ISSN 2616-5791 Vol. 7, Issue 4: 69-78, DOI: 10.25236/AJMHS.2026.070408

Research Progress on Perceived Pay Equity among Clinical Nurses

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Abstract: *Perceived pay equity is an important factor influencing nurses' work engagement, job stability, and turnover intention. Higher perceived pay equity is associated with greater work engagement and lower turnover intention. This review summarizes the conceptualization, measurement instruments, and current status of perceived pay equity among nurses and examines its influencing factors and potential implications for practice. The findings may inform the development of rational and equitable compensation systems in healthcare institutions, thereby promoting nursing workforce stability and improving the quality of nursing services.*

Keywords: *clinical nurses, Nursing, perceived pay equity, Review*

1. Introduction

With the rapid development of healthcare and nursing services worldwide, the global shortage of nurses has become increasingly severe. Although projections by the World Health Organization and the International Council of Nurses indicate that the global nursing shortage will decrease from 6.2 million nurses in 2020 to 5.8 million in 2023 and is expected to decline further to 4.1 million by 2030 [1], the shortage of nurses in China remains a prominent concern. By the end of 2023 [2], the total number of registered nurses in China had reached 5.63 million, corresponding to only approximately 4 registered nurses per 1,000 population, which remains below the target of 4.7 nurses per 1,000 population specified in the Healthy China 2030 initiative [3]. Meanwhile, China is facing challenges associated with an aging population and a growing prevalence of chronic diseases, resulting in a sustained increase in demand for nursing services. Against the backdrop of constrained nursing workforce capacity, nurses are experiencing increasingly heavy workloads, prominent occupational burnout, and persistently high turnover rates, which further exacerbate the shortage of nursing personnel.

Perceived pay equity refers to employees' subjective perceptions of the fairness of compensation allocation, performance evaluation, and related decision-making procedures within an organization [4]. It is closely associated not only with nurses' work engagement, job satisfaction, and turnover intention but also with the quality and level of nursing services [5]. However, existing studies [5,6]indicate that Chinese nurses generally report relatively low levels of perceived pay equity. This situation may further intensify occupational burnout and turnover intention among nurses, thereby aggravating the shortage of nursing human resources. Therefore, this review aims to systematically synthesize the existing evidence on perceived pay equity among nurses, including its conceptualization, measurement instruments, current status, and influencing factors, with the goal of providing a theoretical basis for healthcare institutions to formulate reasonable compensation policies. Such efforts may enhance nurses' perceived pay equity, improve the stability of the nursing workforce, and ultimately promote the quality of nursing services.

2. Concept of Perceived Pay Equity

Research on pay equity can be traced back to Adams' equity theory, proposed in 1965 [7]. Its core premise is that individuals form judgments of fairness through horizontal comparisons with others and comparisons with their own previous earnings. This theory has become one of the most representative theoretical frameworks for analyzing equity-related phenomena in organizational psychology and behavioral research. Thibaut and Walker [8] introduced the concept of procedural justice in the context of

ISSN 2616-5791 Vol. 7, Issue 4: 69-78, DOI: 10.25236/AJMHS.2026.070408

judicial decision-making in 1975.Thibaut and Walker introduced the concept of procedural justice in the field of judicial decision-making in 1975. They demonstrated that individuals are concerned not only with the fairness of outcomes but also with the fairness of the processes through which those outcomes are determined, with procedural fairness playing a decisive role in shaping perceptions of fairness. This perspective shifted the focus of research from static outcomes to the dynamic processes underlying decision-making. Empirical research by Salimäki and Jämsen [9]demonstrated that perceived pay equity is primarily influenced by distributive justice, while emphasizing that it ultimately represents a subjective perception.

In China, Wu [10]emphasized that employees' perceptions of pay equity are directly reflected in their psychological experiences of being respected and having their value recognized. Zhao [11]highlighted the importance of feedback regarding compensation distribution systems, arguing that nurses' perceptions of the fairness of hospital salary policies, compensation management, promotion rules, and related policies influence their overall work engagement. Zhou [12]defined perceived pay equity as employees' perceptions of the fairness of treatment and compensation distribution within an organization. Rong [13]and Hu [6], among others, proposed that nurses' perceptions of pay equity are multidimensional and interactive, suggesting that nurses' perceptions of compensation should be evaluated comprehensively by considering distributive outcomes, decision-making procedures, and managerial decision-making.

Overall, the conceptualization of perceived pay equity has evolved from a narrow focus on economic rewards to broader consideration of procedural, psychological, and institutional factors. Although no consensus has been reached among scholars regarding a universally accepted definition, existing research generally conceptualizes perceived pay equity as employees' subjective perceptions and judgments regarding the fairness of compensation allocation processes, outcomes, and management practices.

3. Measurement Instruments for Perceived Pay Equity

Scholars have proposed different dimensional structures for perceived pay equity, and considerable debate remains regarding its conceptualization. At present, the literature generally conceptualizes perceived pay equity using four dimensional structures: unidimensional, two-dimensional, three-dimensional, and four-dimensional models.

3.1. Unidimensional Structure

Welbourne, Balkin, and Gomez-Mejia [14]found that distributive justice and procedural justice were closely related, with a correlation coefficient of 0.74.They therefore proposed conceptualizing perceived pay equity as a unidimensional construct. Similarly, Sweeney and McFarlin [15], drawing on Adams' theory, proposed that perceived pay equity is influenced by both distributive and procedural justice. Given the high correlation between the two dimensions ($r = 0.72$) and the difficulty of empirically distinguishing between them, they likewise regarded perceived pay equity as a unidimensional construct.

3.2. Two-Dimensional Structure

The two-dimensional structure primarily comprises distributive justice, referring to the perceived fairness of compensation outcomes, and procedural justice, referring to the fairness of the processes, rules, and procedures used to determine compensation allocation. Some studies have instead conceptualized pay equity in terms of two dimensions: internal equity, involving comparisons among positions or individuals within an organization, and external equity, involving comparisons with the external labor market or relevant peers. For example, Buttner and Lowe [16]adopted this perspective when examining the relationship between perceived pay equity and turnover intention. Wang [17]likewise divided perceived pay equity into internal and external equity when examining its relationship with job satisfaction. Tao et al. [18] initially conceptualized perceived pay equity as comprising three dimensions but found through empirical analysis that procedural and interactional justice were closely related and could therefore be treated as a single dimension. They consequently supported a two-dimensional structure.

A two-dimensional revision of the Organizational Justice Scale developed by Niehoff and Moorman (1993): The original scale consisted of three dimensions—distributive, procedural, and interactional justice. Lu [19] subsequently revised the scale, resulting in two dimensions: distributive justice (7 items) and procedural justice (7 items), for a total of 14 items. A five-point Likert scale was used. The Cronbach's α coefficients were 0.862 for distributive justice and 0.780 for procedural justice. This

ISSN 2616-5791 Vol. 7, Issue 4: 69-78, DOI: 10.25236/AJMHS.2026.070408

revised version has subsequently been widely used in nursing research. Luo [20] modified the wording of Lu's perceived pay equity scale in a study of physicians' perceptions of pay equity. The revised scale consisted of two dimensions, distributive justice (8 items) and procedural justice (6 items), with 14 items in total, and used a five-point Likert scale. The overall Cronbach's α coefficient was 0.965, while the coefficients for distributive and procedural justice were 0.957 and 0.962, respectively. Du [5] applied this scale to research on nurses' perceived pay equity and reported an overall Cronbach's α coefficient of 0.974.

Because of their brevity and favorable psychometric properties, two-dimensional scales are currently among the most commonly used instruments in nursing research. They effectively capture perceptions of the fairness of compensation outcomes and the processes through which compensation decisions are made and are suitable for examining their effects on nurses' work attitudes, such as job satisfaction and organizational commitment, as well as behavioral outcomes such as turnover intention. However, these scales may not adequately capture interactional justice, including interpersonal treatment and communication of information. Consequently, they may overlook the roles of leadership behavior and communication in shaping nurses' perceptions of pay equity.

3.3. Three-Dimensional Structure

The three-dimensional structure extends the two-dimensional model by incorporating interactional justice. Bies and Moag [21] proposed this perspective in 1986, and it was subsequently adopted by other scholars. For example, Zhu and Luo [22] conceptualized perceived pay equity as comprising distributive, procedural, and interactional justice and further divided distributive justice into internal equity, external equity, and individual equity. Ye and Piao [23], through a review and synthesis of the literature, similarly divided perceived pay equity into distributive, procedural, and interactional justice and examined the effects of each dimension on employee burnout.

The three-dimensional Organizational Justice Scale developed by Niehoff and Moorman [24] in 1993 consists of distributive, procedural, and interactional justice, with a total of 20 items. Bakeer et al. [25] modified the Niehoff and Moorman scale in 2021, retaining the three dimensions of distributive, procedural, and interactional justice and including 19 items. Zou [26] developed a perceived pay equity scale specifically for operating-room nurses in 2025. The scale consists of three dimensions—distributive, procedural, and interactional justice—with 30 items and incorporates compensation-related details reflecting the specific characteristics of operating-room nursing.

The three-dimensional structure provides a more comprehensive representation of perceived pay equity. In particular, the interactional justice dimension is important for understanding how nurses perceive the implementation and communication of compensation-related decisions. However, three-dimensional scales specifically addressing nursing compensation remain relatively uncommon and are more frequently used to assess organizational justice in nursing settings. Future research could consider adopting or adapting three-dimensional instruments to further investigate the effects of interactional justice on nurses' psychological and behavioral outcomes.

3.4. Four-Dimensional Structure

In 1993, Greenberg [27] further divided interactional justice into interpersonal justice and informational justice, thereby proposing a four-dimensional model consisting of distributive, procedural, interpersonal, and informational justice. Colquitt [28] subsequently demonstrated through empirical research in 2001 that the four-dimensional model exhibited the best model fit, supporting the conceptualization of perceived pay equity as a four-dimensional construct. Yang et al. [29], drawing on previous research, divided pay equity into four dimensions: fairness of distributive outcomes, fairness of information provision, fairness of managerial evaluation, and fairness of procedural implementation.

The Organizational Justice Scale developed by Colquitt [28] in 2001 was among the first to systematically integrate the four-dimensional model, including distributive, procedural, interpersonal, and informational justice. The scale consists of 20 items and uses a five-point Likert scale, with an overall Cronbach's α coefficient of 0.91. Liu [30] subsequently revised the scale to reflect the Chinese cultural context. The revised instrument consists of four dimensions: procedural justice (6 items), distributive justice (6 items), managerial justice (6 items), and managerial explanation (4 items), for a total of 22 items. The revision incorporated aspects related to managerial evaluation and encouragement and used a five-point Likert scale, with an overall Cronbach's α coefficient of 0.949.

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Chen et al. [31] applied Colquitt's Organizational Justice Scale when examining factors influencing organizational justice. The total score ranges from 20 to 100, with higher scores indicating stronger perceptions of organizational justice. The scale demonstrated an overall Cronbach's α coefficient of 0.92, and its Chinese version has demonstrated satisfactory reliability and validity in nursing populations.

Colquitt's scale and its revised versions have been applied in studies of organizational justice in nursing and have demonstrated favorable psychometric properties. Nevertheless, relatively few studies have directly or specifically applied these instruments to measure nurses' perceived pay equity. The four-dimensional structure provides a more fine-grained analytical framework and may facilitate the identification of specific components of compensation systems that contribute to nurses' perceptions of equity. Future research should explore the applicability of four-dimensional instruments to nurses' perceived pay equity and examine their generalizability within the Chinese nursing context, thereby providing a basis for developing more targeted interventions.

3.5. Other Dimensional Structures

Wang et al. [32], in a survey of perceived pay equity among traditional Chinese medicine physicians, divided pay equity into three dimensions: internal pay equity (internal consistency), external pay equity (external competitiveness), and individual pay equity (employee contribution), comprising eight items in total. Wang et al. [33] further incorporated horizontal comparative equity into the four-dimensional model, resulting in five dimensions: distributive justice, horizontal comparative distributive justice, interpersonal justice, procedural justice, and informational justice.

The conceptualization of perceived pay equity has evolved from a unidimensional to a multidimensional framework. Although no universally accepted standard for dimensional classification has been established, the existing literature indicates that scholars increasingly favor three- or four-dimensional models. At present, highly specific instruments for measuring nurses' perceived pay equity, particularly those based on three- or four-dimensional models, remain limited. Future nursing research should select dimensions according to specific research questions and contexts and progressively validate the applicability of multidimensional structures. In addition, internal equity, such as comparisons across nursing departments, and external equity, such as comparisons across hospitals or occupations, could be further contextualized for the Chinese healthcare setting.

4. Current Status of Perceived Pay Equity among Nurses

International research on nurses' perceived pay equity emerged relatively early. Yaldez K [34] found that only 12% of nurses in Egyptian hospitals considered their pay fair, whereas 88% perceived it as unfair. This finding was primarily attributed to the relatively low level of nurses' compensation in Egypt compared with international standards. In addition, national financial constraints meant that some nurses worked for several months without receiving additional compensation, contributing to generally low perceptions of pay equity. Ghasi [35] found that, compared with physicians, nurses in Nigeria reported greater perceptions of inequity in compensation, training opportunities, participation in decision-making, and implementation of decisions. This disparity was attributed primarily to the physician-centered organizational structure of many Nigerian hospitals, in which physicians are given greater priority in decision-making and scheduling.

Studies conducted in China have similarly indicated that Chinese nurses generally report relatively low levels of perceived pay equity and believe that the high intensity, risk, and emotional demands of nursing work are not adequately reflected in their compensation. Du [5] surveyed 1,423 nurses from four tertiary hospitals in Hubei Province using a perceived pay equity scale. The results showed that the total score for perceived pay equity was 48.38 ± 13.14, indicating a moderate level compared with the midpoint score of 42. Among the dimensions, distributive justice had the lowest score (3.41 ± 1.00). Hu et al. [6] surveyed 683 nurses from 12 tertiary hospitals in Sichuan Province using a perceived pay equity scale and found a mean score of 49.50 ± 9.30, also indicating a moderate level.

The relatively low level of perceived pay equity among Chinese nurses may be attributable to several factors. First, there is an imbalance between work demands and rewards. Nursing involves high levels of risk and workload as well as frequent night shifts, but compensation may not adequately reflect the value of nurses' labor. Second, deficiencies in the healthcare system and compensation structure may contribute to inequity. In public hospitals, basic salaries are largely determined by national or institutional policies, whereas performance-based bonuses are often linked to departmental performance, which may

ISSN 2616-5791 Vol. 7, Issue 4: 69-78, DOI: 10.25236/AJMHS.2026.070408

fail to adequately reflect the value of specialized nursing skills. In some hospitals, seniority-based bonus systems may result in less-senior nurses receiving lower bonuses despite undertaking substantial frontline clinical work, thereby weakening perceptions of internal equity.

Most existing studies conducted in China on nurses' perceived pay equity have adopted cross-sectional designs, and many measurement instruments have been adapted from Western scales. High-quality longitudinal and intervention studies, as well as the development of context-specific theoretical frameworks, remain relatively limited. Future research should further investigate the underlying causes and mechanisms of perceived pay inequity and develop measurement instruments that are more appropriate for the Chinese healthcare context.

5. Factors Influencing Perceived Pay Equity

5.1. Individual-Level Factors

5.1.1. Gender

Some international studies have reported that male nurses perceive greater pay equity than female nurses [36]. One possible explanation is that traditional job evaluation systems in Canada incorporated gender biases from their inception and systematically undervalued core elements of nursing, a predominantly female occupation. The evaluation process may also be influenced by gender stereotypes and power inequalities, making it difficult to objectively assess and recognize the complexity and less visible aspects of nursing work.

In contrast, studies conducted in China have reported no strong association between perceived pay equity and gender [5]. These differences may be attributable to variations in cultural norms, social expectations, and the overall compensation and occupational status of nursing across countries. Therefore, efforts to improve perceived pay equity and reduce gender disparities among nurses should focus on the establishment of transparent and standardized compensation systems, the elimination of gender-related barriers to promotion and career development, and the creation of an organizational culture characterized by equality and respect.

5.1.2. Professional Title

Some studies have shown that nurses with higher professional titles report stronger perceptions of pay equity [5]. One possible explanation is that nurses with lower professional titles tend to have less work experience, heavier workloads, and less familiarity with nursing practice, resulting in relatively lower work efficiency. In contrast, nurses with higher professional titles generally have more clinical experience and greater work efficiency. At present, compensation allocation in many tertiary hospitals does not fully follow market-based principles but instead relies heavily on departmental performance and hierarchical compensation structures associated with professional titles. Consequently, nurses with lower professional titles may undertake substantial workloads while receiving lower bonuses than their more senior counterparts, resulting in lower perceived pay equity.

However, another study [37] found that perceived pay equity decreased as professional title increased. This finding may be related to the specific compensation allocation system of the hospital, particularly when salary differentiation across professional titles is limited. Therefore, hospitals may consider establishing appropriate promotion mechanisms that encourage nurses to improve their professional competencies while also developing targeted financial incentives for nurses with lower professional titles to enhance their motivation and perceptions of pay equity.

5.1.3. Educational Attainment

Higher educational attainment may increase nurses' expectations regarding compensation and make them more sensitive to perceived pay equity. Research [38] has shown that perceived pay equity decreases as educational attainment increases. Some nursing graduate students in China report dissatisfaction with their compensation, primarily because the clinical nursing workforce consists predominantly of nurses with undergraduate or associate degrees. Nurses with graduate degrees are often required to undertake both clinical responsibilities and research activities, yet hospitals may provide limited additional financial rewards for research. As a result, their compensation may differ little from that of nurses with lower educational qualifications, leading them to perceive a mismatch between their contributions and rewards.

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Accordingly, hospitals should establish appropriate incentive policies and provide salary-based incentives for nurses with strong research capabilities, thereby recognizing their additional contributions and promoting both research productivity and work motivation.

5.1.4. Employment Status

Research has found that contract nurses report significantly lower levels of perceived pay equity than formally employed nurses [5]. This may be because contract nurses in many hospitals receive lower basic salaries and performance-based compensation than formally employed nurses and may have fewer benefits, such as housing provident funds and supplementary insurance. Such disparities in pay for similar work may reinforce perceptions of inequity. Furthermore, contract nurses may have fewer opportunities for promotion and less access to training resources, which can intensify perceptions of an imbalance between contributions and rewards. In addition, the uncertainty associated with contract renewal may weaken their sense of occupational security and further exacerbate perceived inequity.

Therefore, hospitals should establish unified compensation systems based on job value, workload, and performance; improve welfare protection for contract nurses; ensure comprehensive access to statutory social insurance and housing provident fund benefits; and progressively reduce disparities associated with employment status.

5.2. Organizational-Level Factors

5.2.1. Compensation System

Public hospitals in China primarily implement position- and performance-based compensation systems, with healthcare professionals' salaries generally consisting of basic salary, performance-based pay, allowances, and subsidies [39]. Tang [40] found that compensation systems are significantly associated with employees' perceptions of pay equity. Compensation systems directly shape employees' relative levels of remuneration; therefore, more rational and equitable systems are likely to be associated with stronger perceptions of pay equity. A reasonable compensation system may not only enhance employees' motivation and work engagement but also signal organizational recognition of and respect for healthcare professionals, thereby improving job satisfaction.

Hospitals should therefore establish rational compensation systems that appropriately reflect nurses' workload, responsibilities, professional competencies, and contributions, thereby enhancing their perceived pay equity.

5.2.2. Organizational Climate

Organizational climate may also be associated with perceptions of pay equity, particularly through characteristics of the nursing work environment. Workplace bullying may adversely affect nurses' psychological and physical well-being, while also reducing work efficiency and quality and potentially hindering career development. Research [41] has shown that public recognition of nursing remains inadequate in some contexts, with nurses sometimes being stereotyped as individuals whose primary role is to "serve" others. Such perceptions may undermine nurses' sense of respect, well-being, and professional value. Combined with high work-related stress and an imbalance between effort and rewards, these experiences may gradually lead to frustration and negative emotions, thereby affecting perceived pay equity and organizational commitment.

Therefore, greater recognition of the nursing profession should be promoted at both the societal and organizational levels. Healthcare institutions should foster supportive and respectful work environments and strengthen nurses' sense of belonging.

6. Outcomes Associated with Perceived Pay Equity

6.1. Turnover Intention

Nurse turnover can exacerbate workforce shortages and represents an important threat to workforce stability. When nurses perceive their compensation as fair, they tend to report higher job satisfaction and lower turnover intention. Research [42] has suggested that higher perceived pay equity may lead healthcare professionals to feel that their contributions are valued by the hospital, thereby strengthening their psychological security. Furthermore, when nurses perceive their compensation as reasonable relative to that offered by other employers, their turnover intention may be reduced.

ISSN 2616-5791 Vol. 7, Issue 4: 69-78, DOI: 10.25236/AJMHS.2026.070408

Marco Enea [43] suggested that nurse turnover is primarily associated with an imbalance between work effort and rewards. When nurses perceive over an extended period that their contributions are disproportionate to the rewards they receive, they may develop negative emotions and subsequently experience stronger turnover intentions. Mihretie [44] found a negative association between nurses' perceived pay equity and turnover intention, indicating that nurses who perceive their compensation as unfair may be more likely to consider leaving their jobs. This finding is consistent with the results reported by Hu[6].

Hospitals should therefore establish rational compensation allocation systems, develop appropriate reward mechanisms, and enhance nurses' work motivation. Performance evaluation systems should also take into account differences in workload, working hours, and job demands across clinical departments, thereby improving nurses' perceptions of pay equity.

6.2. Job Satisfaction

Job satisfaction refers to an individual's positive emotional response to their work or work environment. Research has indicated that higher perceived pay equity is associated with higher job satisfaction. Liu [45] suggested that nurses' salaries tend to change relatively little with increasing years of service and that nurses may earn less than peers of a similar age in other occupations. Such disparities may contribute to perceptions of inequity and lower job satisfaction.

Zheng [37] found that clinical nurses generally reported relatively low levels of job satisfaction, with dissatisfaction with salary levels and compensation allocation being important contributing factors. Nurses often face high workloads and substantial occupational risks but may perceive that their contributions are not commensurate with their rewards. Such perceptions of inadequate compensation and low pay equity may consequently reduce satisfaction with nursing work.

Hospitals should therefore establish scientific and equitable performance evaluation systems, improve nurses' compensation and benefits, and provide greater opportunities for professional development and career advancement, thereby enhancing nurses' job satisfaction.

6.3. Work Engagement

Work engagement refers to the degree to which employees actively participate in and emotionally invest in their work. Li [46] surveyed 519 healthcare professionals in Chongqing using a self-developed work engagement scale and found a positive association between compensation levels and work engagement. Higher compensation was associated with greater work motivation. Conversely, employees who perceived an imbalance between their income and contributions reported lower levels of work motivation and engagement.

Therefore, hospitals should develop rational compensation systems that comprehensively consider departmental characteristics, workload, work intensity, and quality of care. Performance-based incentive policies should also be established to enhance nurses' work motivation and perceived pay equity.

6.4. Organizational Commitment

Organizational commitment refers to employees' identification with their organization and their willingness to work actively for it. Zhang [47] surveyed 1,600 nurses from 22 public hospitals in Shanghai using the Chinese Employee Organizational Commitment Scale. The findings indicated that higher compensation was associated with greater work involvement and a stronger sense of personal value. These factors were, in turn, associated with higher work motivation.

Therefore, healthcare organizations should demonstrate care and respect for nurses, take their individual circumstances into account, and balance departmental operational needs with nurses' personal needs. By promoting nurses' perceptions of organizational justice and fairness, hospitals can strengthen organizational commitment, improve job satisfaction, stabilize the nursing workforce, and enhance the quality of nursing services.

7. Implications for Enhancing Nurses' Perceived Pay Equity

First, at the national level, greater investment in nursing compensation may be warranted to improve nurses' overall remuneration and work motivation. Further reforms to compensation systems may be

ISSN 2616-5791 Vol. 7, Issue 4: 69-78, DOI: 10.25236/AJMHS.2026.070408

warranted to minimize the influence of gender stereotypes and traditional biases in job evaluation. Standardized and transparent compensation structures should be developed based on job value, actual workload, work intensity, technical complexity, and performance outcomes, thereby ensuring fairness in both the allocation process and its outcomes. Healthcare institutions should also establish open and transparent procedures for compensation reform and facilitate broad participation and stakeholder support. In particular, nurses should be given opportunities to participate in the development of compensation systems, which may improve both compensation satisfaction and perceived pay equity.

Second, promotion mechanisms should be optimized to ensure that professional advancement is appropriately aligned with responsibilities and competencies. Particular attention should be paid to nurses with lower professional titles. Appropriate financial incentive mechanisms should be developed to prevent hierarchical compensation systems from creating excessive disparities while failing to adequately recognize the substantial workloads of less senior nurses.

Third, the higher expectations and additional contributions of highly educated nurses who undertake both clinical and research responsibilities should be recognized. Research allowances, achievement-based rewards, or dedicated performance incentives could be considered so that their additional contributions are appropriately reflected in compensation, thereby reducing disparities between effort and reward.

Finally, healthcare institutions should actively foster organizational cultures and work environments characterized by equality and respect. Greater recognition of the professional value of nursing should be promoted both within healthcare institutions and in society. Workplace bullying should be effectively addressed, work-related stress should be reduced, and nurses' professional dignity should be strengthened. Nurses should feel that their organizations genuinely care about their physical and psychological well-being.

Higher perceived pay equity may be associated with lower turnover intention and greater job satisfaction and work engagement, thereby stabilizing the nursing workforce and improving the quality and safety of nursing services. Ultimately, these efforts may contribute to the sustainable development of the nursing workforce and the continuous improvement of healthcare quality.

8. Conclusion

Research on nurses' perceived pay equity in China remains relatively limited, and substantial gaps remain in the existing evidence. Although some studies have examined several basic factors associated with perceived pay equity, relatively little attention has been paid to potential factors such as hospital organizational culture and climate, patient satisfaction with nursing services, and professional identity. Consequently, the existing literature does not yet provide a comprehensive understanding of the determinants and underlying mechanisms of nurses' perceived pay equity.

Moreover, existing studies have paid insufficient attention to differences in workload and occupational risk across nursing departments, making it difficult to adequately capture variations in perceived pay equity among nurses working in different clinical settings. Future research should comprehensively investigate both the potential determinants and underlying mechanisms of nurses' perceived pay equity. Greater emphasis should also be placed on longitudinal and intervention research and on the development and validation of context-specific measurement instruments. Such efforts may provide a stronger evidence base for improving nurses' perceptions of pay equity and developing more equitable and effective compensation systems.

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