

CONTRIBUTIONS FROM POSITIVE ORGANIZATIONAL PSYCHOLOGY TO DEVELOP HEALTHY AND RESILIENT ORGANIZATIONS

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El objetivo de este trabajo es presentar los principales resultados obtenidos por el equipo de investigación WANT Prevención Psicosocial y Organizaciones Saludables sobre el Modelo HERO (HEalthy & Resilient Organizations) para conceptualizar, evaluar e intervenir en el desarrollo de personas, grupos y organizaciones positivas. En primer lugar, se presenta el modelo teórico, metodología y herramientas para la evaluación de HEROs. Estas herramientas se administran a nivel colectivo y se aplican a diferentes stakeholders o agentes clave en la organización: entrevistas a dirección, y cuestionarios dirigidos a empleados distribuidos en grupos naturales, supervisores, y clientes. En segundo lugar, se presentan los principales resultados obtenidos de la aplicación de la metodología HERO en diferentes contextos socioeconómicos. En la última parte del trabajo se muestran distintas opciones de intervenciones positivas, así como recientes experiencias de intervención HERO que se han llevado a cabo desde nuestro equipo bajo el paradigma de la Psicología Organizacional Positiva.

Palabras clave: Organizaciones saludables, Resiliencia organizacional, Evaluación, Intervención, Psicología Positiva.

The aim of the current paper is to show the main results obtained by the WANT Research team on the HERO Model (HEalthy & Resilient Organizations) to conceptualize, evaluate and intervene in the development of healthy and positive people, groups and organizations. First, we present the theoretical model, methodology and tools to evaluate HEROs. These tools are collectively administered and applied to different stakeholders in the organization: interviews with CEOs, and questionnaires aimed at employees distributed in natural groups, supervisors and clients. Secondly, we present the main results obtained from the application of the HERO methodology in different socio-economic contexts. The last part of the paper is dedicated to highlighting the different options of positive interventions, as well as recent experiences in the HERO intervention carried out by WANT based on Positive Organizational Psychology.

Key words: Healthy organizations, Organizational resilience, Evaluation, Intervention, Positive Psychology.

THE HERO MODEL OF HEALTHY AND RESILIENT ORGANIZATIONS

We know that psychology has focused almost exclusively on pathology, on “what’s wrong” in people, groups, organizations and societies. This is a reality that is reflected throughout all of the contributions in this special issue and we will not dwell on it here. We simply note that this focus on the negative side, on the problems, may lead one to think that we human beings, groups, organizations and societies in general, are exempt from positive traits such as optimism, hope, creativity, and responsibility, among others.

The reality, however, is different: the human being is complex and to address this complexity a psychology is necessary that not only attends to the problems but also goes further, i.e., it allows us to fortify and endorse the strengths of people in all areas of their life including the work context. In this regard, we

believe that modern organizations enable this positive approach to have an increased meaning and applicability. Positive organizations know that to survive we need to change our way of thinking and to open towards the positive, understood in the broad sense, as we stated in the introduction to this special issue. Only in this way will organizations successfully get their workers to be more positive, that is, to be proactive, show personal initiative, collaborate with others, take responsibility for own career development and commit to excellence and social responsibility. To achieve this goal, it is necessary to put in place an entire positive organizational mechanism.

It is here that Positive Organizational Psychology (POP) appears, arising from the combination of the concept of holistic health applied to the specific context of work. We have defined it 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 become healthier. Its aim is to describe, explain and predict optimal performance and to amplify and enhance psychosocial well-being and the quality of work and organizational life (Salanova, Martínez, & Llorens, 2005, 2014). Its *raison d’être* is to reveal the characteristics that make up a full organizational life, that is, to answer two key questions: what characterizes positive employees and what are positive organizations like? In addition, it considers these characteristics at different levels, not only individually, but also at the inter-individual, group, organizational and social level!

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From POP, the intention is to promote the development of positive organizations to commit to the development and promotion of health in a comprehensive, interdisciplinary and multi-causal way. Positive organizations are those seeking organizational excellence and financial success; but they go beyond that because they enjoy a physically and psychologically healthy workforce that is able to maintain a positive working environment and organizational culture, particularly during periods of turbulence and change, and are able not only to survive in these critical periods but also to learn lessons and emerge even stronger (Salanova, 2008, 2009; Salanova, Llorens, Cifre & Martínez, 2012; Salanova, Martínez & Llorens, 2014).

In this context the concept emerged of the Healthy and Resilient Organization or the HERO, which refers to these positive organizations that are characterized by the binomial of health and resilience. We have defined a HERO as an organization that conducts systematic, planned and proactive actions to improve the processes and results of both the employees and the organization as a whole. In addition, they are resilient because they maintain a positive adjustment under challenging circumstances, they are strengthened in adverse situations and under pressure they are able to maintain their performance and results. These efforts involve the implementation of healthy resources and organizational practices that seek to improve the working environment, especially in times of turbulence, with the aim of developing the health of employees and the financial health of the organization (Salanova, Llorens et al., 2012).

This HERO model, which guides the evaluation and

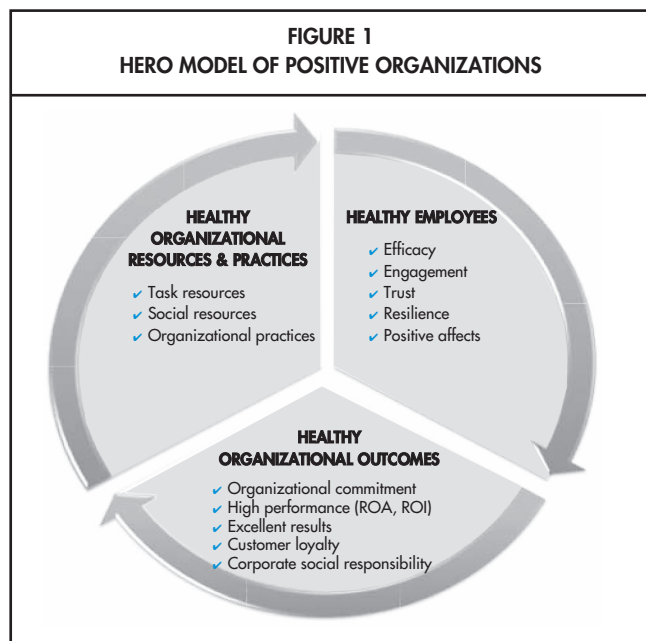
development of Positive Organizations (understood as healthy and resilient) is not based on a theoretical vacuum. It is a heuristic model that integrates empirical and theoretical results coming from different areas such as, for example, work stress, human resource management (HRM), organizational behaviour, and positive organizational psychology (POP). Specifically, the HERO model has been developed based on previous research from 2004 to the present, primarily through the studies of Wilson, DeJoy and colleagues (DeJoy et al., 2010; Wilson et al, 2004), the Job Demands-Resources Model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Schaufeli & Bakker, 2004), the Social Cognitive Theory of Albert Bandura (Bandura, 2002), the COR Model (Conservation of Resources) by Steven Hobfoll (Hobfoll, 2001) and the broaden-and-build theory of positive emotions by Barbara Fredrickson (Fredrickson, 2001).

Our HERO model (Figure 1) proposes that an organization is positive when it has three components that interact with each other, such that if you invest in one it can lead to positive benefits in the others:

- 1) *Healthy organizational resources and practices*, understood as resources of the task (e.g., autonomy) and the working group (e.g., social support), as well as strategies to structure and organize the work (e.g., communication strategies). It is proposed to invest in healthy organizational practices (e.g., reconciliation of the work-life balance, prevention of mobbing, psychosocial health, organizational communication) as well as in healthy resources, especially in autonomy, feedback, supportive climate, teamwork, coordination and in promoting positive and transformational leaders.
- 2) *Healthy employees and working groups* that enjoy high levels of psychosocial well-being in terms of efficacy beliefs, positive emotions, engagement at work², and resilience.
- 3) *Healthy organizational outcomes* such as high performance and organizational excellence, good relations with the organizational environment and the community, and corporate social responsibility (Salanova, Llorens, et al, 2012; Salanova, Martínez & Llorens, 2014).

Based on this theoretical model we have also developed a HERO methodology that has been scientifically validated to promote positive organizations. In a study with a sample of 303 teams and their immediate supervisors from 43 companies, we confirmed the factorial structure of three-dimensional model. Using data aggregated at the collective level, we validated a structural equation model where the block of healthy employees fully mediate the relationship between resources/practices and healthy results, which gives it *a priori* the capacity to forecast and develop HEROs empirically that must be tested using longitudinal research designs (Salanova, Llorens et al., 2012).

The model has a number of competitive advantages over more traditional approaches. These advantages are presented below and comprise the idiosyncrasies of the methodology (see



¹ More information and further development of this point can be found in Llorens, Salanova and Martínez (2008); Salanova, Martínez and Llorens (2005, 2014).

² We understand engagement as a positive psychological state characterized by high levels of energy and vigour, dedication and pride in one's work, as well as absorption and enjoyment (Salanova, Schaufeli et al., 2000).



Llorens, Salanova, Torrente & Acosta, 2013; Salanova, Llorens, Torrente & Acosta, 2013).

1. It invites the various "actors" in the organization to participate. The perception of the directors, groups of workers, their supervisors and the customers themselves are key to evaluating a Positive Organization. Only in this way it is possible to assess the health of the organization as a whole, attending to the valuations of the teams and organizations from a global, collective, multifaceted and complex perspective.
2. It combines multiple methodologies, which gives it greater impact. Specifically, it uses a combination of both qualitative methodologies, by means of semi-structured interviews with managers, and quantitative methodologies by means of questionnaires (on paper or online) to employees, supervisors and customers/users.
3. It emphasises the group and organizational nature of the measuring instruments, which is a novel and pragmatic approach to the study of occupational health, as well as the use of objective financial indicators (e.g., Return On Assets - ROA).
4. It favours the analysis and processing of data gathered collectively (and not only individually as has been done so far), following a multilevel perspective, that is, considering the perception that employees have of their work teams, their supervisors and the organization as a whole. This offers results that are closer to the work situation since not only ideographic or subjective aspects are considered, but also the interactions established with the people with whom they work.
5. It presents a macro view that enables the integration in a single evaluation of different levels of analysis (organizational, group and individual) and the studying of organizational phenomena that it would not be possible to study outside this comprehensive perspective.

As discussed above, the HERO battery combines quantitative and qualitative instruments and it is applied to different key players. Next we describe the differentiators of these instruments.

1. Qualitative measures. These are obtained through semi-structured interviews with the directors and they mainly cover two topics: healthy organizational resources and practices, and healthy organizational results. The interviews are analysed using content analysis. This task is carried out by trained and independent coders with the goal of creating a reliable and valid system of mutually exclusive categories. Healthy organizational resources and practices are categorized according to the ERCOVA project (Responsible Company of the Valencian Community) which promotes the Corporate Social Responsibility (CSR) of companies as part of the European project EQUAL.
2. Quantitative measures. These are carried out by administering three questionnaires (with collective measures) that are answered by employees, supervisors and customers. The questionnaires of employees and supervisors include 21 scales that refer to the three main dimensions of the HEROs: healthy organizational resources and practices, healthy employees, and healthy organizational outcomes. In all cases the reference is collective. This means that employees fill in the questionnaire thinking about the organization (i.e., 'In

this organization...') and the team (i.e., 'My team...'), while the immediate supervisor thinks about the organization (i.e., 'In this organization...') and the team he/she oversees (i.e., 'The team I supervise...'). Finally, the questionnaire for clients includes four measures on positive organizational results, specifically of quality of service: employee job performance, employee empathy, loyalty and customer satisfaction. The scales are measured using a 7-point Likert scale ranging from 0 "never" to 6 "always." In the following sections of this article we will offer the main results obtained in the research on HEROs with regard to positive evaluation and intervention in organizations.

EVALUATION OF POSITIVE ORGANIZATIONS USING THE HERO METHODOLOGY

The HERO model is the result of decades of study and research by the WANT team. We focus primarily on our concern for the well-being and full development of the potential of the individual in their working environment, on the analysis of psychosocial factors and the importance of evaluation and optimization. Based on a model of global assessment of psychosocial factors, psychosocial evaluation encompassed not only psychosocial risks in the work environment, or what does not work well at work, but also the positive aspects of work: that which works but can be improved. From this perspective, using the RED (Resources-Experiences-Demands) model, we obtained key results in our research that we consider antecedents to the HERO model. These include the design and validation of scales, the establishment of the model both in its negative (ill-being) and positive branches (well-being) or the identification of demands and resources including personal resources (for more information see Salanova, Martínez & Llorens, 2014; Martínez, Salanova & Llorens, 2016).

The research carried out with the HERO model is based on the conceptual development and the definition of healthy and resilient organizations, as well as the stability and validity of the HERO model that has been scientifically validated at the empirical level, as discussed above (Salanova, Llorens et al., 2012). Now, as to the three main blocks of components of the HERO model (Organizational resources and practices, Healthy employees and groups and Healthy organizational results) our research has highlighted the interdependence between them and the fact that improvements in any one area affect the others. Our results indicate that organizations that optimize their resources and develop healthy organizational practices result in healthier employees and work teams, endowed with great potential and well-being, which results in excellent organizational results in relation to both the performance of workers and that of the teams and the organization in general. In this context and, given the strong collective nature of work today, it is important to consider a collective perspective, which, based on group perceptions and experiences, establishes causal relationships in relation to the three blocks of variables of the HERO model. This consideration has been substantiated with empirical research that justifies the use of these collective variables (Gil, Llorens & Torrente, 2015; Torrente, Salanova & Llorens, 2013).



Regarding the first block of elements, *organizational resources and practices*, the research has focused on identifying the most important resources and practices. A study conducted by qualitative analysis (analysis of the content of interviews conducted in 32 Spanish companies from various economic sectors) revealed that the practices of communication and skills development, and promoting health and safety at work from the perception of managers and/or human resources managers were those most used and most useful. In addition, the provision of *resources* such as autonomy, feedback, social support, teamwork, etc. and *organizational practices* such as transformational leadership, work-life balance, etc. are positively related to more effective, engaged and resilient workers and teams, which in turn have good performance, not only referring to their tasks but also outside of their role; they produce results of better quality, provide better service and create customer loyalty (Salanova, Llorens et al., 2012; Salanova, Martínez & Llorens, 2014). The robustness of the results increases when the different levels of evaluation are taken into account and, as well as considering the perceptions of workers, the perceptions of other stakeholders in the organization, such as supervisors or leaders and customers/users, are also included. From this perspective, the results show that transformational leadership, considered one of the main social resources, has a positive effect on the levels of self-efficacy and engagement of workers both individually and collectively, increasing their levels of organizational trust (Acosta, Salanova & Llorens, 2012; Acosta, Torrente, Llorens & Salanova, 2013) and the performance both within the role and outside of it (Cruz, Salanova & Martínez, 2013). Workers not only carry out their duties correctly but also their performance is exceeded as they “go the extra mile” (Meneghel, Salanova & Martínez, 2016; Salanova, Llorens, Torrente & Acosta, 2013). On the other hand, the organizational practices are antecedents and they are positively related to the engagement of workers. Specifically, organizational practices related to psychosocial health, the development of skills and the career development of workers produce the most contributions and therefore it is these on which human resources management should concentrate its efforts with the aim of increasing the engagement of workers.

Regarding the second component of the model, healthy employees and working groups and referring to employees and teams with high psychosocial well-being (high levels of efficacy beliefs, positive emotions, work engagement, optimism, resilience, etc.), the results have shown the power of personal resources such as self-efficacy, which affects the relationship between the leadership functions performed by the supervisors and the engagement of the workers in the group (Tripijana & Llorens, 2015). Furthermore, when efficacy is considered at group level (i.e., collective efficacy beliefs) it is an antecedent of flow (Salanova, Rodríguez, Schaufeli & Cifre, 2014). The level of employee psychosocial well-being is a key element in the model since on many occasions its mediating effect has been demonstrated between organizational resources (block 1 of the model) and results (block 3 of the model). The good use of resources and the effect of organizational practices can be enhanced through the well-being of workers. Thus, the level of

engagement and the perceived competence of the worker mediate the relationship between the good use of organizational facilitators or resources and quality of service. For a good use of these organizational facilitators, there must be an adequate level of engagement and the perception of good professional competencies (Gracia, Salanova, Grau & Cifre, 2013).

Similarly, transformational leadership has a positive effect on the performance of work teams through collective engagement and it shows that the performance of the leader does not have so much of a direct action on the team’s performance, but works more through motivational states such as engagement (Cruz, Salanova & Martínez, 2013). The mediating role of engagement has also been shown in the case of the relationship between the perceptions of 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 when there is an appropriate level of the workers’ engagement (Rodríguez, Martínez & Salanova, 2014). Also other indicators of healthy employees and groups such as resilience and satisfaction mediate the relationship between the perceptions that workers have of their organizational social context and performance. Again psychosocial factors, such as resilience and satisfaction, are necessary to facilitate the effect of the resources (Meneghel, Borgogni, Miraglia, Salanova & Martínez, 2016).

As for the third block of the HERO model, *healthy organizational results*, on the one hand the research has focused on analysing the results that relate to the high performance or excellent performance of employees and work teams, attempting to identify their antecedents in order to understand the underlying psychological processes. As shown in the previous paragraph, referring to healthy employees, indicators of well-being are positively related to performance acting either as direct antecedents or as mediators. This has highlighted the importance of having work and personal resources that favour a high level of engagement as these variables are antecedents to good performance (Lorente, Salanova, Martínez & Vera, 2014). The importance of the affective aspects of work has also been proved. The work teams that experience positive group emotions and have high levels of collective resilience obtain better performance when evaluated by their supervisor; which indicates the need to provide work experiences that produce positive emotions shared by the teams (Meneghel, Salanova & Martínez, 2016). The same effect is produced by collective engagement; teams with more collective engagement perform better both within their role and outside of it (Torrente, Salanova, Llorens & Schaufeli, 2012).

On the other hand, in addition to performance as an element in this block, the organizational results relate to other organizational aspects evaluated by both the workers as well as the customers and users of organizations. In this regard, it has been shown that the quality of service in health organizations depends on the level of well-being of workers. The positive emotions and engagement of workers mediate the relationship between perceptions of self-efficacy, or what the worker believes

they are capable of, and the quality of service they offer. The perceptions of professional competence of employees are critical to providing a good service, however our research shows that this relationship is not direct, but requires some level of engagement from workers. In the same way, the relationship has been shown between the positive emotions and empathy of workers in SMEs and the quality of service delivered (Bustamente, Llorens & Acosta, 2014).

POSITIVE INTERVENTIONS BASED ON THE HERO MODEL: PRELIMINARY RESULTS

In Positive Psychology the intervention is understood as the design and implementation of different positive strategies that are implemented by the teams and organizations in order to improve their performance and satisfaction with the aim of promoting health, quality of work life and organizational excellence following the scientific method. To this end, a positive intervention is necessary to cultivate the whole person, attending to the positive cognitive, emotional and behavioural aspects (Sin & Lyubomirsky, 2009).

Positive interventions can be classified taking into account the focus and purpose of the intervention. With regard to the *focus* we can speak of collective interventions that are directed at the organization as a whole (perhaps these would be the genuine interventions in the organizational context) that can be complemented by interventions at the personal level, which can be generalized to the private sphere. With regards to the *objective*, interventions are primary when they are aimed at achieving the optimum performance and satisfaction of individuals, groups and organizations, and they are secondary when they refer to the extra efforts that are made over time to achieve and maintain the maximum performance, health and satisfaction in teams and organizations.

Despite the fact that positive interventions applied to the organizational context are in the early stages, there are some basic guidelines that facilitate the success of positive interventions (see Llorens et al., 2013; Salanova, Martínez & Llorens, 2014):

- 1) Prepare the work environments, which involves incorporating interventions into the general policies of the organization, ensuring the full commitment of the organization, promoting the mechanisms of information and participation of the different actors and taking advantage of the wisdom of the organization.
- 2) Design the intervention, planning it realistically, raising the objectives and hypotheses based on valid and solid scientific theories, intervening in organizations or teams at random, and focusing strategies at the collective level and based on the previous results of the evaluation.
- 3) Implement and test the effectiveness of the intervention by conducting field studies and quasi-experimental studies, longitudinal designs with multiple levels of analysis and multiple key agents; where an analysis is carried out and collective intervention strategies are proposed and where different types of qualitative data analysis (e.g., interviews) are combined with quantitative data analysis (e.g., questionnaires).

- 4) Ensure the maintenance over time, which implies assessing the real impact of the intervention, focusing on the real transfer of the intervention to the current jobs, ensuring the protection and confidentiality of the data and institutionalizing the services promoting the overall health of the organization proactively as a strategic objective of the organization.

In general, we can differentiate 12 positive actions focused at the level of the individual (see Llorens et al., 2013; Martínez, Salanova & Llorens, 2016; Salanova et al., 2013a, 2013b):

- 1) Identification of and daily practice in the work of *key strengths* (VIA-IS <https://www.viacharacter.org/www/>) and especially the ability to find meaning and passion at work, i.e., “engagement”.
- 2) Showing *kindness* to peers, supervisors or customers through simple behaviours such as taking a coffee to a colleague, sending an email or assigning two companions to instigate a day of kindness.
- 3) *Expressing gratitude* by sending a thank you letter (or e-mail) addressed to someone important at work, “liking” something on Facebook, writing a gratitude journal or establishing an employee appreciation day.
- 4) Learning to *forgive* by writing a letter (or email) of forgiveness (it is not necessary to send it), forgiving in an imaginary way or feeling compassion for the person who has hurt us to free ourselves from suffering.
- 5) *Sharing positive news* with peers, supervisors and clients, taking advantage of “coffee time”, the use of social networks, celebrations of successes, birthdays, commemorations, awards, etc.
- 6) *Taking care of social relationships* practicing simple behaviours of “good morning”, socializing in work breaks, sharing moments of “coffee and biscuits”, and helping others when necessary.
- 7) *Reflecting on the positive*, identifying the happiest moments you have experienced today with your co-workers both inside and outside of work and the emotions you are feeling.
- 8) *Cultivating realistic or intelligent optimism*, by visualizing and writing a letter about the improved “future me” at work or making a post-it note tree on which optimistic sentences are written.
- 9) *Practising mindfulness* in the present moment (e.g., focusing on our breath).
- 10) *Setting personal goals* that are intrinsically rewarding, harmonious and authentic, writing the personal legacy that one wishes to leave before leaving the company, critically examining one’s commitment to the objective and breaking it down into other more accessible goals.
- 11) *‘Becoming more resilient’*, that is, developing the capacity to adapt positively in contexts of great adversity, implementing mechanisms for coping with the threatening situation, where changes are perceived as an opportunity rather than a threat.
- 12) *‘Relishing’*, prolonging and enjoying the good moments, sharing them, and recalling them afterwards, in order to re-live them positively once more.

When the focus of the interventions is collective, that is, they

are directed at the organization and teams, three basic positive actions are emphasized (Llorens et al., 2013; Martínez, Salanova & Llorens, 2016; Salanova et al., 2013a and b):

- 1) A *Positive Audit*, which involves attracting and retaining talent based on the strengths of the employees, the management of the psychological contract (the implicit exchange between the employer and the employee whose contents are negotiated, planned and evaluated periodically by carrying out an Employee Development Agreement), HERO audits (interviews with management and administering questionnaires to employees, immediate supervisors and customers/users) and the development of appreciative inquiry as a process of identifying, focusing and releasing the potential within the organization based on an appreciation of the strengths of individuals, groups and the organization with the aim of increasing the potential of the strengths and “exceptional” performance.
- 2) *Making changes in the workplace* that involve investing in task resources (e.g., autonomy, variety, feedback), social resources (e.g., social support, transformational leadership, teamwork, coordination), and organizational practices (e.g., trust, fairness, work-family balance, communication) and introducing positive changes at work (e.g., reorganization into different and challenging jobs, rotation, assignment to special projects).
- 3) *Positive Psychology Coaching* or the learning process in which the coach works on the client’s strengths to develop their potential, empowering them to achieve their goals, either to promote cooperation between the members of a team (*team coaching*) or to accompany the leader in improving their professional performance, well-being and efficiency of the organization (*executive coaching*).

Despite the need to implement and evaluate the efficacy of the positive interventions in organizations, not much investigation has been carried out yet. In the WANT team, we are currently developing several research projects (Program of Excellence in Research of the Generalitat Valenciana PROMETEO, #PROMETEO/2013/025; National Plan of R & D & I of the Ministry of Economy and Competitiveness, #PSI2011-22400 and Universitat Jaume I, #P1·1B2014-40 and the PREVENT Foundation project, 151194.01 / 1) which aims to design, implement and evaluate the efficacy of group and organizational intervention strategies based on Positive Psychology.

In some of these projects we have already begun to implement these interventions and we have obtained some results. For example, Coe, Ortega, and Salanova (2015) conducted an intervention based on Mindfulness lasting three sessions based on the Mindfulness Based Cognitive Therapy (MBCT) Model of the University of Oxford. There were 19 participants in the intervention while the control group consisted of 15 people in waiting list format. The repeated measures ANOVA analysis indicated that there are significant differences in the development of mindfulness as a characteristic, happiness and performance in those people who had participated in the intervention compared with the workers on the waiting list.

In another study, Coe and Salanova (2016) conducted a pilot study of positive intervention entitled “Development of corporate

competencies based on Mindfulness” that focused specifically on developing personal strengths applied to the organizational environment in combination with the development of mindfulness as a strategy for promoting happiness, engagement and emotional intelligence in a company dedicated to supplies and services to the healthcare sector. Workers at all levels of the organization participated in this intervention (n = 17) for a period of 8 weeks. The results showed significant improvements in the levels of trait mindfulness and the levels of engagement (vigour, dedication and absorption), emotional intelligence and happiness after finishing the intervention.

Finally, in another study conducted with a pre-professional sample different interventions were tested, aimed at developing positive resources (psychological capital and positive coping strategies) in a sample of 106 university students (3 target groups and one group to which a neutral intervention was applied) who participated in a workshop on personal and professional growth organized by the *UJI-Saludable* program. The results showed an increase in the levels of well-being of the students versus the control group, with the most effective strategies being the ones in which the intervention occurred jointly on both resources and the ones in which a micro intervention was combined with daily practice (Ortega-Maldonado, Solares, Meneghel & Salanova, 2016).

CONCLUSIONS AND PRACTICAL IMPLICATIONS

In this article we have addressed a topic of current interest which involves a challenge, i.e., how to assess and develop positive organizations. Based on the models proposed by Positive Organizational Psychology, analysis, evaluation and intervention can be carried out in organizations, in order to move towards more positive, healthier and more resilient organizations.

The main conclusions reached in this article are as follows:

- 1) A positive organization is one that is characterized not only by its organizational excellence, financial success and excellence, but also because it has a physically and psychologically “healthy” workforce that is able to maintain a positive work environment and organizational culture, particularly during periods of turbulence and social and economic changes.
- 2) A positive organization comprises fundamental elements that relate to each other mutually: healthy resources and practices, healthy employees and excellent organizational results. In addition, the community relationships of these organizations are also excellent.
- 3) We can assess positive organizations based on theoretical models and scientific methodologies such as the Healthy and Resilient Organization (HERO) Model and its methodology of assessment and intervention. The application of this methodology involves the use of different evaluating agents, different methodologies for collecting and analysing data and it provides results in terms of psychosocial health indicators as well as organizational outcomes.
- 4) The validity and appropriateness of the model allows the identification of variables that are susceptible to intervention, with which, as well as assessing them, we can strengthen the



HEROs based on research designs regarding the efficacy of programs based on the science of psychology.

- 5) The scientific research, some of whose results are shown in this article, has shown that healthy and resilient organizations can be enhanced and promoted through practical strategies based on Positive Organizational Psychology; these are based on promoting and developing levels of positivity in their employees, teams and managers at the organizational level, while also implementing measures individually that workers can develop both within the organization and outside it.
- 6) The results show that positive interventions should focus on organizational assessment and then increasing the organizational resources and practices (rather than reducing the demands), in order to influence the levels of employee well-being (healthy employees and teams) and thereby improve the organizational results (performance and excellence).
- 7) There is a clear need to invest efforts to promote the psychosocial well-being of employees and encourage positive group experiences, as this facilitates all of the processes and relationships that are established between performance and organizational results and their antecedents.
- 8) Despite these advances in research on the efficacy of positive interventions, there is still a long way to go with regards to the best combination of specific intervention practices, their design, evaluation, development of specific protocols and the development of a decalogue of good practices that can be transferred to the professional world from R2P (Research to practice) and to ensure the success of positive interventions in the employment context.

Finally, we would like to point out that, in order to understand psychological well-being at work from a holistic approach, an interdisciplinary model is necessary for promoting the health and strengths of people in organizations and their overall functioning. We need a multi-causal model that integrates all of the elements involved in people's health and well-being and also considers the importance of the application of institutional measures in this regard.

Thus, positive interventions programs should be an integral part of the policies and culture of organizations that value, encourage and enhance health and well-being. Rather than the conception of the workplace as a place for business, commercial or productive exchange, it would come to be seen as a living space where people contribute their efforts, energy and competencies so that the organization can achieve its objectives, which are ultimately the objectives of everyone, and it would be considered that workers and senior managers must work together to make it a healthy environment where health, in the full sense of the word, is encouraged.

This is the basis of the approach to the promotion of health at work initiated by the WHO (World Health Organization) which is oriented towards the concept of the "healthy organization" and this is the foundation on which the project #EnPositivo by WaNT is built: a Technology Based Company (TBC) at the Universitat Jaume I that we have built in our WANT research

team and the OTP Foundation Group (www.grupotp.org) with the aim of developing 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 to help create a better world.

REFERENCES

- Acosta, H., Salanova, S., & Llorens, S. (2012). ¿Cómo predicen las prácticas organizacionales el engagement en el trabajo en equipo?: El rol de la confianza organizacional [How do organizational practices predict engagement in teamwork?: The role of organizational trust]. *Ciencia y Trabajo*, 13, 125-134.
- Acosta, H., Torrente, P., Llorens, S., & Salanova, M. (2013). Prácticas organizacionales saludables: Un análisis de su impacto relativo sobre el engagement con el trabajo [Healthy organizational practices: An analysis of their relative impact on engagement with work]. *Revista Peruana de Psicología y Trabajo Social*, 2, 107-120. 2016Psicología y Trabajo Social, ngamente con el trabajo013).
- al de Prissionais de Sael proyecto. uipo y organizacionales. ones
- Bandura, A. (2002). *Self-efficacy: The exercise of control* (5th ed.). New York, NY: Freeman and Company.
- Bustamante, M., Llorens, S., & Acosta, H. (2014). Empatía y calidad de servicio: el papel clave de las emociones positivas en equipos de trabajo [Empathy and service quality: the key role of positive emotions in work teams]. *Revista Latinoamericana de Psicología Positiva*, 1, 7-17.
- Coo, C. & Salanova, M. (2016). Mindfulness y felicidad en el trabajo: Evaluación de un programa de intervención. [Mindfulness and happiness at work: Evaluation of an intervention program.] *III Congreso Nacional de Psicología Positiva, [III National Congress of Positive Psychology,]* Baeza (Jaén), 21-23 April 2016.
- Coo, C., Ortega, A., & Salanova, M. (2015). Mindfulness y bienestar en el trabajo: Prueba controlada de una intervención. [Mindfulness and well-being at work: Controlled trial of an intervention.] *V Jornadas "Emociones y Bienestar". Sociedad Española para el Estudio de la Ansiedad y el Estrés [5th Conference on "Emotions and Welfare". Spanish Society for the Study of Anxiety and Stress].* 1-2 October 2015, Madrid.
- Cruz, V., Salanova, M., & Martínez, I.M. (2013). Liderazgo transformacional y desempeño grupal: Unidos por el engagement grupal [Transformational leadership and group performance: United by group engagement]. *Revista de Psicología Social*, 28, 183-196.
- DeJoy, D. M., Wilson, M. G., Vandenberg, R. J., McGrath-Higgins, A. L. & Griffin-Blake, C. S. (2010). Assessing the impact of healthy work organization intervention. *Journal of Occupational and Organizational Psychology*, 83, 139-165.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands- resources model of burnout. *Journal of Applied Psychology*, 86, 499-512.
- Fredrickson, B. L. (2001). The role of positive emotions in



- positive psychology: the broaden-and-build theory of positive emotions. *American Psychologist*, 56(3), 218–226.
- Gil, E., Llorens, S. & Torrente, P. (2015). Compartiendo afectos positivos en el trabajo: El rol de la similitud en los equipos [Sharing positive emotions at work: The role of similarity in teams]. *Pensamiento Psicológico*, 13(1), 93-103.
- Gracia, E., Salanova, M., Grau, R. & Cifre, E. (2013). How to enhance service quality through organizational facilitators, collective work engagement, and relational service competence. *European Journal of Work and Organizational Psychology*, 22(1), 42–55.
- Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process: advancing conservation of resources theory. *Applied Psychology: An International Review*, 50, 337–421.
- Llorens, S., Salanova, M., Torrente, P., & Acosta, H. (2013). Interventions to promote Healthy & Resilient Organizations (HERO) from Positive Psychology. In G. Bauer & G. Jenny (Eds.), *Concepts of salutogenic organizations and change: The logics behind organizational health intervention research*. Zurich: Springer.
- Lorente, L., Salanova, M., Martínez, I.M. & Vera, M. (2014). How personal resources predict work engagement and self-rated performance among construction workers: A social cognitive perspective. *International Journal of Psychology*, 49(3), 200–207.
- Martínez, I.M., Salanova, M., Llorens, S. (2016). Promoción de la salud en el trabajo: Hacia un modelo de organizaciones saludables y resilientes [Promoting health at work: Towards a model of healthy and resilient organizations]. In M. J. Chambel (Ed.), *Psicología da saúde ocupacional*, in press.
- Meneghel, I., Borgogni, L., Miraglia, M., Salanova, M. & Martínez, I. M. (2016) From social context and resilience to performance through job satisfaction: A multilevel study over time. *Human Relations*, in press.
- Meneghel, I., Salanova, M. & Martínez, I. M. (2016). Feeling good makes us stronger: How team resilience mediates the effect of positive emotions on team performance. *Journal of Happiness Studies*, 17(1), 239-255.
- Ortega-Maldonado, A., Solares, J., Meneghel, I., & Salanova, M. (2016). Más recursos para mayor bienestar: resultados de una micro-intervención positiva en pre-profesionales [More resources for greater well-being: The results of a positive micro-intervention in pre-professionals]. *III Congreso Nacional de Psicología Positiva [III National Congress of Positive Psychology]*, Baeza (Jaén, Spain), 21-23 April 2016.
- Rodríguez, R. L., Martínez, M., & Salanova, M. (2014). Justicia organizacional, engagement en el trabajo y comportamientos de ciudadanía organizacional: Una combinación ganadora [Organizational justice, work engagement and organizational citizenship behavior: a winning combination]. *Universitas Psychologica*, 13(3), 961-974.
- Salanova, M. (2008). Organizaciones saludables y desarrollo de recursos humanos [Healthy organizations and human resource development]. *Estudios Financieros*, 303, 179-214.
- Salanova, M. (2009). Organizaciones saludables, organizaciones resilientes [Healthy organizations, resilient organizations]. *Gestión Práctica de Riesgos Laborales*, 58, 18-23.
- Salanova, M., Rodríguez, A., Schaufeli, W. & Cifre, E. (2014). Flowing Together: A Longitudinal Study of Collective Efficacy and Collective Flow Among Work-groups. *The Journal of Psychology*, 1, 1–21.
- Salanova, M., Llorens, S., Acosta, H. C. & Torrente, P. (2013a). Positive interventions in positive organizations. *Terapia Psicológica*, 31, 101-113.
- Salanova, M., Llorens, S., Cifre, E. & Martínez, I. M. (2012). We Need a Hero! Towards a Validation of the Healthy & Resilient Organization (HERO) Model. *Group & Organization Management*, 37, 785-822.
- Salanova, M., Llorens, S., Torrente, P., & Acosta, H. (2013b). Intervenciones positivas para promover organizaciones saludables y resilientes [Positive interventions to promote healthy and resilient organizations]. In F. Palací & M. Bernabé (Eds.), *Consultoría Organizacional [Organization Consultancy]* (pp. 137-166). Madrid: Sanz y Torres.
- Salanova, M., Martínez, I. M. & Llorens, S. (2014). Una mirada más “positiva” a la salud ocupacional desde la Psicología Organizacional Positiva en tiempos de crisis: aportaciones desde el equipo de investigación WANT [A more “positive” look at occupational health from positive organizational psychology during times of crisis: Contributions from the WANT research team]. *Papeles del Psicólogo*, 35, 22-30.
- Salanova, M., Martínez, I.M. & Llorens, S. (2005). Psicología Organizacional Positiva [Positive Organizational Psychology]. In F. Palací (Ed.), *Psicología de la Organización* (pp. 349-376). Madrid: Pearson Prentice Hall,.
- Schaufeli, W. B., y Bakker, A. B. (2004). Job demands, job resources and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior*, 25, 293–315.
- Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of Clinical Psychology: In Session*, 65, 467-487.
- Torrente, P., Salanova, M. & Llorens S. (2013). Spreading engagement: On the role of similarity in the positive contagion of team work engagement. *Journal of Work and Organizational Psychology* 29, 153-159.
- Torrente, P., Salanova, M., Llorens, S., & Schaufeli, W. B. (2012). Teams make it work: How team work engagement mediates between social resources and performance in teams. *Psicothema*, 24,106-112.
- Tripiana, J., & Llorens, S. (2015). Empleados engaged: influencia de la autoeficacia y del líder [Engaged employees: The influence of self-efficacy and the leader]. *Anales de Psicología*, 31(2), 636-644.
- Wilson, M. G., DeJoy, D. M., Vandenberg, R. J., Richardson, H. A. & McGrath, A. L. (2004). Work characteristics and employee health and well-being: Test of a model of healthy work organization. *Journal of Occupational and Organizational Psychology*, 77, 565-588.