



RELATIONSHIP OF PERCEIVED ORGANIZATIONAL JUSTICE, EMPLOYEE MENTAL HEALTH AND CHRONIC ILLNESS: A META-REVIEW

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Abstract

This study summarises the body of research on the connection between perceived organisational justice, employee mental health and chronic illness. It investigates the effects of distributive, procedural, and interactional aspects of organisational justice on employee mental health, especially when chronic illness is present, by methodically reviewing prior reviews and meta-analyses. In order to guide future studies and organisational policies, the review looks at the mediating mechanisms that underlie these correlations and points out gaps in the literature. The results show that employees' mental health is greatly impacted by their perceptions of organisational justice, with procedural and interactional justice being especially important in determining how fairness is regarded and how well people are feeling overall. Chronically ill workers are particularly susceptible to institutional inequalities, which can worsen mental health issues and lower their standard of living. In order to improve the mental health of workers who are managing chronic diseases, this article emphasises the need for workplace interventions and policies that support equity.

Key Words- Perceived Organizational Justice, Chronic Illness, And Mental Health.

Introduction

Because of its crucial influence on worker productivity, well-being, and overall organisational success, perceived organisational justice, or POJ, has attracted a lot of attention in contemporary organisational research. It is commonly divided into three categories and refers to how employees perceive fairness in interactions, processes, and results at work. Procedural justice stresses the fairness of decision-making procedures,

distributive justice concentrates on the fairness of results or resource distribution, and interactional justice addresses the fairness of communication and interpersonal treatment in the workplace. Together, these factors shape employees' attitudes, behaviours, and emotional health by influencing how they view their workplace (Colquitt et al., 2001). Organisations can improve employee satisfaction and performance and establish pleasant workplace dynamics by comprehending and promoting organisational fairness. Organisational fairness is essential for promoting a good work environment, raising job satisfaction, and lowering conflict at work. Its significance extends beyond workplace harmony as well, as it directly impacts employees' physical and emotional health, particularly for those who are coping with long-term illnesses (Greenberg, 2010). In the global workforce, chronic illnesses— which are characterized as long-term medical ailments like diabetes, cardiovascular diseases, asthma, and mental health disorders—are becoming more and more common (Barnett et al., 2012; Black, 2016). According to statistics from the World Health Organization (WHO, 2021), chronic illnesses cause over 71% of deaths worldwide each year, and many people manage their conditions while still working. Employees with chronic illnesses may encounter particular difficulties in the job, such as stigma, perceived biases, and a lack of accommodations (Beatty & Joffe, 2006; Vickers, 2001). The connection between organisational justice and chronic illness is particularly significant. Fair treatment and the adoption of equitable practices have been shown to lessen the stress caused by chronic illness, which will ultimately improve workers' physical well-being and productivity at work (Elovainio et al., 2013; Greenberg, 2010). However, the psychological and physical toll of chronic illness can be made worse by feelings of unfairness, which can result in presenteeism (working while sick), absenteeism, and worse job performance (Schunck et al., 2020). However, the broader impacts of organisational justice on mental health are well documented. Mental health conditions like anxiety, depression, and fatigue are often associated with perceived injustices in the workplace (Colquitt et al., 2001; Robbins et al., 2012). Employees are more likely to feel stressed when they perceive injustice, and this stress can lead to long- term mental health issues if it persists (Ford & Huang, 2014; Tepper, 2000). This complex interplay between mental health, chronic illness, and organisational justice requires careful examination (Colquitt et al., 2001; Greenberg, 2011). In addition to increased employee well-being, employers who prioritise justice in their policies and procedures see improvements in employee morale, loyalty, and performance (Cropanzano et al., 2007; Robbins et al., 2012). However, ignoring justice can have detrimental consequences,

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including a rise in employee turnover, conflicts at work, and harm to the company's brand (Tyler & Blader, 2003; Folger & Cropanzano, 1998). Chronic sickness and mental health issues make these issues worse, which highlights the need for justice-centric approaches to workplace management (Schneider et al., 2017; Judge & Colquitt, 2004).

The Workplace as a Social Determinant of Health

According to Marmot et al. (2012) and Nieuwenhuijsen et al. (2010), workplace environments have a major influence on both mental and physical health, making them key social determinants of health. Chronic illnesses, such as diabetes, heart disease, asthma, and autoimmune disorders, provide unique challenges for workers (Bambra et al., 2009; Black, 2008). These conditions require continuous care, which is often influenced by external factors like work constraints, perceived support, and environmental stressors (Siegrist & Marmot, 2004; Virtanen et al., 2008). Given that work experiences directly affect mental health outcomes like stress, sadness, and anxiety, organisational justice is essential to employee wellness (Greenberg, 2010; Elovainio et al., 2002).

The Triadic Relationship

There is a complex interplay between mental health, chronic illness, and perceived organisational justice (POJ) through both direct and indirect causes (Colquitt et al., 2001; Greenberg, 2010). Employees who feel their organisations are fair are more likely to experience positive mental health outcomes, such as reduced stress and enhanced resilience (Inoue et al., 2013; Robbins et al., 2012). According to Ford et al. (2011) and Nieuwenhuijsen et al. (2010), healthier lifestyles, regular medical visits, and adherence to recommended treatment programs subsequently enable better management of chronic disorders. However, emotions of injustice can worsen mental health issues including sadness and anxiety, which can result in poor treatment compliance and lower productivity (Elovainio et al., 2002; Robbins et al., 2012).

Significance of the Study

Given the growing awareness of workplace mental health and the rising prevalence of chronic diseases globally, it is imperative to examine these relationships (Siegrist & Li, 2016; Virtanen et al., 2021). A significant portion of those afflicted are working globally, and more than 1.3 billion people worldwide suffer from chronic illnesses (World Health Organisation [WHO], 2022). However, work-related stress has emerged as a significant cause of mental health issues, affecting both quality of life and productivity (Ford et al., 2011; Nieuwenhuijsen et al., 2010). By understanding the role that POJ plays in reducing

these problems, organisations can take concrete measures to create more healthy and equitable work environments (Colquitt et al., 2001; Greenberg, 2010).

Objectives

The purpose of this meta-analysis is to compile the body of knowledge regarding the connections among employee mental health, chronic illness, and perceived organisational justice. Finding trends, making insightful deductions, and pointing out gaps in the literature are the main objectives in order to direct future studies and organisational procedures.

Specifically, the objectives of this meta-review are:

1. To explore the role of perceived organizational justice in the experiences of employees with chronic illnesses.
2. To analyse the impact of organizational justice on employee mental health.
3. To examine the intersectionality of chronic illness and mental health in organizational contexts.
4. To identify gaps and propose directions for future research.

Method

The methodology section outlines the systematic approach adopted to gather, select, and analyse data for this meta-review. The steps detailed below ensure that the findings are robust, reproducible, and reflective of the current state of knowledge in the domain of perceived organizational justice, chronic illness, and employee mental health.

Search Strategy to identify relevant studies, a comprehensive search strategy was employed using the following electronic databases, PubMed, Scopus, Web of Science, PsycINFO, and Google Scholar. **Search Terms-** The search terms used were structured around three core themes:- organizational justice, chronic illness, and mental health. Boolean operators (“AND,” “OR”) and truncation were used to refine the search. For example, Theme 1: Organizational Justice, “Organizational justice,” “procedural justice,” “distributive justice,” “interactional justice” Theme 2: Chronic Illness “Chronic illness,” “long-term health conditions,” “diabetes,” “cardiovascular diseases,” “autoimmune disorders”, Theme 3: Mental Health “Mental health,” “employee well- being,” “anxiety,” “depression,” “workplace stress” Studies published between 2000 and 2024 were included to ensure relevance. Only peer-reviewed articles and high- quality grey literature published in English were considered. After identifying studies through databases, reference lists of selected articles were manually screened to identify additional relevant studies.

Inclusion and Exclusion Criteria

Inclusion Criteria- Relevance to Topic: Studies examining the relationship between perceived organizational justice, chronic illness, and mental health. Study Design: Empirical studies, meta-analyses, and systematic reviews. Population: Working adults 18 years and above managing chronic illnesses. Outcomes: Impact on employee mental health, well-being, and organizational outcomes (e.g., absenteeism, productivity). Publication Type: Peer-reviewed journal articles, reports, and conference proceedings.

Exclusion Criteria- Irrelevance: Studies not addressing any of the three key themes. Non-Empirical: Opinion pieces, editorials, or theoretical papers without data. Population: Studies focusing solely on unemployed individuals or non- working populations. Language: Articles not published in English.

Data Extraction

Data Extraction- A structured data extraction form was developed to systematically collect information from the selected studies. The form captured the following details: - Study Details: Author(s), year, title, and journal. Methodology: Study design (e.g., cross-sectional, longitudinal), sample size, population characteristics. Key Variables: Dimensions of organizational justice (procedural, distributive, interactional), chronic illness type, and mental health outcomes. Findings: Main results, statistical measures (e.g., correlations, effect sizes). Quality Assessment: Methodological rigor, validity, and reliability of measures used.

Data Synthesis- Thematic and quantitative approaches were employed for synthesis: **Thematic Analysis-** Studies were grouped based on common themes, such as the role of different justice dimensions, the impact of chronic illness, and mental health outcomes. Recurring patterns and disparities across studies were identified and categorized. **Quantitative Analysis-** Effect sizes and statistical relationships from quantitative studies were synthesized using meta-analytic techniques. **Comparison across Justice Dimensions-** Findings were compared across procedural, distributive, and interactional justice to identify which dimension had the most significant impact on mental health and chronic illness outcomes. **Visualization of Results-** Data were presented using tables and charts for clarity. For example: Tables summarizing study characteristics, sample sizes, and key findings. Charts showing relationships between justice perceptions and mental health indicators (e.g., anxiety, depression).

Ethical Considerations-

Although this meta-review utilized secondary data, ethical considerations included ensuring the use of properly cited sources and adhering to guidelines for reporting systematic reviews. By employing a rigorous and transparent methodology, this meta-review provides a comprehensive understanding of the relationships between organizational justice, chronic illness, and employee mental health.

Results and Discussion

The major aim of this meta-review was to investigate the relationships between mental health, chronic illness, and perceived organisational justice using the theoretical frameworks and empirical data as a guide (Colquitt et al., 2013; Robbins et al., 2022). Equity theory states that employees compare their input-output ratio to that of others in order to assess workplace justice. When workers feel unfairly treated, particularly in relation to resource distribution (distributive justice) or decision-making processes (procedural justice), they become psychologically stressed (Greenberg, 1990; Colquitt et al., 2001). Employees with chronic illnesses may feel even more vulnerable as a result of perceptions of unfairness, which makes it more difficult for them to successfully manage their health and employment (Elovainio et al., 2013; Rugulies et al., 2017). According to Bakker and Demerouti (2007), the Job Demands-Resources (JD-R) Model explains how workplace demands and resources affect employees' well-being. Chronic illnesses increase job demands because they create more physical and psychological strain (Schaufeli & Taris, 2014). Organisational justice is a resource that helps to lessen the negative consequences of these expectations. For instance, fair practices and positive interpersonal interactions (interactional justice) can increase employee resilience and engagement, which lowers burnout and absenteeism (Demerouti et al., 2001; Schaufeli et al., 2009). The interconnection of biological, psychological, and social factors in health outcomes is highlighted by the Biopsychosocial Framework (Engel, 1977; Wade & Halligan, 2017). Perceived workplace inequalities can have a detrimental effect on social interactions (social), increase stress and inflammation (biological), and induce anxiety or despair (psychological) (Marmot, 2004; Siegrist, 2016). The need for justice-centric organisational policies is highlighted by the possibility that this interaction may significantly deteriorate health outcomes for employees with chronic disorders (Ferrie et al., 2005; Nieuwenhuijsen et al., 2010).

Relationship between Perceived Organizational Justice and Chronic Illness

The meta-review revealed consistent evidence linking organizational justice to outcomes for employees with chronic illnesses. The results are summarized in Table 1.

Table .1

Study	Population	Justice Dimension	Chronic Illness	Key Findings
Smith et al. (2020)	Healthcare workers.	Procedural	Diabetes	Higher procedural Justice, reduced absenteeism and improved self-care Behaviors.
Brown et al. (2019)	IT Professionals.	Distributive	Asthma	Inequitable rewards increased symptom Severity and workplace disengagement.
Lee et al. (2021)	Manufacturing staff.	Interactional	Cardiovascular diseases	Supportive interactions reduced stress and stabilized blood Pressure levels.
Ahmed et al. (2022)	Educators.	Procedural, Interactional	Autoimmune disorders	Coping mechanisms and mental health.

The above table (Table 1) is clearly stating that, perception of procedural justice at work place, has improved self-care behaviors, and reduced absenteeism of healthcare workers suffering with Chronic Illness (Smith et al. 2020). In teaching professionals who were suffering from autoimmune disorders, their coping mechanisms and mental health was on improved side of the scale, they perceived procedural and interactional justice at their work place. (Ahmed et al. (2022). A study done by (Lee et al. 2021) shows reduced stress and stabilized blood pressure levels of Manufacturing staff suffering with cardiovascular diseases, as they perceived interactional justice at their work place. Same results were shown by IT Professionals who were suffering with a Chronic Illness (Asthma) as the perceived Distributive justice at their work place (Brown et al. (2019). In conclusion it can be stated that Procedural Justice: Fair and transparent processes significantly benefit employees with chronic illnesses by reducing uncertainty and stress associated with their work environment. Distributive Justice: Inequitable resource allocation, such as unequal access to accommodations, worsens health outcomes

and reduces workplace morale. Interactional Justice: Supportive communication and respectful treatment enhance employees' ability to manage health challenges, fostering workplace engagement.

Comparative Analysis of Justice Dimensions

Table .2

Justice Dimension	Key Impact on Chronic Illness	Key Impact on Mental Health
Procedural	Reduces stress, enhances self-care.	Improves trust, reduces anxiety.
Distributive	Mitigates inequity in Accommodations and rewards.	Reduces frustration, enhances morale.
Interactional	Promotes empathy, reduces conflict.	Strengthens social bonds, lowers depression.

The above Table 2 is showing the different dimensions of justice and how the perception of justice can contribute to the chronic illness, and how significantly they can affect employee's mental health.

This meta-analysis emphasises how employees who are dealing with mental health issues and chronic illnesses are significantly impacted by their perception of organisational fairness. Organisations can foster inclusive workplaces that support worker productivity and well-being by placing a high priority on equity in procedures, results, and interpersonal interactions. Integrating justice-centric practices into organisational frameworks is not only morally right, but also Necessary for long-term success as workplaces continue to change. Implications for Chronic Illness Management-Workplace accommodations: Workers with long-term conditions need access to medical resources, flexible scheduling, and adjusted workloads. For these concessions to be applied fairly, procedural and distributive justice are crucial. Support from Supervisors: In order to promote interactional fairness, supervisors are essential. Clear communication and compassionate leadership are frequently beneficial to staff members managing medical concerns. Policy Implications: Organisational policies should put justice first by requiring supervisor training, resolving grievances, and allocating resources fairly. Mental Health as a Mediator- Mental health issues frequently co-occur with perceived injustices and chronic illnesses. Injustice and bad health outcomes are mediated by anxiety, sadness, and burnout. Organisations need to take a proactive approach to mental health by implementing initiatives that support diversity and equity. Comparison

across Studies- The impact of justice dimensions on the outcomes of chronic illness varied significantly, according to the meta-review. Distributive justice had a variable effect that was frequently reliant on organisational environment, whereas procedural justice consistently demonstrated robust links with improved health outcomes. The most constant positive benefit was shown by interactional justice, highlighting the significance of interpersonal interactions in workplace health dynamics. In summary, promoting organisational justice is a strategic imperative that harmonises organisational effectiveness with employee well-being, not only a managerial duty. Future studies and useful interventions targeted at improving workplace fairness and inclusivity are built upon the conclusions of this meta-review.

Limitations of the Review

Despite the fact that this review offers insightful information, some limitations must be noted. **Cultural Bias**, The majority of the included research were carried out in Western environments, which limited the findings' generalizability in other cultural situations. **Methodological Variability**, The comparability of results may have been impacted by differences in study designs, measuring instruments, and sample characteristics. **Absence of Longitudinal Evidence**, The cross-sectional nature of many studies limits the capacity to determine the causal links between variables.

Future Research Directions

Examine how cultural norms affect how people perceive organisational fairness and how it affects health outcomes in cross-cultural studies.

Investigate the long-term impacts of organisational justice on mental health and the management of chronic illnesses using longitudinal research. Examine the ways in which socioeconomic position, gender, and ethnicity interact with views of justice and health outcomes using intersectional approaches. **Intervention Studies**: Evaluate how successfully particular justice-centered initiatives enhance organisational results and worker well-being.

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