

Quality of Work Life and Organizational Justice: Its Relation to Citizenship Behavior Among Staff Nurses

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ABSTRACT

Context: Quality of work-life and organizational justice increasingly identified as progressive indicators of the functioning and sustainability of the organizations. It claimed to be related to citizenship behaviors and positive behaviors of nurses who have an essential role in strengthening morale and betterment, and contributes to the survival of an organization. It is an expression of commitment; make the organization stable by reducing turnover, and attracting new nurses.

Aim: Assess the quality of work-life and organizational justice and its relation to citizenship behavior among nurses.

Methods: A descriptive correlational research design used to carry out this research. The current study conducted in all in-patient units at Benha University Hospital, AlQaluobia Governate, Egypt. A Convenient sample consisted of 310 staff nurses recruited to achieve the aim of this study. Three tools used to collect the data; organizational justice questionnaire, quality of work life scale, and organizational citizenship behavior questionnaire.

Results: The study revealed that more than three quarters (81%) of staff nurses had high perception level regarding the quality of their nursing work-life; nearly three quarters (74.2%) of staff nurses had high perception level regarding organizational justice. In addition to more than half (56.10%) of staff nurses had high perception level regarding organizational citizenship behaviors.

Conclusion: A statistically significant positive correlation revealed among quality of nursing work life, organizational justice, and citizenship behaviors. The study recommended that a staff development program need to be done for nurse managers to deal effectively with new ideas and to promote organizational citizenship behavior. Nurse Managers have to pay attention to the nurses' needs for justice/fairness and professional development to tailor strategies to improve quality of work life.

Keywords: Citizenship behaviors, organizational justice, quality of work-life, and staff nurses.

1. Introduction

In recent years, quality of work-life (QWL) and organizational justice are increasingly becoming identified as progressive indicators of functioning and sustainability of the organizations and it becomes a central topics in human resources and organizational development (Koonmee, Singhapakdi, Virakul, & Lee, 2010; Heidari-Rafat, Enayati-Navinfar, & Hedayat, 2016). Quality work life (QWL) defined as the favorable conditions and environments of a workplace that support and promote nurses satisfaction by providing them with rewards, job security, and growth opportunities. Besides, QWL encompasses working conditions, working time, mode of wages payment, health hazards issue, financial and non-financial benefits, and management behavior towards nurses (Chib, 2012).

Key aspects of the quality of work-life are organizational justice and staff satisfaction. Both could be

improved through a continuous effort of increasing labor-management cooperation and joined problem solving (Balaji, 2013). The nurses are essential resources in the health care organizations as they are trustworthy, responsible, and capable of making a valuable contribution. Nurses should be treated with dignity and respect.

Many factors contribute to QWL, including adequate and fair remuneration, safe and healthy working conditions, and social integration in the work organization. Altogether enable the nurses to develop and work at their full capacities. Quality of work-life can be measured by the feelings that nurses have toward their jobs, colleagues, and companies. Improving the quality of work-life serves the aim of improving the efficiency of nurses that in turn enhancing working conditions as well as nurses' integration with the organization (Shahbazi, Shokrzadeh, Bejani, Malekinia, & Ghoroneh, 2011; and Rishfa, 2014). Positive feelings of nurses toward their organization would ignite a chain effect leading to an organization's growth and profitability in the end (Afsar, 2011; Harish & Subashini, 2014).

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Organizational justice is a crucial factor and predictor of a successful organization. Nurses who are working in a nonpartisan organization give a better response to the organization, such as positive behaviors and productivity. So the managers should take actions to improve nurses' job satisfaction and organizational citizenship to decrease nurses' voluntary turnover (Rupp, 2011; and Li & Yeo, 2011). Organizational justice describes the nurses' perception of the fairness of treatment received from an organization and their behavioral reaction to such perception. In other words, organizational justice is the extent to which nurses are treated fairly at their workplace. Organizational justice classified into four types. These are interactional justice, informational justice, procedural justice, and distributive justice (Foster, 2010 & Ledimo, 2015).

Distributive justice is the perceived fairness of nurse in social exchanges (Place, Ballenger, Wasonga, Piveral, & Edmonds, 2010). Interactional justice implies consideration, recognition, and honesty in the habits of social interactions with nurses, in addition to, the quality of manner amongst nurses. Interactional justice is a way that transfers organizational justice by way of treating supervisors to nurses. This type of justice associated with components of the verbal exchange manner/communication process "such as politeness, honesty, and respect" between the transmitter and receiver of justice (Bahari-Far & Javaheri-Kamel, 2010). Procedural justice is fairness in the procedures performed. An equal opportunity must be provided to each nurse. Therefore, justice requires clear rules and procedures. Informational justice is the behavior of the actors in transmitting information. In general, informational justice focuses on the behavior of choice of the decision-makers. In other words, informational justice reflected on how the data presented in society relatively in terms of location, time, and scenario (Ramin-Mehr, Hadizadeh-Moghadam, & Ahmadi 2009).

Another aspect that supports organization citizenship is a good working environment. The quality of work-life influence nurses' organizational behaviors, such as organizational identity, organizational citizenship, job satisfaction, and work performance (Reddy & Reddy, 2010). Also, values like organizational justice with its approaches, i.e., procedural, distributive, informational, and interactional justice can stimulate organization citizenship behavior. The nurses have organization citizenship behavior engage in constructive activities like attending extra training, assisting colleagues in their work, accepting extra obligations. So that, it can improve organization broader effectiveness in sustaining competitive advantage (Özbek, Yoldash, and Tang, 2015).

Attention to organizational citizenship behavior (OCB) is critical for the success of any organization. Citizenship behavior is more significant in the hospitals as it treats a unique population with special needs and the positive behaviors from the nurses to patients or colleagues have an essential role in strengthening morale and improve their performance (Mardani-Hamole & Heydari, 2009).

Organizational Citizenship Behavior is an extra role behavior of the nurses that they start exhibiting when they strengthen a close association with their organization. OCB becomes instrumental in improving nurses' performance and overall organizational performance. OCB among nurses make the organization stable by reducing the turnover rate and attracting new nurses. The over improvement in work conduces to the gaining competitive edge in the market and hence, promoting the image of the organization (Gilaninia, & Abdesonboli, 2011).

Organizational citizenship behavior (OCB) is nurses' prompt actions to perform beyond their actual jobs and roles with a high level of commitment contributing to organizational productivity. Encouraging such behaviors, individuals' personality traits, cultures, and quality of work-life are factors that enhance OCB for organizational success (Schroeder, 2010). There are five specific categories of citizenship behavior that contribute to organizational efficiency. Altruism is orientation to other persons; it leads to organizational efficiency by enhancing individual's performance; assists new coworkers and supply freely of their time. Conscientiousness is the best use of time to improve the efficiency of both individuals and the group. Sportsmanship enhances the amount of time spent on organizational endeavors; participants decrease time spent on whining, complaining, and carping. Courtesy avoids problems and constructive simplified use of time; participants give advance notices, timely reminders, and appropriate information. Civic virtue promotes the interests of the organization broadly; participants voluntarily serve on committees (Banerjee & Banerjee, 2013).

2. Significance of the study

Social scientists have long recognized the quality of work-life (QWL) and organizational justice as crucial for the functioning of all organizations and organizational citizenship behavior. As the quality of work-life and organizational injustice may lead to undesired organizational/hospital outcomes such as lower job satisfaction, retaliation, turnover, misbehavior, low productivity, and lower work commitment. Perceived fairness of rewards, decision-making procedures, and interpersonal treatment in the health organization contributes to the development of high-quality work relationships. So this study will be conducted to assess the quality of work-life and organizational justice and its relation to organizational citizenship behavior among nurses.

3. Aim of the study

This study aims to:

Assess the quality of work-life and organizational justice and its relation to organizational citizenship behavior among nurses.

3.1. Research questions

1. What are the levels of perceived quality of work-life from the nurses' perspective?

2. What are the levels of perceived organizational justice from the nurses' perspective?
3. What are the levels of perceived organizational citizenship behavior from the nurses' perspective?
4. Is there relation among quality of nursing work life, organizational justice, and organizational citizenship behavior among nurses?

4. Subjects and Methods

4.1. Research Design

A descriptive correlational design used for carrying out this research. Descriptive study/research is research intended to supply a picture of the current state of affairs. Correlational study/research is a research designed to find out relations among variables and to allow the prediction of future events from present knowledge (Walinga, 2019).

4.2. Setting

The current study conducted at Benha University Hospital, AlQaluobia Governate, Egypt. In all in-patient units (Medical, Surgical, Critical care, Hemodialysis, Emergency, Operating Room, Obstetric, and Orthopedic).

4.3. Subjects

A convenient sample of all available nurses working at the setting mentioned above recruited for this study at the time of data collection. The sample consisted of (310) staff nurses who were willing to participate in the study, and having not less than three years of working experience.

4.4. Tools of data collection:

Data for the present study collected by using the following three tools:

4.4.1. The Organizational Justice Questionnaire

This questionnaire adopted from (Johnson, 2007; Banerjee & Banerjee, 2013; & Mohamed, 2014), and modified by the researchers in order to assess organizational justice from the nurses' perspective. It consisted of two main parts. The first part concerned with personal data about nurses such as (age, gender, marital status, level of education, years of experience, and previous training about organizational justice, citizenship, or quality of nursing life). The second part includes 20 questions covering the four main types of justice. It assessed the procedural (7 statements), distributive (4 statements), interactional (4 statements), and Informational (5 statements).

The scoring system:

The subjects' responses scored against three-point Likert Scale. Disagree scored as (1), neutral scored as (2), and agree scored as (3). Scores of each Justice sub-type summed up and converted into percent scores that reflect the agreement of the type of fairness as follows: high organizational justice/ high amount of fairness counted when the percentage $\geq 75\%$ that was ≥ 45 marks. Moderate

organizational justice/ moderate amount of fairness ranged from $60\% < 75\%$ that equals between 36-44 marks. Low justice/ low amount of fairness ranged from $< 60\% - 74\%$ that equals between 20-35 marks.

4.4.2. The Quality of Work Life Scale

This scale was developed by (Khani, Jaafarpour & Dyrekvandmogadama, 2008), and adopted by researchers to assess the quality of nursing work life among nurses. It consisted of 42 statements distributed over four main dimensions of work-life quality those are work life/home life (7 statements), work design (10 statements), work context (20 statements), and work world (5 statements).

The scoring system:

The subjects' responses scored against three-point Likert Scale that ranged from (1) disagree, (2) neutral, (3) agree. Scores of each dimension summed up and converted into percent scores. The perception was considered as Good quality of work-life when the total percentage is $\geq 75\%$ that equals between ≥ 95 -126 marks, Average quality of work-life ranged from $60 < 75\%$ that equals between 76-94 marks, and poor quality of work-life counted when the percentage is $< 60\%$ that equals < 75 marks.

4.4.3. The Organizational Citizenship Behavior Questionnaire

Structured questionnaire developed by (Biekro, Ellis, & Turkson, 2014; Asiedu, Sarfo, & Adjei, 2014; Sharma & Jain, 2014; Jan & Gul, 2016; and Spik, 2016) and modified the researchers through merging to some items in order to assess the levels of organizational citizenship behavior among nurses. That consists of 38 statements grouped into five standard dimensions that are conscientiousness (10 statements), civic virtue (7 statements), altruism (8 statements), sportsmanship (8 statements), and courtesy (5 statements).

The scoring system:

The subjects' responses scored against three-point Likert Scale as follow (1) never, (2) sometimes, and (3) always. Scores of each dimension summed up and converted into percent scores. The sum of the scale categorized as a high level of organizational citizenship behaviors when the total percentage was $\geq 75\%$ that equals ≥ 86 marks, moderate level of organizational citizenship behavior ranged from $60 < 75\%$ that equal between 69-85 marks and low level of organizational citizenship behavior was $< 60\%$ that equals < 68 marks.

4.5 Procedures

The procedure was carried out on three phases; a preparation phase, pilot study, and fieldwork. The reparation phase started from August 2018 to October 2018. This phase includes a review of the national and international relevant literature for developing and selecting the study tools and translating into Arabic format for better understanding and back translation to check its accuracy.

The tools' face and content validity were validated by a panel of five experts in the field of nursing administration to ascertain clarity, relevance, and completeness. Tools' reliability was tested by test-retest reliability using Cronbach's Coefficient Alpha of quality of work-life scale that was (0.91), organizational justice scale was (0.89), and the organizational citizenship behavior questionnaire was (0.94).

A pilot study conducted on 10% from the total number of study subject: (31) nurses it was done at the end of October 2018 to ascertain the clarity and applicability of the study tools, and the feasibility of the study process. It has also served in estimating the time needed for filling the study tools. It ranged from 10-15 minutes for each tool. No modification was needed, and the pilot sample added to the mainstream sample.

Fieldwork: The data collection took about two months from beginning of November 2018 to the end of December 2018 by using appropriate questionnaires. Official permission issued from the Dean of Faculty of Nursing to the Directors of Benha University Hospital. The permission allows the researcher to collect data and seek staff support. The researchers met the head nurse of each unit to determine the suitable time to collect necessary data from the nurses.

After official approval, the researchers met nurses and explained the aim and nature of the study and method of filling the questionnaires. The meeting was done individually or through group meetings. The questionnaires distributed to nurses to fill during the nurses' working hours (morning and afternoon shifts).

Researchers' arranged visits with the head nurses according to the type of work and workload. The meeting started after two or three hours of his/her beginning of their shifts to ensure the continuity of patient care. The data collected through 3 days/week, in the presence of the researchers to clarify any ambiguity. The number of collected questionnaire per day ranged from 5-15 sheets. The nurses were taken according to their units and took from 10-15 minutes to complete each questionnaire.

Ethical consideration: The study conducted by an initial interview explaining the nature and purpose of the study. All the nurses informed that their participation was voluntary. Oral consent obtained from each nurse. Confidentiality of obtained data protected by an allocation of a code number to the questionnaire sheets. Nurses informed that the content of the tools would be used for the research purpose only. Nurses told that they have the right to withdraw from the study at any time was ascertained.

4.6. Data analysis

Data verified before computerized entry. The Statistical Package for Social Sciences (SPSS version 25.0) used for data analysis. Descriptive statistics applied in the

form of (mean, and standard deviation) for quantitative variables and (frequency and percentages) for qualitative variables. Pearson correlation coefficient calculated between the study variables. A statistically significant level considered when $p\text{-value } p \leq 0.05$, and a highly statistically significant considered when $p\text{-value } p \leq 0.001$.

5. Results

Table (1): describes that more than fifth (28.7%) of staff nurses age ranged between 35 to <45 years old with Mean \pm S.D. (27.50 \pm 3.40). The majority (89% and 67.74%) of staff nurses were female and married, respectively. Regarding educational level, more than half (53.2%) of them had graduated from a nursing technical institute. Concerning their years of experience about a third of the staff nurses (30%) had 10 to < 15 years of experience. Besides, most of them (88.4%) had no previous training regarding organizational justice, citizenship, or quality of nursing life.

Figure (1): indicates that more than three quarters (81%) of staff nurses had high perception level regarding the quality of their nursing work life.

Table (2): indicates that the highest mean percentage (81.57%) of staff nurses perception toward the quality of nursing work life was related to work context and the lowest mean percentage related to the work world (80.53%).

Figure (2): shows that nearly three quarters (74.20%) of staff nurses had high perception level regarding organizational justice.

Table (3): illustrates that the highest mean percentage (82.01%) of staff nurses perception toward organizational justice was related to distributive justice, while the lowest mean percentage (77.25%) was related to the interactional justice.

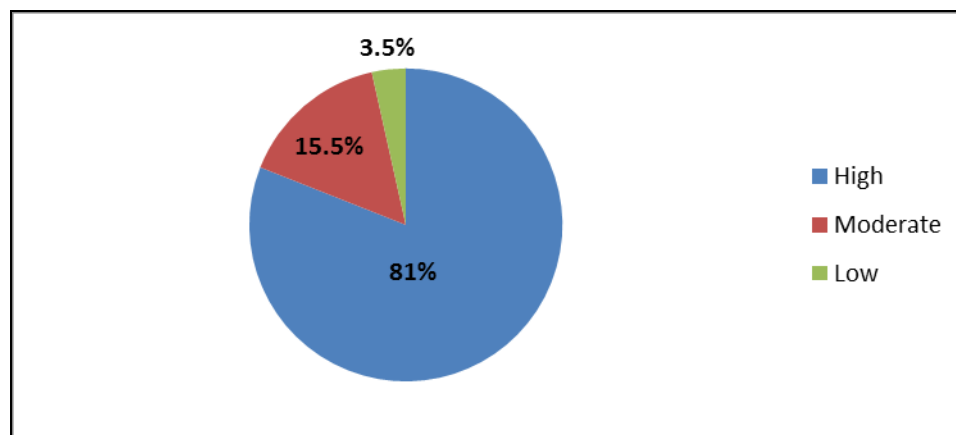
Figure (3): clarifies that more half (56.10%) of staff nurses had a high perception of organizational citizenship behaviors.

Table (4): exhibits that the highest mean percentage (81.54%) of staff nurses perception toward organizational citizenship behaviors was related to courtesy, while the lowest mean percentage of (73.97%) was related to the civic virtue.

Table (5): Reveals that there were highly statistically significant positive correlation among quality of nursing work life, organizational justice, and organizational citizenship behaviors.

Table (1): Frequency and percentage distribution of staff nurses' demographic characteristics (N= 310).

Demographic characteristics	No	%
Age		
< 25 years	93	30%
25 – < 35 years	41	13.2%
35 – < 45 years	89	28.7%
≥ 45 years	87	28.1%
Mean ± S.D	27.50 ± 3.40	
Gender		
Male	34	11%
Female	276	89%
Marital status		
Married	210	67.74%
Unmarried	100	32.26%
Educational level		
Nursing diploma	74	23.9%
Nursing Technical Institute	165	53.2%
Bachelor degree in nursing	71	22.9%
Years of experience		
3-< 5 years	47	15.2%
5 – < 10 years	70	22.6%
10 – < 15 years	93	30%
15 – < 20 years	82	26.5%
≥ 20 years	18	5.8%
Mean ± S.D	9.01 ± 4.50	
Attending training courses about organizational justice, citizenship, or quality of nursing life		
Yes	36	11.6%
No	274	88.4%

**Figure (1): Levels of staff nurses' perception regarding the quality of nursing work life.****Table (2): Mean scores of staff nurses' perception toward the quality of nursing work life.**

Categories	Min Score	Max Score	Mean ± SD		Mean %
			X	±SD	
Work-life/home life	7	21	16.91	±1.86	80.56%
Work design	10	30	24.20	±2.79	80.66%
Work context	20	60	48.94	±5.97	81.57%
Work world	5	15	12.08	±1.54	80.53%
Total	42	126	102.14	±9.99	81.06%

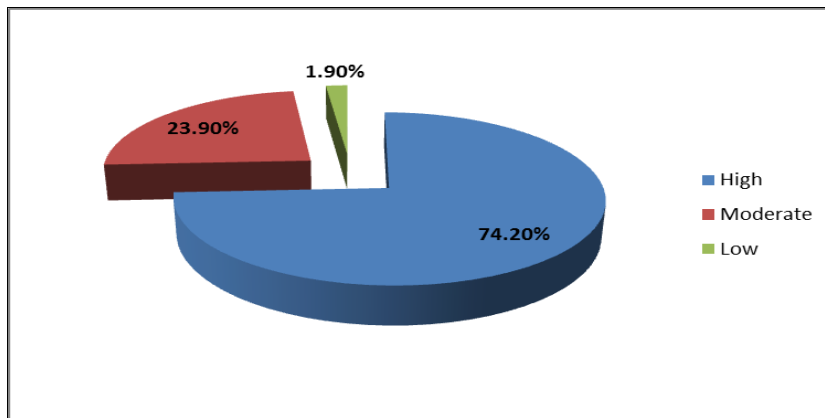


Figure (2): Levels of staff nurses' perception regarding organizational justice.

Table (3): Mean scores of staff nurses' perception toward organizational justice.

Categories	Min Score	Max Score	Mean \pm SD		Mean %
			X	\pm SD	
Procedural justice	7	21	16.66	\pm 2.16	79.35%
Distributive justice	4	12	9.84	\pm 1.51	82.01%
Interactional justice	4	12	9.27	\pm 1.70	77.25%
Informational justice	5	15	11.75	\pm 1.86	78.34%
Total	20	60	47.52	\pm 5.03	79.21%

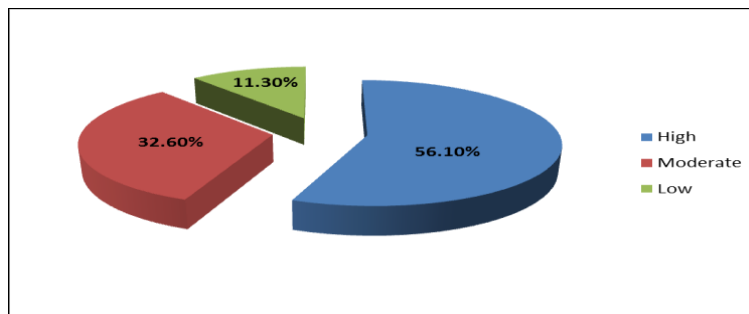


Figure (3): Levels of staff nurses' perception regarding organizational citizenship behaviors.

Table (4): Mean scores of staff nurses' perception toward organizational citizenship behaviors.

Categories	Min Score	Max Score	Mean \pm SD		Mean %
			X	\pm SD	
Conscientiousness	10	30	22.46	\pm 4.58	74.88%
Civic virtue	7	21	15.53	\pm 3.05	73.97%
Altruism	8	24	18.04	\pm 3.77	75.17%
Sportsmanship	8	24	17.92	\pm 3.30	74.70%
Courtesy	5	15	12.23	\pm 1.70	81.54%
Total	38	114	86.20	\pm 13.08	75.61%

Table (5): Correlation coefficient among quality of nursing work life, organizational justice, and organizational citizenship behavior

Variables	Organizational citizenship	
	r	P-Value
Quality of nursing work life	0.307	0.002
Organizational justice	0.219	0.0001

6. Discussion

Quality of Work Life (QWL) is a field of study that has attracted an ever-increasing interest over the previous two decades not solely in the areas of health, rehabilitation, disabilities and social ministrations but additionally in medicine, education, training and others (Ramesh, Nisha, Andre, Thomas, & Joseph, 2013). Organizational justice is a crucial issue for understanding organizational behavior. During the previous twenty-five years, the search for fairness has received significant research attention from different aspects, such as psychology, economics, legislation, and organizational science. Increasing awareness to justice is due to the critical work-related consequences that have linked to nurses perceptions of fairness within organizational contexts such quality of work-life, organizational citizenship behaviors, and work-related outcome (Moghimi, Kazemi, & Samiie, 2013).

According to staff nurses' personal data, the results of the present study clarifies that more than a fifth of staff nurse's age ranged between 35-<45 years old, most of them were females and married. Also more than half of them had nursing technical institute diploma. While less than half of them had 10-<15 years of experience. These findings supported by Mohamed, (2014), Rishfa, (2014); Akbolat *et al.*, (2015), and Abd El-Helium, (2018), who reported in their studies that the majority of staff nurses were females, married and had technical nursing diploma and their age ranged from 30-36 years old and near half of them had 5-<20 years of their job experience.

On the other hand, the current findings inconsistent with Ahmadi, (2012), who mentioned that more than half of staff nurses, were males and not married, and the highest percentage of them had a Baccalaureate degree in nursing, and their work experience was less than ten years. Also, these results disagreed with Amer, (2018), who revealed that half of the nurses' aged between 20->30 years and more than half of them had a diploma degree in nursing.

Regarding nurses' perception toward the quality of nursing work life, the finding of the present study indicates that more than three-quarters of staff nurses had high perception level regarding the quality of their nursing work life. Also, the results revealed that the highest mean percentage of staff nurses perception toward the quality of nursing work life were related to work context. While the lowest mean percentage was related to the work world. This finding may be referred to the work context, or working conditions are necessary for staff nurses to do their job duties effectively. It satisfied staff nurses with vital resources such as leadership styles, rules, policies, communication styles, managerial communication, interpersonal relationships, support supervisory style, and cooperative decision making. The nurses' poor perception to work world was related to the effects of broad societal influences and change on the nursing practice such as the image of the nursing profession, economic issues as salary, and job security without putting into consideration their role or work setting.

The current results are confirmed by Lee, (2015), who reported that the highest mean scores of quality of nursing work life dimensions observed for the work context. In the same line, these findings in agreement with Amer, (2018), who mentioned that the work context dimension had the highest mean scores, while the work world had the lowest mean scores. Also, Amer (2018) stated the factors that might affect the work context. These factors include management practices, relationship with co-workers, good communications with other health care providers, professional development opportunities, and the work environment could influence the quality of work-life for the staff nurses. On the contrary, Negussie & Demissie, (2013), found that the highest mean score belonged to the work world and the lowest mean scores related to satisfaction with work design. The difference between the current study and Negussie & Demissie, (2013)'s study might be due to a different culture, different work setting, and work environment.

Concerning staff nurses' perception of organizational justice, the findings of the current study revealed that nearly three-quarters of staff nurses had a high perception of organizational justice. This finding might be due to fair organizational procedures, good workplace interaction, worthy outcomes, ethical employment. It helps the staff nurses within the hospital expects the equal application of rules to all staff, payment of an equal amount, equal workload, and equal benefiting from fees. The present study also showed that the highest mean percentage of staff nurses perception toward organizational justice was related to distributive justice. The lowest mean scores were related to interactional justice.

This finding might be due to the distributive justice is related to honesty and fidelity showed during the distribution of organizational resources. Distributive justice focuses on wage increases, performance evaluations, promotions, and punishments. Distributive justice compares gaining presented by the organization to the employees to their responsibilities within the organization, their level of expertise, effort, and other contributions related to the work. While the interactional justice viewed as an expanded version of procedural justice, it is related mostly to human factors of organizational enactments. Accordingly, interactional justice highlights the justice perception related to the communication established between the staff nurses and their managers while distributing the resources.

The result of the current study is consistent with Hatam, Fardid & Kavosi, (2013); they reported that most nurses had a high perception of organizational justice. Following Akbolat, Isik, Yilmaz, & Akca, (2015), they reported that the performance of the communication process between the source of justice and the receiver that based on kindness, respect and honesty is important for the quality of interpersonal behaviors. These findings also matched with Akbolat, Isik, Yilmaz, & Akca, (2015), as they reported that the outcomes show that the organizational resources distributed fairly and positive relations established with the employees during the distribution of resources. On the other hand, the result of the present study

was incongruent with *Mohamed, (2014)*, who mentioned that nurses in his study perceived highest for interpersonal justice, while the nurses perceived lowest procedural justice.

About staff nurses perception of organizational citizenship behaviors (OCB), the study findings revealed that more than half of the staff nurses had a high perception of organizational citizenship behaviors. This finding may be due to OCB is an important factor contributing to the survival of an organization. As it is an expression of the commitment of staff to the organization. It also affects their willingness to remain in the organization.

In addition to, the findings of the current study exhibits that the highest mean scores of staff nurses perception toward organizational citizenship behaviors was related to courtesy, while the lowest mean score was related to the civic virtue. This finding may be due to the friendly and close relationship between nurses' colleagues in the organization. The courtesy stands for the positive behaviors displayed by the staff that should be a base of communication within any organization as it affected by each other's works and decisions. Besides, courtesy encompass future-related behaviors like informing others before starting an action, warning other nursing colleagues in the organization about dangerous activities, and taking precautions to prevent or alleviate the adverse effects of problems (*Taghinezhad, Safavi, Raiesifar, & Yahyavi, 2015*). The previous findings were in disagreement with *Abd El-Helium, (2018)*, who stated that the majority of staff nurses, had moderate organizational citizenship behavior. Also, two-thirds of staff nurses had high level regarding staff nurses' courtesy, while less than two-thirds of staff nurses had low level regarding sportsmanship.

The present findings study showed that there were highly statistically significant positive correlation between organizational justices, nurses' perception of the quality of nursing work life, and their organizational citizenship behaviors. It means that when the quality of nursing work life improved, and fairness increased, organizational citizenship behaviors will be enhanced. This finding may be referred to the importance of good quality of nursing work life, organizational justice, and fairness. Quality of work life has positive effects on staff nurses performance and productivity. Quality of work life could decrease staff absenteeism, increasing organizational commitment, and enhance citizenship behaviors. In the same line, *Gilaninia & Abdesonboli, (2011)*, reported that there was a significant relationship between organizational justice and organizational citizenship behavior in the public hospital of Rasht. Also, these findings were consistent with *Mohamed, (2014)*, reported that there was a statistically significant positive correlation between health worker perception of organizational justice and quality work performance.

7. Conclusions

The findings of this study concluded that more than three-quarters of staff nurses had high perception level regarding the quality of their nursing work life. Also, nearly

three-quarters of staff nurses had high perception level of organizational justice. More than half of staff nurses had high perception level regarding organizational citizenship behaviors. Moreover, there was a positive weak, statistically significant positive correlation among quality of nursing work life, organizational justice, and organizational citizenship behaviors.

8. Recommendations

Based on the study findings, the following recommended:

Nursing practice

- Staff development program needs to be done for nurse managers to expose them to the updates on the quality of work-life improvement endeavor and on how to benefit effectively from new ideas to promote organizational citizenship behavior.
- Hospital managers should openly describe the fair procedures they are using and explain decisions thoroughly in a manner demonstrating dignity and respect using unbiased and accurate information;
- Nurse Managers have to pay attention to the nurses' needs for justice/fairness and professional development to put strategies to improve quality of work life.
- Periodic meeting of staff nurses with a nursing director to discuss and solve their work problems and to ensure the justice/fairness in the distribution of their work tasks.
- Educational counseling needs to be recommended for staff nurses for fostering and increasing their quality of work-life and organizational citizenship behavior through the educational unit at the hospital.

Further research

- Develop and test strategies for enhancing organizational justice and promoting organizational citizenship behavior among staff
- Assess the effectiveness of specific interventions for improving staff nurses quality of work life.
- Assess the relationship between organizational justice, job satisfaction, and quality performance.

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