**Abstract**

**Title:** Relationship between organisational justice and work-related behaviour of health professionals: evidence from public hospitals in South-east Nigeria.

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**Background**: There is gap in knowledge about how employee-centred human resources practices influence the work-related attitudes and behaviours of health professionals in low and middle-income countries.

**Aims and objectives:** The aim of this study was therefore to investigate the effect of organisational justice on task performance (TP) and counterproductive work behaviour (CWB) among health workers in public hospitals in South-east Nigeria.

**Methods**: A cross-sectional questionnaire survey which involved 370 health professionals comprising 84 doctors, 186 nurses and 100 allied health professionals (AHPs) selected from 5 public tertiary hospitals in South-east Nigeria using multi-stage sampling technique was conducted between January and April 2018. Mean score differences were tested using student t-test and analysis of variance (ANOVA). Multivariate analysis was used to test prediction models for work-related behaviours. Statistical significance was set ρ < 0.05.

**Results**: The results showed that, overall, the mean score of organisational justice was 3.05 (0.96). Mean (SD) scores for distributive justice, procedural justice and interactional justice were 2.70(0.94), 3.17(0.91) and 3.09(1.03) respectively. There were significant mean scores differences in perception of organisational justice, TP and CWB among different categories of health professionals. Overall, TP was predicted by education (β = 0.216, ρ <0.05), tenure (β = -0.103, ρ<0.05) and CWB (β =-0.141, ρ<0.05). Marital status (β = -0.311, ρ <0.05), distributive justice (β = -0.166, ρ <0.05) and task performance (β =-0.185, ρ <0.05) predicted CWB. Within the sub-groups, TP among doctors was predicted by gender, marital status, and procedural justice. Tenure predicted TP for nurses only. Among AHPs, only hospital predicted task performance. Age singularly predicted counterproductive work behaviour among doctors (β = -0.216, ρ <0.05). Among nurses, marital status (β = -0.400, ρ < 0.05), distributional justice (β = -0.624, ρ <0.05), interactional justice (β = -0.496, ρ < 0.05) and overall organisational justice (β = 0.763, ρ<0.05) predicted counterproductive work behaviour. Hospital location singularly predicted counterproductive work behaviour among AHPs (β = 0.180, ρ<0.05).

**Conclusions**: We conclude that CWB mediated the effect of organisational justice on task performance of health professionals in Nigerian public hospitals. Whereas procedural justice was important among doctors, distributional and interactive justice was significant to nurses. Optimizing performance of health professional would require attention to these peculiarities and context-specific differences in demographic and workplace characteristics.