



Organizational justice, justice climate, and somatic complaints: A multilevel investigation [☆]

Raphael M. Herr^{a,b,*}, Jos A. Bosch^{a,c}, Adrian Loerbroks^{a,b}, Bernd Genser^{a,d}, Christian Almer^a, Annelies E.M. van Vianen^e, Joachim E. Fischer^a

^a Mannheim Institute of Public Health, Social and Preventive Medicine, Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany

^b Institute of Occupational, Social and Environmental Medicine, Centre for Health and Society, Faculty of Medicine, University of Düsseldorf, Düsseldorf, Germany

^c Department of Clinical Psychology, University of Amsterdam, Amsterdam, The Netherlands

^d Instituto de Saúde Coletiva, Federal University of Bahia, Salvador, Brazil

^e Department of Work and Organizational Psychology, University of Amsterdam, Amsterdam, The Netherlands

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ABSTRACT

Objective: Organizational justice refers to perceived fairness at the workplace. Individual perceptions of injustice have been linked to reduced mental and physical health. However, perceptions of injustice also exist at the aggregate level of departments, reflecting a shared perception, denoted as justice climate. There is evidence that this shared perception independently predicts individual distress levels (e.g., anxiety, depression), which might negatively affect somatic symptom perception and reporting. Hence, the objective of this study was to examine whether individual perceptions of poor justice as well as a poor justice climate are related to elevated somatic complaints. In addition, this study examined if justice climate moderates the relationship between individual-level justice perceptions and somatic symptom reporting.

Methods: Cross-sectional data from a large industrial manufacturing company was used, involving 1,102 employees in 31 departments. A validated scale covering interactional and procedural justice assessed individual-level organizational justice. A 19-item symptom checklist measured somatic complaints. Multilevel analyses estimated individual-level associations (within-department effects) with somatic complaints, department-level associations (between-department effects), and the cross-level interaction of both.

Results: Individual-level justice perceptions were negatively associated with somatic complaints. Collective justice climate was likewise significantly associated with somatic complaints. There was no indication for a moderation effect of justice climate.

Conclusion: A poor justice climate correlated positively with individual somatic complaints while controlling for individual perceptions, i.e., above and beyond individual justice perceptions. These findings may imply that interventions targeting department-level perceptions of justice may have the potential to reduce individual somatic complaints beyond the effects of individual-level interventions.

1. Introduction

Psychosocial characteristics of the workplace are key determinants of employee productivity and wellbeing [1,2]. In this context, the concept of organizational justice has emerged as an important source of psychosocial stress at the workplace [3,4]. Organizational justice is defined as individuals' perceived fairness at the workplace, and includes aspects such as the fair distribution of resources (distributive justice),

fairness of the decision-making process (procedural justice), and fair social interactions (interactional justice), with the latter pertaining specifically to the supervisor. Predominantly the procedural and interactional components of organizational justice have been found to strongly predict employee health [5], including mental illness [4].

Adverse psychosocial work conditions and the associated affective dysregulation (e.g., depression and anxiety) are accompanied by patterns of persistent bodily complaints (e.g., exhaustion, gastrointestinal,

[☆] Department where the work was conducted: Mannheim Institute of Public Health, Social and Preventive Medicine, Medical Faculty Mannheim, Heidelberg University

* Corresponding author at: Mannheim Institute of Public Health, Social and Preventive Medicine, Medical Faculty Mannheim, Heidelberg University, Ludolf-Krehl-Straße 7-11, 68167 Mannheim, Germany.

E-mail addresses: Raphael.Herr@medma.uni-heidelberg.de (R.M. Herr), j.a.bosch@uva.nl (J.A. Bosch), Adrian.Loerbroks@uni-duesseldorf.de (A. Loerbroks), bernd.genser@bgstats.com (B. Genser), Christian.Almer@medma.uni-heidelberg.de (C. Almer), A.E.M.vanVianen@uva.nl (A.E.M. van Vianen), Joachim.Fischer@medma.uni-heidelberg.de (J.E. Fischer).

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musculoskeletal, and cardiovascular complaints), often without an identifiable somatic cause and clear diagnostic criteria [6,7]. Such psychosocial mechanisms may underlie the majority of job-stress related lost productive time and absenteeism [8]. In light of the economic implications of such associations – the cost for the use of healthcare services and work-related costs in patients with unexplained physical symptoms are estimated at €6815 per patient per year [9] – the current study aimed to examine organizational justice as determinant of somatic complaints.

A plausible explanation for increased symptom reporting because of organizational injustice is that perceived unfairness evokes negative emotional responses and associated pathophysiological changes affecting mental health [10]. There are several theoretical conceptualizations aiming to explain the adverse health consequences of perceived unfairness. The uncertainty management theory, for example, considers fairness as a heuristic for trust, which can reduce uncertainty [11]. Uncertainty is an aversive state that is associated with psychological discomfort and anxiety (e.g., [12]). In the absence of fairness, uncertainty levels, and thus discomfort and anxiety are enhanced, which in turn reduce mental health and increase associated somatic complaints. The group value model suggests a different idea. According to this theory, people seek a positive social identity (i.e., a positive individual self-concept derived from perceived membership of a group), and justice indicates to them that they are respected and esteemed group members. Injustice, on the other hand, signals social exclusion, which thwarts the human basic need of belongingness [11,13], impairs self-regulation [14] and engenders detrimental physiological responses [15,16]. A related theoretical notion emphasizes that injustice presents a lack of individual control and threat of future harm, which are associated with negative emotional responses such as depression [17]. Generally, the negative health effects of injustice leading to enhanced symptom reporting might be translated by psychophysiological mechanisms and biological pathways, but also by adverse health behaviours (e.g., alcohol and smoking) [18–24]. Altogether, higher levels of reported somatic complaints likely result from increased negative affect and related adverse mental and physical states [25].

The effects of organizational justice on symptom reporting may operate at two different levels. Most commonly, studies investigate effects at the individual level, whereby personal perceptions of injustice are predictive of higher levels of negative outcomes such as distress (e.g., [17]) and, possibly, symptom reporting. However, in addition collective justice perceptions may also affect well-being. This may, for example, be driven through social processes such as sharing information (e.g., complaining, seeking support) and vicarious experiences (e.g., observing injustice done to others). The resulting collective experience of organizational justice is captured by the term ‘justice climate’ [26]. Whitman, Caleo, Carpenter, Horner and Bernerth [27] define justice climate “as a distinct unit-level cognition regarding shared fairness perceptions of treatment by organizational authorities” [27].

Evidence suggests that justice climate may determine health and well-being above and beyond the effects of individual-level justice perceptions. Such independent effects were found, for example, for job satisfaction [28], burnout levels [29], and depression and anxiety [30–32]. Generally, research has evidenced that justice climate is a distinct construct that explains variance in individual outcomes (e.g., job attitudes) above and beyond the effects of individual justice perceptions (e.g., [33]). Based on these findings, one may predict that justice climate is also independently related to elevated somatic complaints. This association has not been examined yet, but may be highly informative for the design of interventions. That is, if group-level perceptions of injustice are related to somatic complaints and associated absenteeism above and beyond individual justice perceptions, than interventions solely targeting the individual level may yield suboptimal effects.

The two most crucial dimensions of organizational justice impacting health – procedural and interactional justice – differ not only with regard to their focus (i.e., overall organizational procedures vs interactions with the supervisor), and their potential consequences (e.g., the provoked emotional responses to interactional justice are suggested to be stronger than those to procedural justice), but possibly also regarding their effects on a collective level [19,34–36]. Because procedural justice concerns general procedures that apply to every employee, it captures a group level phenomenon that can plausibly be treated as a group-level factor. For these reasons, the organizational dimensions procedural and interactional justice were also examined separately in their individual and collective association with somatic complaints.

Finally, justice climate also presents a social context that could potentially moderate (e.g., amplify or attenuate) the impact of individual justice perceptions on symptom reporting, i.e., exerting a contextual moderation effect. For example, an employee in a department characterized by a high justice climate may have a different reaction to personally experienced injustice than an individual who experiences a similar personal injustice, but works in a department characterized by a low justice climate. The moderation effect of justice climate has been well established in studies testing its interaction with employee and leader predictors (e.g., [37,38,39]) but only few studies examined its interaction with individual justice perceptions [40]. Consequently, we aimed to study if justice climate moderates the association of individual justice with somatic complaints. The moderating role of justice climate would further underscore the importance of also intervening at a group-level to reduce negative health outcomes or to mitigate the negative effects of perceived injustice at the individual level.

Fig. 1 presents the three hypotheses that were derived from the discussion presented above. Hypothesis 1 (H1) predicts that individual overall organizational justice perceptions (H1_a), as well as the procedural (H1_b) and interactional (H1_c) sub-dimensions, are associated with individual somatic complaints. Hypothesis 2 (H2) predicts that overall organizational justice climate (H2_a), as well as procedural (H2_b) and

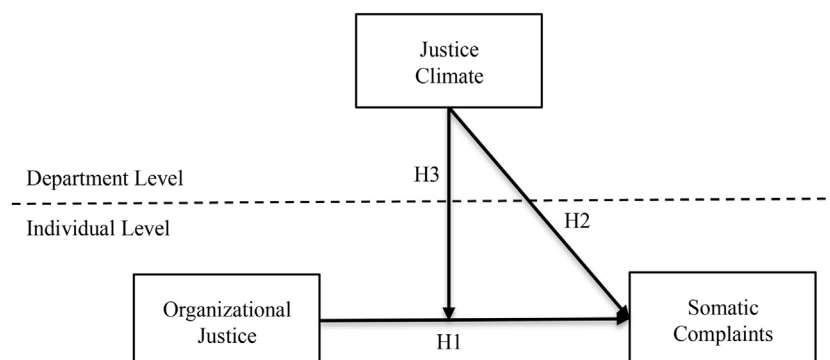


Fig. 1. Conceptual model.

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