unfair treatment, lack of justice, and hostile work environments. However, few have studied ethical leadership roles and justice in influencing TI.	Design: Quantitative cross-sectional Samples: Nurses with at least one year of working experience Sampling: Purposive Organisation: General-purpose private hospital Location: Türkiye	X: Ethical leadership Y: TI M: Overall OJ	Linkages of OJ and TI: 1. Unidimensional OJ and its components (distributive, procedural and interactional) were negatively related to TI. 3. OJ linked ethical leadership and TI through its mediation effect. Highlight: Nurses' decisions to remain or leave their jobs are significantly driven by their perception of ethical leadership and justice.

Author	Justice Issues	Method	Variables	Findings
Lee et al. (2016)	Nurses care for patients dealing with irregular days and nights, causing a decrease in motivation and morale. Due to working conditions, nurses demand OJ in hospitals. However, there is little research on OJ perceived by nurses.	Design: Quantitative cross-sectional Samples: Hospital Nurses Sampling: Convenience Organisation: General Hospital Location: Korea	X: OJ (distributive, procedural and interactional) Y: TI M1: Empowerment M2: Organisational commitment	Linkages of OJ and TI: 1. OJ had a negative direct effect on TI. All components of OJ (distributive, interactional, and procedural) affected TI, from the greatest to the least, in respective order. 2. OJ had a negative indirect effect on TI through the mediation of empowerment and commitment. Highlight: As nurses' perception of OJ improves, empowerment and organisational commitment increase, and TI decreases.
Timinepere et al. (2018)	Healthcare workers agitate due to inequality and inequity in wages and benefits. Justice among various groups must be considered. However, research on justice between groups is inconsistent and insufficient.	Design: Quantitative cross-sectional Samples: Medical and non-medical staff Sampling: Proportionate stratified Organisation: University teaching hospitals Location: Nigeria	X: OJ (distributive, procedural and interactional justice) Y: TI	Linkages of OJ and TI: 1. Procedural and interactional justice reduced TI. 2. Distributive justice was not significant in reducing TI. Highlight: Different levels and groups of employees perceived OJ differently.
Perreira et al. (2018)	High nurse turnover rates are disrupting healthcare organisations. TI, OJ, and affective commitment constitute the "employee retention triad". However, their links among healthcare workers are unexplored despite their potential significance in addressing turnover issues.	Design: Quantitative cross-sectional Samples: Frontline nurses in hospitals and community long-term care centres Sampling: Simple random Organisation: Multicentric healthcare organisations Location: Canada	X: OJ (distributive, procedural, interpersonal, informational) Y: TI M: Affective commitment	Linkages of OJ and TI: 1. Of four different forms, only interpersonal justice fits the confirmatory factor analysis and is accepted to measure OJ. It moves correspondingly with an affective commitment to directly associate with TI. 2. Interpersonal justice significantly indirectly affected TI via affective commitment. Highlight: Interpersonal justice fits well in the justice model due to the high dependency of healthcare on interpersonal relationships.
Harris et al. (2018)	Studies have focused more on how fair treatment from organisations affects employees.	Design: Quantitative cross-sectional Samples: Employee and	X1: Workgroup-focused procedural justice X2: Client-focused interactional justice	Linkages of OJ and TI: 1. Workgroup-focused procedural justice did not predict TI.

Author	Justice Issues	Method	Variables	Findings
	Fair treatment of co-workers and clients is understudied. Effects of workgroup-focused and client-focused justice as sources of fair treatment are under-examined.	supervisory-level healthcare workers Sampling: Stratified random Organisation: Nursing and senior healthcare facilities Location: United States of America	Y1: TI Y2: Workgroup-directed OCB Y3: Client-directed OCB	2. Client-focused interactional justice was negatively related to TI, over and above workgroup-focused procedural justice. Highlights: 1. External source of injustice was the best unique predictor of high TI. 2. Besides its connection with TI, client-focused justice was negatively related to client-directed OCB.
Huang et al. (2019)	Increasing turnover rates among nurses have become a worldwide issue. Despite many factors leading to TI, community nurses received less research attention than hospital nurses. Also, no integrated model represents a specific path from OJ to TI.	Design: Quantitative cross-sectional Sampling: Convenience Samples: Community nurses Organisation: Community health centres Location: China	X: Overall OJ Y: TI M1: Work engagement M2: Organisational support	Linkages of OJ and TI: 1. The hypothesis of a direct negative association between OJ and TI was rejected. 2. OJ was indirectly associated with TI through the mediation of organisational support. Highlights: OJ could directly improve how employees view organisational support, indirectly exerting a reverse effect on TI.
Cao et al. (2020)	Newly licenced registered nurses were more likely to resign. The factors were OJ, work engagement, and nurses' perception of care quality. However, little research has placed them in a single model.	Design: Quantitative Sampling: Cluster random Samples: Newly licenced registered nurses, full-time employed for less than five years Organisation: Tertiary public hospitals Location: China	X1: Overall OJ X2: Nurses' perception of care quality Y: TI M: Work engagement	Linkages of OJ and TI: 1. OJ had a significant inverse direct effect on TI, with distributive justice having the lowest score. 2. OJ indirectly influenced TI via a partial mediation of work engagement. Highlights: 1. Unlike OJ, nurses' perception of care quality did not significantly predict TI. OJ was a single significant predictor for TI. 2. OJ had a motivational effect on various outcomes directly and indirectly.
Reyhanoglu & Akin (2020)	The healthcare sector faces significant challenges due to toxic leadership practices, which negatively impact organisational justice, employee	Design: Quantitative cross-sectional Sampling: Simple Random Samples: Medical and non-medical permanent and contract	X: Toxic leadership Y: TI M1: Organisational silence M2: Overall OJ	Linkages of OJ and TI: 1. While TI was positively affected by toxic leadership and organisational silence, it was negatively affected by OJ. 2. Besides the direct effects, OJ and organisational silence partially mediated between toxic leadership and TI.

Author	Justice Issues	Method	Variables	Findings
	performance, and retention. Despite this, there is a lack of studies associating these concepts with a comprehensive research model.	healthcare workers Organisation: Research and teaching public universities and private hospitals Location: Türkiye		Highlights: 1. Permanent employees are more likely to voice out about justice and toxic leadership they have been dealing with for a long time. 2. Contract employees accept poor management practices and keep silent to protect their jobs.
Mengstie (2020)	Ethiopia is expanding regarding health facilities and the number of health workers. However, the policies and strategies do not explicitly address the shortage of healthcare employees. Interest in examining if justice could influence healthcare workers' TI has not been extensively studied.	Design: Mixed (quantitative and qualitative) Data Collection: Questionnaire and semi-structured interview Sampling: Disproportionate stratified random, purposive Samples: Medical and non-medical healthcare workers. Organisation: Public and private hospitals Location: Ethiopia	X: OJ (distributive, procedural, interpersonal, informational) Y: TI	Linkages of OJ and TI: 1. Dimensions of OJ significantly correlated to TI. Distributive justice predicted TI the most. 2. Public and private hospitals were poor in distributive and procedural justice, thus causing a high level of TI. Highlights: 1. Comparatively, most aspects of OJ were lacking, especially in public hospitals. 2. Along with differences in perceiving certain aspects of justice, healthcare workers in public and private hospitals had high TIs.
Zahednez-had et al. (2020)	The lack of nurses is a growing problem in the healthcare sector due to high turnover. OJ is a strong determinant of intention to leave. Besides nurses' perceived justice, concern towards their perceptions towards the jobs and organisations is lacking. It should also be given consideration and research concerns.	Study Design: Quantitative cross-sectional Data Collection: Questionnaire Sampling: Multistage random (hospitals) and convenience (samples) Samples: Inpatient ward nurses Organisation: Teaching hospitals Location: Iran	X: OJ (distributive, procedural, interactional) Y: Intention to leave M: Job satisfaction	Linkages of OJ and TI: 1. Interactional and distributive justice have indirectly influenced TI via job satisfaction mediation. 2. Procedural justice lacks a strong and significant correlation with job satisfaction and TI. Thus, this factor did not fit the model of linkage between OJ and TI Highlight: Of the OJ components, interactional justice implied that fair interactions significantly impact nurses' job satisfaction and retention.
Hwang & Yi (2021)	High mental health professional turnover impacted long-term mental therapeutic case management.	Design: Quantitative Data Collection: Online questionnaire survey	X1: Position X2: Age X3: (distributive, procedural, interactional) OJ	Linkages of OJ and TI: 1. TI correlated negatively with the age demography, workplace spirituality and part of OJ components

Author	Justice Issues	Method	Variables	Findings
	Nevertheless, individual and organisational factors influencing their turnover are unclear.	Sampling: Convenience Samples: Mental health professionals Organisation: Community mental health centres Location: Korea	X4: Workplace spirituality Y: TI	(distributive and interactional). 2. Procedural justice did not influence TI. 3. Of all the tested variables, interactional and distributive justice were the most important predictors of TI. Highlights: Organisational factors (OJ and workplace spirituality) reduced TI more than individual factors (demography).
Medina-Craven & Ostermeier (2021)	Bullying is on the rise and tends to be more prevalent in healthcare. Bullied workers regard their employers as unjust. Although workplace bullying is acknowledged as a significant issue, there is insufficient research specifically examining its prevalence and impact within the healthcare sector.	Design: Quantitative Data Collection: Questionnaire Samples: Health workers studying for an MBA at universities Sampling: Simple random Organisation: University Location: United States of America	X: Workplace bullying Y: Intention to leave M1: Entity-based distributive justice M2: Entity-based procedural justice	Linkages of OJ and TI: 1. Distributive and procedural justice were negatively related to the intention to leave. 2. Workplace bullying was directly related to the intention to leave. They were also indirectly associated through the mediation of lower entity-based distributive justice. Highlights: Tangible outcomes of the decisions make distributive justice more apparent to bullied employees than intangible decision-making processes (procedural justice).
Choi & Shin (2022)	Nurses perceived low OJ due to inadequate clinical experience and competency compensation. Despite its vitality in retaining skilled nurses, only a few studies examine the correlations of nursing core competency with OJ and TI.	Design: Quantitative cross-sectional Data Collection: Online questionnaire survey Sampling: Clustered random Samples: Nurses Organisation: Tertiary or general hospitals Location: South Korea	X1: (distributive, procedural, interactional) X2: Nursing core competency (nurses' clinical experience) Y: TI	Linkages of OJ and TI: 1. OJ was negatively correlated with TI. Low OJ is associated with high TI. 2. Distributive justice had a significant negative correlation with all nurses' TI. 3. TI of nurses with less than three years of clinical experience negatively correlated with distributive justice. 4. TI of nurses with three to six years of experience correlated with interactional justice. Highlights: 1. Varying years of clinical experience determine which OJ dimension affects TI among nurses. 2. Distributive justice is more influential among those with less experience due to lower salary satisfaction.

Author	Justice Issues	Method	Variables	Findings
				3. Interactional justice is more influential among senior nurses due to less involvement in the decision-making process.
Altuntaş et al. (2022)	Personality traits are associated with many outcomes, including the sense of OJ, which ultimately influences the intention to leave. Limited studies assess the effect of nurses' personality traits on OJ and TI.	Design: Quantitative cross-sectional Sampling: Simple random Samples: Nurses Organisation: Public university hospitals and private hospitals Location: Türkiye	X1: Perception of management by values X2: Overall OJ Y: TI	Linkages of OJ and TI: 1. Perceived OJ had a low-level negative impact on nurses' TI. 2. Perceived OJ was above average and one of the most crucial predictors for TI among nurses. Highlight: Perceived management by values underpinned and influenced nurses' perception of OJ.
Agustin et al. (2022)	Nurses' likelihood of leaving is highly connected with perceived workload and OJ. Nonetheless, less research examined this interaction using a large sample.	Design: Quantitative cross-sectional Data Collection: Online questionnaire survey Sampling: Simplified snowball Samples: Nurses Organisation: Public and private hospitals Location: Indonesia	X1: Perceived workload X2: Overall OJ Y: Intention to leave	Linkage of OJ and TI: Perceived workload and OJ significantly correlated with nurses' intention to leave. Highlight: A high perceived workload is associated with a higher intention to leave. In turn, the negative association between OJ and intention to leave implied an inverse relationship.
Al Muala et al. (2022)	Injustice puts organisations and employees in jeopardy. Out of injustice, bullying, stress, and loss of well-being are common for nurses. However, OJ is not a primary research focus, especially in the Arab world.	Design: Quantitative cross-sectional Data Collection: Questionnaire Sampling: Random Samples: Nurses Organisation: Public hospitals Location: Jordan	X: Overall OJ Y: TI M1: Employee silence M2: Workplace bullying Z: Work stress	Linkage of OJ and TI: 1. OJ has directly and highly impacted the level of TI. 2. OJ was linked to TI indirectly via the mediation of employee silence and workplace bullying. Highlight: OJ reduces employee silence and perception of workplace bullying, subsequently reducing TI.
Zhou et al. (2022)	OJ has been linked to TI among nurses. Despite its distinct dimensions, previous studies analysed those dimensions as a composite score of	Design: Quantitative cross-sectional Data Collection: Online questionnaire Sampling:	X: OJ (distributive, procedural, interpersonal, informational) Y: TI M: Job engagement Z: Perceived job alternatives	Linkage of OJ and TI: 1. Distributive, procedural and interpersonal justice positively influenced TI. Meanwhile, informational justice has an inverse influence on TI.

Author	Justice Issues	Method	Variables	Findings
	OJ. Therefore, it remains unclear whether each dimension could predict TI differently.	Purposive and random Samples: Nurses Organisation: Tertiary hospitals designated to treat COVID-19 Location: China		2. Job engagement fully mediated distributive and procedural justice, exerting no indirect impact on TI. 3. Job engagement partially mediated interpersonal and informational justice, thus impacting TI indirectly. Highlight: Injustice exacerbates nurses' engagement and intention to leave. The intervention of job engagement as a mediator mitigates the unfavourable effects of justice on nurses' TI.
Herwanto & Hakim (2022)	There has been a phenomenon of turnovers in hospitals. High hospital employee turnover rates have been recorded in recent years, burdening the organisation with additional hiring, training and replacement costs.	Design: Quantitative cross-sectional Data Collection: Online questionnaire Sampling: Not done (small sample) Samples: Doctors, paramedics and non-paramedics Organisation: Dental and oral university hospital Location: Indonesia	X1: Overall OJ X2: Spiritual value Y: TI M: Employee engagement	Linkage of OJ and TI: 1. OJ had a significant favourable influence on TI. On the other hand, spiritual value inversely influenced TI. 2. Employee engagement was able to mediate OJ and spiritual value in their relationship with TI. Highlight: Although evenly distributed, excessive and unsuitable work assignments to a small number of staff members in the newly established hospital led to burdensome feelings. Therefore, OJ could not establish an inverse influence and decrease TI.
Sato et al. (2022)	Turnover among nurses is associated with increased costs for new recruitment and staff orientation. The interventions for nurses' retention were tested but failed to demonstrate components of successful interventions. Further, most studies were in regional hospitals and less focused on academic medical centres.	Design: Quantitative cross-sectional Data Collection: Questionnaire Sampling: Not defined Samples: Nurses Organisation: School of Medicine, Dokkyo Medical University Location: Japan	X1: OJ (procedural, interactional) X2: Job-related stress Y: Intention to leave	Linkage of OJ and TI: Along with other determinants for job-related stress (longer hours, job rank, work-self imbalance, workplace harassment), interactional justice was associated with a strong intention to quit. Highlight: Unfair interaction with supervisors affects nurses' perception of interactional justice. This sub-set of OJ is associated with the other factors impacting the intention to leave among nurses.

5. Results

Drawing from the qualitative analysis of the selected journal articles, the authors clustered the extracted data into four main themes and seven sub-themes. The first main theme is study scopes, sub-themed into (i) research subjects and (ii) organisational settings and locations. The other main theme is the research problems, sub-themed into (i) justice-related issues and gaps in the body of knowledge. The other main theme is methodologies, sub-themed into (i) research methods and (ii) a path of investigation on the linkages between variables. The final theme is the study outcomes, sub-themed into (i) research findings and (ii) gaps between studies.

5.1 Study Scope: Research Subjects

The representation of the research subjects was varied. Despite this, Nurses were dominant participants when 13 studies specifically drew their attention to these particular healthcare groups (Agustin et al., 2022; Al Muala et al., 2022; Altuntaş et al., 2022; Bayer & Şahin, 2016; Cao et al., 2020; Choi & Shin, 2022; Huang et al., 2019; Lee et al., 2016; Perreira et al., 2018; Sato et al., 2022; Sokhanvar et al., 2018; Zhou et al., 2022; Zahednezhad et al., 2020). Another seven studies have involved various groups of medical and non-medical personnel (Harris et al., 2018; Herwanto & Hakim, 2022; Hwang & Yi, 2021; Medina-craven & Ostermeier, 2021; Mengstie, 2020; Reyhanoglu & Akin, 2020; Timnepere et al., 2018). A specific group of physicians appeared only in the work of Jeroen et al. (2016).

5.2 Study Scope: Organisational Settings and Locations

Most reviewed studies were conducted in hospital settings, including tertiary, general, and public hospitals (Timnepere et al., 2018; Lee et al., 2016; Choi & Shin, 2022; Zhou et al., 2022). Some studies specifically focused on university teaching hospitals (Tim nepere et al., 2016; Reyhanoglu & Akin, 2020), research and teaching public universities and private hospitals (Altuntaş et al., 2022), or dental and oral university hospitals (Herwanto & Hakim, 2022). A few studies also included samples from community health centres (Huang et al., 2019) and mental health centres (Hwang & Yi, 2021).

A wide range of countries represent diverse cultural and healthcare contexts. The locations covered the continents of Africa: Nigeria (Timnepere et al., 2018) and Ethiopia (Mengstie, 2020), Asia: Iran (Sokhanvar et al., 2016), Korea (Lee et al., 2016; Choi & Shin, 2022), China (Huang et al., 2019; Cao et al., 2020; Zhou et al., 2022), Jordan (Al Muala et al., 2022), Indonesia (Agustin et al., 2022; Herwanto & Hakim, 2022), Japan (Sato et al., 2022), and Türkiye (Bayer & Şahin, 2016; Reyhanoglu & Akin, 2020; Altuntaş et al., 2022), Europe: Belgium (Jeroen et al., 2016) and North America: Canada (Perreira et al., 2018) and United States of America (Harris et al., 2018; Medina-Craven & Ostermeier, 2021).

The organisations were public health sectors (Al Muala et al., 2022; Cao et al., 2020; Choi & Shin, 2022; Harris et al., 2018; Lee et al., 2016; Jeroen et al., 2016; Zhou et al., 2022), private health sectors (Bayer & Şahin, 2016; Sokhanvar et al., 2016), and a combination of public and private institutions (Agustin et al., 2022; Altuntaş et al., 2022; Mengstie, 2020). These organisations are in the United States, Korea, Belgium, Türkiye, Iran and Ethiopia. Medical education institutions comprising teaching or research universities and hospitals in the United States, Türkiye, Nigeria, and Iran, were also involved (Herwanto & Hakim, 2022; Medina-Craven & Ostermeier, 2021; Reyhanoglu & Akin, 2020; Sato et al., 2022; Timnepere et al., 2018; Zahednezhad et al., 2020). The rest were community health centres in China (Huang et al., 2019; Hwang & Yin, 2021) and Canada (Perreira et al., 2018).

5.3 Research Problem: Justice-related Issues and Gaps in the Body of Knowledge

Regarding issues related to justice, Timinepere et al. (2018) highlighted the prevalence of wage and benefit inequities, which contribute to dissatisfaction and increased intention to leave among healthcare workers, particularly nurses. Similarly, Choi and Shin (2022) identified inadequate clinical experience and competency compensation as factors that reduce perceived justice. Bayer and Şahin (2016) also emphasised the role of unfair treatment and a negative work environment in undermining perceived justice, which they linked to high nurse turnover rates. Furthermore, unjust issues like bullying, stress, and diminished well-being lead nurses to perceive injustice that potentially serves as determining factors towards increasing their likelihood of leaving were pointed out (Al Muala et al., 2022; Medina-Craven & Ostermeier, 2021). Nevertheless, the authors argued that these issues received insufficient interest in existing literature.

Lee et al. (2016) emphasise that challenging work conditions, especially irregular day and night shifts, significantly reduce nurses' motivation and morale. Consequently, these healthcare professionals increasingly advocate for enhanced justice within their institutions. Reyhanoglu and Akin (2020) highlight the deleterious effects of toxic leadership practices on perceptions of justice, employee performance, and retention. Furthermore, Sokhanvar et al. (2016) elucidate a vicious cycle between work pressure and stress that leads to high nurse turnover rates, adversely affecting the entire healthcare system. These authors contend that despite the significance of these issues concerning turnover among healthcare employees, their interconnectedness has not received adequate research attention, indicating a substantial gap in the current body of knowledge within healthcare settings.

Some literature highlights the detrimental effects of healthcare employee turnover. For example, Perreira et al. (2018) and Hwang and Yi (2021) underscored how increasing nurse turnover disrupts long-term patient care. Cao et al. (2020) expressed concern over the turnover of newly registered nurses, which significantly impacts the quality of patient care. Meanwhile, Herwanto and Hakim (2022) and Sato et al. (2022) discussed the financial burden on healthcare organisations due to high employee turnover, such as increased hiring, training, and staff replacement costs. Collectively, these authors and Huang et al. (2019) emphasised the importance of justice in mitigating turnover. However, they also noted a lack of comprehensive research investigating healthcare employee turnover through the lens of OJ and other related factors in an integrated model at both organisational and individual levels.

Several authors have highlighted underexplored aspects of OJ in healthcare contexts. Harris et al. (2018) noted that while research often focuses on the organisational treatment of employees, the effects of fair treatment from co-workers and clients are less studied. Jeroen et al. (2016) pointed out that hospital-physician relationships have become strained, with most studies concentrating on financial aspects while neglecting broader economic and non-economic exchanges. Altuntaş et al. (2022) emphasised that the link between personality traits and OJ perceptions influences the intention to leave. However, they noted a lack of research on how personality traits affect healthcare employees' sense of OJ and TI. Concerns drawn from the above authors underscore significant gaps in the literature on justice within healthcare settings, particularly regarding interpersonal dynamics, comprehensive hospital-physician relationships, and the role of individual differences in justice perceptions.

Mengstie (2020) noted that although Ethiopia has expanded its health facilities and workforce, policies do not explicitly address healthcare worker shortages, and the influence of OJ on TI remains underexplored. Similarly, Zahednezhad et al. (2020) emphasised that while OJ is a

strong predictor of TI, nurses' perceptions of justice in their jobs and organisations are often overlooked in research. Agustin et al. (2022) added that the likelihood of leaving is closely linked to perceived workload and OJ. Nevertheless, this interaction has been understudied, especially using large samples. Additionally, Zhou et al. (2022) observed that although OJ has been associated with TI among nurses, many studies analyse OJ as a composite score, leaving uncertainty about whether each dimension of OJ may predict TI differently. These authors call for more nuanced and comprehensive research on the relationship between OJ and TI in healthcare settings.

5.4 Methodology: Research Methods

All studies employed a cross-sectional design. Regarding the data collection procedure, Mengstie (2020) was the only author using a mixed-method approach, while the rest of the studies were entirely quantitative. Out of the self-reported questionnaire approach adopted by other studies, only Harris et al. (2018) imparted a supervisor-rating questionnaire to predict subordinate nurses' OCB, along with their self-reported TI and OJ. In terms of sampling methods, the studies utilised proportionate and stratified random sampling (Harris et al., 2018; Kim et al., 2017; Timinepere et al., 2018), clustered random sampling (Cao et al., 2020; Choi & Shin, 2022), simple random sampling (Medina-Craven & Ostermeier, 2021; Perreira et al., 2018; Reyhanoglu & Akin, 2020), convenience sampling (Huang et al., 2019; Hwang et al., 2021; Lee et al., 2016; Jeroen et al., 2016; Zahednezhad et al., 2020), and a combination of disproportionate, stratified, and purposive sampling (Mengstie, 2020). Due to the small population, Sokhanvar et al. (2016) did not employ a sampling procedure. Instead, they involved the entire population in their respective study.

5.5 Methodology: Path of Investigations on the Linkages Between Variables

This review discovers diverse approaches to investigating the relationship between OJ and TI in healthcare settings. One primary focus is the direct effect of OJ on TI, where researchers examined how various internal justice factors, such as workgroup-focused justice (Harris et al., 2018) and all justice components (Mangstle, 2020; Sokhanvar et al., 2016; Timinepere et al., 2018), directly influence turnover intentions. Client-focused interactional justice, a form of external justice factor, was also tested (Harris et al., 2018). The frameworks of the reviewed paper also associated the investigations of OJ's influence on TI in conjunction with other factors, including ethical leadership (Bayer & Sahin, 2016), psychological contracts (Jeroen et al., 2016), and organisational culture (Kim et al., 2017). The association between OJ, nursing competency, workplace spirituality, and several demographic factors affecting TI were also taken as part of the investigations (Choi & Shin, 2022; Hwang & Yi, 2021).

Another significant strand of research in the reviewed papers investigates OJ's direct and indirect effects on TI through various mediating variables. This approach recognises the complex nature of the OJ-TI relationship. It explores intervening factors that may explain or amplify the impact of justice perceptions on TI. Mediating variables identified in the literature include job satisfaction (Zahednezhad et al., 2020), affective commitment (Perreira et al., 2018), organisation-employee relationship quality (Kim et al., 2017), organisational commitment and empowerment (Lee et al., 2016), organisational silence (Reyhanoglu & Akin, 2020), organisational support, and work engagement (Huang et al., 2019; Cao et al., 2020; Choi & Shin, 2022). OJ has also been included as a mediating factor between workplace bullying and toxic leadership in studies examining their indirect relationships with TI (Medina-Craven & Ostermeier, 2021; Reyhanoglu & Akin, 2020).

Moreover, OJ has also been tested for its role in mediating the effects of independent variables such as workplace bullying (Medina-Craven & Ostermeier, 2021) and toxic leadership (Reyhanoglu & Akin, 2020) on TI. This approach positions OJ not only as a direct predictor but also as a crucial mediator, potentially altering the impact of critical predictors on TI. Research has also examined OJ in the presence of leader-member exchange, perceived job alternatives and work stress as moderating variables (Al Muala et al., 2022; Jeroen et al., 2016; Zhou et al., 2022). This approach highlights the influence of leadership quality, external pull factors and psychological stressors in the relationship between OJ and TI, suggesting that the predictors and outcomes may be differentially affected when influenced by a moderator. In summary, the research approaches in the reviewed papers provide integrated frameworks to understand the mechanisms through which OJ influences TI in healthcare organisations in the presence of intervening factors. The diverse perspectives presented in these papers contribute to a comprehensive understanding of OJ's multifaceted role in influencing TI within healthcare settings. **Figure 2** illustrates the study framework consolidated from the reviewed literature.

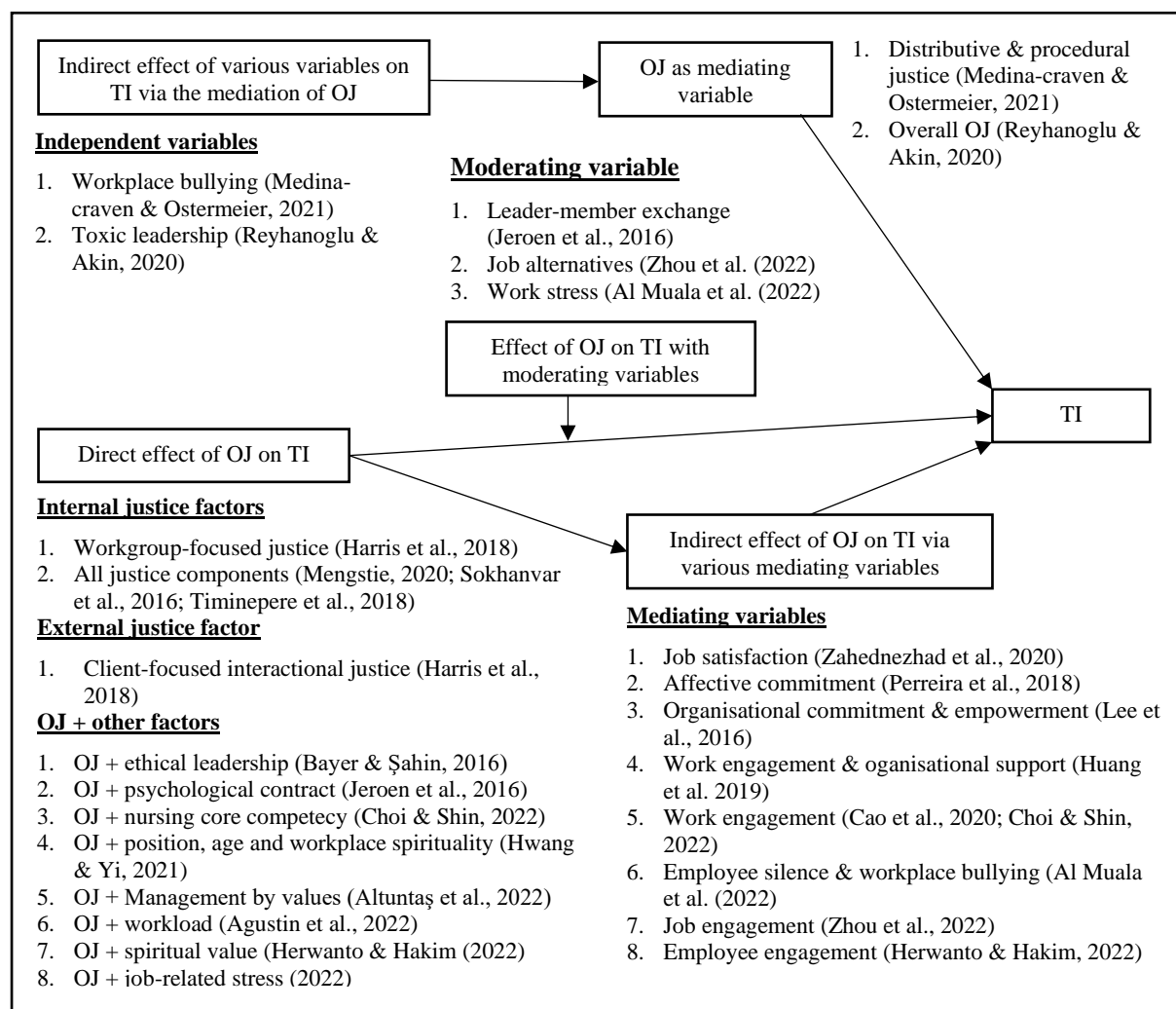


Figure 2: Path of investigations on the linkages between variables

5.6 Study Outcome: Research Findings

Multiple studies across various countries consistently found a direct negative relationship between overall OJ and TI in healthcare settings. This was reported by Lee et al. (2016) in Korea, Cao et al. (2020) in China, Reyhanoglu and Akin (2020) and Altuntaş et al. (2022) in Türkiye, Agustin et al. (2022) in Indonesia, and Mengstie (2020) in Ethiopia. These studies

collectively demonstrate that higher perceptions of OJ are associated with lower turnover intentions among healthcare workers. Several researchers explored the indirect effects of OJ on TI through various mediating variables. Jeroen et al. (2016), Huang et al. (2019), Cao et al. (2020), Al Mualala et al. (2022), and Herwanto and Hakim (2022) all found that OJ indirectly influenced TI through different mediators such as organisational attitudes, organisational support, work engagement, employee silence, workplace bullying, and employee engagement. These findings highlight the complex pathways through which OJ can affect TI. The mediating role of OJ itself was examined by Bayer and Şahin (2016) and Reyhanoglu and Akin (2020), who found that OJ mediated the relationships between leadership styles (ethical and toxic, respectively) and TI. These findings imply that the overall structure of OJ plays a crucial role in affecting TI directly and indirectly.

Besides the overall OJ, several studies examined the effects of specific OJ dimensions on TI, revealing nuanced relationships between these factors. Timinepere et al. (2018) and Sokhanvar et al. (2016) found that procedural and interactional justice reduced TI, while distributive justice was insignificant. This finding was partially supported by Hwang and Yi (2021), who reported that distributive and interactional justice negatively correlated with TI, but procedural justice did not influence TI. Multiple studies emphasise the importance of interactional or interpersonal justice in healthcare settings. Zahednezhad et al. (2020), Perreira et al. (2018), and Sato et al. (2022) all highlighted the significant role of interactional or interpersonal justice in influencing TI, often mediated by factors such as job satisfaction or affective commitment. Harris et al. (2018) further extended this by demonstrating the importance of client-focused interactional justice in reducing TI.

The impact of different OJ dimensions on TI was found to vary based on contextual factors. Choi and Shin (2022) observed that the effect of OJ dimensions varied based on nurses' clinical experience, with distributive justice affecting less experienced nurses and interactional justice affecting more senior nurses. Zhou et al. (2022) reported a more complex relationship where distributive, procedural, and interpersonal justice positively influenced TI, while informational justice had an inverse influence. The mediating role of specific OJ dimensions was explored by Medina-Craven and Ostermeier (2021), who found that distributive and procedural justice mediated the relationship between workplace bullying and intention to leave. These findings collectively suggest that while overall OJ generally has a negative relationship with TI, the effects of specific OJ dimensions can vary depending on factors such as job role, experience level, cultural context, and other organisational factors.

5.7 Study Outcome: Gaps Between Studies

All studies employed a cross-sectional design, which only captures perceptions at a single time and, thus, could not provide better insights into how changes in justice perceptions influence intention to leave over time. Only Mengstie (2020) employed a mixed-method approach, combining quantitative and qualitative data through questionnaires and semi-structured interviews. Qualitative research often offers in-depth, contextual, and potential to explain the 'why' behind observed phenomena. The scarcity of mixed-method studies represents a significant drawback in this field of research. Another notable gap across studies is the lack of sample diversity. While some literature involved mixed healthcare workers (e.g., Timinepere et al., 2018; Zahednezhad et al., 2020), nurses received the most attention from researchers (e.g., Sokhanvar et al., 2016; Lee et al., 2016; Hwang & Yi, 2021), leaving other specific health professionals less studied.

A notable regional imbalance exists, with Asian countries dominating the research landscape. This geographical concentration may lead to skewed knowledge and missed opportunities for cross-cultural insights. The prevalent use of convenience sampling (e.g., Jeroen et al., 2016; Huang et al., 2019; Hwang et al., 2021; Lee et al., 2016; Zahednezhad et al., 2020) introduces potential sampling bias, limiting generalizability due to its non-representative nature. Consequently, specific subgroups within the population may be imprecisely represented. Furthermore, only three studies (Agustin et al., 2022; Altuntaş et al., 2022; Mengstie, 2020) incorporated participants from both public and private sectors, offering a cross-sectoral perspective. Most studies either focused on public or private sectors, restricting comparisons between these distinct organisational contexts.

While there is general agreement in the literature regarding the influence of overall OJ on TI, the significance of its distinct dimensions remains inconsistent and open for exploration. For instance, Timinepere et al. (2018) and Sokhanvar et al. (2016) found procedural and interactional justice critical predictors of reduced TI. Meanwhile, Hwang and Yi (2021) reported that procedural justice did not significantly affect TI. The findings of Zhou et al. (2022) that each justice component (distributive, procedural, interactional) has a positive relationship with TI highlight an inconsistency and complexity of the relationship between OJ and TI in the current body of knowledge. Despite the inconsistency and inconclusiveness of the findings, they demonstrate the field's dynamism and present valuable opportunities for further investigation and refinement of our understanding.

Research on OJ and TI in healthcare settings has made initial strides. However, several gaps remain in the existing literature's framework. Established theoretical underpinnings suggest that intervening factors may influence the relationship between independent and dependent variables. However, it can be observed that researchers tended to adopt positive factors as intervening variables. As illustrated in Figure 2, most mediators listed are positive. The narrow focus on positive factors implies its overemphasis. It may result in negative determinants that might also play a role in the OJ-TI relationship being overlooked. Additionally, the incorporation of moderators in the OJ-TI relationship within existing literature is somewhat limited. The scarcity of integrated models is evident, as including a moderating variable between OJ and TI appears only in Jeroen et al. (2016).

6. Discussion

6.1 Balance of Research Interest on the Healthcare Workers

The present study identifies that nine research works focused exclusively on nurses. This scenario could reflect their more extensive representation in healthcare facilities than other personnel. Specifically, only Jeroen et al. (2016) examined physicians' TI, while other studies grouped doctors with broader categories of medical and non-medical employees. This uneven specific focus suggests a greater research emphasis on nurses than doctors, with the latter receiving less attention in the literature. Nevertheless, the approach of certain studies to include non-medical employees in healthcare facilities suggests that concerns about OJ and TI extend beyond medical professionals to those in support roles. This holistic view highlights the interdependence of various workforce components and their collective impact on healthcare organisational outcomes.

6.2 Various Antecedents Predicting Turnover Intention

The findings suggest that OJ can act as a single direct antecedent or be combined with other factors in predicting TI. The integration of justice with other predictors, such as ethical

leadership, psychological contracts, authoritarian organisational culture, employee core competency, and workplace spirituality, has significantly influenced TI. The significance of these different factors to interact with OJ in shaping TI suggests that OJ is not a solitary predictor of TI. Given that several other variables can mediate a link of OJ to TI, it should be viewed that OJ is not a unique factor determining whether employees stay. Various additional elements may intervene or significantly alter the relationship between OJ and TI with their mediation or moderation roles. This highlights the need for organisations to consider other relevant factors, alongside justice aspects, when evaluating and estimating TI.

6.3 Integrated Frameworks Linking Organisational Justice and Turnover Intention

The analysis revealed that OJ directly influences TI and is linked to TI through various mediating and moderating variables, such as job satisfaction, affective commitment, relationship quality, empowerment, work engagement, leader-member exchange, and work stress. The inclusion of mediators and moderators in several studies has provided a deeper understanding of the mechanisms through which OJ and TI are related rather than focusing solely on their direct relationship. This demonstrates that the connection between OJ and TI is not always straightforward. In many cases, mediating or moderating variables offer a more comprehensive explanation of how these variables interact. Studies incorporating these models have contributed significant value to the existing body of knowledge, offering new perspectives on the complex linkage between OJ and TI by highlighting the importance of other intervening influences in addition to the direct connections between both factors.

6.4 Multifoci Structure of Justice Predicting Turnover Intention

This study uncovers a nuanced approach to examining the relationship between OJ and TI in healthcare settings. Research has expanded beyond the traditional focus on overall justice by investigating the distinct impacts of distributive, procedural, interactional, and informational justice on TI. Incorporation of multifaceted components of OJ provides a more comprehensive understanding of healthcare employee retention dynamics. Additionally, the scope of justice research has broadened to include external sources of fairness, such as client-focused interactional justice. This multi-foci approach acknowledges the complex nature of healthcare environments, where employees interact with various stakeholders internally and externally. By examining these diverse sources of justice, researchers have illuminated the intricate pathways through which perceptions of fairness influence healthcare workers' intentions to leave their organisations, offering valuable insights for developing targeted retention strategies.

7. Direction for Future Research

Several recommendations are proposed based on identified gaps in research on OJ and TI in healthcare. Future studies should adopt longitudinal designs to capture changes in justice perceptions and their effects on turnover over time, offering stronger insights into causal relationships. Additionally, using mixed-method approaches, combining quantitative and qualitative techniques, would provide a more in-depth understanding of the underlying reasons behind observed phenomena. Research should also focus on a broader range of healthcare professionals instead of focusing too much on nurses to provide a comprehensive view of OJ and TI across different roles. More representative sampling techniques should be used instead of convenience sampling to improve the generalizability of findings, which often introduces bias.

In light of the inconclusiveness of findings regarding the effects of justice on TI across different studies, future research should continue exploring distinct justice dimensions to clarify their

unique and consolidated impacts on TI. This approach will expand theoretical frameworks, improve construct validation, and facilitate the integration of interrelated constructs in understanding behavioural intentions within specific healthcare. Furthermore, the development of refined theoretical frameworks that account for mediating and moderating factors, including negative determinants, is crucial for extending the body of knowledge on the relationship between OJ and TI. The inclusion of third variables offers a more nuanced understanding of how these factors interact, allowing for a deeper exploration of their underlying mechanisms and a more comprehensive explanation of the complexities within organisational behaviour and employee retention dynamics.

8. Conclusion

In this article, we conducted a systematic literature review to explore the relationship between OJ and TI in hospital settings, focusing on their linkages with various antecedents and outcomes. We identified 21 empirical studies, providing a comprehensive overview of how OJ influences TI across various healthcare contexts. The review highlights the significance of OJ, emphasising its direct and indirect effects on TI among healthcare workers. Although research on OJ and TI in healthcare has progressed substantially, gaps remain in our understanding, particularly regarding the nuanced impacts of distinct justice components and the role of third factors in influencing the interaction between OJ and TI. While nurses' intention to leave has been frequently studied, other healthcare roles and settings have received less research focus. An overemphasis on this group might lead to insufficient research on other healthcare roles and settings, potentially limiting a comprehensive understanding of turnover across the entire healthcare workforce. Additionally, the predominance of cross-sectional research limits insights into the long-term effects of OJ on TI. In order to advance the field, future studies must broaden the scope of inquiry to include diverse healthcare professions and integrate more robust research designs and frameworks. By addressing these gaps, researchers can deepen our understanding of the integrated mechanisms linking OJ to TI and offer more targeted strategies to improve employee retention in healthcare organisations.

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