



# THE FUN AND FRUSTRATION OF MODERN WORKING LIFE

CONTRIBUTIONS FROM AN OCCUPATIONAL  
HEALTH PSYCHOLOGY PERSPECTIVE

TOON TARIS, MARIA PEETERS, HANS DE WITTE (EDS.)

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HEALTH PSYCHOLOGY PERSPECTIVE

FESTSCHRIFT FOR PROF. DR. WILMAR SCHAUFELI

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## **Toward More Positive Organizational Management Based on the HERO model**

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**T**he aim of this chapter is to provide an overview of recent research on the Healthy and Resilient Organization (HERO) model as a positive organizational management model, along with results of evaluations and interventions based on this model. In the past decade, in the WANT research team, we have investigated different constructs of occupational health psychology ranging from the dark (i.e., burnout, stress, workaholism, technostress) to bright (i.e. engagement, self-efficacy, trust) side of occupational health. On this journey, Wilmar Schaufeli has been a valuable guide and mentor, especially in our shared research on burnout-engagement and self-efficacy spirals and, recently, how these topics are a core piece of healthy and resilient organizations. This chapter makes some key contributions to the field of Occupational Health Psychology and Positive Organizational Psychology with Wilmar's guiding hand. First, it shows the strengths of the HERO model as a guide for the data collection and analysis involved in the evaluation and promotion of healthy companies and institutions. The second contribution of the chapter is associated with the state-of-the-art of positive interventions, showing a review of recent results of different intervention strategies to improve health and well-being at the individual and collective levels in organizations. Finally, we would like to point out that, through this chapter, we want to highlight the brilliant contribution of Wilmar Schaufeli, and especially his research collaboration with the WANT research team in recent years. With his expertise, we jointly conducted research aimed to develop healthier and more positive individuals, groups, and organizations, helping to promote well-being based on science in order to develop communities of healthy practices and help to create a better world.

## Introduction

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Traditionally, psychology has focused mainly on pathology and “what’s wrong” in people, groups, organizations, and societies. Apart from this focus on the negative side, because human beings are multifaceted and complex, it is necessary to go beyond the problems and also pay attention to the positive side, that is, how to fortify and endorse people’s strengths in all areas of their lives, including the work context.

Here is where Positive Psychology develops. Specifically, Occupational Health Psychology (OHP) calls for Integral Health Management in the promotion of health at work. More recently, Positive Organizational Psychology (POP) arose from the concept of holistic health applied to the work context. POP is defined as the scientific study of the optimal functioning of the health of individuals and groups in organizations, as well as the effective management of psychosocial well-being at work and the development of organizations in order to make them healthier. Its aim is to describe, explain, and predict optimal performance and enhance psychosocial well-being and organizational life (Salanova, Martínez, & Llorens, 2005, 2014; Salanova, Llorens, & Martínez, 2016, 2019). POP research reveals the characteristics that make up a healthy and full organizational life by answering two key questions: What characterizes positive employees, and what are positive organizations like?

In this regard, we believe that organizations are responsible for enabling this positive approach because in this way will they successfully get their workers to be more proactive, show personal initiative, collaborate with others, take responsibility for their own career development, and make a commitment to excellence, thus being more engaged.

In this context, the concept of the HEalthy and Resilient Organization (HERO) emerged, which refers to positive organizations and institutions that are characterized by the binomial of health and resilience. We define a HERO as an organization/institution that conducts systematic, planned, and proactive efforts to improve the processes and results of both the employees and the organization as a whole. These efforts are directed toward enhancing healthy organizational resources and practices that improve the working environment, especially in times of turbulence, with the aim of developing the health and performance of employees as well as the financial health of the organization. Thus, a HERO is resilient because it is able to face challenging circumstances and is strengthened by adverse situations, reaching positive adjustment (Salanova, Llorens, Cifre, & Martínez, 2012; Salanova, Llorens, & Martínez, 2019).



The HERO is operationalized through a validated model, which proposes that each organization/institution is characterized by three components that interact with each other, such that investing in one component can lead to positive benefits in the others (see Figure 1):

- 1) *Healthy organizational resources and practices.* The first component is composed of resources of the task (e.g., autonomy) and the social environment (e.g., transformational leadership), as well as global organizational practices (e.g., support of the work-life balance);
- 2) *Healthy employees and teams.* This component reflects how employees and teams enjoy high levels of psychosocial well-being and personal resources in terms of efficacy beliefs, work engagement, trust, resilience, and positive affect; and
- 3) *Healthy organizational outcomes.* The third component includes in- and extra-role performance and other organizational excellence indicators (e.g., service quality, customer loyalty), along with good relations with the organizational environment and the community.

Figure 1  
The HERO model (Salanova, Llorens, Cifre, & Martínez, 2012)



The HERO model has two strengths related to data collection and analyses. First, given the strong collective nature of work today, it is worth highlighting that the HERO model considers the collective perspective (i.e., questions are answered by thinking in the group or in the organization) and strives to establish causal relationships among the three components of the HERO model, based on team perceptions and experiences. Second, data are collected from different respondents (e.g., CEOs, teams' immediate supervisors, employees, and customers) and from objective financial performance

indicators (e.g., Return On Assets) using both quantitative (questionnaires) and qualitative (interviews) methodologies (Llorens, Salanova, Torrente, & Acosta, 2013).

The HERO model, which guides the evaluation and development of Positive Organizations (understood as healthy and resilient), is thus a heuristic model that integrates empirical and theoretical results from different areas. For example, it includes features of the heuristic models of healthy organizations proposed by Wilson, DeJoy, Vandenberg, Richardson and McGrath (2004), which included the employees' health as well as variables referring to the organizational context. Accordingly, with the Job Demands-Resources model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001), the HERO model assumes a motivational process in which job resources are necessary to deal with job demands and to get things done, but they are also important in their own right. This is in accordance with the Conservation of Resources theory (Hobfoll, 2002, p. 307), that understands resources as "... those entities that either are centrally valued in their own right or act as means to obtain centrally valued ends". In the original HERO model, job demands were not included in the model because only the positive motivational process was studied. However, the assessment based on the HERO model also includes the assessment of job demands, since HERO is also a tool for testing and preventing psychosocial risks.

### **Evaluation of Positive Organizations Based on the HERO model**

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The evaluation of positive organizations based on the HERO model is focused on the three main components of the model: Healthy organizational resources and practices; psychosocial well-being of the individual and groups and healthy organizational outcomes. Moreover, it includes an analysis of psychosocial risks, such as traditional job demands like quantitative/qualitative overload, role conflict and ambiguity, mobbing, and so on. The WANT research team ([www.want.uji.es](http://www.want.uji.es)) has developed an evaluation methodology based on the HERO model. Recently, a short questionnaire (HERO-Check) was developed to carry out a brief evaluation that allows interventions to be implemented. Given the interdependence of the three main components of the HERO model, improvements in one of them should affect the others. Several results indicate that organizations that optimize their resources and develop healthy organizational practices lead to healthier employees and teams, which in turn results in excellent outcomes in relation to the performance of workers/teams and of the organization in general.

Regarding the *first block* of elements, healthy organizational resources and practices, the research has focused on highlighting the most relevant resources and practices which are perceived by employees thinking in the group and in the organization. A qualitative study using content analysis of interviews in 32 Spanish

companies revealed that, from the perception of the CEO and/or HR managers, three practices are the most widely used and the most useful: communication enhancement, skills development, and health and safety promotion (Salanova et al., 2012). From a quantitative point of view, a study revealed that the organizational practices related to improving psychosocial health and developing workers' skills and careers are positively related to team work engagement (Acosta, Torrente, Llorens, & Salanova, 2013). When the focus is on resources, it has been shown that teams' social resources, which can be representative of high-quality relationships at work, are important antecedents of teams' well-being. Specifically, social resources, such as social support climate, coordination, and teamwork, were found to be antecedents of both team resilience and work engagement (Meneghel, Martínez, & Salanova, 2016; Torrente, Salanova, Llorens, & Schaufeli, 2012). Focusing on social resources at the collective level, the Broaden & Build theory of positive emotions was tested between work teams. Results of this study showed that group positive affect is an antecedent of teams' social resources (i.e. cohesion, coordination, teamwork, supportive team climate), which in turn have an effect on team performance (Peñalver, Salanova, Martínez, & Schaufeli, 2019). Finally, results showed that transformational leadership, which is considered one of the main social resources, has a positive effect on workers' levels of self-efficacy and engagement, both individually and collectively, increasing their levels of trust (Acosta, Salanova, & Llorens, 2012) and performance (Cruz-Ortiz, Salanova, & Martínez, 2013).

Regarding the *second component* of the model, healthy employees and teams, the level of employee psychosocial well-being is a key element because its mediating effect between organizational resources and practices (component 1 of the model) and outcomes (component 3 of the model) has often been demonstrated. These results draw attention to the good use of resources and organizational practices, whose effect on outcomes is mostly enhanced through workers' well-being. For instance, transformational leadership and social resources (i.e., social support climate, coordination, and teamwork) have a positive effect on teams' performance through team work engagement (Cruz-Ortiz et al., 2013; Torrente et al., 2012), and group cohesion has a positive effect on job satisfaction (Martínez & Cifre, 2016). The mediating role of engagement has also been shown in the relationship between organizational justice and organizational citizenship behaviours. Achieving a supportive work environment and civic behaviours is important for teams, and the perception of organizational justice affects the appearance of these behaviours. However, the direct effect of these perceptions on citizenship behaviour occurs through workers' engagement (Rodríguez-Montalbán, Martínez-Lugo, & Salanova, 2014). Moreover, team resilience has been shown to be a mediator that explains the relationship between the team's perception of resources, such as social support climate and coordination, and team performance (Meneghel, Martínez, & Salanova,



2016), as well as between the team's positive emotions and team performance rated by the supervisor (Meneghel, Salanova, & Martínez, 2016). Finally, well-being has been shown to be relevant in achieving good performance among university students, considered as a pre-professional sample. In two investigations, study-related positive emotions revealed a positive relationship with students' levels of psychological capital (i.e., efficacy, hope, optimism, and resilience), which in turn had a positive effect on objective performance (i.e., grade point average). Furthermore, academic engagement mediates the relationship between study-related positive emotions and academic performance (Carmona-Halty, Salanova, Llorens, & Schaufeli, 2018; Carmona-Halty, Salanova, Llorens, & Schaufeli, in press).

For the *third component* of the HERO model, healthy organizational outcomes, research has focused on analysing the high performance of employees and work teams, as well as organizational results such as quality of service, evaluated by employees and customers of the organizations. Regarding employee and team performance, as shown in the previous paragraph, indicators of well-being (e.g., engagement, resilience) are positively related to performance, acting either as direct antecedents or as mediators. In the case of the quality of service, it has also been found to depend on the workers' level of well-being. For instance, positive emotions mediate the relationship between empathy and quality of service (Bustamante, Llorens, & Acosta, 2014). Similarly, both work engagement and perceived competence mediate the relationship between organizational resources and quality of service. That is, in order to achieve good service quality, organizational resources are not sufficient, and there must also be an adequate level of engagement and perception of good professional competencies (Gracia, Salanova, Grau, & Cifre, 2013).

### **Positive Interventions Based on the HERO model**

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From the perspective of OHP and POP, we understand positive organizational interventions to be the design and application of strategies that can be implemented by both individuals/teams and by the organization as a whole. Following the scientific method, the main objective of these interventions is, for example, to promote health and quality of work life (interventions focused on a personal level), and to increase organizational excellence, thus improving performance and satisfaction (interventions oriented to the whole organization).

Positive interventions can be broadly classified by considering their focus and objectives. As far as the focus is considered, personal (micro) and organizational (macro) interventions can be distinguished. Although the organizational interventions are basically applied in the organizational context, the personal interventions can be used in the private sphere as well as in the organizational context. Despite



this differentiation, these two types of interventions can be combined (because they are not opposites) to achieve better results. In addition, the objectives of primary and secondary interventions can be distinguished. In general, primary interventions aim to achieve the optimal functioning and satisfaction of individuals, groups, and organizations, whereas secondary interventions refer to the extra effort made over time to achieve and/or maintain the maximum performance, health, and satisfaction in teams and organizations (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000). In this regard, the positive effects of secondary interventions only occur when basic levels of functioning, health, and satisfaction are guaranteed.

Salanova and Schaufeli (2009), and later Schaufeli and Salanova (2010), went a step further when they argued that there is a novel phase of development known as “amplition”. “Amplition” is based on the principle of progress or improvement, and it is defined as positive interventions that promote, increase, and improve health and well-being at the collective level (i.e., teams and organizations). It includes three main characteristics: (1) the interventions are oriented toward improving the health of teams and organizations; (2) the whole workforce is included, that is, also employees, teams, and organizations that are not distressed; and (3) it represents a long mission that requires continuous and sustained effort. In light of these characteristics, positive interventions at the collective level constitute the heart of amplifying strategies to develop HEROs. Research proposes that healthy organizational resources and practices determine the improvement of employees’ health and organizational outcomes (Llorens et al., 2013). Next, we present some of the recent results obtained by the WANT team in different positive collective interventions based on HERO (see also Llorens, Martínez, & Salanova, 2017; Martínez, Llorens, Cugnier, & Budde, 2018; Salanova, Llorens, & Martínez, 2016, 2019).

The first study was carried out in an automotive industry company that participated in a Strengths-based Micro-Coaching program. In a randomized controlled trial study, 60 employees (35 of which were in the experimental condition and 25 others were in the waiting-list control condition) participated in the intervention. The intervention program lasted for a period of six weeks, and it was delivered in a two-hour group workshop session, followed by three individual coaching sessions. A strengths-based coaching approach was used, grounded in the identification, development, and balanced use of personal strengths to foster positive outcomes. Both the participants and their supervisors completed pre, post, and follow-up questionnaires. Results indicated that the intervention program was successful in increasing work engagement and job performance after finishing the program, and they showed the durability of the effects on the outcome variables over time (follow-up). Qualitative data supported the study hypotheses, given that, through open questions about the program, the participants indicated that it helped them to increase their well-being and performance (Pelaez, Coó, & Salanova, 2019).

In another study, a controlled trial of a shorter version of a Mindfulness-Based Intervention was conducted in a Spanish public hospital. The intervention consisted of a program with three 150-minute sessions, and it was offered to the staff as an initiative to promote workers' psychosocial health. Nineteen employees participated in the program, and fifteen employees acted as a control group in a waiting-list format. Results suggest that the intervention program was successful, with moderate effect sizes, in boosting the existing levels of mindfulness, work engagement, happiness, and performance, offering evidence that shorter versions of traditional mindfulness-based intervention programs could be an effective Healthy Organizational Practice to increase work engagement, happiness, and performance among health-care professionals (Coo & Salanova, 2018).

To develop corporate competencies based on mindfulness, a positive intervention was conducted with seventeen workers from a company dedicated to supplies and services for the healthcare sector. The focus of the intervention, which consisted of eight 120-minute sessions, was on developing personal strengths applied to the organizational environment, combined with the development of mindfulness as a strategy for promoting happiness, engagement, and emotional intelligence. Results showed significant improvements in the levels of trait mindfulness, work engagement, emotional intelligence, and happiness after the intervention (Coo & Salanova, 2016).

In a sample of 35 employees in a Spanish company, a positive psychological intervention based on psychological capital was tested to increase psychological well-being and job performance. The program was composed of five four-hour workshops to develop psychological capital, meaning-focused coping, the use of personal strengths, and mindfulness. After the five workshops, there was a two-hour closing session aimed at strengthening the resulting improvements. Results revealed an increase in both the trained personal resources and the associated desirable outcomes after the intervention. Through qualitative data, participants reported behaviours transferred to their daily work life, and quantitative data showed that the effects on psychological capital, meaning-focused coping, psychological well-being, and job performance were maintained over time (Ortega-Maldonado, 2018; Salanova & Ortega-Maldonado, 2019).

Finally, in a study conducted in a sample of 106 university students, considered as a pre-professional sample, some different interventions designed to develop positive resources (psychological capital and positive coping strategies) were tested. Specifically, the intervention aimed to explore the effects of a combination of positive resources and daily practice after a workshop in an evidence-based, Psychological Capital (PsyCap) intervention. Participants were randomly assigned to three intervention groups and one control group, which received a neutral intervention ( $N = 14$ ). Intervention groups consisted of a PsyCap (micro) Intervention ( $N = 37$ ), a PsyCap with meaning-focused coping (micro) Intervention ( $N = 24$ ), and a PsyCap with meaning-focused coping



(micro) Intervention plus three weeks of daily practice ( $N = 31$ ). In addition, all groups participated in a workshop on personal and professional growth organized by the University. The results showed that PsyCap with a meaning-focused coping intervention and daily practice after the workshop was the most useful intervention in maintaining positive effects on personal resources and the development of well-being over time (Ortega-Maldonado, 2018; Salanova & Ortega-Maldonado, in press).

Currently, we are working on more positive psychological interventions in the WANT team, but the research results have not been published yet. These interventions are related to compassion at work, strengths-based mindfulness with micro-coaching sessions, civility at work, gratitude in the workplace, and appreciative survey feedback, among others. Although all the interventions explained before are focused mainly on persons and teams, their effects are shown not only at the personal level (well-being) but also enhance organizational results in terms of performance, for example. It is also interesting to note that other interventions with a more organizational focus have also been implemented by the WANT team. These interventions are basically focused on organizational practices by means of Appreciative Survey Feedback. This is a specific and positive technique that allows to focus on the positive aspects of the organization in order to continue growing. The results of these interventions are derived from consultancy and have not been published yet.

## Discussion

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Throughout this chapter, we have aimed to provide an overview of recent research on the HERO model as a positive organizational management model, along with results of evaluations and interventions based on this model. This chapter makes some key contributions to the field of OHP and POP. First, it shows the strengths of the HERO model as a guide for the data collection and analysis involved in the evaluation and promotion of HEROs. From our point of view, what characterizes a positive organization is not only its financial success and excellence, but also its healthy workforce, particularly during periods of turbulence and economic change. The second contribution is associated with the state-of-the art of positive interventions. In this regard, this chapter offers a review of recent results of different intervention strategies to improve health and well-being. The results demonstrate that good positive psychological interventions should concentrate on increasing the organizational resources and practices (rather than reducing the demands), in order to influence the levels of employees' and teams' well-being and, thereby, improve the organizational outcomes. As we have shown, the evaluation methodology and subsequent interventions based on the HERO model can be the key to developing Healthy and Resilient Organizations.



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