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Perceived Organizational Justice in Care Services: Creation and multi-sample validation of a measure

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ABSTRACT

Organizational justice (OJ) perceptions predict attitudes and behaviors of customers and employees across a broad range of services. Although OJ has proven predictive power and relevance, it has rarely been studied in health care settings. This stems partially from the lack of a reliable and valid measure of patients' OJ in health care encounters. The objective here was to create and validate a measure of patients' OJ. With that purpose, a survey study with two sampling contexts – the U.S. and Spain – was carried out in order to provide a cross-national validation of the scale in two versions: English (Perceived Organizational Justice in Care Services, PJustCS) and Spanish (*Percepción de Justicia Organizacional en el Ámbito Sanitario*, PJustAS). Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were used to select the appropriate items in the final version of the instrument. Reliability and validity of the measure were tested. A total of 406 patients in the U.S. and 473 patients in Spain participated. The measures used were the newly created scale of Perceived Organizational Justice in Care Services (PJustCS/PJustAS) and scales of patients' Satisfaction, Trust and Global Justice. Factor Analyses supported the four dimensional structure of the instrument for each group. Multigroup CFA substantiated invariant factor loadings and invariant structural models across both samples, hence, supporting that the instrument is applicable in its two versions: English and Spanish. Validation results showed expected positive relations of OJ with patients' satisfaction, trust in clinicians and global perceived justice. These results point out the importance of health care customers' perceived organizational justice in the explanation of health care dynamics. The scale has desirable psychometric properties and shows adequate validity, contributing to the potential development of the area.

Introduction

Perceived organizational justice[1] (OJ) has a 30-year history of explaining the attitudes and behaviors of customers and workers (Cohen-Charash & Spector, 2001; Colquitt, Conlon, Wesson, Porter, & Ng, 2001; Ybema & van den Bos, 2010) but, OJ and its consequences has rarely been studied in health care settings. The few significant studies that do consider this variable in health care services (Dobson, Lepnurm, & Struening, 2005; Hughes & Larson, 1991; Kulik & Holbrook, 2002; Naumann & Miles, 2001; Virtanen et al., 2012) suggest that perceived justice is important in this context and that improving patients' perceptions of OJ is an effective and low cost way to improve health service results (Hughes & Larson, 1991).

A significant line of research, developed by Elovainio's group, focuses on health care workers' OJ perceptions and its impact on their caring behaviors (Elovainio et al., 2013) and their own health (Elovainio, Kivimaki, Steen, & Vahtera, 2004). Expanding these findings, an association between workers' justice perceptions and pupils' health has been found (Elovainio et al., 2011). Also, health workers' perceived procedural fairness was found to be associated with more optimal glycated hemoglobin levels among patients (Virtanen et al., 2012). Following these results, studying health customers' own perceived OJ and its possible direct effects on their health seems the logical next step to take.

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[1] Vocabulary note: "Justice" and "fairness" will be used as synonyms, in line with previous organizational research, and "Patient" and "health care customer" refer to the same entity in the present work.

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OJ in health care refers to the subjective perception of fair treatment from the organization or representative the patient encounters in a health care setting. This concept has four dimensions (see Table 1) based on facts, situations, other individuals, and behaviors or processes that contribute to the judgment that one is or is not fairly treated (adapted from Greenberg, 1990). First of all, distributive justice relates to the results obtained in an exchange, considering the investments made (Adams, 1965). This type of justice depends on the distribution of results or resources. Health care services might be seen as fair, for example, if they are allocated on the basis of need, equality, or some other "deservingness" rule.

Secondly, the justice literature highlights the importance of the procedures by which decisions are made. Procedural justice refers to the perceived fairness of an organizational procedure (e.g., the perceived fairness of how health care delivery is organized). A third dimension of justice is interactional fairness, which refers to the subjective perception that people perform a given procedure in a just fashion, treating with dignity and respect all individuals involved (Bies & Moag, 1986; Colquitt & Shaw, 2005). Finally, the informational justice dimension refers to the subjective perception that the information received during a procedure was adequate, correct and sufficient (Colquitt, 2001).

These four dimensions together address fairness in the situations and interactions that occur in health care services. Perceiving fairness in these different areas will affect patients' reactions to their clinicians and to the health system in general (Hughes & Larson, 1991; Naumann & Miles, 2001). Previous research shows close links between fairness judgments and attitudes and behaviors like trust in the health care professional (Dolan, Tzafir, & Baruch, 2005; Pillai, Schriesheim, & Williams, 1999) or satisfaction with the service (Clemmer & Schneider, 1996; Swan, Sawyer, Van Matre, & McGee, 1985). Hughes and Larson (1991) found that perceived procedural justice is related to the level of patient involvement in their health care. Naumann and Miles (2001) explored justice dimensions related to the patients' perceived control over their waiting time to receive assistance. Perceived procedural and distributive fairness were found to relate to patients' satisfaction with the service. Both works emphasize the impact of patients' perceived control on their justice judgments and the impact of those judgments on patients' attitudes and behaviors.

Table 1
Description of the construct of Perceived Organizational Justice.

Justice dimensions	Facets/Rules	Description
Distributive	Equality	Outcome or distribution of resources that provides the same to everyone involved.
	Equity	Outcome or distribution of resources where what you get is commensurate with the investment and, in turn, with what others had invested and obtained in a similar situation.
	Need	Outcome or distribution of resources that gives everyone what they require in their situation.
Procedural	Consistency	Procedure always applied in the same way.
	Absence of bias	Procedure that does not favor certain groups or individuals over others.
	Accuracy	Procedure that takes into account adequate and enough information.
	Correction	Procedure that provides possibility of rectification if there is a fault in it.
	Representativeness	Procedure that considers everybody affected by it.
	Ethics	Procedure that is consistent with the current ethical rules.
Interactional	Respect	Interaction by mean of respectful communications.
	Education	Interaction that treats people politely.
	Dignity	Interaction that treats people decently.
	Property	Interaction without inappropriate comments.
Informational	Appropriate	Information that includes suitable explanations.
	Right	Information provided free of faults.
	Sufficient	Enough information for what is needed.
	Sincere	Truthful and forthright information.

However, these works measured OJ with only one or two questions that were created *ad hoc* for the particular research study. Although others have attempted to measure patients' justice perceptions (Fondacaro, Frogner, & Moos, 2005), no instrument, validated with multiple samples, considers all four justice dimensions and accurately defines the construct. An example of such attempt was that of the Health Care Justice Inventory (Fondacaro et al., 2005). It assesses the justice of interactions of patients with their providers and health care plans representatives in decision making procedures. The instrument includes distributive justice and what the authors conceptualize as three dimensions of procedural justice: trust, impartiality and participation. Even though knowledge of trust levels is important to understand patient–organization interactions, according to the justice literature, trust should not be considered part of the procedural justice dimension. Also this work gives no justification for using only two of the six rules for a fair procedure established in the classic work of Leventhal (1980) and for not taking into account interactional and informational justice dimensions (Colquitt, 2001). Hence the instrument shows inconsistencies with existing accepted definitions of organizational justice. Even though the importance of justice perceptions has been acknowledged, the health care area does not have a theoretically-grounded measure that includes all fairness dimensions.

To address the need for a justice measure of all dimensions of perceived justice in health care services (Cohen-Charash & Spector, 2001; Colquitt et al., 2001; Greenberg & Colquitt, 2005), we present a scale of OJ for health care customers (PJustCS/PJustAS). Thus, it aims to contribute to the field in two ways: 1) it is designed to be applied to health care customers, and 2) it considers all four justice dimensions. Here we present the construction, validation and psychometric analysis of two parallel forms of the same test in two separate cultures, Spanish (PJustAS) and English (PJustCS).

Method

We used a cross-sectional design to validate a measure of OJ for health care customers. We developed two versions of the instrument: Spanish and English; and validated it in two countries with different health care system characteristics: Spain and the U.S.

Considerations in the items construction

Items construction was based on previous qualitative research about what is considered fair and unfair by health care customers (Pérez-Arechaederra, Herrero, Lind, & Masip, 2010), contributing to questions face validity. This work found that the way customers had been treated by the staff during the implementation of procedures, along with the information exchange between client and service providers had a strong impact on fairness perception. Moreover, it was proved that the patients' comments about waiting times, pricing and the physical and emotional consequences of the encounters with health services also played a major role in the patients' assessment of their experience. Both results were considered in the creation of the present scale.