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WORK ENGAGEMENT AND WORKPLACE SUPPORT IN THE RELATIONSHIP BETWEEN ORGANIZATIONAL JUSTICE, JOB CONTROL, ROLE CLARITY, AND SELF-RATED HEALTH

Abstract

The aim of the study: *Determine and describe the role of work engagement and support at work in the correlation between selected job characteristics (organizational justice, job control, and role clarity) and self-rated health.*

Methods: *The study was conducted on a sample of 368 employees representing various industries. The study used: Utrecht Work Engagement Scale (UWES), Organizational Justice Survey, Coworker Support Scale, Supervisor Support Scale, Role Clarity Scale, Job Control Scale. Cantril ladder was used to measure self-rated health.*

Results: *The presented study established the importance of lower scores on the UWES subscale: dedication as a significant moderator of the examined correlations. In relation to the correlation: justice and its dimensions, and self-rated health, support from supervisors showed a greater effect than that from coworkers.*

Further research: *The conducted study expands knowledge on the formation of employees' self-rated health through the sense of justice experienced within the organization. The results obtained are applicable to organizational practice. It can be continued taking into account the limitations of the previous procedure of selecting people for the study and the measurement tools used.*

Keywords: *organizational justice; organizational support; work engagement; job control; role clarity; health*

Introduction

According to the International Labor Organization, working conditions consist of, i.a., elements related to working time, wages, as well as the physical and psychosocial conditions present in the workplace (Galwas-Grzeszkiewicz, 2018). These can negatively affect health and pose a threat to the proper functioning of employees (Żołnierczyk-Zreda, 2015). The issue of the working conditions and their correlation with health is crucial due to, i.a., the emerging new forms of work provision (including remote work), the increasing age of labor force participation, the prevalence of chronic diseases and disabilities in society, increasing access to solutions for organizing work taking into account the health of individuals.

The characteristics of a job can include: role clarity, job control, and opportunities to obtain social support. The former occurs when work-related tasks and expectations are clear to the employee and, as the literature

indicates, is significantly correlated with job satisfaction (Kim, 2009) Job clarity is associated in the literature with the benefits to job performance, rather than with well-being or health. In the literature on organizational psychology, mediation models using job control and social support at work can be found. They often appear as explanatory variables. Studies in which the demands-health correlation assumes a moderation analysis using these two variables are rarer to be found (Ibrahim i in., 2021). Health is as an important resource in human work, positively correlates with work engagement, shapes employee well-being, also by reducing the negative effects of stress (Bakker, 2008).

The literature indicates that a predictor of employee health and well-being is organizational justice. The association between low organizational justice and increasing health problems is evident (Kivimäki et al., 2003). However, it is indicated that the processes underlying this correlation are still not fully explained (Eib et al., 2018). A large number of studies in this area refer to a narrow professional group namely health professionals. With regard to this professional group, it has been proven that there is a significant relationship between organizational justice and the level of burnout experienced at work (Claponea, Iorga, 2023; Sidor-Rządkowska, Wójcik, 2025). This is why Macko, based on the literature, concluded that the sense of organizational justice is a subjective assessment of the level of justice principles implemented within the organization, an assessment of the quality of transactions and relationships made on the basis of perceptions about the decisions made by organization representatives, the impartiality of their methods and the treatment of those affected by these decisions (Macko, 2009).

Work engagement as a positive, satisfying, work-related state of mind allows to accumulate resources while performing work and, as a result, lead to an increase in physical and mental health (Schimazu et al., 2018). The analyses conducted to date examined the organizational justice-engagement correlation. More complex models have shown significant indirect effects of organizational justice dimensions on work engagement (Mubashar et al., 2022).

The aim of this study was to determine and describe the role of work engagement and support at work in the correlation between selected job

characteristics and self-rated health. The study assumed that the following job characteristics would be used as explanatory variables in the model:

- job control,
- role clarity,
- organizational justice.

Social support (including support from supervisors and coworkers) and work engagement (collectively framed as job resources) were adopted as moderators. Self-rated health was used as the dependent variable in the study. Based on the literature data presented above, it was assumed that:

H1: Job characteristics (job control, role clarity, organizational justice) correlate with self-rated health.

H2: Job resources (organizational support, work engagement) moderate the correlation between demands and self-rated health.

Materials and Methods

The study proper, at the stage of hypothesis formation and tool selection, was prepared based on a literature review and conducting individual interviews with 20 employees for a total of 30 hours.

The respondents declared to be of legal age and professionally active at the time of the survey. The survey was conducted as a cross-sectional study. The survey took the form of an online questionnaire. The participants were selected at random. Participation in the study was anonymous, free of charge and voluntary. Information about the recruitment of respondents was published via Facebook and other social media. The recruitment announcement and the survey itself included information about the purpose and course of the study, information regarding consent to participate in the survey and the possibility of opting out at any time during the completion of the questionnaire. The questionnaire also included contact information of the people conducting the survey — personal information, e-mail address and the name of the institution.

Of the 368 questionnaire sets, 13 were rejected as a result of respondents failing the alertness test. In the end, 355 questionnaires sets were included in the statistical analysis (with men constituting a group of 110), covering respondents 18-76 years of age, M = 39.47, SD = 11.01. The respondents represented the following industries: education (1.7%), industry (25.9%), trade (0.8%), services (11.5%), public administration (2%), logistics (31%), finance and banking (7.6%), pharmaceutical industry (4.8%) and other industries (14.4%), 0.3% respondents had middle school education, 17.2% had high school education, 11.5% had a Bachelor's degree, 70.4% had a Master's degree, and 0.6% had a PhD.

The following research tools were used:

1. The Utrecht Work Engagement Scale questionnaire was used to measure job engagement, which consists of 3 subscales: vigor (6 items, e.g., *At my work, I feel bursting with energy*), dedication (5 items, e.g., *I find the work that I do full of meaning and purpose*) and absorption (6 items, e.g., *Time flies when I am working*) (Schaufeli, Bakker, 2003). The respondent rated each statement on a 7-point Likert scale, with 0 meaning *never* and 6 meaning *every day*. The higher the score, the higher the work engagement and its components. The reliability of the scale as measured by Cronbach's Alpha was 0.927 for the entire questionnaire, and 0.812 for vigor, 0.849 for dedication, and 0.846 for absorption.
2. The Organizational Justice Questionnaire (Macko, 2009) consists of 30 items, designed to measure perceptions of organizational justice globally and specifically: distributive justice (7 items, e.g., *The amount of pay corresponds to the level of difficulty of my tasks*), procedural justice (7 items, e.g., *Information needed to make decisions that are fair to employees is collected*), retributive justice (4 items, e.g., *Employees are not accused unfoundedly*), interactional justice from supervisors (8 items, e.g., *Management decisions are moral and ethical*), interpersonal justice from coworkers (4 items, e.g., *Coworkers treat me with respect*) The respondent rated each statement on a 4-point Likert scale, with 1 meaning *No, strongly disagree* and 4 meaning *Yes, strongly agree*. The higher the score, the higher the perception of overall justice and its individual dimensions. The reliability of the entire scale was 0.915 and the subscales respectively: distributive justice — 0.944, procedural

justice — 0.919, retributive justice — 0.893, interactional justice from supervisors — 0.916, interpersonal justice from coworkers — 0.811.

3. The scale for measuring support from coworkers is a single-item tool in which the respondent rates the possibility of receiving support from coworkers. The respondents rate this statement on a scale from 1 to 4, with 1 meaning *No, strongly disagree* and 4 *Yes, strongly agree*. The higher the score, the more support from coworkers an employee can count on (Fisher et al., 2016).
4. The scale for measuring support from a manager/supervisor is a single-item tool for measuring the possibility of receiving support from a supervisor. The respondents rate the statement on a scale from 1 to 4, with 1 meaning *No, strongly disagree* and 4 meaning *Yes, strongly agree*. The higher the score, the more support from the manager/supervisor the employee can count on (Fisher et al., 2016).
5. The Role Clarity Scale is a single-item tool designed to identify whether an employee has a clearly defined professional role, meaning they know what is expected of them (Fisher et al., 2016).
6. The respondents rate this statement on a scale from 1 to 4, with 1 meaning *No, strongly disagree* and 4 *Yes, strongly agree*. The higher the score, the higher the role clarity is.
7. The Job Control Scale consists of a single survey item, and its purpose is to identify the level of control over one's own work (Fisher et al., 2016). The respondents rate this statement on a scale from 1 to 4, with 1 meaning *No, strongly disagree* and 4 *Yes, strongly agree*. The higher the score, the higher the job control.
8. Cantril ladder was used to measure self-rated health (Levin, Currie, 2014). The respondents rate their current level of health on a 10-point scale, from 1 meaning the lowest possible level of health to 10 being the highest possible level of health.

Informed consent was obtained from the respondents at the beginning of the survey, which was voluntary and anonymous. The survey was conducted in accordance with the guidelines of the Declaration of Helsinki, the Polish Psychological Association, and was also approved by the Commission for

Research Ethics at the Faculty of Psychology of Kazimierz Wielki University in Bydgoszcz (opinion no: 5/13.11.2023).

The calculations were performed using IBM SPSS Statistics, version 29.0. The first step involved calculating basic measures of descriptive statistics, along with the Kolmogorov-Smirnov test. Using A. Hayes's macro PROCESS, a number of moderation models were tested. Estimates of the models were made using bootstrap for sampling of 5000, $\alpha = 0.05$ was adopted as the significance level.

Results

Descriptive statistics

Table 1 presents basic descriptive statistics for the analyzed variables. In addition, using the Kolmogorov-Smirnov test, the conformity of the data distribution to the normal distribution was checked. It was revealed that the distribution is deviated from the normal distribution for all analyzed variables, however, the deviation was not significant (George, Mallery, 2019).

Table 1. *Descriptive statistics including the test of distribution normality*

Variable	*M*	*Me*	*SD*	*Sk.*	*Kurt.*	*Min.*	*Max.*	*D*	*p*
Health	7.09	8.00	1.85	-0.87	0.44	1.00	10.00	0.19	<0.001
Support from co–workers	3.39	3.00	0.63	-0.86	1.37	1.00	4.00	0.29	<0.001
Support from supervisor	3.32	3.00	0.76	-1.08	0.99	1.00	4.00	0.28	<0.001
Role clarity	3.25	3.00	0.76	-0.79	0.21	1.00	4.00	0.26	<0.001
Job control	3.16	3.00	0.72	-0.75	0.81	1.00	4.00	0.28	<0.001
Vigor	4.11	4.33	1.12	-0.61	-0.03	0.33	6.00	0.11	<0.001
Dedication	4.18	4.40	1.28	-0.68	-0.23	0.20	6.00	0.12	<0.001
Absorption	4.09	4.33	1.28	-0.72	-0.11	0.00	6.00	0.11	<0.001
Work engagement	4.12	4.29	1.11	-0.72	0.12	0.36	6.00	0.08	<0.001
Distributive justice	2.41	2.43	0.75	0.01	-0.63	1.00	4.00	0.09	<0.001
Procedural justice	2.78	2.86	0.69	-0.56	-0.20	1.00	4.00	0.13	<0.001
Retributive justice	3.19	3.25	0.62	-0.54	-0.25	1.25	4.00	0.12	<0.001
Interactional justice from managers	3.10	3.13	0.57	-0.93	1.18	1.00	4.00	0.15	<0.001
Interpersonal justice from coworkers	3.30	3.25	0.52	-0.66	0.67	1.25	4.00	0.16	<0.001
Organizational justice	2.96	3.00	0.48	-0.60	0.27	1.23	3.90	0.06	0.001

The moderating role of work engagement and support for the correlation between role clarity, job control and organizational justice, and self-rated health

The correlations between clarity, job control and justice, and self-rated health were analyzed. It was examined whether work engagement and support played a moderating role in these correlations. All analyzed models were a good fit to the data and explained between 9% and 25% of the self-rated health variance.

Work engagement as a moderator

Work engagement was found to be a significant moderator of the correlation between job control, organizational justice, distributive justice and interpersonal justice from coworkers, and self-rated health.

Job control. It was found that at low ($b = 0.87$; $SE = 0.15$; $p < 0.001$; 95%CI [0.56; 1.17]) and average ($b = 0.57$; $SE = 0.14$; $p < 0.001$; 95%CI [0.30; 0.84]) levels of engagement, the correlation between job control and self-rated health was positive. Higher levels of job control were associated with higher self-rated health. For high levels of engagement, this effect was found not to be significant ($b = 0.27$; $SE = 0.20$; $p = 0.169$; 95%CI [-0.12; 0.66]).

Organizational justice. The analysis revealed a significant correlation between organizational justice and self-rated health at all levels of work engagement (low: $b = 1.75$; $SE = 0.23$; $p < 0.001$; 95%CI [1.30; 2.20]; average: $b = 1.44$; $SE = 0.19$; $p < 0.001$; 95%CI [1.06; 1.82]; high: $b = 1.13$; $SE = 0.26$; $p < 0.001$; 95%CI [0.60; 1.65]). The higher the level of organizational justice, the higher the level of self-rated health. The effect was most pronounced at low levels of work engagement and gradually decreased as the level increased.

Distributive justice. The analysis revealed a significant correlation between distributive justice and self-rated health at all levels of work engagement (low: $b = 0.97$; $SE = 0.17$; $p < 0.001$; 95%CI [0.64; 1.30]; average: $b = 0,.68$; $SE = 0.12$; $p < 0.001$; 95%CI [0.44; 0.92]; high: $b = 0.39$; $SE = 0.17$; $p = 0.023$; 95%CI [0.05; 0.72]). The higher the level of distributive justice, the higher the level of self-rated health. The effect was most pronounced at low levels of work engagement and gradually decreased as the level increased, similar to the overall result for organizational justice.

Interpersonal justice from coworkers. It was found that at low ($b = 1.16$; $SE = 0.23$; $p < 0.001$; 95%CI [0.71; 1.62]) and average ($b = 0.83$; $SE = 0.18$;

$p < 0.001$; 95%CI [0.48; 1.18]) levels of engagement, the correlation between interpersonal justice from coworkers and self-rated health was positive. Higher levels of this dimension were associated with higher self-rated health. For high levels of engagement, the effect was found not to be significant ($b = 0.49$; $SE = 0.25$; $p = 0.052$; 95%CI [-0.01; 0.99]).

Vigor acted as a moderator only for the correlation between distributive justice and self-rated health. Detailed analysis of results revealed that at low ($b = 0.95$; $SE = 0.16$; $p < 0.001$; 95%CI [0.63; 1.27]) and average ($b = 0.62$; $SE = 0.12$; $p < 0.001$; 95%CI [0.38; 0.85]) levels of vigor, the correlation between distributive justice and self-rated health was positive. Higher levels of this variable were associated with higher self-rated health. For high levels of vigor, the effect was found not to be significant ($b = 0.28$; $SE = 0.17$; $p = 0.094$; 95%CI [-0.05; 0.62]).

Dedication acted as a moderator for 6 correlations: between job control, organizational justice and its 4 dimensions: distributive justice, procedural justice, retributive justice and interpersonal justice from coworkers, and self-rated health.

Job control. Detailed analysis of results revealed that at low ($b = 0.88$; $SE = 0.15$; $p < 0.001$; 95%CI [0.58; 1.18]) and average ($b = 0.52$; $SE = 0.14$; $p < 0.001$; 95%CI [0.24; 0.79]) levels of dedication, the correlation between job control and self-rated health was positive. Higher levels of job control were associated with higher self-rated health. For high levels of dedication, the effect was found not to be significant ($b = 0.16$; $SE = 0.20$; $p = 0.435$; 95%CI [-0.24; 0.55]).

Organizational justice. The analysis revealed significant correlations between organizational justice and self-rated health for all moderator levels (low: $b = 1.81$; $SE = 0.23$; $p < 0.001$; 95%CI [1.36; 2.26]; average: $b = 1.39$; $SE = 0.19$; $p < 0.001$; 95%CI [1.01; 1.77]; high: $b = 0.97$; $SE = 0.26$; $p < 0.001$; 95%CI [0.45; 1.49]). The higher the level of organizational justice, the higher the level of self-rated health.

Distributive justice. The analysis revealed a significant correlation between distributive justice and self-rated health at low (b = 1.06; SE = 0.16; p < 0.001; 95%CI [0.68; 1.33]) and average (b = 0.65; SE = 0.12; p < 0.001; 95%CI [0.41; 0.89]) levels of dedication. The correlation between the variables was positive.

Higher levels of distributive justice were associated with higher self-rated health. For high levels of dedication, the effect was found not to be significant (b = 0.30; SE = 0.17; p = 0.079; 95%CI [-0.03; 0.63]).

Procedural justice. The analysis revealed a significant correlation between procedural justice and self-rated health at low (b = 0.89; SE = 0.16; p < 0.001; 95%CI [0.57; 1.22]) and average (b = 0.61; SE = 0.14; p < 0.001; 95%CI [0.34; 0, 0]) moderator levels. The correlation between the variables was positive, indicating that with a higher level of procedural justice, the level of self-rated health increased. For high levels of dedication, the effect was found not to be significant (b = 0.33; SE = 0.20; p = 0.093; 95%CI [-0.06; 0.72]).

Retributive justice. The analysis revealed significant correlations between retributive justice and self-rated health for all moderator levels (low: b = 1.03; SE = 0.19; p < 0.001; 95%CI [0.66; 1.40]; average: b = 0.75; SE = 0.15; p < 0.001; 95%CI [0.46; 1.05]; high: b = 0.48; SE = 0.21; p < 0.021; 95%CI [0.07; 0.89]). The higher the level of retributive justice, the higher the level of self-rated health.

Interpersonal justice from coworkers. Significant correlations were found between interpersonal justice from coworkers and self-rated health for all levels of dedication (low: b = 1.18; SE = 0.24; p < 0.001; 95%CI [0.71; 1.64]; average: b = 0.84; SE = 0.17; p < 0.001; 95%CI [0.49; 1.18]; high: b = 0.50; SE = 0.25; p < 0.046; 95%CI [0.01; 0.98]). The higher the level of interpersonal justice from coworkers, the higher the level of self-rated health, with the most pronounced correlation between the variables occurring at low levels of dedication.

Absorption was a significant moderator of the correlation between job control and self-rated health. Detailed analysis of results revealed significant correlations between job control and self-rated health for all moderator levels (low: b = 1.04; SE = 0.16; p < 0.001; 95%CI [0.73; 1.35]; average: b = 0.74; SE = 0.13; p < 0.001; 95%CI [0.48; 1.01]; high: b = 0.44; SE = 0.19; p < 0.018; 95%CI [0.07; 0.81]). The higher the level of job control, the higher the level of self-rated health, with the most pronounced correlation between the variables occurring at low levels of absorption.

4.2.2. Support from coworkers as a moderator

Support from co-workers acted as a moderator for the correlation of job control, role clarity and interpersonal justice from coworkers, and self-rated health.

Job control. The analysis of results revealed significant correlations between job control and self-rated health for all moderator levels (low: $b = 0.94$; $SE = 0.16$; $p < 0.001$; 95%CI [0.63; 1.25]; average: $b = 0.65$; $SE = 0.13$; $p < 0.001$; 95%CI [0.39; 0.91]; high: $b = 0.37$; $SE = 0.18$; $p < 0.047$; 95%CI [0.01; 0.73]). The higher the levels of job control, the higher was the level of self-rated health. The strongest correlation between the variables occurred at low moderator levels and gradually decreased as the moderator level increased.

Role clarity. Significant correlations were found between role clarity and self-rated health for average ($b = 0.39$; $SE = 0.13$; $p = 0.002$; 95%CI [0.14; 0.64]) and high ($b = 0.61$; $SE = 0.18$; $p = 0.001$; 95%CI [0.26; 0.96]) levels of support from employees. These correlations were positive, meaning that the higher was the role clarity, the higher was the self-rated health. At low levels of support, the correlations between variables were found to be insignificant ($b = 0.17$; $SE = 0.16$; $p = 0.294$; 95%CI [–0.14; 0.48]).

Interpersonal justice from coworkers. The analysis revealed a significant correlation between interpersonal justice from coworkers and the level of self-rated health at low ($b = 0.79$; $SE = 0.23$; $p = 0.001$; 95%CI [0.34; 1.24]) and average ($b = 0.44$; $SE = 0.21$; $p = 0.035$; 95%CI [0.03; 0.86]) moderator levels. The correlation between the variables was positive, meaning that with higher levels of justice analyzed, the level of self-rated health increased. For high levels of support from coworkers, the effect was found not to be significant ($b = 0.11$; $SE = 0.27$; $p = 0.696$; 95%CI [-0.43; 0.64]).

Support from supervisor acted as a moderator for correlations: between job control and organizational justice along with its 3 dimensions: distributive justice, retributive justice and interpersonal justice from coworkers, and self-rated health.

Job control. The analysis revealed a significant correlation between job control and self-rated health at low (b = 0.82; SE = 0.15; p < 0.001; 95%CI [0.52; 1.12]) and average (b = 0.46; SE = 0.14; p < 0.001; 95%CI [0.19; 0.74]) moderator levels (support from supervisors). The correlation between

the variables was positive, indicating that with a higher level of job control, the level of self-rated health increased. For high levels of support from supervisors, the effect was found not to be significant ($b = 0.14$; $SE = 0.19$; $p = 0.449$; 95%CI [-0.23; 0.51]).

Organizational justice. The analysis of the results revealed significant correlations between organizational justice and self-rated health for all moderator levels (low: $b = 1.71$; $SE = 0.25$; $p < 0.001$; 95%CI [1.21; 2.21]; average: $b = 1.30$; $SE = 0.23$; $p < 0.001$; 95%CI [0.84; 1.76]; high: $b = 0.94$; $SE = 0.30$; $p < 0.002$; 95%CI [0.35; 1.52]). The higher the levels of organizational justice, the higher was the level of self-rated health. The strongest correlation between the variables occurred at low moderator levels and gradually decreased as the moderator level increased.

Distributive justice. The analysis revealed a significant correlation between distributive justice and self-rated health at two moderator levels: low ($b = 1.09$; $SE = 0.17$; $p < 0.001$; 95%CI [0.77; 1.42]) and average ($b = 0.59$; $SE = 0.12$; $p < 0.001$; 95%CI [0.35; 0.83]). The correlation between the variables was positive, indicating that with a higher level of distributive justice, the level of self-rated health increased. For high levels of support from supervisors, the effect was found not to be significant ($b = 0.14$; $SE = 0.16$; $p = 0.377$; 95%CI [-0.18; 0.46]).

Retributive justice. A significant correlation was found between retributive justice and self-rated health at two moderator levels: low ($b = 0.87$; $SE = 0.19$; $p < 0.001$; 95%CI [0.49; 1.25]) and average ($b = 0.55$; $SE = 0.17$; $p = 0.001$; 95%CI [0.22; 0.88]), similarly to distributive justice. The regression coefficients were positive, indicating that with higher levels of retributive justice, the level of self-rated health increased. For high levels of support from supervisors as a moderator, the effect was found not to be significant ($b = 0.26$; $SE = 0.22$; $p = 0.246$; 95%CI [-0.18; 0.70]).

Interpersonal justice from coworkers. For interpersonal justice from coworkers, as with the previously discussed dimensions of justice, the correlation with self-rated health was significant only at low ($b = 0.882$; $SE = 0.21$; $p < 0.001$; 95%CI [0.41; 1.24]) and average ($b = 0.48$; $SE = 0.19$; $p = 0.012$; 95%CI [0.10; 0.86]) levels of support from the supervisor. For high levels of support, the effect was found not to be significant ($b = 0.17$; $SE = 0.26$;

p = 0.499; 95%CI [-0.33; 0.68]). Higher levels of interpersonal justice were associated with higher level of self-rated health.

Discussion

The main conclusion drawn from the study is that a sense of justice is important for the shaping of self-rated health among professionally active people in general. In a study of hospital medical staff and other employees, the results were the same regarding the role of justice in shaping self-rated health. It is well known that these correlations are also significant when variables such as workload, job control and social support are taken into account (Elovainio, 2002).

The broad approach to well-being in science makes it possible to conduct analyses aimed at fathoming the correlation between a sense of justice and health from various perspectives. And as studies to date have shown, procedural justice has a negative correlation with psychological distress and a positive correlation with work engagement. Furthermore, procedural justice has positive effects on organizational trust, organizational commitment. The correlation between selected dimensions of organizational justice and psychological distress was mediated by the reward at work factor (Inoue, 2010). It seems reasonable to conclude that if procedures in an organization are: ethical, lawful, based on facts, properly implemented, translate into employee psychological well-being (Colquitt, Jackson, 2006). At the same time, the perception of the organization as unjust is associated with an increased sense of stress and psychophysical symptoms (Magnavita, 2002). Employees with a low sense of justice at work and working in an environment of unsupportive supervisors are more likely to exhibit anti-health behaviors (Kobayashi, Kondo, 2019). It appears understandable that they are thereby discharging their emotions, and even if the method they employ is inappropriate, it enables them to experience a sense of relief or calm.

Employee engagement was adopted in the model as the second correlation moderator. The literature to date indicated its mediating effect, including in the correlation between organizational justice and mental health in a group

of IT employees (Sharma, Kumra, 2020). High engagement means low turnover or productivity in the organization and is a *desirable condition* (Macey, Schneider, 2008). The positive consequences of high work engagement also translate into the state of health (Demerouti et al., 2001; Bentkowski, 2024). This can be of importance for a person's efficiency, optimal stress management, and, as a result, low absenteeism due to illness. To date, it has been established that work engagement mediated the association between emotion regulation and mental health of professionals working in long-term care institutions for older adults (Wobeto et al., 2023). In longitudinal studies, work engagement predicted job satisfaction, organizational citizenship behavior, but also mental health problems. Analyses further revealed that none of these variables could be considered only a cause or merely a consequence (Simbula et al., 2013).

Both the concept of work engagement developed by Schaufeli et al. and Kahn's (Kahn, 1990) include the vigor, dedication and absorption components providing a wealth of material for analysis of this variable. The present study highlighted the importance of lower scores on the UWES subscale: dedication as a significant moderator. The sense of procedural justice in the study remained in correlation with self-rated health, with an insignificant effect for high levels of dedication. Dedication is a sense of enthusiasm, pride, significance (a sense of honor) (Schaufeli, Bakker, 2004). It is a state in which the employee cares deeply about their work, finds it important, purposeful, and at the same time inspiring and challenging. Its low level should be described in terms of avoiding additional activities and performing only what is necessary at work. It may be associated with stress, a sense of isolation within the employee group, fatigue, or low job satisfaction.

A variety of individual factors are known to be determinants of work engagement (Robinson, Morrison, 2000). The analyses conducted after surveying hotel staff revealed that employees who are married, such as those who are 41 years of age and older, are more dedicated to work. At the same time, employees who do not want to lose their work environment become more engaged in their work if they receive organizational support (Dalgıç, Akgunduz, 2019).

In the present study, the aim of the analyses was to determine whether organizational justice and other working conditions are in correlation with employees' self-rated health, and whether this is moderated by support. In relation

to the correlation of justice and its dimensions and self-rated health, support from supervisors demonstrated a more frequent effect. The importance of this moderator varied, depending on its intensity. High levels of this moderator were not significant. The study was not dedicated to a selected professional group, and it is difficult to read the professional context in which support from supervisors may have mattered (or not) to the subjects. It seems that the role of supervisors in teamwork is of particular importance, e.g., among medical employees of the selected hospital department, and for employees with little seniority (little professional experience) and a high sense of responsibility, e.g., soldiers (Kasemaa, Säälik, 2023; Piotrowski et al., 2020) or Prison Service personnel (Sygit-Kowalkowska et. al., 2022).

The significance of role clarity did not become apparent in the study despite it being documented in the literature (Kundu et.al., 2020). In customer service, for example, role clarity helps build an employee's understanding of the requirements regarding their professional role (Bush, Busch, 1981). Lack of role clarity has also been linked to burnout symptoms (Örtqvist, Wincent, 2006). At the same time, inexperience among younger employees projects a lack of clarity about what they expect from their workplace (Robertson-Smith, Markwick, 2006). If an employee lacks a clearly defined professional role, this can, in effect, mean that they do not know what is expected of them. In the study, the average age was 39, and this variable may have had a bearing on the analysis results obtained.

Limitations of the study and implications for the future

It should be emphasized that the measurement conducted in the study discussed in the article was cross-sectional in nature. Therefore, on the basis of the analyses performed, it is not possible to determine directional relationships. Moreover, the study does not show how the individual variables change over time.

In the present study, the dependent variable was self-rated health. The Cantril ladder tool was used for this purpose, which allows only a generalized description

by the respondents. Other health assessment tools allow health estimates taking into account the mental and physical aspects. Additional questions including sickness absences would provide a broader picture of the correlation.

Single-item instruments were employed in the study. Although they are easy to administer, they may raise concerns regarding the reliability of the measurements. Therefore, future research should be conducted using more comprehensive instruments.

In addition, further research with consideration of path analyses could adopt the model: organizational justice assessment ⇨ self-rated health ⇨ consequences for the organization. For example, it could be assumed that with low levels of justice and low levels of health, there is an increased tendency toward counterproductive work behavior (CWB). Thus far, it has been established that, in contrast to distributive justice, procedural and interpersonal justice are positively and significantly associated with CWB (Adugna, 2022). Organizational constraints, interpersonal conflicts and perceived injustice are stressors at work and CWB can be seen as a response to experienced tension (Fox et al., 2001).

Another aspect worth considering is the selection of respondents for the study. The sample was made up of professionally active adults. Numerous scientific studies adopt targeted selection in terms of professional groups in relation to the issue of organizational justice. It is certainly important to take into account the context resulting from the job specifics. Undoubtedly, a comparison with a group of people representing organizations that have implemented justice procedures and are verifying their implementation would also be an interesting project, expanding the existing knowledge in this area.

Furthermore, the analysis of objective determinants of perceptions of organizational justice (such as type and place in the organizational hierarchy), seems practically reasonable. Determining the profile of a person exposed to a sense of injustice may be important for describing the extent to which those overlooked, e.g., in the distribution of resources, are key employees in the organization. Other characteristics such as gender or marital status, job seniority have thus far made it possible to predict the intensity of the sense of justice in the organization (Ghasi, 2020).

Employee engagement so broadly analyzed to date is still a worthwhile research subject in the face of contemporary labor market problems arising

from the outflow of human capital from center stage professions from the point of view of the functioning of the state: education, uniformed services and health care.

The present study yields practical implications. The principle of justice implemented in the workplace for all employees was found to be associated with self-rated health. Workplace justice – understood as the clarity of rules and principles and their consistent application – may constitute a factor shaping a supportive environment, that is, a safe and predictable workplace. The authors suggest that this issue could effectively form the basis of training programs for managerial staff.

Conclusions

In view of the research results obtained, their analysis, and based on the literature, the following can be concluded:

1. The significance of work engagement became most pronounced at the level of dedication being one of its components. It turns out that dedication is a moderator of the impact of all measured types of justice and job control. The sense of procedural justice in the study remained in correlation with self-rated health, with an insignificant effect for high levels of dedication. In the assumed research model, dedication appeared to be more significant than the other two components of work engagement: vigor and absorption.
2. A sense of justice is important in shaping self-rated health among professionally active people in general. The literature to date has indicated correlations between justice and employee well-being, across various occupational groups. It should be considered that the present study contributes to the current of knowledge on the positive role of organizational justice in shaping employee well-being.
3. In view of the results obtained, it is reasonable to conclude that a stronger moderating influence is exerted by the behavior of supervisors on the correlation between organizational justice and health, and it more strongly shapes self-rated health of employees than support

from coworkers. Job specifics may allow the interpretation of this result. Job resources (organizational support and work engagement) did not moderate the influence of role clarity on self-rated health. Analyzing the literature, one might have expected such a moderating effect of job resources. In view of the above, it seems important to take into account the issue of job seniority and experience in the profession counted in years.

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