How Organizational Practices Predict Team Work Engagement: The Role of Organizational Trust

¿CÓMO PREDICEN LAS PRÁCTICAS ORGANIZACIONALES EL ENGAGEMENT EN EL TRABAJO EN EQUIPO?: EL ROL DE LA CONFIANZA ORGANIZACIONAL

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ABSTRACT

The current study aims to contribute to our understanding of the relationship between healthy organizational practices, organizational trust and team work engagement. It is based on the *Healthy & Resilient Organizations Model* (Salanova, Llorens, Cifre, & Martínez, 2012) and examines 518 employees nested in 55 teams from 13 small-and medium-sized enterprises using data aggregated at the work-unit level. Healthy organizational practices, organizational trust and team work engagement were aggregated from team members' perceptions using the Intraclass Correlation Coefficient (ICC1 and ICC2) taking the group as the referent. Structural Equation Modeling by AMOS revealed that, as expected, organizational trust plays a full mediating role among healthy organizational practices and team work engagement at the team. Theoretical and practical contributions based on the *Healthy & Resilient Organizations Model* are discussed.

Key words: ORGANIZATIONAL PRACTICES, ORGANIZATIONAL TRUST, TEAM WORK ENGAGEMENT.

RESUMEN

El presente estudio contribuye a entender la relación entre prácticas organizacionales saludables, confianza organizacional y engagement en el trabajo en equipo basándose en el *Modelo de Organizaciones Saludables y Resilientes* (*HERO*, Salanova, Llorens, Cifre, y Martínez) utilizando datos agregados a nivel de equipo. La muestra está compuesta por 518 empleados anidados en 55 equipos que pertenecen a 13 Pequeñas y Medianas Empresas (PyMEs) españolas. Las variables se agregaron a nivel de equipos utilizando el Coeficiente de Correlación Intraclase (CCI_1 y CCI_2). De acuerdo a lo esperado, los Modelos de Ecuaciones Estructurales revelaron que la confianza organizacional media de forma total la relación entre prácticas organizacionales saludables y engagement en el trabajo en equipo. Se discuten las implicaciones teóricas y prácticas del estudio.

Palabras claves: PRÁCTICAS ORGANIZACIONALES SALUDABLES, CONFIANZA ORGANIZACIONAL, ENGAGEMENT EN EL TRABAJO EN EQUIPO.

Global economic conditions, faster changes in labor market, and the social and economic crisis are making it increasingly more important to promote positive experiences in organizations, such as organizational trust. It is understood as "employees´ willingness at being vulnerable to the actions of their organizations, whose behavior and actions they cannot control".[1] Organizational trust is important in working life and organizational effectiveness;[2-5] and has received substantial attention in the management and social science literature.[6] In this way, previous research agrees that trust is pivotal, useful in organizational activities and a source of sustainable competitive advantage.[7,8]

Despite its relevance, few studies have focused on trust at the team level, especially when groups play a crucial role in contemporary organizations to achieve organizational goals[9] as well as to increase efficiency and competitiveness[10], productivity[11] and health.[12] Moreover, as far as we know there is no previous empirical research focusing on the role that organizational trust plays in the relationship among healthy organizational practices and team work engagement. That is, considering the team perceptions as the referent of healthy organizational practices, organizational trust and team work engagement. In the current study we go one step further by studying the mediating role of organizational trust among healthy organizational practices and team work engagement in a higher-order level of analysis (i.e., teams). Specifically, the objective of our study is testing the mediating role of organizational trust among healthy organizational practices and team work engagement using aggregated data at the work-unit level based on the HERO Model (*Healthy & Resilient Organizations Model*; Salanova et al., 2012).[13]

The Theoretical Background: The Healthy & Resilient Organizations Model

Nowadays organizations differ not only in the investment they make in health, resilience and motivation of their employees (and teams), but also in the structure and the management of the work processes implemented (e.g., organizational practices) and in healthy outcomes oriented toward achieving incomes and excellence for society.[14,12] These organizations are healthy and resilient

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because the focus on health and resilience is based not only on individuals (i.e., employees) but also on teams and on the organization as a whole. There is evidence to believe that HERO's are those which are resilient when it comes to coping economic and financial crises and important changes, and thus become stronger than unhealthy organizations.[15] In a similar way, Salanova[16,17] and Salanova et al.[13] define HERO's as "those that make systematic, planned and proactive efforts in order to improve employees' and organizational health through Healthy Organizational Practices related to improve the job characteristics at three levels: (1) task level (e.g., task redesign in order to improve autonomy, feedback), (2) social environmental level (e.g., bidirectional communication in order to improve social relationships), and (3) organizational level (e.g., organizational practices in order to improve healthy, work-family balance)".

Based on theoretical premises about healthy and resilient organizations, HERO Model is a heuristic theoretical model that makes it possible to integrate results about vast empirical and theoretically-based evidence from research on job stress, Human Resource Management (HRM), organizational behavior and positive occupational health psychology.[18] According to this model, a healthy and resilient organization refers to a combination of three main and interrelated components: (1) resources and healthy organizational practices (e.g., job resources, healthy organizational practices), (2) healthy employees (e.g., trust, work engagement), and (3) healthy organizational outcomes (e.g., performance).[13] A particular aspect of the model is that all dimensions included within it are tested at the collective level (i.e., teams or organizations). Since this model is considered a heuristic model, a test of the specific relationships among certain key elements is required. Consequently, in the present study, we focus on two specific components of the HERO Model: (1) resources and healthy organizational practices (i.e., healthy organizational practices) and (2) healthy employees (i.e., organizational trust, team work engagement) tested at the team level of analysis.

Healthy Organizational Practices

Healthy organizational practices are a key component in the HERO Model. They are one of the elements included in the resources and healthy organizational practices component. We refer to organizational practices that are developed by HRM in order to achieve organizational goals[19] as well as to increase the psychological and financial health at the staff, team and organizational level.[13] Healthy organizational practices are defined as "the pattern of planned human resource deployments and activities intended to enable an organization to achieve its goals".[19]

The rationale to focusing on organizational practices is that they are highly relevant in organizations. In fact, organizations which attempt to implant organizational practices display more positive experiences in their employees (and teams) (e.g., organizational trust;[20,21]) and healthy outputs such as organizational commitment[22], competitively[23] and organizational performance.[24] All in all, organizational practices enhance the appeal of the organizations and help them to be perceived as a great place to work[25], and consequently, they should be included in business strategy.[26,27]

Recent research based on the European Project ERCOVA[28] shows that there are eight main practices from HRM based on Corporate Social Responsibility (CSR): work-family balance, mobbing prevention, skills development, career development, psychosocial health, perceived equity, communication, and corporate social responsibility.[13] These studies provide evidence that these organizational practices can have a positive impact on employees' well-being. Specifically, in a sample of 710 employees nested within 84 groups from 14 small and medium-sized enterprises (SMEs) results show that, in general terms, resources and healthy organizational practices (i.e., healthy organizational practices and job resources) had a positive impact on employees' health (i.e., collective efficacy, work engagement and resilience), which in turn had a positive impact on healthy outcomes (i.e., performance, commitment and excellent results).[13] Also, Acosta, Salanova, and Llorens[29] show that organizational practices can also enhance organizational trust at the team level of analysis, specifically skill development and communication practices. However, the few studies that have been conducted on the topic offer different results regarding which organizational practices exert the greatest effect on employees' psychological health and well-being.[26] We agree with Fredrickson and Dutton30 who state that the positive impact of healthy organizational practices on employees' health only occurs when workers perceive that those practices are being implemented in the organization correctly, that is, when employees trust in their organization.

Organizational Trust

Organizational trust is considered one of the key elements of the HERO Model. Specifically, it is a psychological construct included within the category of "healthy employees". Healthy employees refers to employees with positive psychological resources (e.g., organizational trust, self-efficacy, mental and emotional competences, organizational-based self-esteem, optimism, hope, resilience) which are positively related to well-being (e.g., work engagement).[31,32]

As mentioned above, we consider organizational trust to mean "employees' willingness at being vulnerable to the actions of their organizations, whose behavior and actions they cannot control".[1] This definition is focused on vertical trust, that is, the trust between supervisors/top managers and employees (or teams). In this way healthy and resilient organization need to look at how to build organizational trust by mean of different antecedents (e.g., healthy organizational practices). Suarez, Caballero, & Sánchez[33] in a sample composed by 214 Chilean employees suggested that trust is pivotal in work processes such as cooperation. Different scholars have shown that, in order to increase trust in an organization (i.e., vertical trust), investment in healthy organizational practices is needed.[29,20,30,34-36] In this way, there is evidence that employees trust in their supervisor and top managers if they perceive justice in the organizational practices and decisions.[37]

Furthermore, there is research evidence in favor that organizational trust influences employee well-being, specifically work engagement[1] measured at the individual level. Compared to employees with low levels of organizational trust, employees who trust in the organization experience more vigor, dedication and absorption at work. One innovation of the present study is that work engagement is considered at the team level. Research has evidenced that teams plays an important role to increase efficiency and competitiveness[10], productivity[11] and psychosocial health.[12] Despite the relevance of testing teams, the vast majority of scholars have focused on work engagement at the individual level; in consequence, little attention has been given to teams.[38-40]

Team Work Engagement

Traditionally, work engagement has been described as "a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption".[41] Vigor suggests the willingness to invest effort in one's work, persistence in the face of difficulties, and high levels of energy and mental resilience while working. Dedication refers to a particularly strong work involvement and identification with one's job. The final dimension of engagement, absorption, denotes being fully concentrated and engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from the task.

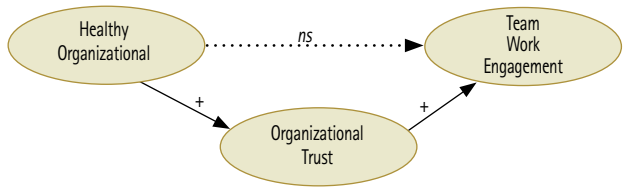
Since the well-established work engagement at the individual level (e.g., Llorens, Bakker, Schaufeli, & Salanova[42]; Llorens, Schaufeli, Bakker, & Salanova[43]; Salanova & Llorens[44]; Seppälä et al.,[45]), a recent shift in the study of work engagement considers it a psychosocial collective construct, at the team level. That is because some authors propose that emotional contagion occurs.[46] It is the main crossover mechanism behind the emergence of a shared-state such as team work engagement. Although only few studies have focused on collective engagement, important results have been found. Generally speaking, collective work engagement increases: (1) business-unit outcomes[47], (2) task performance in students working in groups[11], (3) service climate and performance in service employees[48], (4) collective positive affect and collective efficacy by positive spirals[49], and (5) work engagement at the individual level.[50,1] Team work engagement is defined as a positive, fulfilling, work-related state of mind that is characterized by team work vigor, dedication and absorption which emerges from the interaction and shared experiences of the members of a work team.[11]

Basically, work engagement at the collective level has been tested by a collective version of the Utrecht Work Engagement Scale[11,13] by means of 18 items referred to: collective vigor, collective dedication and collective absorption. Also, in Salanova et al.[13] the whole HERO Model was validated by second order factor analyses, in which team work engagement (with the long version with 18 items) showed a good factorial structure and was considered one of the key elements in the 'healthy employees'. Based on this, recently, Torrente, Salanova, Llorens, and Schaufeli[51] offered a validation of the team work engagement scale proposed in Salanova et al.[13] in order to construct a shorter measure. The Team Work Engagement scale is composed by nine items which considers three dimensions: team work vigor (three items), team work dedication (three items), and team work absorption (three items). Although these three dimensions are considered traditionally measures of work engagement at individual level, previous empirical studies showed that the core of engagement is composed by vigor and dedication.[43,31,52] Absorption is also part of other psychologist construct (e.g., Flow at work; Workaholism). This would explain that this dimension is not clearly related to work engagement.[53-54] In the present study, we try to delete this gap in the literature by using team work engagement by aggregated data at work-unit level of analysis, considering its core dimensions.

The Current Study

Taking previous research, the objective of our study is to test, for the first time, the role of organizational trust (i.e., vertical trust) among healthy organizational practices and team work engagement (team work vigor and team work dedication) by aggregating data at the team level. Specifically, we test the mediating role of organizational trust (i.e., vertical trust) among healthy organizational practices and team work engagement (i.e., team work vigor and team work dedication) considering the aggregated perception of the team members. At this point, we expect that organizational trust fully mediates the relationship among healthy organizational practices and team work engagement (i.e., team work vigor and team work dedication)

Figure 1.
Research model: The proposed full mediated model.



METHOD

Sample and Procedure

A convenience sample was used for this study consisting of 518 employees (response rate was 58%) nested within 55 work-units from 13 SMEs in Spain. Of these employees, 77% belonged to the service and 23% to the industry sub-sectors. Additionally, 53% were women and 70% had permanent contracts. The average tenure in the current job was 5 years (*SD* = 3,47), 7 years working in the same company (*SD* = 5,57), and 10 years working in general (*SD* = 7,67). Finally, work-units had an average of 7 team members each (mean = 7,60, *SD* = 3,5).

Once agreed in their participation, enterprises provided to their employees with information regarding the project by different means (e.g., meetings, bulletin board, intranet). Also researchers conducted information meetings to further explain the project to employees and supervisors. Participants completed a self-report questionnaire regarding their work-units. We use the work-unit definition of George[55], according to which a work-unit is an entity consisting of a group of workers who work together under the same supervisor and share collective responsibility for performance outcomes. The questionnaire was distributed to the different team members in the company by the researchers themselves and took approximately 30 minutes to be filled in. In order to prevent bias, only workers with more than six months of organizational tenure were considered for the analyses. According to McCarthy[56] at least six months are needed to new workers get settled into their job and the organization.

As for the ethical issues considered in this research, WONT research team ensured strict compliance with applicable regulations, especially with regards to the utmost confidentiality in handling data, ensuring at all times that the guidelines governing this were based on the usual rigor of scientific research.

Measures

Healthy Organizational Practices were assessed by nine items included in the HERO questionnaire[13] which, as mentioned above, considers eight practices: work-family balance (one item; *'In the last year, mechanism and practices have been introduced in this organization in order to facilitate the work-family balance and the private lives of its employees'*), mobbing prevention (one item; *'In the last year, mechanism and practices have been introduced in this organization in order to prevent mobbing at work'*), skills

development (one item; *'In the last year, mechanism and practices have been introduced in this organization in order to facilitate the development of workers' skills'*), career development (one item; *'In the last year, mechanism and practices have been introduced in this organization in order to facilitate workers' career development'*), psychosocial health (one item; *'In the last year, mechanism and practices have been introduced in this organization in order to ensure well-being and quality of life at work'*), perceived equity (one item; *'In the last year, mechanism and practices have been introduced in this organization in order to ensure that workers receive rewards'*), organizational communication (two items; *'In the last year, mechanism and practices have been introduced in this organization in order to facilitate communication from management to workers'; 'In the last year, mechanism and practices have been introduced in this organization in order to ensure that information about the organizational goals is given to everyone who needs to known about them'*), and corporate social responsibility (one item; *'In the last year, mechanism and practices have been introduced in this organization in order to ensure issues concerning corporate social responsibility are dealt with'*). Internal consistencies for the scale achieved the cut-off point of 0,70 (alpha = 0,87).[57] Respondents answered using a 7-point Likert-type scale ranging from 0 (*never*) to 6 (*always*). In order to lead respondents' attention from the individual level to the team level, all the variables were focused on team perceptions by aggregated data at the work-unit level.

Organizational Trust was assessed by four items based on Huff and Kelley's scale[58] that were included in the HERO questionnaire.[13] An example of the item is: *'In this organization, subordinates have a great deal of trust in their supervisors and top managers'*. Internal consistencies for the scale reached the cut-off point of 0,70 (alpha = 0,88).[57] Respondents answered using a 7-point Likert-type scale ranging from 0 (*totally disagree*) to 6 (*totally agree*). Again, in order to lead respondents' attention from the individual level to the team level, all the items focused on team perceptions so that they could be aggregated at team level.

Team Work Engagement Scale was assessed by the core dimensions (six items) (i.e., team work vigor and team work dedication) of a team work engagement scale[11] validated by Torrente et al.[51] Specifically, we tested: team work vigor (three items; e.g. *'During the task, my team feels full of energy'*; alpha = 0,78) and team work dedication (three items; e.g. *'My team is enthusiastic about the task'*; alpha = 0,84). Internal consistencies for two dimensions achieved the cut-off point of 0,70.[57] Respondents answered using a 7-point Likert-type scale ranging from 0 (*never*) to 6 (*always*). In order to lead respondents' attention from the individual level to the team level, all the items focused on team perceptions by aggregated data at team level.

Data Analyses

Firstly, we calculated internal consistencies (Cronbach's α) for individual data using the PASW 18.0 software application. Secondly, Harman's single factor test[59] was computed for the variables in the study in order to test for bias due to common method variance, also using individual data. Thirdly, since the variables in the study (i.e., healthy organizational practices, organizational trust, and team work engagement) were measured at the team level, we computed agreement at the team level for each scale (for the procedure used to aggregate, see Chen, Mathieu, & Bliese[60]). To do so, we used a consistency-based approach by computing Intraclass Correlation Coefficient (ICC1 and ICC2)[61,62] using the PASW 18.0. Thus, it is concluded that when ICC1 and ICC2 were higher than 0,12 and 0,60, respectively.[61,62] Different Analyses of Variance (ANOVA) were computed in order to ascertain whether there was statistically significant between-group discrimination for the average scales. Fourthly, we computed descriptive statistics and intercorrelations among the scales by means of data aggregated at the team level. Finally, AMOS 18.0 (Analyses of Moment Structures[63]) software program was used to implement different Structural Equation Models to test for the relationships among healthy organizational practices, organizational trust and team work engagement using aggregated data at the work-unit level. Two plausible models were compared following Baron and Kenny[64]: M1, the full mediated model, in which organizational trust is fully mediating the relationship among healthy organizational practices and team work engagement; M2, the partial mediated model, in which organizational trust partially mediates the relationship among healthy organizational practices; that is, there is also a direct relationship from healthy organizational practices and team work engagement.

Maximum likelihood estimation methods were used in which the input for each analysis was the covariance matrix of the items. We assessed two absolute goodness-of-fit indices to evaluate the goodness-of-fit of the models: (1) the χ^2 goodness-of-fit statistic; and (2) the Root Mean Square Error of Approximation (RMSEA). The χ^2 goodness-of-fit index is sensitive to sample size, for this reason is recommended to use relative goodness-of-fit measures.[65,66] So then, four relative goodness-of-fit indices were used: (1) Comparative Fit Index (CFI), (2) Normed Fit Index (NFI); (3) Tucker-Lewis Index (TLI, also called the Non-Normed Fit Index); and (4) Incremental Fit Index (IFI). Finally, the AIC (Akaike Information Criterion) index was also computed to compare non-tested models. For RMSEA, values smaller than 0,05 are considered as indicating an excellent fit, 0,08 are considered as indicating an acceptable fit whereas values greater than 0,1 should lead to model rejection.[67] For the relative fit indices, values greater than 0,90 are indicative of a good fit.[68] The lower the AIC index, the better the fit is.[70,68]

RESULTS

Aggregation and Descriptive Analyses

Firstly, the results of the Harman's single factor test[59] on the individual database (N = 518) reveals a bad fit to the data, _^{2}(14) = 267,779, p = 0,000, RMSEA = 0,187, CFI = 0,776, NFI = 0,768, TLI = 0,665, IFI = 0,778, AIC = 295,779. In order to avoid the problems related to the use of Harman's single factor test[59], we compared the results of the one latent factor model with a model considering three latent factors. Results show significantly lower fit of the model with one single factor when compared to the model with multiple latent factors, Delta _^{2}(2) = 204,617, p < 0,001. Consequently, we may consider that the common method variance is not a serious deficiency in this dataset.

Table 1 shows the means, standard deviations, intercorrelations and aggregation indices of all the study variables aggregated at work-unit level (N = 55) using the PASW 18.0. Based on the aggregated data at work-unit level (N = 55), the ICC_1 and ICC_2 indices ranged from 0,12 to 0,41 and from 0,60 to 0,86 for the variables in the study, respectively. Thus, aggregation results provide support

to conclude that within-group agreement in the study's work-units is sufficient to aggregate unit members' perceptions to the work-unit level.[60] We also tested a one-way ANOVA to ascertain whether there was statistically significant between-group discrimination in average variables among employees. Results on aggregated scales among employees shows statistically significant between-group discrimination in healthy organizational practices, $F(54, 457) = 4{,}44$, $p < 0{,}001$; vertical trust, $F(54, 455) = 7{,}55$, $p < 0{,}001$; team work vigor, $F(54, 457) = 2{,}37$, $p < 0{,}001$ and team work dedication, $F(54, 457) = 2{,}71$, $p < 0{,}001$. Consequently, there is a significant degree of between-group discrimination which supported the validity of the aggregate healthy organizational practices, organizational trust and team work engagement (i.e., team work vigor and team work dedication) got support from it. Finally, intercorrelations among healthy organizational practices, organizational trust and team work engagement by aggregated data at work-unit level (N = 55) shows that, as expected, variables correlate positively and significantly among each other (100%) ranging from 0,30 to 0,94 ($p < 0{,}001$).

Model Fit: Structural Equation Modeling

For the Structural Equation Modeling (SEM) we used the aggregated database (N = 55); consequently, the aggregated scales at work-unit level for healthy organizational practices, organizational trust, and team work engagement were considered as latent variables. Healthy organizational practices comprise eight indicators: work-family balance, mobbing prevention, skill development, career development, psychosocial health, perceived equity, communication and corporate social responsibility. Organizational trust comprised one indicator. Finally, team work engagement comprised two indicators regarding the core dimensions of engagement: team work vigor and team work dedication. Since organizational trust is only composed by one indicator, the error variance of vertical trust indicator was constrained in all the models in order to avoid unidentified problems by using the formula, $(1-\alpha) * \sigma 2{,}71$

Table 2 shows the results of the SEM conducted to test the relationship among healthy organizational practices, organizational trust and work team engagement by aggregated data at the work-unit level. The findings of these analyses indicate that the proposed model (M1) in which organizational trust fully mediates the relationship among healthy organizational practices and team work engagement fitted not well to the data, $\chi^2(43) = 153{,}884$, $p = 0{,}000$, RMSEA = 0,22, CFI = 0,67, NFI = 0,61, TLI = 0,58, IFI = 0,68, AIC = 199,88. Similar results were obtained for the partial mediation model (M2), $\chi^2(42) = 153{,}381$, $p = 0{,}000$, RMSEA = 0,22, CFI = 0,67, NFI = 0,61, TLI = 0,57, IFI = 0,68, AIC = 201,38. Consequently, none of these two models showed adequate goodness-of-fit indices, thus not giving support for the proposed model when the healthy organizational practices are tested with the original nine items.

To deal with this unexpected finding, an item reduction procedure consisted on keeping the items with the highest factor loading was applied to the original healthy organizational practices indicators in order to ensure the quality of the scale.[72,51] For instance, skill development, career development, perceived equity and corporate social responsibility were leave out of the model. Consequently, a short version scale of the healthy organizational practices (five items) distributed by four practices was obtained (alpha = 0,82): work-family balance (one item), mobbing prevention (one item), psychosocial health (1 item), and organizational communication (two items). Thus, a revised model in which organizational trust mediates among healthy organizational practices (a short version that was composed by five items distributed in four practices) and team work engagement fit the data with all fit indices satisfying the criteria. Chi-square tests between Full Mediated Model Revised ($M1_R$) and the original model 1 (M1) show a significant difference between both models, Delta $\chi^2(29) = 135{,}69$, $p < 0{,}001$.

Consequently, in the following analyses, the short version of the healthy organizational practices is included in the analyses using aggregated data at the work-unit level.

As Table 2 shows, the *Full Mediated Model Revised* ($M1_R$) fit the data with all fit indices satisfying the criteria for a good fit. Chi-square tests between $M1_R$ and the *Partial Mediated Model Revised* ($M2_R$), show a non-significant difference, Delta $\chi^2(1) = 3{,}67$, *ns*. These

Table 1.
Means, standard deviations and intercorrelations by aggregated data (N = 55).

Variables	Mean	DS	ICC_1	ICC_2	1	2	3	4	5
1. Healthy organizational practices (8 practices)	2,89	1,33	0,28	0,79	-				
2. Healthy organizational practices (4 practices)	2,87	1,48	0,31	0,81	0,94***	-			
3. Organizational trust	3,23	1,49	0,41	0,87	0,57***	0,54***	-		
4. Team work vigor	4,28	1,04	0,12	0,60	0,33***	0,34***	0,30***	-	
5. Team work dedication	4,48	1,14	0,15	0,63	0,38***	0,38***	0,36***	0,68***	_

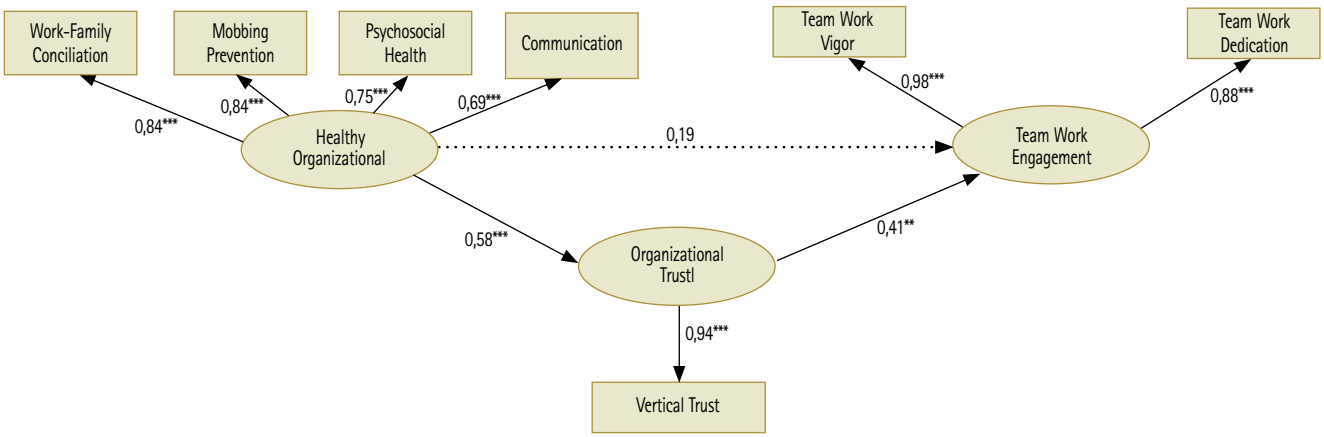
Notes: *** p < 0,001.

Table 2.
Fit Indices for Structural Equation Models by aggregated data (N = 55).

Models	X^2	*gl*	*p*	RMSEA	CFI	NFI	TLI	IFI	AIC	ΔX^2	Δgl	ΔRMSEA	ΔCFI	ΔNFI	ΔTLI	ΔIFI	ΔAIC
M1	153,88	43	0,000	0,22	0,67	0,61	0,58	0,68	199,88								
M2	153,38	42	0,000	0,22	0,67	0,61	0,57	0,68	201,38								
Diff. M2 -M1										0,50	1	0,00	0,00	0,00	0,01	0,00	1,50
$M1_R$	17,69	13	0,17	0,08	0,97	0,91	0,96	0,97	47,69								
$M2_R$	14,02	12	0,30	0,05	0,98	0,93	0,98	0,98	46,02								
Diff. M1 -$M1_R$										135,69	30	0,01	0,03	0,03	0,39	0,29	153,76
Diff. $M2_R$ -$M1_R$										3,68	1	0,03	0,01	0,02	0,02	0,01	1,68

Notes: χ^2 = Chi-square; df = degrees of freedom; RMSEA = Root Mean Square Error of Approximation; CFI = Comparative Fir Index; NFI = Normed Fit Index, TLI = Tucker-Lewis Index; IFI = Incremental Fit Index; AIC = Akaike information Criterion.

Figure 2.
SEM analyses about healthy organizational strategies, organizational trust and team work engagement in aggregated database (N = 55). Only the significant coefficients are displayed at p < 0,001and p < 0,01.



results give evidence for the $M1_R$ since: (1) it is more parsimonious than $M2_R$, (2) for $M2_R$ the direct path between healthy organizational practices and team work engagement was not significant (p = 0,08) and more important, (3) also for $M2_R$, the regression weight between organizational trust and work team engagement was non-significant (p = 0,293).

Firstly, it is important to note that all the manifest scales loaded significantly on the intended latent factors. An inspection of the output revealed that all the indicators of healthy organizational practices, organizational trust and team work engagement loadings were higher than 0,69. Secondly, a revision of the regression weights of the proposed $M1_R$ reveals that, as expected, healthy organizational practices has a positive and significantly influence on organizational trust (β = 0,58, p < 0,001), which in turn positively and significantly influences team work engagement (β = 0,41, p < 0,05). It is interesting to note that, healthy organizational practices explain the 33% of the variance on organizational trust (R^2 = 33%), which in turn explain the 16% of the variance on team work engagement (R^2 = 16%).

DISCUSSION

The aim of our study was to evaluate, for the first time, the relationship among healthy organizational practices, organizational trust and team work engagement by aggregating data at the team level. Specifically, we tested the mediating role of organizational trust (i.e., vertical trust) between healthy organizational practices and the core of team work engagement (i.e., team work vigor, team work dedication) by considering the aggregate perceptions from the team members in SMEs. We hypothesized that the organizational trust fully mediated the relationship between healthy organizational practices and work engagement when data were aggregated at the team level.

The current study contributes to our understanding of the relationship among two of the elements of the HERO Model, that is, resources and healthy organizational practices (in terms of healthy organizational practices) and healthy employees (i.e., organizational trust and team work engagement) using data aggregated at the work-unit level. In a sample of 518 employees nested within 55 work-units from 13 SMEs in Spain, we tested the relationship among healthy organizational practices (four practices), organizational trust (i.e., vertical trust) and the core of team work engagement (team work vigor and team work dedication) at the team level included in the HERO questionnaire.[13]

Results of the Structural Equation Modeling with data aggregated at the work-unit level of analyses revealed that, unexpectedly, the model with the eight original items of healthy organizational practices did not fit to the data (neither for the full nor for the partial mediation model). Based on an iterative process, the original scale was reduced to five items distributed on four practices. This result gives evidence to consider these four practices are the main ones related to organizational trust (i.e., vertical trust). On the other hand, we expect that the rest of practices (i.e, skill development, career development, perceived equity, and corporate social responsibility) could be relevant to other healthy employee's phenomenon (e.g., efficacy beliefs, optimism, resilience) and healthy organizational outcomes (e.g., commitment, excellent results). The hypothesized models with the short version of healthy organizational practices fit significantly better to the data than the original model with the eight healthy organizational practices. Structural Equation Modeling showed that organizational trust fully mediated the relationship among healthy organizational practices (four practices) and the core of team work engagement (team work vigor and team work dedication) tested at the work-unit level. These results are in line of previous research, in which the organizational trust has a key role among organizational practices and employees' well-being.[20,34-35,1,33] However, in the present study we go one step more, since the relationships among healthy organizational practices, organizational trust and team work engagement have been considered at team level. In fact, it seems that only when teams perceived that organizations are implementing healthy practices in the organization, the team work engagement is increasing. Thus, vertical trust is a pivotal element to feel good at work. We can conclude that organizations must foster trust between employees and supervisors or top managers because healthy practices implemented by Human Resources Management will impact positively on teams work engagement if there is organizational trust. All in all, results give support to our hypothesis and we can say that the objective of the study has been reached.

Limitations and Further Research

The present study has several limitations. The first one is that the data were obtained by self-report instruments. However, aggregate rather than individual perceptions of teams have been considered

for healthy organizational practices, organizational trust and the core of the team work engagement. Consequently, the use of these data aggregated at the team level of analyses enabled us to minimize the common method variance bias.

Secondly, a convenience sample is used in the present study. However, it is a wide sample, including different teams from different enterprises which belong to different economical sectors.

Another limitation is that we used team perceptions on organizational phenomena (i.e., healthy organizational practices and organizational trust). Further step in research should consider the aggregation of data at organizational level and to test the relationship among healthy organizational practices and organizational trust (aggregated at organizational level) on team work engagement (aggregated at team level) by means of hierarchical linear modeling[73] to explore cross-level effects and interactions between organizational and team levels. However, in the present study we can assume that the group level of analyses is adequate to test organizational trust as well as healthy organizational practices. Attending to the organizational trust, in the present study we focus on specific type of organizational trust: vertical trust, that is, the trust between employees and supervisor and top managers. Based on this, team perception of their supervisor and top managers are needed to know more about organizational trust. Attending to the healthy organizational practices we used data aggregated at the team level of analysis since we considered that the sharing perceptions of employees working in teams are determinant in order to perceive the practices implemented by the organizations and their quality.[38] Moreover, we assume that in this process of perception and evaluation of the quality of the practices implemented by the organization, supervisors plays a key role. In fact, in the present study we concluded that not only the healthy practices are important but the trust in the supervisor is relevant in work teams. If we consider this, we expect differences in perceptions and quality of organizational practices implemented and consequently, the evaluations of this phenomenon at the team level are also crucial.

Furthermore, it should be interesting to test this model using multiple organizations (not only Spanish SME) in cross-cultural and with longitudinal studies in order to explore the existence of positive spirals over time. According to HERO Model, the three elements (i.e., healthy organizational practices, healthy employee, and healthy outcomes) are assumed to be related to each other over time by a gain spiral.[74]

Another step in the study should be to test the model including healthy organizational outcomes, for example organizational commitment (aggregated at organizational level), work-unit productivity (measured by the supervisor opinion) and loyalty by customers (aggregated at organizational level). This would bring the opportunity to test the effect between healthy organizational practices and organizational trust on healthy outcomes considering the three key elements of the HERO Model.

Theoretical and Practical Implications

The present study shows some implications for future research and practice. At the theoretical level, the present study extends the corpus of knowledge about the key role of organizational trust in the relationship between healthy organizational practices and team work engagement tested by data aggregated at work-unit level in SMEs. The positive relationship lends support to HERO Model[13] because it analyzes the relationship proposed by the model between resources and healthy organizational practices (i.e., healthy organizational practices) and healthy employees (i.e., organizational trust and team work engagement) a higher level of analyses (i.e., teams). Furthermore, a shorter and more parsimonious scale on healthy organizational practices is found when constructs are tested at team level.

From the practical point of view, results can be used by HRM in order to foster and develop organizational trust in their teams from a perspective based on continuous prevention and promotion actions.[75] Specifically, results show the relevance of investing in work-family balance, mobbing prevention, psychosocial health, and organizational communication in organizations. Investment in these practices should be interpreted by teams as a sign that the organization is concerned about its employees, and consequently trust in the organization will be enhanced. As a result, well-being of teams will be improved by increasing team work engagement.

Final Note

This study has tested the relationship between HRM, organizational trust and team work engagement in teams by aggregated data. Healthy organizational practices and team work engagement are related through organizational trust, given support for the premises of the HERO Model for the team-level of analyses. This study enhances the role that HRM plays in order to improve healthy employees in terms of organizational trust and team work engagement. Researchers and practitioners should use these results about the role of organizational trust among healthy organizational practices and team work engagement in order to enhance HEROs. Maybe, this will be the first step to know how organizational trust influences organizational practices and team work engagement.

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