Impact of Justice Perceptions and Job Satisfaction on Nurses' Work Motivation: An Evidence at Private Hospitals in West Sumatra Province, Indonesia

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Abstract: This study aimed to test influence of justice perceptions (i.e. procedural justice and distributive justice) on job satisfaction of nurses who work on private hospital in West Sumatra Province, Indonesia. The impact of job satisfaction on work motivation was also tested in the model. The theoretical model proposed procedural justice and distributive justice as direct antecedents of both job satisfaction and motivation. Work motivation was also hypothesized as consequence of job satisfaction. The data gathered using self-administrated questionnaires from 14 private hospitals with total number of 325 respondents. Testing hypotheses to confirm the proposed theoretical model was conducted using structural equation modeling (SEM) which was supported by AMOS application[2[36]]. The results of testing hypotheses demonstrated that the proposed research framework accepted withcriteria of AMOS. The results shown the work motivation is a psychological stage of individualize which initiated by feeling of justice and satisfaction on the job. The research concluded both procedural justice and distributive justice have direct effect significantly on nurses' work motivation. Procedural justice was found directly to affect on nurses' work motivation. However, distributive justice did not significantly influence nurses' work motivation[19]. The finding also supported that job satisfaction significantly leads tonurses' work motivation[15].

Index Terms: Procedural justice, distributive justice, job satisfaction, and work motivation[5].

I. INTRODUCTION

The performance of organization, particularly in the context of service industry (e.g. hospitals), is often related to employee perceptions and attitudes.These are likely to have direct effect on customers. In health-care industry such as hospitals or clinics, customer satisfaction and perceptions of service quality are directly influenceby attitudes and behaviors of employees (Schneider & Bowen 1993). Quality of the interaction will be affected by employees' attitude and perceptions. Employees will directly interact in a service delivery process in which its quality might be directly perceived by the customer. Therefore, roles of organization in maintaining positive attitudes and perceptions became more significant[8][16][49].

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Job satisfaction as one of employee's attitudes is important to develop good organizational climate[20]. Job satisfaction is defined as a pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values [3]. Although the significance of job satisfaction in explaining employees' behaviors has been under long-standing discussion, job satisfaction remains the most studied concept in organizational research (Agho, Mueller & Price, 1993). Developing body of literature have demonstrated that job satisfaction as an attitude which might be affected by employee's perception (i.e. organizational justice), and it will have impact on individual outcomes. Job satisfaction refers to an individual's perceptions between expectation and reallity for particular job. Developing of the job satisfaction literature has demonstrated that many factors influence job satisfaction, the most notable are "intrinsic job characteristics" [40]. Griffin and Bateman (1986) suggested that job satisfaction is a global construct which includes various facets of satisfaction; that is, satisfaction with work, pay, supervision, benefits, promotion opportunities, working conditions, co-workers and organizational practices[21]. These various facets are deemed to affect individuals' orientations towards the organization; therefore, in general, job satisfaction can be viewed as an attitude.The majority research of job satisfaction has focused primarily on its impact on employees' commitment and turnover [4][6][33]. Nevertheless there is still limited the research focus on justice perceptions as antecedents and work motivation as consequence of nurse's job satisfaction in private hospitals. Interest in studying job satisfaction has continued since it has shown links to significant variables of attitudes (e.g. justice perception and employee motivation)in previous studies.A survey conducted in Indonesia found that approximately 73% of Indonesian employees felt unhappy and 26% felt very unhappy about their job[10][32][35]. (Ramdania, 2015). Given the developing of the body of literature, it is necessary to understand the relationships among perceptions of justice, job satisfaction, and work motivation of employees in the context of health-care industry[22][37]. This type of industry employs great numbers of nurses[9]. According to McNeese-Smith (1999) job satisfaction in nurses can be derived from patient care, environment,

balanced work load, relations with coworkers, salary and benefits, professionalism, and career stage of nurse[14][31][54][79].

II. LITERATURE REVIEW

As mentioned earlier, a significant number of scholarly studies avow that members belonging to the special population exhibit a higher chance of experiencing medication errors. For instance, Hajibabaee et al[69]. strived to understand the relationship between specific categories of special populations and incidences of medication errors. In the findings, it was documented that patients belonging to the elderly group are likely to experience medication errors and require hospitalization. Specific outcomes indicated that members belonging to this group are two to three times more likely to experience medication errors[27]. Therefore, the studied concurred that the specific categories of elderly patients − as those belonging to special populations − have their aging state emerging as a predictor of medication errors. The implication is that the findings were insightful because they paved the way for the formulation, adoption, and implementation of early interventions that are targeted and specific to elderly patients. Despite this contribution, the findings and observations faltered in various ways. For instance, the study fail to discern whether being an elderly patient is predictive of medication errors across health care specialties or the factor is specific to certain sections of the healthcare arena[39]. For instance, the study did not clarify whether elderly patients are more prone to medication errors in pharmaceutical companies, emergency departments, or other clinical settings. To address such a gap, this study strives to gain insights from the perspective of pharmaceutical company staff members. It is also worth noting that the study above did not highlight whether the assertion that elderly patients are two to three times more likely to experience medication errors is region-specific to the statistical outcomes operates (or holds) across various geographical, demographic, socio-cultural, and economic settings. Thus, the need to gain insights from a specific context such as West Sumatra Province, Indonesia cannot be overemphasized.

A. The Impact of Distributive Justice to Job Satisfaction

For both policymakers and the society, one of the major and growing concerns is the issue of patient safety. Recent trend in longer life expectancy and a growing population point to the possibility of increased frequency of medication errors. According to Battié, Rall, Khorsand and Hill (2017), about half of the population in the U.S. is likely to use prescription medication every month. By 2020, Cottney and Innes (2015) predicted that at least 157 million Americans will experience two or more chronic conditions[64][65]. As patients with chronic conditions are documented to see physicians totaling to about 16 in each year, the pattern leads to high chances of fall out, poor communication, and medication errors Most of the reports and statistics have been found further to focus on special populations and certain areas; with economic impacts, hospitalization, at-risk groups, and transitions of care inclusive[66]. Regarding special populations and the possibility of adverse outcomes,

Frith, Anderson, Tseng and Fong documented that medication errors tend to be common in populations with limited access to health care services, as well as the elderly[67]. Other studies contend that adverse outcomes in terms of medication errors are common among individuals with language barriers, low socioeconomic status, and low literacy (Gorbach et al., 2015). Therefore, it is worth inferring that the evolution of technologies such as electronic health records has come in the wake of the need for healthcare providers and practitioners to remain responsive to the ever-changing user needs and stakeholder preferences but medication errors form one of the adversities with which these practices have had to grapple[68]. Additionally, the errors are seen to span from factors related to the patients to those associated with healthcare practitioners, as well as the environments in which medical procedures occur. The implication is that mixed outcomes accrue regarding issues such as the causes, trends, effects, and possible solutions to the perceived causes of medication errors[18]. This chapter provides a review of the literature regarding some of the past scholarly studies and their documentation regarding the subject under investigation. Whether the cases, trends, and possible solutions are specific to certain special populations and geographical areas or could be generalized to contexts such as the U.S. in the entirety will be worth unearthing. In so doing, the chapter will lay a foundation for the description of the methodology that this study will adopt while collecting, presenting, interpreting, and analyzing data. Therefore hypotheses can be advanced:

H1a: Distributivejusticesignificantly influences on job satisfaction of the nurses

B. The Impactof Procedural Justice to Job Satisfaction

Other studies have focused on special populations from the perspective of language barrier, seeking to unearth the relationship of this restriction with trends in medication errors. Haw, Stubbs and Dickens (2014) conducted a study focusing on this area[70]. Imperative to note is that this study achieved the attributed of context-specificity by focusing on individuals with language barriers. Indeed, the results indicated that language barriers exhibit a direct relationship with medication errors, as well as increased falls. Thus, in situations where language barriers mar health care service provision, adversities of medication errors tend to occur. These findings concurred with those established in the study by Kalisch and 71]. In the latter study, findings suggested that language barrier as a predictor of medication errors worsens the service provision process when the affected population and healthcare organizations are in a multicultural setting[24]. Indeed, the studies are important because they give an insight into the relationship between the language barrier and medication errors. Additionally, the studies are important and contributory to this study in such a way that they point to the secondary effect of multiculturalism as that which exacerbates the direct relationship between language barrier and medication error. However, the findings do not highlight specific contributions of language barriers in causing medication errors. For instance, the finds are over-generalized and fail to highlight whether language barrier leads to aspects such as patient

failure to follow instructions, misdiagnoses, or even misinformation. Thus, it will be worth contributing to such scholarly observations by determining whether or not language barrier is a major cause of medication errors in

pharmaceutical companies; with West Sumatra Province, Indonesia on focus.

H1b: Proceduraljusticesignificantly influences on job satisfaction of nurses

C. The Effect of Distributive Justice on Motivation

According to Keers, Williams, Cooke and Ashcroft all professions have their foundation shaped by the knowledge acquired in the course of career paths[72]. In particular, the study documented that knowledge plays a leading role in the provision of a base through which informed decision-making and implementation occurs. Lahue et al[73]. cautioned that situations, where knowledge is lacking, are likely to experience poor role performance and poor decision-making. In relation to the attribute of medication errors, Makary and Daniel (2016) sought to determine the role that knowledge or its lack plays in shaping the trends and, whether or not a lack of knowledge poses a significant effect on the experiences of the adverse events in settings such as pharmacies and other healthcare organizations. Indeed, the trend illustrates that knowledge deficit determines the nature of choice of the right medication and correct dose; with the deficit yielding a high likelihood of the occurrence of medication errors. In particular, the study found that about 39 percent of medication errors tend to arise from knowledge deficit among health care practitioners; inclusive of those in the pharmacy settings. It was also noted that knowledge gap among healthcare professionals tend to omit medication therapy. As observed by Makary and the eventuality is that knowledge deficit as a predictor of medication errors accounts for the patients' continued suffering, with the situation exacerbated by resource constraint in some institutions whereby a lack of adequate prescribed medication compromises the efforts to alleviate patient symptoms. The hypotheses can be advanced:

H2a: Distributivejusticesignificantly influences onmotivation of the nurses[12].

D. The Effect of Procedural Justice on Motivation

Other studies contend that non-harmful and harmful medication errors arise further from the patients' insufficient knowledge regarding the use of medications (Manias, Williams, Liew, Rixon, Braaf & Finch, 2014)[75]. Indeed, these observations deviate from the earlier scholarly contributions whereby they focus on the attribute of knowledge deficit from the perspective of patients. The emerging theme is that knowledge deficits among patients and healthcare practitioners complement each other to compound the adversity. Nanji, Patel, Shaikh, Seger and Bates (2016) focused on the pharmaceutical industry and the emerging trends in medication errors[76]. Particularly, the study aimed at examining the relationship between the level of pharmacist education and medication error. The study highlighted that more medication errors are associated with individuals with Bachelor degrees when compared to those holding doctorate degrees in the field of pharmacy. Notably,

this study lends itself to the current study in such a way that it focuses on medication errors in the context of pharmacies, a setting and central area that form the focus of this study. The aforementioned study highlighted the observed trend in the specific pharmaceutical practice of medication order verification. It is also worth acknowledging that the study did not demonstrate significant differences in the rates of commitment of medication errors when the experience or number of years working in the field and their respective pharmaceutical firms was almost the same. Thus, the study led to a new subject whereby it suggested that even in situations where educational achievements of pharmacists vary, experience plays a leading role in realigning their careers, with chances of committing medication errors remaining at par when the practitioners have similar numbers of years of experience. The hypotheses can be advanced:

H2b: Proceduraljusticesignificantly influences onmotivation of nurses

E. The Effect of Job Satisfaction on Motivation

According to National Center for Health patient care and the provision of related services such as pharmaceutical practices requires personnel and other related and relevant resources[7][41]. Pape (2013) concurred that some of the specific resources supporting effective patient care include intravenous pumps, beds, and syringes; as well as the require medications or prescribed drugs in pharmacies)[78]. These observations concurred with those established by Seibert, Maddox, Flynn and Williams (2014). Indeed, the latter study indicated that a lack of adequate personnel and other resources is predictive of unsafe patient care or a compromised state of healthcare service provision[80]. In relation to medication errors, the Patient Safety Authority (2011) documented that a lack of facilities such as intravenous pumps and ordered medication is likely to translate into adverse events[60]. The hypotheses can be advanced:

H3: Jobsatisfactionsignificantly influences on motivation of nurses

III.METHODOLOGY

A. Research Respondent

Data were collectingfrom permanent nurses of private hospitals in West Sumatra Province, Indonesia. Questionnaireswith total of 450 were distributed. In total, 325 were returned and processing, comprising a response rate72.22%. The questionnaires were sent along with a cover letter explaining the importance of the research. Participation was voluntary and responses were treated with confidentiality.Data were collected over a 3-month period.

B. Measurement of variables

Motivation scale was measured by 8 items which were adopted from Saleem, Mahmood, and All scales usedLikert scale with five-point range from negative scale (strongly disagree with 1 point) to positive scale (strongly agree with 5 point)[38].

Analysis

Data analysis was conducted with process consist of several stages.

Firstly, checking for data entry includes research instrument testing and classical assumption.

IV.RESULTS

Fit statistic indices for theresearch model were designated several fit indices, the statistic result from AMOS analysis; GFI = 0.868; (RMSEA) = 0.076; (AGFI) = 0.829; (TLI) = 0.859; (NFI) = 0.812; (CFI) = 0.879; RMR = 0.011. These results have fulfilled the characteristic recommended level of acceptable fit of each index. GFI is best when the value is larger than 0.90 and is demonstrate marginally acceptable when the value is larger than 0.80; AGFI is acceptable when the value is larger than 0.80; the ratio of chi-square to degree of freedom is acceptable when the value is smaller than 5. According to Hair et al. (1998) the goodness-of-fit criteria used to test the model were the Goodness-of-Fit Index > 0.850, the Adjusted GFI > 0.800,the Root Mean Residual (RMR) is smaller than 0.10, and suggested that value of RMSEA in range 0.08-0.1. It indicated to mediocre fit (good enough fit model) and the fit model was acceptable.

A.SamplesCharacteristics

Mostof the sample were female (85.5 percent) with a mean age of 29.3 years (ranging between 20 to 69 years)[77]. Seventy-six per cent were under 30 years of age, 15.1 percent were between 30 and 40 years of age, 6.8 percent were between 40 and 50 years of age, and the remaining 2.1 percent were above 50 years of age. The education level reported was 29.9 percent at the baccalaureate in nursing level, 67.2 percent at diploma level, and 3 percent at bachelor degree nurses level. The majority of educational level of nurses was diploma level. The average number of years as nurse in this sample was 8.3 years, which had the largest proportion (42.6 percent) ranging between one to five years.

Table 1. Descriptive Statistics from Data Processing

Constructs	No of items	N	Alpha	Mean	S.D
JS	5	325	.79	3.61	.58
PJ	4	325	.85	2.77	.89
DJ	4	325	.91	2.69	.95
Mot	8	325	.70	3.32	.65

Note: JS=Job Satisfaction;PJ=Procedural Justice; DJ=Distributive Justice; Mot=Motivation

The reliability testing in this research wasusingcronbach alpha. Hair et al. (1998) advices iflower limit for Cronbach alpha is .70, but in exploratory research this limit may decrease to .60. Figure 1. ConceptualModel of the Research
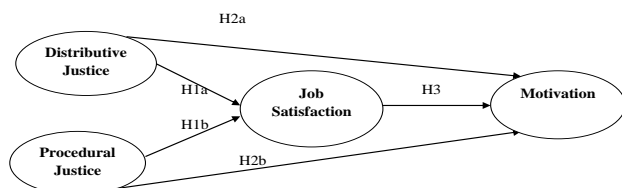

Table 2. Result Testing of Hypotheses

No	Path	β	C.R.	Judgment
H1a	PJ--→JS	0.628*	0.00	Supported
H1b	DJ--→JS	0.397**	0.00	Supported
H2a	PJ--→Mot	0.134*	0.05	Supported
H2b	DJ--→Mot	0.061	0.09	Not Supported
H3	JS--→Mot	0.212*	0.05	Supported

Noted: PJ=Procedural Justice; DJ= Distributive Justice; JS=Job Satisfaction; Mot=Motivation; β = standardized regression weight; CR= Critical Value

V.DISCUSSION

The result of testing model supports both distributive justice (H1a) and procedural justice (H1b) as being significant antecedents of job satisfaction. When distraction and interruptions are limited, the duration of medication administration is likely to be shorter. The presence of a work environment with limited distraction and interruptions involves the use of protocol checklist and the presence of a medication area that reflects a marked quiet zone. Thus, the presence of a positive and supportive work environment is seen to exhibit an inverse relationship with the incidence of medication errors. The implication of the literature to the current study is that it is worth examining whether or not the work environment characterizing Philadelphia's pharmaceutical companies plays a contributory role in accounting for medication errors, upon which solutions such as those highlighted above may be worth adopting and implementing. Other studies have focused on the role of improved communication and monitoring staff in shaping outcomes about medication errors. For instance, found that in every 1,000 patient days that come after full-time pharmacists are hired for purposes of monitoring possible errors, the rate at which serious medication errors occurs reduces from twenty-nine percent to six percent. For general or all errors, the study established that the incidence reduces by 79 percent. For units with part-time pharmacists, the study did not establish a significant reduction in medication errors.

Additional observations hold that improved communication plays a leading role in curbing medication errors. According to the Patient Safety improvements in communication emerge as the third most effective strategy for reducing medication errors. In particular, the study indicated that improved communication is likely to reduce medication errors by 64.8 percent. Specific outcomes suggested further that improvements in communication between nurses and physicians yield a 17.4 percent reduction in the incidence of medication errors while the case of improved communication between pharmacists and physicians accounts for 47.4 percent reduction in medication errors. The eventuality is that communication plays a significant role in addressing possible medication errors. The studies mentioned above are also significant because they offer sector-specific data regarding medication error reduction. However, the studies fail to document statistical

outcomes reflecting the role of communication in reducing medication errors when it occurs between practitioners such as pharmacists and the respective patient populations served.

Researchmodel demonstrated that H2a was not supported and H2b was supported. It can be concluded that distributive justicedid not significantly influence work motivation of nurses. Those justices perception did not directly lead to higher motivation, nevertheless, indirect effect might exist through job satisfaction. A study conducted by found that procedural justice were significantly influence on work motivation, meanwhile distributive justice did not find to affect student motivation in college. Thus, employees' satisfaction is more important than justice to strengthen employees' motivation. According to Tyler and Blader (2000), outcome favorability tends to affect satisfaction with the particular decision[44]. This is not surprising. What is more interesting is that procedural justice affects what workers believe about the organization as a whole. If the process is perceived as just, employees show greater loyalty and more willingness to behave in an organization's best interests. They are also less likely to betray the institution and its leaders. Thereforenurse's motivation is important to make patient satisfied.

Testing of H3 found that job satisfaction have direct and positive relationship with motivation of nurses who work at some private hospitals. The result reflected that nurses job satisfaction influence the work motivation. This study is supported by previous study Danish & which did research about Pakistan firms. In that research they develop the impact of reward and recognition on job satisfaction and motivation.Nurse's satisfaction reflect positive emotion as reaction result from employee assessment towards work environment. It is like a process in certain period and it is not instantly measured by employer. Employees perceived unfair treatment by organization, they will react with dissatisfaction attitude which in turn might weakened level of motivation.This finding was supported by Fernandes and who noted organizational justice significantly influence satisfaction of United Arab Emirated (UAE) national groups[17]. It can be argued that perception of justice leads to feeling of satisfaction. A high motivation of existing workers willalso motivate other employees in the workplace. Employee motivation has direct effect on productivity or job performance. The motivated employees demonstrated predisposition to be more productive than non-motivated employees.

VI.CONCLUSION

The analysis of structural equation modeling (SEM) concluded that proposed theoretical model in the study has met criteria of fit model. It reassert the data fit with the samples. Processing data in this research withstructuralequationmodeling analysis demonstrated that fairness perception (i.e. distributive justice and procedural justice) significantly influence nurse job satisfaction. The higher level nurses perceived organizational justice, then the higher level of job satisfaction which in turn increasing work motivation. Motivation is an important issue for personnel management in health care settings (Jansen, Van Den Bosch,

and Volberda, 2006)[25]. It can be linked to both performance (Levy-Leboyer, 1988) and intention to quit A high motivation of existing workers willalso motivate other employees in the workplace[47]. The motivated employees demonstrated predisposition to push the employee in achieve high performance[45]. (Chaudhary and Sharma2012).Therefore, an organization might increase nurses work motivation by means of strengthening nurses' job satisfaction. Strengthening job satisfaction can be conducted by taking into account fairness treatment from both content of reward (i.e distributive justice) and procedure to determine output of decision (i.e. procedural justice). The empirical study with this researchstrengthens the prediction about the dominating role of procedural justice brings effect on job satisfaction and work motivation. The results of this researchmay have been influenced by the cultural context of Asian societies have a great concern for cultural values and social norms in terms of harmonious interpersonal relationships and collective welfare (Hofstede 1980, 1991; Triandis 1988). Indonesian workers, as a part of Asian society have cultureto put collectivismbeyond their individualism[23]. Therefore they have great respect for group membership for its own sake and place more emphasize on whether they receive equitable treatment as a group/organization member than the quantity of rewards they received as a result of their relationship with the group/organization

This research can be used to evaluate level of job satisfaction of nurses and examine its implication on their motivation[43]. Some private hospitals could conduct another research that related to this research, so that it can examine current condition of the nurses[13]. Additionally, distributive justice was not significant on nurse's motivation because employees generally expect that the distribution of organizational rewards will be proportional to their work efforts. Indeed, the employees' motivation to learn and a desire for fair treatment are deeply rooted in human nature and inherent elements of organisations. People want fairness because fairness provides things they like. There is more than a little truth to this idea. For instance, when individuals are rewarded for successfully completing a task they report being happy (Weiss, Suckow, & Cropanzano, 1999) and having pride in their performance (Krehbiel &, 11][26][46].

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