

Original Article

Organizational Justice and Employee's Service Behavior in the Healthcare Organizations in Bangladesh: An Agenda for Research

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Abstract: Bangladesh is aspiring to achieve universal health coverage by 2030. In this regard, quality and efficient healthcare delivery have been regarded as a major challenge. Proper management of employees is crucial for service organizations like healthcare because in healthcare employees provide life saving services which make them unique from other non-health professionals. They directly interface with the patients or service seekers who make evaluative judgment of the quality of service delivered by the employees. Therefore, it is important that healthcare organizations (both public and private) comprehend specific organizational factors and issues that influence employee's attitudes and behaviors, which ultimately affect their service behaviour at work. Drawing from the organizational justice principles and other management theories, this article presents a conceptual framework and a set of hypotheses regarding the relationships among distributive justice, procedural justice, interactional justice, employee's citizenship behaviour, role prescribed behaviour and counterproductive behaviour for the healthcare organizations in Bangladesh. The purpose is to assist the policy makers and service providers in identifying desirable human resource management practices that healthcare organizations in Bangladesh should seek and engage in and at the same time, avoid undesirable practices in order to maintain optimum level of employee commitment, and citizenship behavior essential for ensuring quality and efficient service delivery to the communities. This article is 'theoretical' but it has practical implications for the policy makers and service providers who are directly involved with service delivery system. It is also expected that the paper enriches the health service delivery literature and also advocates focusing on justice perspectives particularly in Bangladesh.

Key words: Organizational justice, distributive justice, procedural justice, interactional justice, employee service behavior, citizenship behavior, role prescribed behavior, counterproductive behavior, healthcare organization, and Bangladesh

Introduction: The issue of justice is a key concern to virtually all individuals across the society or organization¹. The concept “organizational justice” has emerged and widely discussed in various disciplines such as Organizational Behavior, Human Resources Management (HRM), Social Psychology, Industrial Relations and others. Contemporary studies^{2 3 4 5 6} indicate that employee’s perception of organizational justice immensely influences his or her service behavior at work and hence organizational performance is affected. With this conception, this study has been planned. Primary aim of this study is to investigate the relationship between organizational justice (OJ) and employee service behavior (ESB) in the healthcare organizations of Bangladesh. To do so, HRM practices of the relevant organizations will be explored. This will be done through conducting extensive literature review. It is expected that this literature review will assist to gather in-depth knowledge and information to explore the mediating factors contributing to build the relationship between OJ and ESB and also to develop the conceptual framework of the study followed by development of related hypotheses.

Background rationale: Employee’s perception of justice or the state of being just in the organization has been discussed for long time. All most everybody has an aversion to injustice^{7 8}. This is also true for the human resource working for health or involved in delivering health services. Human resources for health (HRH) are the most valuable assets of any health service organization. In fact, health care cannot be thought without a human resource⁹. The unique feature of this resource is – they save lives, lessen sufferings of the patients and promote well being of the people. According to the World Health Report¹⁰, human resource is the central of every health system. It also suggests that “health care providers are the personification of a system’s core values – they heal and care for people, ease pain and suffering, prevent diseases and mitigate risk”¹⁰. Therefore, proper management of this resource is crucial for achieving organizational success. But little is known about the state of feeling “just” among the human resources attached with the health service organizations. Justice literature indicates that organizational justice has significant influence on organizational performance as well as individual performance. Since healthcare is highly a labor intensive service, ensuring organizational justice is, therefore, critical to any healthcare organizations, in fact, any organization related with service delivery e.g. hospitality, banking, education and others.

In Bangladesh not many studies have been conducted to investigate the relationship between organizational justice and employee service behaviour particularly in the public sector. However, empirical experiences, study reports, evaluations, policy documents^{11, 12} indicate that management of human resources has been a challenge and a priority area of intervention of the Ministry of Health & Family Welfare (MOHFW). Employee retention especially in rural areas, absenteeism, recruitment and selection, performance appraisal, training and career development and compensation and benefit are the major management concerns of MOHFW and other organizations

in the private sector. Therefore, it is important to assess and explore the state of justice as perceived by the employees through scientific assessment hence the study is planned.

Purpose/aim of the study: The study primarily aims to develop a conceptual framework and a set of hypotheses based on organizational justice principles while analyzing the relationship between employee's perception of organizational justice and their behaviour at work at healthcare organizations in Bangladesh. While going to do so, key determining factors of the concepts 'organizational justice' and 'employee's service behaviour' are to be identified. Later how those determinants affect each other will be assessed in order to establish mutual relationship.

Methods: It is important to mention that the paper is mostly theoretical as opposed to applied research. A research can be defined as theoretical when: "it aims to increase understanding of phenomena and the relationships among key components of phenomena; and to accomplish these goals, researchers develop and test models reflecting the properties of the phenomena, the relationships among various aspects of the phenomena, and the relevant external factors"¹³.

An extensive literature search was conducted during the period October – November 2015 for development of an academic research proposal for the study Master of Philosophy (MPhil) of the lead author. 'Google Scholar', 'Google Web', 'BioMedCentral Human Resources for Health' and 'EBSCOhost' search engines were used to collect peer reviewed journal articles and other academic publications related to the concepts 'organizational justice' and 'employee service behaviour'. In this study, we have developed a model and a set of hypotheses depicting the relationship between the concept organizational justice and employee service behaviour. Key components of those concepts are identified and then effect is tried to be explored. Hence, although the paper is said to be theoretical it, however, has practical applications for practitioners, researchers, and policy makers because testing the model could lead to identification of HRM best-practices that can be used in solving the real organizational problem of health service delivery in Bangladesh.

In developing the model, we started with an extensive literature review aimed at among others identifying relevant variables and comprehending their interconnectedness. In this respect, we used Sekaran's method¹⁴ (Figure 3) that involves identifying the dimensions (key variables) relating to a problem under investigation and the dimensions (variables) into measurable elements³. Through the review of the related literature we identified employee justice perceptions at the workplace which include distributive justice, procedural justice and interactional justice; employee's citizenship behaviour, role-prescribed behaviour and counterproductive behaviour as the key variables related to the problem effective and quality service delivery in the healthcare organizations in Bangladesh. Following on this, we decomposed each of these dimension (variables) into measurable elements. We then linked the variables together to form an integrated model. Based on the model, we developed a set of hypotheses regarding the relationships among those variables. The Figure 3 is

summary of key concepts and relationships among variables that represents the overarching framework of this paper.

Literature review: Organizational justice- Organizational justice (OJ) got significant attention when Homans¹⁵ introduced the concept of distributive justice and later social scientists including management experts began to pay attention to this fundamental aspect of human behavior. The concept started getting focus in organizational behavior research with the work of the scholars like Blau¹⁶ and Adams¹⁷.

Definition of organizational justice varies significantly as most of the definitions come from individual perceptions while looking into this as it refers to anyone's subjective perceptions of the fairness of allocations¹⁸. Cropanzano, Bowen and Gilliland¹⁹ define organizational justice as it is a subjective and descriptive concept that captures what individuals believe to be right, rather than an objective reality or a prescriptive moral code. It is further mentioned that it is a personal evaluation about the ethical and moral standing of managerial conduct. This denotes that management needs to take an employee's perspective while defining justice.

The authors like Bowen, Gilliland and Folger²⁰ and Moorman et. al.²¹ have correlated a set of "justice principles" associated with fairness in HRM practices. Three types of principles are proposed such as: distributive, procedural, interactional justice.

Distributive justice: Distributive justice is called the first component of justice principles. It is concerned with the reality that all employees are not treated in the same way as allocation of outcomes is differentiated in the workplace²². Employees are concerned whether they receive the just share or not¹⁷. Sometimes things are distributively just when the most qualified person gets promoted. But sometimes it goes in an unusual way as someone is promoted due to the political relations with the higher management. Adam's equity theory¹⁷ has a significant contribution on distributive justice. According to the equity theory, people are interested in how much they get

Table 1: Component of organizational justice

1. Distributive Justice: Appropriateness of outcomes.
● Equity: Rewarding employees based on their contributions.
● Equality: Providing each employee roughly the same compensation.
● Need: Providing a benefit based on one's personal requirements.
2. Procedural Justice: Appropriateness of the allocation process.
● Consistency: All employees are treated the same.
● Lack of Bias: No person or group is singled out for discrimination or ill-treatment.
● Accuracy: Decisions are based on accurate information.
● Representation of All Concerned: Appropriate stakeholders have input into a decision.
● Correction: There is an appeals process or other mechanism for fixing mistakes.
● Ethics: Norms of professional conduct are not violated.
3. Interactional Justice: Appropriateness of the treatment one receives from authority figures.
● Interpersonal Justice: Treating an employee with dignity, courtesy, and respect.
● Informational Justice: Sharing relevant information with employees.

relative to how much they contribute. One must work harder in order to be equitable. Cropanzano¹⁹ et al. identified three allocation rules that can lead to distribute justice if they are applied appropriately: equality (to each the same), equity (to each in accordance with contribution), and like no other person (need)¹⁹. Equity tends to provide individual rewards for high performance, whereas equality tends to build esprit de corps among teammates. These rules embark on Aristotle's famous dictum that all men wish to be treated like all other people (equality), like some other people (equity), and like no other person (need)¹⁹.

Procedural justice: Procedural justice is the process by which outcomes are allocated but not specifically the outcomes themselves¹⁹. The key message of this principle is that everybody is equal in front of law or rules and its process. A justified process is one that is applied consistently to all, free of bias, accurate, representative of relevant stakeholders, correctable, and consistent with ethical norms and values. Further, just decisions are those that result from fair procedures. The most influential of early procedural justice researchers were Thibault and Walker who examined perceptions of justice in dispute resolution²³. Procedural justice research has resulted in vast evidence that decision control (authority to make a decision) is an important contributor to perceptions of justice. People are more likely to perceive that a decision is fair if they feel they have had a voice or a sense of process control (opportunity to influence the decision maker) and people are more likely to accept unfavourable outcomes when they perceive that the process of arriving at the decision was fair^{24 25 26 27}. These findings suggest that employees are not simply looking for favorable outcomes in decisions; they expect fair procedures in decision making.

Interactional justice: According to Cropanzano et al. and Folger and Cropanzano, interactional justice refers to how one person treats another^{19, 25}. Interactional justice is associated with communication and interpersonal treatment. Informational justice is the result of open and honest clarifications and explanations as well as adequate justification of actions¹⁸. Pursuing perceptions of informational justice could prove to be difficult in the context of talent management, as the majority of organizations do not inform their employees about talent management practices^{18, 28, 29}. This is related with organization's recruitment and selection strategies including succession planning.

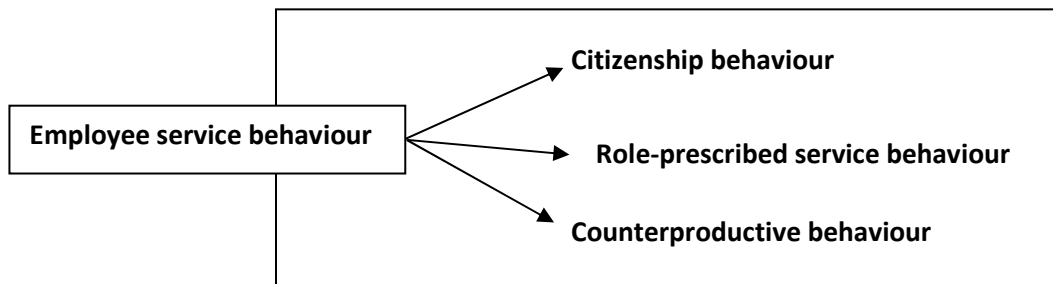
There is another kind of interactional justice which is about interpersonal justice. It refers to the respect and dignity with which one treats another¹⁹. In healthcare organization it has an immense implication. In healthcare, not a single category of health professionals provide or responsible for providing care to the patients. There are more than one such as physician, senior physician, nurse, technologist, pharmacist, cleaning staff and other support staff. For workplace productivity and smooth functioning of the organization there is a need to respect each and acknowledgement to each other contribution.

Understanding the concept 'employee service behaviour': Several authors have taken the effort to define employee service behaviour (ESB)^{30 31 32}. Zerbe, Dobni & Harel have conceptualised

service behaviour as ‘the nature and content of the interpersonal interaction between the service providers and the customers’³¹. Simply we can say that the behaviour that is showed by the employee towards the customer during interaction in job can be stated as employee service behaviour (ESB). Behaviour could be either positive or negative, both have consequences on organizational performance. Obviously, there is no doubt, in any service organisation ESB refers to the positive behaviour towards service seeker or customers. In a study conducted by Zerbe Dobni & Harel it is found that the degree of positive behaviour employees showed towards passengers (happy, pleased) was strongly related to airline passenger satisfaction with customer service provided both by the airline and individual employee³¹. Moreover, Browning has stated that service oriented behaviour focuses on people’s needs and taking action, often beyond the call of duty, to meet those needs, which refers to extra role service behaviour³². Considerably Tsaur and Lin have defined ESB into two categories; “extra-role” service behaviour, which is also known as citizenship behaviour (CZB) and “role-prescribed” behaviour (RPB)³³. This definition is consistent with that pro-social service behaviour in the organisational behaviour literatures³⁴.

Behavioural Scientists and Management Experts identified another type of behaviour which is called “Counterproductive Behaviour (CPB)”. CPB goes against the goals and objectives of organizations³⁶. The authors Rotundo and Spector describe the individual and environmental factors that increase the likelihood of 'CPB', which include interpersonal conflict amongst employees; job insecurity; and perceptions of organizational injustice³⁵.

Figure 1: Describing employee service behaviour



Citizenship behaviour: Citizenship behaviour (CZB) refers to the discretionary behaviour of contact employees in serving the recipients that extends beyond formal role requirements³⁴. To perform CZB, employees always need to take extra responsibilities on behalf of the organisation. These responsibilities usually cannot be classified in the job description. This is particularly true for healthcare organizations. They seem to be the stakeholders of the organisation as they hold the ownership of their jobs. It is the organisation who will provide ownership to the employees. The most popular definition of citizenship behaviour is given by Organ³⁷; “... discretionary behaviours that are not directly or explicitly recognised by the formal reward system and that, in the aggregate,

promote the effective functioning of the organisation.” He identified five major types of organizational citizenship behaviours (OCBs): *altruism* (discretionary behaviours related to help a specific other person with an organization); *conscientiousness* (discretionary behaviours that go well beyond the minimum role requirements of the organization); *sportsmanship* (willingness to avoid complaining, petty grievances, railing against real or imagined slights or alike)³⁷; *courtesy* (i.e. willingness to prevent work-related problems with others from occurring); *civic virtue* (willingness to participate in, is involved in, or is concerned about the organization).

Role-prescribed service behaviour: “Role-prescribed” service behaviour refers to expected employees behaviour that may derive from implicit norms in the workplace or from explicit obligations as specified in organizational documents such as job descriptions (cited in Tsaur and Lin³³). For example, hotels like Holiday Inn monitor role-prescribed service behaviour such as greeting the customer by name, answering the phone within three rings, and making a personal pledge to a customer that a request will be handled³³. Marketing studies reinforce the importance of similar behaviours for customer service quality perceptions³⁸.

Counterproductive behaviour: There are three types of work behaviour identified (Figure 2) and counter-productive behaviour (CPB) is one of them. CPB upholds the various acts which include: rumours among co-workers, absenteeism, stealing, sabotage of co-workers, theft, refusing to cooperate, withholding of efforts of the coworkers, physical assault, withdrawal, and lying against your co-workers³⁹.

However, Spector et al.³⁶ identified five primary categories of counterproductive work behaviors: sabotage (i.e., wasting materials/supplies, damaging equipment/property, destroying the atmosphere of the office); withdrawal (i.e., absenteeism, tardiness, leaving work early, taking excessive or long breaks); production deviance (i.e., doing work incorrectly or slowly, failing to follow instructions); abuse (i.e., making offensive comments, starting arguments or making rude gestures, threatening or harming others, disrespecting privacy); and theft (i.e., taking items from office or employees, incorrectly reporting hours worked). We will consider Spector’s classification of CPB in this study.

Why employees care about justice: A good number of studies has been conducted to investigate why employee look for justice at workplace. However, justice or fairness is a common concern to all including employee. The extent employees perceive their work environment as unfair, they may develop negative attitudes and emotions such as job dissatisfaction, anger, frustration, and mistrust, leading to deviant behaviour against the organization and other employees⁴⁰. Cropanzano and his colleagues¹⁹ discussed this issue in their article published in the peer reviewed journal “Academy of Management”. They mentioned about three reasons for which people matter justice.

Long-range benefit: People are usually contracted in the organization for quite a long period of time. Consequently, they assess the present work climate how they are likely to be treated over

time¹⁹. A just organization helps to make this prediction easy. Appropriate personnel policies signal that things are likely to work out eventually. Cropanzano and his colleagues suggest that justice provides us with more certainty regarding our future benefits. People want fairness because fairness provides things they like.

Social Considerations: People wish to be accepted and valued by important others while not being exploited or harmed by the powerful decision makers¹⁹. The justified treatment tells us that we are respected and esteemed by the larger group. This sense of belongingness is important to us even apart from the economic benefits it can bring.

Ethical considerations: People also care about justice because they believe it is the morally appropriate way others should be treated²⁶. Ethical practice creates tension upon the employees as soon as they observe within the organization and they are more likely to take considerable risks in the hopes of extracting retribution⁴⁰. In the follow through, injustice may spread ill consequences¹⁹.

The need to promote employee service behaviour in healthcare organizations: Health human resources are engaged in providing life saving services and also reducing ailment of the patients¹⁰. Patient's satisfactions and continuous improvement of service quality as well as timely service delivery are the key focuses of healthcare organizations⁴¹. Since employees are the key service providers they are the key concerns of the organization. World Health Report¹⁰ identified four dimensions of health workforce/employee's performance which are such as: availability, productivity, competency, and responsiveness. Availability encompasses distribution of the employees and their timely attendance at the workplaces. Competency denotes the combination of knowledge, skills and behaviours. Responsiveness encompasses that people are treated decently, regardless of whether or not their health improves or who they are. Finally productivity indicates maximum utilization of existing resources and reduction of time wasting¹⁰. All of those dimensions urge for promotion of employee service behaviour at the workplace.

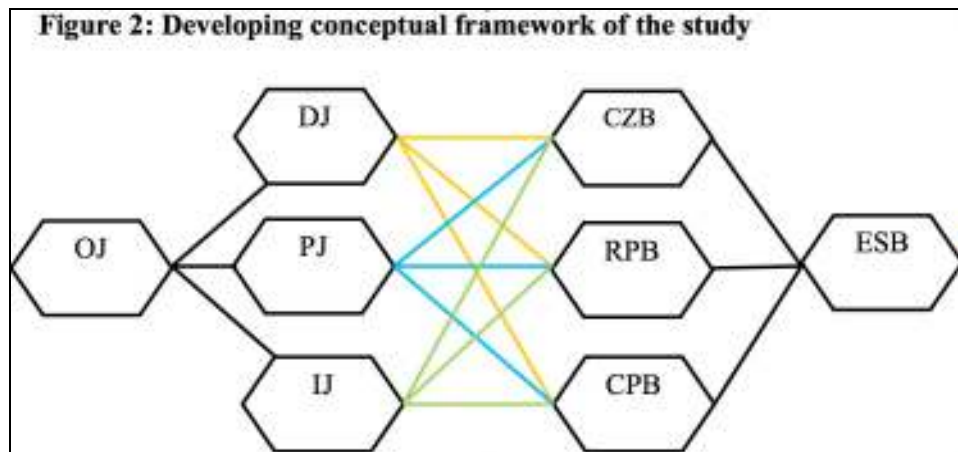
Moreover, organisations are continuously focusing on improving service quality for several reasons: (a) there are pressures from outsider competitors and stakeholders; (b) customers are increasingly willing to take services elsewhere if they are dissatisfied with service quality³⁰; finally (c) organisations all over the world normally keep trying to improve service quality to keep up with the changing pattern of taste and demands of service recipients³⁰. For many manufactured goods, quality can be evaluated against objective internally defined criteria. This is not the case for healthcare services, because of its intangibility, inseparability, heterogeneity and perishability natures of quality.

The literature on services management has not addressed in any systematic framework the specific types of behaviours that are required for service excellence³⁰. Moreover, organisations may not want to specify fully all of the service-oriented behaviours, which employees should display at

work. As doing so may reduce employees' intrinsic motivation⁴² and may limit flexibility in the face of unforeseen contingencies. As Katz⁴³ in 1964 argued, “an organisation which depends solely upon its blue-prints of prescribed behaviour is a very fragile social system”. He argued that organisations must leave some things unspecified so that employees can appropriately deal with unexpected contingencies³⁰. If they can perform their functions properly it is an advantage, but if they perform poorly, it is not favourable to the organisation. So employees need to have some rights or capabilities to show extra care or to react positively to the customers/service recipients to satisfy their needs.

Research gaps: In the secondary literature the concept organizational justice is well discussed and it is not a new concept and its determining components are also referred by many authors in several journals. In the review of literature, importance of OJ is discussed and described and its determining factors are identified and explained how OJ contributes to organizational performance and also its sustainability. It is also described why employees are concerned about justice and how OJ impact on their work behaviour which ultimately affect on achieving organizational outcomes. Theoretically the concept OJ is supported by various literature^{17 44}. But a gap has been observed how OJ principles affect the work behaviour of the employees in healthcare organizations particularly in Bangladesh. In fact no study has been found available in the public domain on the issue of OJ and employee's work behaviour realizing that healthcare organizations in Bangladesh are suffering from various work-related challenges such as absenteeism, lack of productivity, inefficiency in resource utilization, high turnover in the private sector and others, which is a priority concern of this study.

Conceptual framework: Based on the literature review the key words or concepts can be identified such as organizational justice (OJ), employee service behaviour (ESB) and healthcare organization. Each of the concepts can be broken down into its determining factors. OJ has its three forms i.e. distributive justice (DJ), procedural justice (PJ), interactional justice (IJ). ESB is described by three determining factors which are such as citizenship behaviour (CZB), role-prescribed behaviour (RPB), and counterproductive behaviour (CPB). If all key concepts and variables are put together and relationship is established in order to assess associated impact the conceptual framework can be drawn like this (Figure 2).



Developing hypothesis: Considering the context of Bangladesh and literature review following hypotheses can be framed:

H1: There is a relationship between organizational justice and employee's service behaviour in the healthcare organizations in Bangladesh

Distributive justice and employee's service behaviour

H2: Perception of distributive justice is positively related with employee's citizenship behaviour in the healthcare organizations in Bangladesh.

H3: Perception of distributive justice is positively related with employee's role-prescribed behaviour in the healthcare organizations in Bangladesh

H4: Perception of distributive justice is negatively related with employee's counterproductive behaviour in the healthcare organizations in Bangladesh.

Procedural justice and employee's service behaviour

H5: Perception of procedural justice is positively related with employee's citizenship behaviour in the healthcare organizations in Bangladesh.

H6: Perception of procedural justice is positively related with employee's role-prescribed behaviour in the healthcare organizations in Bangladesh.

H7: Perception of procedural justice is negatively related with employee's counterproductive behaviour in the healthcare organizations in Bangladesh.

Interactional justice and employee's service behavior

H8: Perception of interactional justice is positively related with employee's citizenship behavior in the healthcare organizations in Bangladesh

H9: Perception of interactional justice is positively related with employee’s role-prescribed behavior in the healthcare organizations in Bangladesh

H10: Perception of interactional justice is negatively related with employee’s counterproductive behavior in the healthcare organizations in Bangladesh.

Figure 3: Conceptual framework of the study

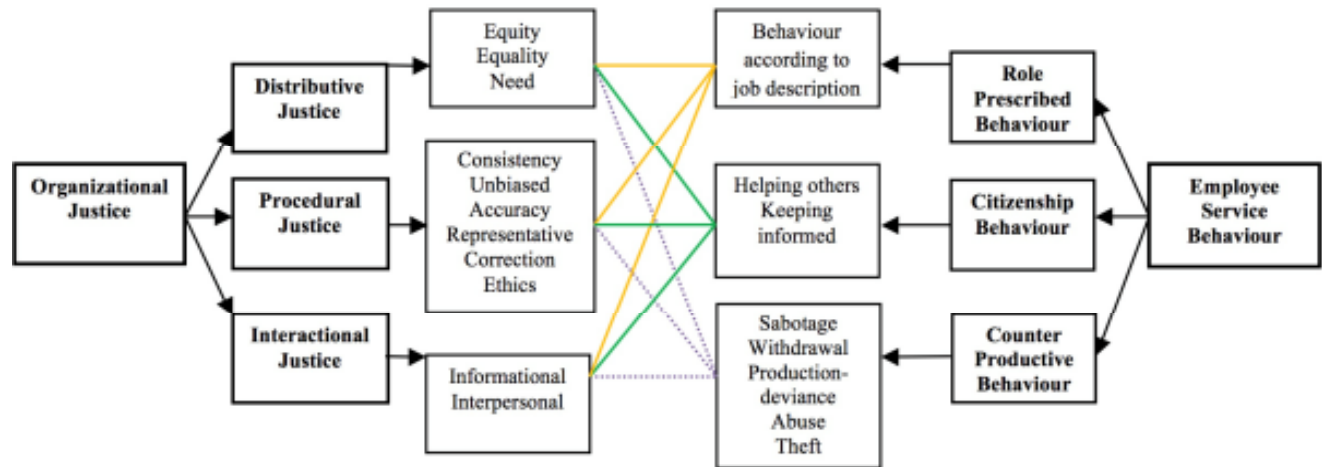


Figure 3 denotes the relationship between the determining factors of two concepts OJ and ESB. DJ is described by three factors i.e. equity, equality and need. PJ is described by six factors i.e. consistency, unbiased, accuracy, representativeness, correction and ethics. IJ is described by two factors i.e. informational and interpersonal. On the other hand, RPB is prescribed by one factor i.e. behavior according to job description; CZB is symbolized by helping attitudes and CPB is prescribed by five factors i.e. sabotage, withdrawal, production deviance, abuse and theft. Now the study aims to explore how justice-determining factors correlate with the ESB determining factors, more specifically whether the relationship between OJ and ESB is positively or negatively correlated with an example of healthcare organizations in Bangladesh.

Conclusion: The literature review suggests that perception of organizational justice (OJ) has an impact on employee service behaviour (ESB), which ultimately affects organizational performance. Since healthcare is a specialized field and multiple categories of staff work together, application of justice theories and principles are not significantly tested in the healthcare organizations particularly in Bangladesh. This study has been guided by an extensive literature review and proposed to apply as well as verify the justice principles in the healthcare context in Bangladesh as healthcare organizations are suffering from various employee’s performance related problems and challenges both at public and private sectors and affecting healthcare delivery system of the country resulting inefficiencies, poor customer/patient satisfaction and low level of service quality. Going to do so this study has proposed a conceptual framework, which establishes the relationship between the

components of OJ and the components of ESB to show how they affect each other positively or negatively. This relation leaves policy implications in order to strengthening justice framework at organization level.

Recommendations: The study is important for a number of reasons but the most important reason is that it promotes organizational performance and provides the organizations the strengths to maintain sustainability/competitive advantage. It is expected that the study will introduce the concept OJ to the policy makers, health managers, researchers and academicians who are concerned about the performance of healthcare organizations where performance of the health personnel is an issue of attention.

There are some recommendations, which can be proposed. Firstly, OJ should be taken into account while making employee decisions. To support this, justice culture can be advocated to be created at organizational level; secondly, organizations should take into account counterproductive behaviours of the employees and to do so regular monitoring and supervisory systems should be strengthened; thirdly, both equity and equality principles should be taken into consideration while distributing organizational outcomes and benefits; Fourthly, interactional justice principles should be strengthened and put into place to promote trust and confidence at organization. Fifth and finally but not the least, justice audit should be introduced on regular basis at organization level.

Limitations: The major limitation of this study is that it is still in development phase. Validity test of the conceptual model is yet to be conducted. Sample design and data collection are the key activities, which are also considered as challenges. Finance and manpower allocation is also an issue for consideration given that it is an academic study. A vital component of the framework is not taken into account in the study, which is “human resource management practice” (HRM). HRM is the mediating factor by which organization and employee interacts each other.

Conflict of interest: The authors declare no conflict of interests.

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