Definition of healthy organisations: The HERO model

Healthy organisation: Analysing its meaning based on the HERO model

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Abstract

The aim of this study is to analyse the meaning of healthy organization from an empirical - theoretical perspective based on the HERO Model (HEalthy & Resilient Organizations; Salanova, Llorens, Cifre & Martínez, 2012). Analyses were performed by four independent judges of 14 interviews carried out with 14 CEOs or human resources managers in 14 Spanish organizations using content analysis. Qualitative results show: (1) a partial overlap in the categories proposed by the theoretical model (based on the concordance rate, Cohen's Kappa and CCI), and (2) that the empirical definition mainly focuses on employees’ psychosocial health as a key element of the meaning of healthy organization. Finally, categorical matrixes provide evidence of subcategories emanating from the key elements that comprise a healthy organization. Results as well as theoretical and practical applications are discussed based on the HERO Model.

Keyword: content analysis, qualitative methodology, healthy organization.
The early contributions on “organisational health” began to appear in the 1950s and 1960s (Argyris, 1958; Schein, 1965). According to Argyris (1958), a healthy organisation is one that allows for optimal human functioning. On the other hand, Schein (1965) identified five characteristics of a healthy organisation: (1) sense of environmental change, (2) information reaches the right places, (3) processing and using information, (4) adaptation and transformation without destruction, and (5) getting information on the consequences of the transformations. These early contributions reveal that the indicators that were taken into account to evaluate a healthy organisation (such as low absenteeism, production levels, industrial safety, loyalty, positive employee feelings) did not always lay an appropriate foundation for diagnosing them. Therefore, researchers’ interest focused on further studying healthy organisations from different approaches. For example, in the field of human resources, studies have focused on identifying the characteristics of healthy organisations that generate high work performance and low costs related to safety at work (Arthur, 1994; Delery & Shaw, 2001; Huselid, 1995; Ostroff & Bowen, 2000). Other researchers have considered the organisational and/or contextual factors that generate malaise in organisations, such as stress (Cartwright, Cooper & Murphy, 1995; Peterson & Wilson, 2002; Sparks, Faragher & Cooper, 2001). In this same sense, researchers who promote health have been interested in examining the effects of relationships between the employee and organisational results, such as leadership (Goetzel, Jacobson, Aldana, Vardell & Yee, 2000; Ozminkowski et al., 1999). 

Today, the psychology of occupational health is emerging as a discipline within psychology whose main goal, based on its interdisciplinary and cross-disciplinary
nature, is to create safe and healthy work environments which promote healthy organisations, groups and people. This entails having a management team that is committed to both comprehensive health and the development and promotion of health at work (Salanova, Llorens, Torrente & Acosta, 2013). Therefore, organisations are beginning to be viewed as a source of health and illness, and their working conditions are beginning to be assessed in that they can positively or negatively influence employees’ health (Gómez, 2007). Specifically, Positive Occupational Psychology (POP) focuses on studying the strengths of employees and people’s optimal behaviour within organisations (Luthans, Avolio, Avey & Norman, 2007; Peterson & Seligman, 2004; Salanova, Martínez & Llorens, 2005; Seligman & Csikszentmihalyi, 2000), and thus the concept of “healthy organisations” has been addressed using different approaches. For example, Bruhn (2001) analyses the definition proposed by the World Health Organisation (WHO), which suggests that health is a state of physical, mental and social wellbeing and not just the absence of illness. This author takes this definition and posits that the health of an organisation is: (1) *body*, referring to the structure, organisational design, communication processes and work distribution; (2) *mind*, referring to the underlying beliefs, objectives, policies and procedures that are implemented; and (3) *spirit*, that is, the core of an organisation or what makes it strong. Another example is Corbett’s contribution (2004), which states that a healthy organisation stems from the company’s behaviour through a shared mission and effective leadership; this achieves a balance in the relations between the employees, the clients and the organisation, which then results in its commitment to social responsibility in both its values and its results. Therefore, considering an organisation healthy means taking a broad view of it, where aspects like that characteristics of the
work systems, cultural values and organisational climate are taken into account (Wilson, DeJoy, Vanderberg, Richardson & McGrath, 2004). One of the aspects that studies have pointed to as relevant when developing a healthy organisation is the employees’ health, in that this poses a competitive advantage for organisations and caring for employees therefore has positive consequences in its wellbeing in terms of organisational performance and the organisation’s financial health (Cooper & Cartwright, 1994; Luthans et al., 2007; Salanova & Schaufeli, 2009; Shuck, Rocco & Albornoz, 2011; Wright & McMahan, 1992).

In this sense, the mixed committee of the International Labour Organisation (ILO) and the World Health Organisation (WHO) suggested that the goal of health at work consists of successfully promoting and maintaining the highest degree of physical, mental and social wellbeing of employees in all jobs (ILO, 2003). Tarride, Zamorano and Varela (2008) surveyed the definitions of healthy organisation and concluded that work organisations are a system that involves a state of physical, mental and social wellbeing that is neither additive nor linear but that instead depends on the context of the organisation and the people making it up. Therefore, physical, mental and social wellbeing belong to the organisation, that is, to the system as a whole and not to its parts. Thus, we understand that encouraging the health of both the employees and the organisation is a core factor in promoting healthy organisations. In this way, healthy organisations can simultaneously fulfil their mission and develop and encourage their employees’ learning, growth and health.

From this, studies emerged that propose a comprehensive model of healthy organisations (DeJoy, Wilson, Vandenberg, McGrath-Higgins & Griffin-Blake, 2010; Wilson et al., 2004). These studies try to test the heuristic model of healthy
organisations which integrates employees’ health as well as variable referring to the organisation’s context (such as work demands, tools and technologies and the social setting) and performance. These studies are an initial approach to understanding how an organisation’s practices are related to its employees’ health. However, the validation of these initial comprehensive models of healthy organisations (DeJoy et al., 2010; Wilson et al., 2004) showed several limitations: (1) the data were gathered using the same source of information (employees) with the same measurement instruments, turning the common variance into potential bias in the data; and (2) the constructs were tested on the level of individual analysis, even though the premises underlying the concept of healthy organisation require these models to be examined at a collective level of analysis. Following the same lines, other studies have considered organisations that invest in the health, resilience and motivation of their employees and work teams, as well as in the structure and control of work processes, and in healthy results oriented at achieving income and excellence for society healthy and resilient organisations (HEalthy & Resilient Organizations, HERO; Salanova, Llorens, Cifre & Martínez, 2012). From a psychosocial perspective, the HERO model takes a step further towards considering that a healthy organisation encompasses the health of the employees not only in their work environment but also outside of work, affecting the community. Here is where the organisational resources and practices that the organisation invests become a cornerstone in the development of HEROs.

Recently Salanova et al. (2012, p. 788) have defined HEROs as “organisations that make systematic, planned and proactive efforts to improve the processes and results of their employees and of the organisation. These efforts are related to organisational resources and practices and to the characteristics of the work at three levels: (1) job
level (such as redesigning jobs to improve autonomy, feedback), (2) social level (such as transformational leadership), and (3) organisational level (such as work-family balance practices).

The HERO model is a heuristic theoretical model that integrates theoretical and empirical evidence coming from studies on work stress, human resources management, organisational behaviour and Positive Occupational Health Psychology (Llorens, del Libano & Salanova, 2009; Salanova, Llorens, Cifre & Martínez, 2009; Vandenberg, Park, Dejoy, Wilson & Griffin-Blake, 2002).

Based on these theoretical and empirical premises, we believe that a healthy, resilient organisation combines three key elements that interact with each other: (1) healthy organisational resources and practices (such as leadership), (2) healthy employees (such as work engagement), and (3) healthy organisational results (such as high performance) (Salanova, 2009; Salanova, Cifre, Llorens, Martínez & Lorente, 2011; Salanova et al., 2012) (see Figure 1). Since it is a heuristic model, so far specific relationships between some variables of the key components of the HERO model have been tested using quantitative and qualitative methodologies. Some examples of quantitative studies reveal the mediating role: (1) of organisational trust between organisational practices implemented based on Human Resources Management and team work engagement (Acosta, Salanova & Llorens, 2012a); (2) of team work engagement between transformational leadership and performance (Cruz-Ortiz, Salanova & Martínez, 2013); (3) of collective engagement between personal resources and service quality (Hernández, Llorens & Rodríguez, 2014); and (4) of team work engagement between team resources and performance as evaluated by supervisors (Torrente, Salanova, Llorens & Schaufeli, 2012). However, to our knowledge, no
studies have been performed that qualitatively examine the definition and key elements of a healthy organisation. Specifically, the studies on HEROs carried out by our team using the qualitative methodology have focused on: (1) evaluating the perceptions of healthy organisations using a 10-point Likert scale which ranged from 0 (not healthy) to 10 (very healthy) (Salanova et al., 2011); (2) analysing healthy organisational practices and healthy organisational results (Salanova et al., 2012); and (3) analysing the frequency of healthy organisational practices in small and medium-sized enterprises (SMEs) (Acosta, Salanova & Llorens, 2012b). In this sense, Sorge and Van Witteloostuijn (2004) and Vanderberg et al. (2002) suggest that there is a broad corpus of knowledge on theories of healthy organisations but that this knowledge is disjointed. According to these authors, this knowledge should be integrated through evidence based on consulting, as well as empirical evidence that would provide the groundwork for newer theoretical models. Therefore, this study strives to go a step further by more deeply examining the definition and key elements of a healthy organisation using a qualitative methodology, that is, using content analysis from both an empirical and theoretical approach based on the HERO model (HEalthy & Resilient Organization; Salanova et al., 2012).

Method

Participants and procedure

The sample was made up of 14 key stakeholders (80% men) belonging to 14 Spanish organisations. The interviewees had to have thorough knowledge of their organisations. To ensure this, we considered two requirements: (1) their current post in the company, which should enable them to have a global view of the organisation; and
(2) their seniority in the company. We interviewed 11 (79%) CEOs and three (21%) human resources managers. The average amount of time they had been working in the company was 18 years (sd. = 10). Ten (77%) of the organisations belonged to the services sector (including education, retail, entertainment and leisure, research, tourism, financial services and non-governmental organisations) and four (23%) belonged to the production sector (including construction and manufacturing).

The organisations were chosen by convenience, and participation was voluntary. The contact with the key stakeholders was initially via telephone and later in person. They were told the objectives of the study and were guaranteed the confidentiality and anonymity of the information. After they agreed to participate in the study, two expert researchers held interviews lasting approximately 45 minutes. To avoid biases, with the consent of the key stakeholders the interview was recorded and later transcribed verbatim.

HERO interview

We used the interview that is part of the hero battery of instruments (Salanova et al., 2012), which evaluates healthy, resilient organisations. Specifically, the interview script contains 27 open-ended and semi-structured questions divided in four sections: (1) history of the organisation (such as achievements and organisational changes); (2) definition of a healthy organisation (such as definition of a healthy organisation); (3) healthy organisational practices (such as implementation of healthy organisational practices); and (4) healthy organisational results (such as financial health). In this study, we focused on the second part of the interview, that is, the definition of a healthy organisation. To date, no studies have been conducted that focus on defining a healthy organisation.
organisation based on the perception of CEOs and human resource managers in organisations.

Analysis of the interviews

The interviews were analysed using content analysis (Ahuvia, 2001). This technique is widely used to analyse categories and reach conclusions based on a previous theoretical framework (Denecke & Nejdl, 2009; Dick, 2004). What is more, content analysis is a flexible technique which combines categories in a proposed theoretical model with sub-categories that emanate from the data analysed (Hsieh & Shannon, 2005). This analysis is performed by trained, independent codifiers with the goal of creating a system of categories that are mutually exclusive, reliable and valid (Weick, 1985). Four judges were chosen to participate in the analysis of the information because they are experts in Positive Occupational Health Psychology. Two of them hold PhD’s in Psychology and two have Master’s in the Psychology of Work, Organisations and Human Resources.

Specifically, the information was codified through two analysis strategies: (1) one focused on defining a healthy organisation, and (2) another focused on the key elements making up a healthy organisation. The first strategy enables us to identify categories related to the definitions of healthy organisations. Based on Cassell and Symon (2004), the four judges reached the consensus that the believed that the theoretical definition of a healthy organisation contained two categories. The first of them, practices, included the following sub-categories: job practices, social practices, organisational practices and individual practices. The second category, results, included employees’ health results, financial results, results of excellence and results in the environment/community where the organisation is. Later, through inter-judge
assessments, we identified the identical features in the definition of healthy organisations provided by the key stakeholders. To ascertain the degree of agreement among the judges, we calculated Cohen’s Kappa statistic which evaluates whether the degree of agreement among the judges is lower or higher than what could be expected at random (Kottner, 2008); a useful coefficient is when the pattern of all responses is comparable to an already determined standard (Muñoz, Montoro & Luke, 2006). Values between .81 and 1 can be interpreted as “very good”; those between .61 and .80 as “good”; those between .41 and .60 as “moderate”; and those between .21 and 40 “low”. Values under .21 are regarded as “poor” agreement (Altman, 1991). What is more, we calculated the concordance rate (CR). In this case, we considered evaluations to be concordant when the CR values of agreements ([agreements + disagreements]) is ≥ .80 (Tversky, 1977), which is more restrictive than Cohen’s Kappa values. We also considered the percentage of agreement, calculated as (number of agreements/total possible agreements)/100. Finally, the judges evaluated the degree of match between the theoretical definition proposed by the HERO model and the definition provided by the key stakeholders (Likert scale ranging from 0 = No match to 6 = Total match). In this case, since the variables are continuous, we used the SPSS programme (version 19.0) to calculate the Intraclass Correlation Coefficient (ICC; Bliese, 2000) with the goal of evaluating the consistency of the information yielded. The average reliability for this calculation of all the judges using the mean ICC was calculated applying the Spearman-Brown reliability correction (Wuensch, 2007). For the data saturation (Guest, Bunce & Johnson, 2006), we used four principles proposed by Francis et al. (2010) for content analysis, namely: (1) initial sample, (2) stopping criterion (a criterion which considers whether the data saturation has happened), (3) independent judges, and (4)
data saturation (Francis et al., 2010). Regarding the practices category, no new information emerged after the tenth interview. Specifically, the interviewees mentioned: job practices (e.g., strategic planning), social practices (e.g., interpersonal relations, leadership, teamwork and communication) and organisational practices (e.g., worker development, working conditions, work-nonwork balance policies). Regarding the results category, just as in the previous category no new information emerged after the tenth interview. Specifically, the interviewees mentioned: individual health (e.g., workplace psychosocial wellbeing, and psychosocial wellbeing outside of work), financial health (e.g., production), results of excellence (e.g., performance) and environmental results (e.g., reputation). The judges decided to include four more interviews with the goal of ensuring the data saturation process. After the 14 interviews analysed, the judges found no new information coming from the data.

The second analysis strategy revolved around the key elements making up a healthy organisation. It comprises the categorisation and codification of information which the judges did using paper and pencil with Templates analysis (King, 2004) based on the three key elements proposed by the HERO model (healthy organisational resources and practices, healthy employees and healthy organisational results; Salanova et al., 2012). Templates analysis is a flexible technique which allows the qualitative information obtained to be organised, and which captures the codified data in an explanatory matrix. The same four expert judges categorised the 14 interviews by consensus. They used two criteria to codify the information: (1) each company was assigned a number (from 1 to 14); and (2) correlative numbers were assigned to each utterance said by the key stakeholders from each company. The phrases were numbered from 1 to 50. Therefore, regarding the order of codification, the first number
corresponds to the company and the second to the utterance (such as 2:11). Later, the judges made a category tree by consensus in order to make a category map of the information provided by the key stakeholders regarding the elements of a healthy organisation.

**Results**

*Results related to the definition of a healthy organisation*

Table 1 shows the categories and agreement among the four expert judges (number of agreements) in the categories defining a healthy organisation given by the key stakeholders. To reach this, we considered Cohen’s Kappa alpha, the concordance rate (CR) and the percentage of agreement. The results reveal that the judges showed ‘some’ degree of agreement in the definition of a healthy organisation given by the key stakeholders when comparing it to the theoretical definition, with the most agreement in the sample being “the result of health in employees”. In short, the judges stated that all the definitions of healthy organisation given by the key stakeholders referred primarily to the health of the employees.

**INSERT TABLE 1 HERE**

With regard to the degree of agreement that the judges showed regarding whether the empirical definition (given by the key stakeholders) matched the theoretical definition of healthy organisation proposed by Salanova *et al.* (2012), the results (reached using the SPSS programme, version 19.0) show a ‘high’ level of agreement between the judges on the scores given to the fit between the definition of healthy organisation provided (*ICC*: .74, *p* < .01) and the theoretical definition. What is more, the results showed a ‘medium-low’ agreement in the definition of a healthy
organisation ($M=3.21$, $sd=.50$) with a response range from 0 (No agreement) to 6 (Total agreement).

Results focused on the elements of the HERO Model

The results of the categorisation based on the three key elements in the HERO Model (healthy organisational resources and practices, healthy employees and healthy results) resulted in a category tree.

Regarding the first element, healthy organisational resources and practices, two sub-categories emerged: social resources and healthy organisational practices. The first sub-category, social resources, encompasses kind of communication among the members of the organisation, leadership, teamwork and interpersonal relationships. One example of this sub-category is: “organisation with fluid, direct communication” (7:26). The second sub-category, healthy organisational practices, encompasses the channels of communication used in the organisation, strategic planning, traditional human resources practices, working conditions and worker development. One example of this sub-category is “organisation in which the worker has information on their jobs, their objectives” (7:23).

Regarding the second element, healthy employees, two sub-categories emerged: psychosocial wellbeing on the job and psychosocial wellbeing off the job. One example is: “the kind [of company] in which people work in a healthy atmosphere for individuals in both the physical and emotional sense” (4:13).

Regarding the third element, healthy organisational results, two sub-categories emerged: intra-organisational results (production and performance) and extra-organisational results (reputation). One example is: “companies with higher productivity” (9:39).
Discussion

The purpose of this study was to analyse the meaning of healthy organisation from both an empirical and theoretical standpoint based on the HERO Model (Healthy & Resilient Organization; Salanova et al., 2012) in 14 Spanish organisations. This study provides a specific look at the perceptions of key stakeholders from 14 Spanish organisations regarding how they define a healthy organisation and what the elements that they believe comprise one are. These conclusions lead us to discuss different theoretical implications regarding how CEOs and human resources managers conceptualise a healthy, resilient organisation, as well as practical implications for management and human resources.

Theoretical implications

The results of the content analysis focused on definitions show that there is a ‘partial’ fit between the definition proposed theoretically by the HERO Model (Salanova et al., 2012) and the empirical definition provided by the key stakeholders, as the latter offered a much more restrictive definition in which employees’ health is at the core of the discourse. This agreement between the judges in regarding employees’ health (both at work and outside work) as a core aspect in the information provided by the key stakeholders matches studies in POP which state the importance of caring for employees (e.g., Luthans et al., 2007) in the performance and productivity of the organisation. Unquestionably, this information is extremely important given that employees’ health is a factor in achieving the organisational objectives (Shuck et al., 2011), especially in these times of change and crisis, because employees are a competitive advantage (Cifre & Salanova, 2004). However, this empirical point of view
ignored other basic factors in sound organisational development, such as healthy organisational practices, which the theoretical definition does include. Healthy organisational practices are the cornerstone in developing HEROs (Acosta, Salanova & Llorens, 2013; Salanova et al., 2012). A study performed by Acosta et al. (2012a) showed that healthy organisational practices (e.g., work-family balance, preventing bullying, psychosocial health and communication programmes) are positively related to the wellbeing of work teams (e.g., organisational trust and team work engagement). In turn, these practices have consequences on organisational results. For example, in a multilevel study Torrente, Salanova, Llorens and Schaufeli (2013) showed that healthy organisational practices have an effect on both the organisational level and the level of work teams. This means that at the organisational level, healthy organisational practices are positively related to affective organisational commitment and client loyalty. On the team level, healthy organisational practices are positively related to coordination, work engagement and team performance (on and away from the job).

Secondly, the results of the content analysis focused on the elements comprising a HERO expand and specify each key element of the model (healthy organisational resources and practices, healthy employees and healthy organisational results). Specifically, it pinpoints the element of healthy organisational resources and practices, where social resources emerge, such as kind of communication, leadership, teamwork and interpersonal relationships. These kinds of resources are important in organisations because they serve two purposes (Schaufeli & Bakker, 2004): first, they increase psychosocial wellbeing (healthy employees) and healthy organisational results, and secondly they decrease psychosocial malaise (such as burnout and stress). What is more, channels of communication, strategic planning, traditional human resources
practices (such as hiring and recruitment) and working conditions (such as kind of contract) emerge specifically as organisational practices.

Another theoretical contribution is an expansion of the concept of healthy organisational results, which considers three intra-organisational results (e.g., intra-job performance) and extra-organisational results (e.g., good relations with the community). The former stress production and financial results, while the latter emphasise organisational reputation. Different studies (e.g., Cooper & Cartwright, 1994; Salanova 2008, 2009; Wright & McMahan, 1992) have stressed the organisation’s financial health; however, the fact that the organisation’s reputation emerged opens up a new perspective on the importance of how others (clients, community, society) see or perceive an organisation. This aspect is not included in the theoretical definition of a healthy organisation. For this reason, based on the results obtained we suggest including reputation in the definition and considering it within the key component called healthy organisational results.

**Practical implications**

From a practical standpoint, the results of this study reveal the limited vision that key stakeholders (CEOs or human resources managers) have compared to how the literature defines a healthy organisation and the elements that comprise it, as they largely limit their definitions to employees’ health without including the factors that could cause or maintain this health.

Therefore, the results of this study could be used to share the importance of basic factors like organisational resources and practices when developing a HERO. In this sense, organisations can develop a healthy organisation through positive interventions (Llorens, Salanova, Torrente & Acosta, 2013; Salanova, Llorens, Acosta & Torrente,
such as by implementing training in skills (e.g., leadership skills), communication practices (e.g., intranet) and healthy practices (e.g., practices to prevent bullying) (Acosta et al., 2012; Shuck et al., 2011) which would have positive repercussions on the employees, perhaps raising levels of worker engagement and work team performance (Salanova & Schaufeli, 2009).

**Limitations and future research**

First, the sample is made up of 14 key stakeholders belonging to 14 Spanish organisations. However, the sample size is appropriate for performing content analysis. In fact, previous studies published in major journals have considered this same number of companies when performing qualitative studies (e.g., Salanova et al., 2012). What is more, we should stress that the companies that participated in the study come from different economic sectors. Therefore, the perceptions of the key stakeholders are varied and provide a perspective of the concept being studied from both the services and production sub-sectors.

Likewise, the analysis focused on qualitative information. Subsequent studies could combine qualitative and quantitative methodologies, which would enable us to triangulate the information, such as through self-reporting questionnaires or daily studies by employees, supervisors and clients of the organisation. These different sources of information would provide a more integrated, comprehensive view of what is meant by a healthy organisation and provide specific proposals for future interventions (such as training).

**Final note**

This study enabled us to analyse the meaning and key components of a healthy organisation from both an empirical and a theoretical approach based on the HERO
Model (HEalthy & Resilient Organization; Salanova et al., 2012) in 14 Spanish organisations. Today, in times of crisis and profound changes, knowing and developing these HEROs may be the key to emerging from this situation healthy and strengthened.
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Table 1.

*Inter-judge agreement on the definition of a healthy organisation (N = 14)*

<table>
<thead>
<tr>
<th>Definition of Healthy Organisation</th>
<th>Yes</th>
<th>No</th>
<th>Number of agreements</th>
<th>Cohen’s Kappa</th>
<th>CR</th>
<th>Percentage of agreements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Practices</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>.55*</td>
<td>.78</td>
<td>85%</td>
</tr>
<tr>
<td>Social Practices</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>.39#</td>
<td>.64</td>
<td>69%</td>
</tr>
<tr>
<td>Organisational Practices</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>.22#</td>
<td>.57</td>
<td>62%</td>
</tr>
<tr>
<td>Health of People</td>
<td>13</td>
<td>0</td>
<td>13</td>
<td>1.00***</td>
<td>.93***</td>
<td>100%</td>
</tr>
<tr>
<td>Financial Healthy</td>
<td>2</td>
<td>8</td>
<td>10</td>
<td>.36#</td>
<td>.71</td>
<td>77%</td>
</tr>
<tr>
<td>Results of Excellence</td>
<td>1</td>
<td>10</td>
<td>11</td>
<td>.32#</td>
<td>.78</td>
<td>85%</td>
</tr>
<tr>
<td>Environmental Results</td>
<td>1</td>
<td>11</td>
<td>12</td>
<td>.42*</td>
<td>.86***</td>
<td>92%</td>
</tr>
</tbody>
</table>

*Note:* “Yes”: There are elements in the empirical definition on this category of the definition; “No”: There are no elements in the empirical definition on this category of the definition; Cohen’s Kappa: *** very good agreement (.91-1.00), ** good agreement (.61-.80), * moderate agreement (.41-.60), # low agreement (.21-.40); CR: *** ≥ .80.
Figure 1. HERO Model (HEalthy & Resilient Organizations)
Figure 2. Category Tree of Healthy Organisations

HEALTHY AND RESILIENT ORGANISATION

HEALTHY ORGANISATIONAL PRACTICES AND RESOURCES

- Leadership: (2:9); (9:38)
- Teamwork: (2:11); (5:15); (7:24)
- Communication: (7:26); (9:32)
- Interpersonal Relations: (1:1); (1:2); (1:3); (2:9); (4:13); (7:25); (8:29); (9:33); (9:35); (9:37)
- Channels of Communication: (2:10), (7:23)
- Strategic Planning: (2:14); (6:19); (5:16); (7:23); (8:30); (14:45); (14:46); (14:47)
- Traditional HR: (2:4); (2:5); (2:7)
- Working conditions: (6:20); (6:21); (7:23); (9:31); (9:32); (9:34); (10:40); (12:43)
- Work/Non-work balance: (6:22); (7:27)
- Worker development: (2:4); (5:16); (6:19)

SOCIAL RESOURCES

- Psychosocial wellbeing at work: (2:6); (2:7); (2:8); (4:13); (4:14); (5:17); (6:18); (7:28); (11:41); (11:42); (13:44); (13:50)
- Psychosocial wellbeing outside of work: (1:2)

HEALTHY ORGANISATIONAL RESULTS

- Intra-Organisational
- Production and performance: (2:6); (3:12); (9:39); (11:41); (14:47)
- Extra-Organisational
- Reputation: (6:18); (14:48); (14:49)