

# The impact of organizational trust on employee's physically health

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**Abstract**— Nowadays research in organizational psychology has proven the crucial impact of organizational justice on employee physically health. According to state of the art research, physical health is related to an employee's perception of distributive justice. The present research brings more conclusive arguments for sustaining such inferences. This paper deals with demonstrating the impact of organizational trust on employee's physically health. Studying employee's physically health inside a multinational textile company from Arad, related to organizational trust, this study demonstrates a dynamic relationship between the two constructs. Conclusions set up new ways to lower the incidence of absenteeism and withdrawal behaviors due to poor physically health problems accused by employees in organizational contexts.

**Keywords**— *organizational justice, organizational trust, employee's physically health, dynamic relationship*

## I. CONCEPTUALIZATION OF ORGANIZATIONAL JUSTICE AND ORGANIZATIONAL TRUST

Organizational justice is defined as people's perceptions of fairness in organizations. The focus of much organizational justice research has been on employees' perceptions of fairness as opposed to norms regarding how people ought to be treated. Colquitt, et al. 2001 and Cohen-Charash and Spector 2001 provide meta-analytic reviews that link organizational justice perceptions to a number of organizationally relevant attitudes and behaviors. Gilliland and colleagues (Gilliland, et al. 2011) have edited a series of books that provide theoretical advancements and suggestions regarding future research topics in emerging areas of organizational justice research.

Thus, organizational justice is conceptualized by researchers as a multidimensional construct, the four proposed components being distributive, procedural, interpersonal, and informational justice. Research suggests the importance of affect and emotion in the appraisal of the fairness of a situation as well as one's behavioral and attitudinal reactions to the situation (Barsky, Kaplan, & Beal, 2011).

Recent literature in the industrial/organizational psychology field has examined organizational justice as well as the associated outcomes. Perceptions of justice influence many key organizational outcomes such as motivation (Latham & Pinder, 2005) and job satisfaction (Al-Zu'bi, 2010).

The relationship between trust and organizational justice perceptions is based on reciprocity. Trust in the organization is built from the employee's belief that since current organizational decisions are fair, future organizational decisions will be fair. The continuance of employee trust in the organization and the organization continuing to meet the employee's expectations of fairness creates the reciprocal relationship between trust and organizational justice (DeConick, 2010). Research has found that procedural justice is the strongest predictor of organizational trust (Hubbell & Chory-Assad, 2005; Cohen-Charash & Spector, 2001). A positive relationship between an employee and supervisor can lead to trust in the organization (Karriker & Williams, 2009).

Absenteeism, or non-attendance, is another outcome of perceived injustice related to equity theory (Johns, 2001). Failure to receive a promotion is an example of a situation in which feelings of injustice may result in an employee being absent from work without reason. Johns (2001) found that when people saw both their commitment to the organization and the organization's commitment to them as high, absenteeism is diminished. Additionally, withdrawal, or leaving the organization, is a more extreme outcome stemming from the same equity theory principles. Distributive justice perceptions are most strongly related to withdrawal (Cohen-Charash & Spector, 2001).

Emotional exhaustion, which related to employee health and burnout, is related to overall organizational justice perceptions. As perceptions of justice increase employee health increases and burnout decreases (Liljegren & Ekberg, 2009). Distributive, procedural, and interactional justice perceptions are able to capture state specific levels of emotional exhaustion which fade over time; however, overall organizational justice perceptions give the most stable picture of the relationship between justice perceptions and emotional exhaustion over time (Liljegren & Ekberg, 2009).

According to Schunck et al., physical health is related to an employee's perception of distributive justice. As the employee's perception of earnings justice decreases, the physical health of the employee decreases (Schunck *et al.*, 2015). Authors underline the fact that female employees who perceive their earnings as unjustly low display significantly worse physical health, and that if employees perceive their earnings to be unjust for an extended period, this contributes to the

deterioration of individual physical health in male and female employees. Employees from lower social classes, in particular unskilled blue-collar workers, more frequently perceive their earnings to be unjust. Authors' conclusion is that differential exposure to unjust earnings contributes to the emergence of structural health inequalities.

II. ORGANIZATIONAL TRUST AND EMPLOYEE HEALTH IN A MULTINATIONAL TEXTILE COMPANY FROM ARAD

Starting from the literature of organizational trust and employee health we are proposing testing the dynamics between these two concepts in a real work organizational context. As presented, this research assumes that organizational trust may have an important influence over employee's health.

We have tested hypotheses through a content analysis and survey conducted in 2014. The study was based on quantitative methods trust in supervisor, colleagues and organization measured by the Behavioral Trust Inventory (Gillespie, N. 2003), but it also applied qualitative methods, a short scale regarding perceived health in the last 3 months, summing 17 symptoms like headaches, nausea, lack of appetite, indigestion, panic attacks, critique fatigue, fluctuating disposition, difficult concentration and so on, that should be rated on a 1 (never) to 4 (often) scale.

The Behavioral Trust Inventory consists in 34 items, 15 items for measuring trust in supervisor, 15 items for measuring trust in colleagues and 4 items for measuring trust in organization, the response scale for the items was a seven-point scale ranging from "strongly disagree" (1) to "strongly agree" (7).

Regarding respondent's profile, we have investigated 46 middle management (out of a total of 50) supervisors that coordinate approximately 1.000 textile operators from a multinational textile company from Arad, Romania. Regarding biodata of our target group, 45,7% are masculine respondents and 54,3% are feminine respondents; 34% are aged between 21 and 30 years, 37% are aged between 31 and 41, and 28,3% are aged between 41 and 50; 6,5% have graduated elementary school, 10,9% vocational school, 63% high school, 15,2% university college, and 2,2% post university degree.

In order to test our hypothesis that states that between organizational trust and employee health there is a significant dynamic relationship, we have used a confirmatory factor analysis, based on multiple regression analysis for curvilinear effects.

There is a very high correlation between organizational trust (MD=19,70, D=4,565) and employee health (MD=31,85, SD=9,807) of  $r = - 0,340$  significant at a  $p < 0,05$  which methodologically allows us to proceed with confirmatory factor analysis.

Testing for curvilinear relationship, we have used the hierarchical multiple regressions, the dependent variable being employee health, and the dependent variable in step 1 organizational trust, and in step 2 squared organizational trust. The statistical procedure is detailed in Balas-Timar (2014).

Table 1 presents the fitting of the two models, linear – Model 1 and curvilinear/ quadratic – Model 2. As we can see in Model 1 the model that supposes linear relationship, organizational trust accounts for 9% of the variance in employee health with an  $F = 5,736$  significant at a  $p < 0,05$ . In Model 2, the model that supposes curvilinear relationship, organizational trust accounts for 29% of the variance in employee trust with an  $F = 10,489$  significant at a  $p < 0,01$ .

**Table 1** – Linear and curvilinear regression models for employee health depending on organizational trust

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,340 <sup>a</sup>	,115	,095	9,328
2	,573 <sup>b</sup>	,328	,297	8,225

a. Predictors: (Constant), *Organizational trust*

b. Predictors: (Constant), *Organizational trust*, *Organizational trust squared*

**ANOVA<sup>c</sup>**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	499,109	1	499,109	5,736	,021 <sup>a</sup>
	Residual	3828,825	44	87,019		
	Total	4327,935	45			
2	Regression	1419,084	2	709,542	10,489	,000 <sup>b</sup>
	Residual	2908,851	43	67,648		
	Total	4327,935	45			

a. Predictors: (Constant), *Organizational trust*

b. Predictors: (Constant), *Organizational trust*, *Organizational trust*

c. Dependent Variable: *Health*

**Coefficients<sup>a</sup>**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	46,217	6,155		7,508	,000
	Org.trust	-,730	,305	-,340	-2,395	,021
2	(Constant)	101,228	15,874		6,377	,000
	Org.trust	-6,889	1,692	-3,207	-4,072	,000
	Org.trust_sqr	,162	,044	2,904	3,688	,001

a. Dependent Variable: *Health*

### Excluded Variables<sup>b</sup>

Model	Beta	In	t	Sig.	Partial Correlation	Collinearity
						Statistics
						Tolerance
1	Org.trust_sqr	2,904 <sup>a</sup>	3,688	,001	,490	,025

a. Predictors in the Model: (Constant), *Organizational trust*

b. Dependent Variable: *Health*

All standardized coefficients of Beta (B= -0,340; B= -3,207 and B= -2,908) are significant at p values < 0,01 which gives a high consistency to our both models. Changing Beta coefficient's sign from - to + means that the effect is growing in the opposite direction, which clearly demonstrates the curvilinear relationship between organizational trust and employee health. The additional incremental predictive capacity of 20 percents, added by including the squared organizational trust variable which is accounting for the band in the regression line, clearly prove that there is a dynamic relationship between organizational trust and employees health. Testing for multicollinearity, we have found tolerance coefficient of 0,025 which is very low, fact that can be explained due to the high correlation between organizational trust and squared organizational trust aspect that this study is fully aware of.

This dynamic relationship demonstrates that extreme aspects (very low and very high) of organizational trust significantly influences employees health, while situating on the middle continuum between low and high organizational trust, gives employees incentives for a healthy organizational life.

Until now, we are not aware of any research proving this dynamic relationship between organizational trust and employee health, thus, this study may help expanding the current body of knowledge on employee health dynamics in real work organizational contexts.

### III. CONCLUSIONS AND IMPLICATIONS

One of the main causes that conduct to poor employee's health is the perceived lack of organizational support and low organizational trust.

As literature clearly depicts, physical health is related to an employee's perception of distributive justice. The lack of organizational trust and in our case very high levels of organizational trust ultimately will empower employees to suffer from different organizational health issues.

Implications for current research could be that organizations may reduce employee absenteeism and withdrawal behaviors due to poor health by tapping on organizational trust. This construct must be carefully regarded, as this research has clearly demonstrated that both critical low and high levels of organizational health account for 20% of employee poor health.

### REFERENCES

- [1] Al-Zu'bi, H. A. (2010). A study of relationship between organizational justice and job satisfaction. *International Journal of Business and Management*, 5(12), 102-109.
- [2] Balas-Timar, D. (2014). Is it psychology about linear or dynamic systems? SEA - Practical Application of Science, Volume II, Issue 2 (4 /2014):189-196.
- [3] Barsky, A., & Kaplan, S. A. (2007). If you feel bad, it's unfair: A quantitative synthesis of affect and organizational justice perceptions. *Journal of Applied Psychology*, 92, 286-295.
- [4] Cohen-Charash, Y., and Paul E. Spector. (2001). The Role of Justice in Organizations: A Meta-Analysis." *Organizational Behavior and Human Decision Processes* 86.2 (2001): 278-321.
- [5] Colquitt, J. A., Conlon, D. E., Wesson, M. J., Porter, C. O., & Ng, K. Y. (2001). Justice at the millennium: a meta-analytic review of 25 years of organizational justice research. *Journal of applied psychology*, 86(3), 425.
- [6] DeConick, J. B. (2010). The effect of organizational justice, perceived organizational support, and perceived supervisor support on marketing employees' level of trust. *Journal of Business Research*, 63, 1349-1355.
- [7] Gillespie, N., & Melbourne Business School. (2003). Measuring trust in working relationships: The behavioral trust inventory. Carlton, Victoria: Melbourne Business School.
- [8] Gilliland, S. W., Dirk D. Steiner, Daniel P. Skarlicki, (2011). *Emerging Perspectives on Organizational Justice and Ethics*. Research in Social Science Issues in Management. Charlotte, NC: Information Age, 2011.
- [9] Hubbell, A., & Chory-Assad, R. (2005). Motivating factors: Perceptions of justice and their relationship with managerial and organizational trust. *Communication Studies*, 56, 47-70.
- [10] Johns, G. (2001). The psychology of lateness, absenteeism, and turnover. In N. Anderson, D. S. Ones, H. P. Sinangil, & C. Viswesvaran (Eds.), *Handbook of Industrial, Work and Organizational Psychology* (Vol. 2, pp. 232-252). London, U.K.: Sage :Publications.
- [11] Karriker, J. H.; Williams M. L. (2009). Organizational Justice and Organizational Citizenship Behavior: A Mediated Multifoci Model. *Journal of Management*, 35, 112.
- [12] Latham, G. P., & Pinder, C. C. (2005). Work motivation theory and research at the dawn of the twenty-first century. *Annual Review of Psychology*, 56, 485-516.
- [13] Liljegren, M. & Ekberg, K. (2009). The associations between perceived distributive, procedural, and interactional organizational justice, self-rated health and burnout. *Work*, 33, 43-51.
- [14] Schunck, R., Sauer, C., Valet, P. (2015). Unfair Pay and Health: The Effects of Perceived Injustice of Earnings on Physical Health. *European Sociological Review*. Advance Access published July 31, 2015, [doi:10.1093/esr/jcv065](https://doi.org/10.1093/esr/jcv065).