Feeling Black & Blue yet at Work: Physical Job Stressors and Sickness Presenteeism with the Moderation of Organizational Justice

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ARTICLE DETAILS

ABSTRACT

Purpose: Cutthroat competition between the organizations has created tremendous job demands for employees, leading to increased implications for occupational health. This study investigated the impact of physical job stressors, i.e., workplace ergonomics, working conditions, and physical demands, on sickness presenteeism and the moderation of organizational justice (OJ). All the three dimensions of Organizational Justice, namely distributive justice, procedural justice, and interactional justice, were used as a moderator.

Design/Methodology/Approach: The current paper follows the positivism approach, and therefore, responses were collected on a structured questionnaire following a quantitative technique. The respondents belonged to the banking industry of Karachi. Using a two-step approach, structural equation modeling on smart PLS was used for analysis.

Findings: Findings indicate that physical job stressors, i.e., workplace ergonomics, physical demands, and working conditions, statistically impact sickness presenteeism.

Implications/Originality/Value: Furthermore, organizational justice alleviated the impact of physical job stressors on sickness presenteeism. This paper lays down implications for organizations as well as future research.

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Introduction

Since the advent of the knowledge economy, employees have become the source of competitive
advantage (Collings & Wood, 2009). The importance of human capital has been transcending that Steven Hankin's of Mckinsey & Co. coined the word 'war on talent.' HR professionals have indulged in talent management practices to build the organization into a brand by offering employee value propositions (Love & Singh, 2011). Organizations compete for the 'employer of choice' label by creatively designing the workplace to attract and retain talent that fulfills job demands. Job demands are physical, cognitive, and social characteristics of an occupation that require effort from employees, eventually influencing their physiology and psychology (Johns, 2010). When job demands require increased effort from workers, it is said to cause strain on occupational health. As a result, job demands are converted into job stressors (Bakker, Demerouti, & Schaufeli, 2003). Job stressors exist when there is a mismatch between occupational requirements and workers' capabilities due to interaction between employees and working conditions (Johns, 2010). Increasingly, physical job stressors and psychosocial job stressors are studied to understand implications on occupational health (MacDonald, Karasek, & Punnett, 2001). However, current research focuses on specific physical job stressors, i.e., workplace ergonomics, physical demands, and physical working conditions; these stressors lead employees to counterproductive work behaviors (Fox & Spector, 2005). Counterproductive behaviors can be defined as deliberate actions by employees that are contradictory to an organization's interests – absenteeism being one of its categories (Sackett & DeVore, 2001). For this research, the influence of physical job stressors, i.e., ergonomics, physical demands, and working conditions are examined to understand its effects on occupational health, inferring from the strain caused on employees in the form of sickness presenteeism.

Long have researchers studied antecedents of absenteeism and its impact on the organization. However, a relatively recent term, 'sickness presenteeism,' which means workers go to work despite being ill, is gaining attention from academicians and employers (Mandiracioglu, Bolukbas, Demirel, & Gumeli, 2015). Sickness presenteeism exists when the worker's ability to be productive is impaired due to compromised health (Yang, Guo, Ma, Li, Tian, & Deng, 2017), costing organizations more than absenteeism itself (Johns, 2010). In an extensive study by Nagata et al. (2018), the total cost of presenteeism and absenteeism was investigated in 4 Japanese pharmaceutical companies. The study analyzed the data from 12,350 individuals, and it was discovered that the price owed to absenteeism was $520 per individual in a year, whereas that of presenteeism was $3055. In a report by BBC – News, Simpson (2019) stated that presenteeism had become an augmented trend. According to a report by CIPD, more than 83% of its respondents had experienced sickness presenteeism. Another study conducted in the hospital setting by Al Nuhait et al. (2017) concluded that 91% of respondents had experienced sickness presenteeism in the past 12 months. Literature also supports that presenteeism contributes to the risk of health disorders such as musculoskeletal disorders, depression, dissociative disorder, and decreased self-evaluated health (Gustafsson, Bergstrom, Marklund, Aboagye, & Leineweber, 2019; Skagen & Collins, 2016).

Various studies have investigated the determinants of presenteeism and concluded a critical relationship between job stressors and presenteeism (e.g., Schmidt et al., 2019; Yang et al., 2017; Vänni, Virtanen, Luukkaala, & Nygard, 2012). However, the current study focuses explicitly on physical job stressors (unfavorable tangible work environment), segregating them from the rest of organizational and extra organizational stressors. This enables us to understand the significance of a conducive physical working environment and ergonomics by unraveling it from the impact of aggregated job stressors on sickness presenteeism. Organizational justice is employees' perception of equity regarding how they are treated. When employees perceive that organizational justice exists, higher productivity, retention, commitment, and satisfaction prevails (Al-Zu’bi, 2010) whereas the absence of justice impairs the ability of employees to cope with job demands, and consequently, counterproductive behaviors come into existence (Cole, Bernerth, Walter, & Holt, 2010).
Literature Review

Theoretical Rationale

The job demand–resource (JDR) model proposes that every occupation generally has two factors, job demands, and resource demands, that interact with each other, and imbalance between the two causes impaired worker's health (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). Job demands are sustained physical or cognitive requirements of an occupation that impact employees' physiology and psychology. In contrast, job resources benefit in achieving workplace goals, personal growth, and alleviating job stressors. Job demands include physical workload, time pressure, recipient contact, physical environment, shift work, and job resources have feedback, rewards, job control, participation, job security, and support from the supervisor (Bakker, Demerouti, & Euwema, 2005).

A study by Bakker, Demerouti, and Euwema (2005) on 1,012 individuals working at an institute of higher education in the Netherlands studied four job demands and four resource demands. Results concluded that work overload, emotional job demands, physical job demands, and work/life conflict contribute to burnout. However, job resources that include autonomy, social support, supervisory support, and feedback lessen job demands' adverse effects. These findings convinced that higher job demands do not accord with employees' ability, causing strain to become job stressors. However, job resources mitigate the impact of costs associated with such events by playing the part of buffers.

Higher job demands cause high levels of burnout in employees, leading them to indulge in counterproductive work behaviors. This was concluded in research by Ugwu, Enwereuzor, Fimber, and Ugwu (2017) on 401 Nigerian nurses. Results proved that burnout was a predictor of counter-work productive behaviors. Counterworkproductive workplace behaviors are reactions to stressful events. This model argues that workplace stressors encompassing workplace ergonomics, physical demands, and working conditions lead to counterproductive workplace behaviors, i.e., presenteeism (Irshad, Arif, & Hussain, 2021). However, organizational justice acts as a resource demand that mitigates the impact of physical workplace stressors on sickness presenteeism.

Framework and Hypotheses Building

Physical Workplace Stressors and Presenteeism

Workplace stressors have a detrimental impact on occupational health, leading to absenteeism or presenteeism. Johns (2010) proposed a conceptual model that categorized antecedents of presenteeism and absenteeism in two; organizational contextual factors and personal factors. He suggested that presenteeism or absenteeism be followed after acute, episodic, or chronic health events. Job demands being one of the contextual factors, it was determined that employees in high-demand jobs tend to go to work despite illness (sickness presenteeism). It ultimately led them to high burnout levels, chronic disease, etc. Emerging literature has studied the relationship between job demands (psychological and physical) and presenteeism. In the study, Yang et al. (2017) used affective commitment to mediate the relationship between job stressors and presenteeism in a hospital setting. Results concluded high job stress led to high presenteeism in the healthcare sector and low affective commitment, subsequently compromising patient safety.

Separate studies have been conducted to examine their relationship with counterproductive work behaviors by segregating job demands in physical and psychological. In a study by Lu, Lin, and Cooper (2013), the influence of job insecurity on presenteeism was investigated. Job insecurity was concluded as a psychological stressor that led to presenteeism and high burnout. Fritzche, Wegge, Schmauder, Kliegel, and Schmidt (2014) conducted a study to understand the physical work demands and their impact on absenteeism and performance errors as employees age. Therefore, based on the preceding discussion, we predict that the unfavorable workplace ergonomics, working conditions, and physical job demands play a pertinent role in counterproductive workplace behaviors, particularly sickness presenteeism. The following hypotheses in this regard are posed:

- H1: Workplace ergonomics have a statistically significant impact on sickness presenteeism

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• H2: Physical demands of the workplace have a statistically significant effect on sickness presenteeism
• H3: Working conditions have a statistically significant effect on sickness presenteeism

The Moderating Role of Organizational Justice
Jerald Greenberg first coined organizational justice in 1987. It consists of 3 components; distributive, procedural, and interactional justice. Distributive justice refers to perceived fairness while allocating outcomes – e.g., pay, appreciation, etc., procedural justice refers to impartiality in procedures followed and decisions made – e.g., transparency, suppression bias, etc. (Poon, 2012), and interactional justice refers to the fair interpersonal treatment within the organization (Skarlicki & Folger, 1997). Organizational justice continues to play a significant part in various researches by posing pertinent questions regarding its interaction with various administrative aspects, including organizational justice and work outcomes (Arye, Budhwar, & Chen, 2002); organizational justice and stress (Judge & Colquitt, 2004); job control and occupational strain with organizational justice as a mediator as well as moderator (Elovainio, Kivimaki, & Helkama, 2001); and organizational justice and organizational citizenship behavior (Williams, Pitre, & Zainuba, 2002). The focus on the influence of organizational justice on occupational health is relatively recent. Perceived organizational injustice has contributed to anger, aggression, adverse reactions, deviant behaviors, and psychosocial stressors. Greenberg (2004) highlighted organizational injustice as a source of stress. He stated that injustice in allocating outcomes stimulates pressure, and employee experiences distributive injustice. This leads the employee to judge the procedures followed while giving effects. If an employee perceives that the process lacks fairness, procedural injustice exists. As a result, the employee tries to seek information and support from superiors. Lack of support, care, and respect from supervisors lead the employee to perceive interactional injustice. Organizational injustice is also a psychosocial stressor. In Lambert, Hogan, and Griffin (2007) study, organizational justice negatively impacted job stress. It was also concluded that procedural and distributive justice had a dissimilar impact on job satisfaction. In another study, Greenberg (2006) found that the prevalence of interactional justice within organizations alleviated stressors. Hence following hypotheses are proposed:

• H4: Distributive justice moderates the relationship between workplace ergonomics and sickness presenteeism
• H5: Distributive justice moderates the relationship between physical demands and sickness presenteeism
• H6: Distributive justice moderates the relationship between working conditions and sickness presenteeism
• H7: Procedural justice moderates the relationship between workplace ergonomics and sickness presenteeism
• H8: Procedural justice moderates the relationship between physical demands and sickness presenteeism
• H9: Procedural justice moderates the relationship between working conditions and sickness presenteeism
• H10: Interactional justice moderates the relationship between workplace ergonomics and sickness presenteeism
• H11: Interactional justice moderates the relationship between physical demands and sickness presenteeism
• H12: Interactional justice moderates the relationship between working conditions and sickness presenteeism

Framework
Methodology

Sampling
To pursue the objectives of this research, a quantitative approach was adopted. A structured questionnaire was designed to obtain data from the respondents. White-collar employees working in the banking sector of Pakistan were chosen as the population. From 29 banks operating in Pakistan, data was gathered from people employed in 18 banks convenience purposive sampling. The inclusion criteria for this study were respondents having at least one year of experience with their current employer. Hence, employees having less than one year of experience with their current employer were excluded from this study.

Instruments
Scales used to measure the constructs were derived from the literature. The items were measured on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). To assess sickness presenteeism 6-point Stanford Presenteeism scale (SPS6) was used. It portrays psychometric properties and is fit to measure health and productivity (Koopman, et al., 2002). Workplace ergonomics, physical demands, and working conditions were extracted from The Work Design Questionnaire (WQD), one of the widely used measures of work characteristics (Morgeson & Humphrey, 2006). Workplace ergonomics and physical demands consisted of 3 items, whereas working conditions had five items. Finally, the Organizational justice scale by Niehoff and Moorman (1993) was used to measure distributive, procedural, and interactional justice. Distributive justice was measured using five items; procedural justice was measured using six items, whereas interactional justice was measured using nine items. All
measures are depicted well within the ranges.

**Data Collection**
The sample size for the study was targeted to be 400 respondents. A total of 450 questionnaires were distributed in various banks operating in Karachi based on convenience. The response rate was 91%. Based on inclusive criteria, few participants were removed from the study, making it 382 responses. The demographic profile of participants is represented in table 1.

<table>
<thead>
<tr>
<th>Profile</th>
<th>Numbers</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>265</td>
<td>69.37%</td>
</tr>
<tr>
<td>Female</td>
<td>117</td>
<td>30.63%</td>
</tr>
<tr>
<td>Age in Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 21</td>
<td>4</td>
<td>1.05%</td>
</tr>
<tr>
<td>21 - 30</td>
<td>221</td>
<td>57.85%</td>
</tr>
<tr>
<td>30 - 40</td>
<td>117</td>
<td>30.63%</td>
</tr>
<tr>
<td>&gt; 40</td>
<td>40</td>
<td>10.47%</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>207</td>
<td>54.19%</td>
</tr>
<tr>
<td>Single</td>
<td>175</td>
<td>45.81%</td>
</tr>
<tr>
<td>Divorced</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Widowed</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Leave Encashment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>263</td>
<td>68.85%</td>
</tr>
<tr>
<td>Yes</td>
<td>119</td>
<td>31.15%</td>
</tr>
<tr>
<td>Actual Working Hours (Average)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 5</td>
<td>5</td>
<td>1.31%</td>
</tr>
<tr>
<td>5 - 8</td>
<td>161</td>
<td>42.15%</td>
</tr>
<tr>
<td>9 - 12</td>
<td>206</td>
<td>53.93%</td>
</tr>
<tr>
<td>&gt; 12</td>
<td>10</td>
<td>2.62%</td>
</tr>
</tbody>
</table>

**Data Analysis**
The statistical analysis was done on PLS-SEM. Data were analyzed through a two-step approach. The measurement model is assessed using Cronbach’s alpha, rho_A, composite reliability, and average variance estimate in step one. In step two, causal effects are analyzed based on step 1.

**Results**
**Measurement Model Assessment**
The relationships between the observed variables and the underlying constructs and the inter-correlation of constructs are conducted through confirmatory factor analysis. We establish reliability and Validity through this analysis. The outer loading values were greater than 0.7, showing that all items are significant and reliable. As shown in table 2, internal consistency using Cronbach’s alpha, rho_A, and composite reliability seems to be well within range, i.e., α, rho_A, and CR > 0.7. Convergent Validity is assessed using average variance extracted (AVE), which is also within range, i.e., AVE > 0.5 (Bagozzi & Yi, 1988).

<table>
<thead>
<tr>
<th>Construct</th>
<th>Cr Alpha</th>
<th>rho_A</th>
<th>CR</th>
<th>AVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness Presenteeism</td>
<td>0.869</td>
<td>0.889</td>
<td>0.9</td>
<td>0.6</td>
</tr>
<tr>
<td>Workplace Ergonomics</td>
<td>0.719</td>
<td>0.725</td>
<td>0.84</td>
<td>0.64</td>
</tr>
</tbody>
</table>
Furthermore, discriminate Validity is assessed using HTMT, which is depicted in table 3. Values are well within the range, i.e., HTMT < 0.9; discriminant validity has been established.

Table 3
Discriminant Validity - HTMT

<table>
<thead>
<tr>
<th>Measure</th>
<th>Distributive Justice</th>
<th>Workplace Ergonomics</th>
<th>Procedural Justice</th>
<th>Interactional Justice</th>
<th>Physical Demands</th>
<th>Sickness Presenteeism</th>
<th>Working Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributive Justice</td>
<td>0.43</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workplace Ergonomics</td>
<td>0.702</td>
<td>0.434</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedural Justice</td>
<td>0.676</td>
<td>0.429</td>
<td>0.769</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interactional Justice</td>
<td>0.265</td>
<td>0.58</td>
<td>0.281</td>
<td>0.099</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Demands</td>
<td>0.256</td>
<td>0.549</td>
<td>0.359</td>
<td>0.198</td>
<td>0.488</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickness Presenteeism</td>
<td>0.455</td>
<td>0.891</td>
<td>0.492</td>
<td>0.517</td>
<td>0.406</td>
<td>0.448</td>
<td></td>
</tr>
<tr>
<td>Working Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Structural Model and Hypothesis Assessment
as we the table 4 of the hypothesis testing, there are 12 relationships in the model, among which three are direct while the other 9 are the moderation relationship. All the three direct relationship is significant because they have (t > 1.96; p < 0.05). While in moderation relationship, distributive justice has only one significant relationship with the Physical demand having the (t < 1.96; p > 0.05). For procedural justice, moderation with ergonomics and sickness presenteeism is not statistically significant (t < 1.96; p > 0.05); however, its moderations with the other two stressors are statistically significant (t > 1.96; p < 0.05). For interactional justice, moderation with working conditions and sickness presenteeism is not statistically significant (t < 1.96; p > 0.05); however, its moderation between workplace ergonomics physical demands with sickness presenteeism is statistically significant (t > 1.96; p < 0.05).

Table 4 of Hypothesis Testing

<table>
<thead>
<tr>
<th>Path</th>
<th>β</th>
<th>t statistics</th>
<th>p values</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>ERG &gt; SP</td>
<td>0.2</td>
<td>3.561</td>
<td>0.000</td>
</tr>
<tr>
<td>H2</td>
<td>PD &gt; SP</td>
<td>0.224</td>
<td>4.461</td>
<td>0.000</td>
</tr>
<tr>
<td>H3</td>
<td>WD &gt; SP</td>
<td>0.2</td>
<td>3.693</td>
<td>0.000</td>
</tr>
<tr>
<td>H4</td>
<td>ERG*DJ &gt; SP</td>
<td>-0.147</td>
<td>1.825</td>
<td>0.068</td>
</tr>
<tr>
<td>H5</td>
<td>PD*DJ &gt; SP</td>
<td>0.307</td>
<td>4.945</td>
<td>0.000</td>
</tr>
<tr>
<td>H6</td>
<td>WC*DJ &gt; SP</td>
<td>-0.03</td>
<td>0.53</td>
<td>0.596</td>
</tr>
<tr>
<td>H7</td>
<td>ERG*PJ &gt; SP</td>
<td>0.145</td>
<td>1.733</td>
<td>0.083</td>
</tr>
<tr>
<td>H8</td>
<td>PD*PJ &gt; SP</td>
<td>0.158</td>
<td>3.026</td>
<td>0.003</td>
</tr>
<tr>
<td>H9</td>
<td>WC*PJ &gt; SP</td>
<td>-0.22</td>
<td>2.67</td>
<td>0.008</td>
</tr>
<tr>
<td>H10</td>
<td>ERG*IJ &gt; SP</td>
<td>0.188</td>
<td>2.503</td>
<td>0.012</td>
</tr>
<tr>
<td>H11</td>
<td>PD*IJ &gt; SP</td>
<td>-0.389</td>
<td>6.942</td>
<td>0.000</td>
</tr>
<tr>
<td>H12</td>
<td>WC*IJ &gt; SP</td>
<td>-0.012</td>
<td>0.15</td>
<td>0.881</td>
</tr>
</tbody>
</table>

Discussion
This research provides imperative insights on sickness presenteeism and physical stressors at work. Results strongly support that ergonomics, physical demands, and working conditions impact occupational health and lead to increased sickness presenteeism. Determinants of sickness presenteeism

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have become an area of interest for various scholars. Arnold (2015) investigated the impact of work-related factors on sickness presenteeism. The results concluded that a conducive working environment led to fewer levels of presenteeism. This is well-aligned with our results. The current study investigated the impact of physical workplace stressors on sickness presenteeism. It concluded that workplace ergonomics, physical demands, and working conditions statistically significantly affected sickness presenteeism. Another research by Yang, Zhu, and Xie (2016) concluded that work-related stressors cause presenteeism. Work-related stressors such as workload, tenure, lack of autonomy, and unfavorable working conditions impact workers’ health – psychology and physiology. This again supports our hypothesis that adverse working conditions affect occupational health, which can be observed by increased levels of presenteeism within the organization.

The culture of presenteeism was prevalent, where supervisors pressured subordinates to continue working regardless of their health and wellbeing (Irshad, Hussain, & Qureshi, 2021). This leads to a lack of support from the supervisor (Zhou, Martinez, & Rodrigues, 2016). Based on the findings, it can be concluded that a sense of organizational justice impacts presenteeism. Literature supports that workers coped with unfavorable working conditions by indulging in deviant workplace behavior (Krischer, Penney, & Hunter, 2010). In light of these outcomes, organizational justice plays a significant role in the prevalence of presenteeism. Organizational justice encompasses three kinds; distributive, procedural, and interactional justice. Ferreira et al. (2017) investigated the relationship between presenteeism and work-family conflict with distributive justice as a mediator. Results concluded that distributive justice mediated the relationship between the two. However, in our current research, distributive justice was moderating between ergonomics, physical work demands, and working conditions with sickness presenteeism. As per our results, it was concluded that distributive justice moderates the relationship between physical demands and sickness presenteeism only. This leads to the conclusion that in the presence of distributive justice, the impact of physical needs of occupation would have a lessened effect on sickness presenteeism. However, distributive justice as a moderator did not affect the relationship between ergonomics, working conditions, and sickness presenteeism. The second category of organizational justice, i.e., procedural justice, was also used to analyze its effect as a moderator. Results align with the literature that the absence of procedural justice alleviates the levels of sickness presenteeism (Delobbe & Lauzier, 2015). Procedural justice moderated the relationship between physical demands and working conditions with sickness presenteeism in the current research. The moderation effect between ergonomics and sickness presenteeism was not statistically significant.

The organizational climate where the perception of justice exists contributes to a positive outcome. Various scholars have used interactional justice by further categorizing it into two, namely informational and interpersonal justice. A study conducted by Leineweber et al. (2017) about the association between informational and interpersonal justice concluded that perception of unfairness increases absences. Our research used sickness presenteeism, the opposite of sickness absences, and interactional justice. Advancing support from literature, research by McGregor, Magee, Caputi, and Iverson (2016) examined presenteeism based on the JDR model. The results concluded that high job resources like supervisors and social support at the workplace lessen job demands, eventually impacting presenteeism through employee engagement. This supports our theoretical justification that balancing job demands and job resources can alleviate sickness presenteeism and aided wellbeing. Our results depicted that interactional justice moderated the relationship between ergonomics, physical demands, and sickness presenteeism. However, it does not moderate the relationship between working conditions and sickness presenteeism.

Implications, Limitations, and Future Research
The findings from current research portray imperative implications for organizations and managers. Organizations must heed the principles of ergonomics when designing the workplace since a creatively designed workplace would aid productivity. In contrast, an uncreatively designed workplace would only become a stressor for employees. Furthermore, this study establishes the adverse impact of physical workplace stressors and infers about occupational health. The findings suggest that organizations must
aim to reduce physical stressors. Physical stressors occur when job demands require increased and perpetual effort from workers, which causes strain on occupational health. As a result, employees indulge in deviant workplace behaviors. Furthermore, executives need to consider employees' perceptions of fairness prevailing in the organization. Perception of unfair treatment within an organization adds to the outcomes of physical workplace stressors.

As with every research, this study is also constrained by limitations. First, the status of health was self-reported by employees. Therefore, the business can be prevalent. Second, time constraint was a significant limitation. The majority of the employees of banks are preoccupied that they do not have sufficient time to spare. However, employees devoted 20 minutes each to the questionnaire based on references. Finally, this study is limited to the people of Karachi only. Karachi is a metropolitan city in Pakistan, and the infrastructure of most banks is up to the standards. Therefore, the issue of generalizability may arise.

References


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