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TITLE: 'Managing Wellbeing at Work: Multi-level interventions to Promote Productive and

Healthy Workplaces'

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Abstract

Although work can contribute to good wellbeing, the opposite is also true. To sustain and improve employee wellbeing, organisations need to implement specific interventions in the workplace. According to multi-level theory, interventions can be implemented on different levels of the organisation: individual, group, leader, and organizational level. This chapter discusses the implementation of wellbeing interventions on these different levels of the organisation by giving eight (two per each level) practical examples from Horizon 2020 funded H-WORK project. We combine theory and practice by focusing on the theoretical underpinnings of these interventions, as well as the practical content. The examples in this chapter show that organisations can contribute to employee wellbeing and mental health in many different ways and contexts. Moreover, the examples in this chapter show that interventions can not only decrease work demands (e.g., work stress, work-life conflict, ineffective communication), but also increase job resources (e.g., person-job fit, leadership support, healthy organisational policies). By respecting the multi-level structure of organisations, these interventions can create healthy and productive workplaces and help employees across all levels of the organisation.

Keywords: Occupational health interventions, multi-level, IGLO model, mental health, workplace wellbeing

Introduction

Work profoundly influences employee mental health and wellbeing and should be understood as a key social determinant of health. Work-related stress represents one of the main occupational risk factors associated to human and organisational costs (Hassard et al., 2018). The International Labour Organisation (ILO) and the Organization for Economic Co-operation and Development (OECD) have estimated that more than 4 per cent of annual gross domestic product is accounted for by the (direct and indirect) costs associated with curbing the negative effects of mental health on employees, organisations and society as a whole (ILO, 2019; OECD, 2018). The need to create healthy workplaces for the working population has therefore become a major objective of European policies (EU, 2016), as employees represent a significant proportion of those suffering from psychological distress, anxiety and depression depicted as leading factors to absenteeism and presenteeism (Leka & Jain, 2017). The European Framework Directive 89/391/EEC on occupational safety and health (OSH) introduced employers' general obligations to ensure employees' health and the 2004 EU Framework agreement on work-related stress further emphasised the importance of prevention and the reduction of adverse working conditions (EU-OSHA, 2008; European Commission, 2011). In the field of Occupational Health Psychology (OHP), there is a growing attention to develop strategies and interventions that may address psychosocial risks in the workplace as they have been linked to poor mental health (Stansfeld & Candy, 2006) and reduced performance (Hassard et al., 2018). The topic is particularly important in small and medium-sized enterprises as managers do not always have the knowledge and tools in place to assess psychosocial risks in their workplaces, nor to intervene to create a healthy working environment (Schreibauer et al., 2020; WHO, 2019). It is in this setting that the H-WORK project takes place. In the present chapter, we outline interventions to promote and mental health and wellbeing implemented as part of the H-WORK project.

The workplace is an obvious setting to reach individuals with poor mental health and wellbeing to reduce their symptoms (Yunus et al., 2018). However, it is well-documented that work itself has an impact on employees' mental health and wellbeing (Ndjaboue et al., 2012; Netterstrøm et al., 2008; Nieuwenhuijsen et al., 2010;) and therefore interventions should not only focus on individual development, but also focus on altering the demands and resources (e.g., job demands, control, social support) that may impact employees' mental health and wellbeing (Joyce et al., 2016).

A central debate in OHP has revolved around individual (symptom reduction or resource building) versus organisational level (addressing job demands and resources) interventions and which type of intervention is more effective (Richardson & Rothstein, 2008). More recent reviews have argued that multi-level interventions may be more fruitful as they can create synergistic effects and build both individual and organisational resources (LaMontagne et al., 2014). Based on the Job Demands-Resource (JD-R) model (Bakker & Demerouti, 2018), which suggests that a balance

between resources and demands must be found to ensure good mental health, Nielsen et al. (2017) proposed a multi-level approach in the form of the IGLO framework. This framework proposed that interventions should focus on four levels within the organisation.

At the first level, interventions can focus on building the *individual*'s resources, e.g., enhance their ability to do specific parts of the job or build their confidence in dealing with the challenges they met in their daily or minimise the demands, they put on themselves. Key to individual resources and demands at this level is that they are inherent in the individual (Nielsen & Christensen, 2021). At the second level (group level), interventions focus on building the work group or team resources enabling them to work together productively in a supportive climate (Nielsen & Christensen, 2021). The third level of intervention is the leader level. At this level, leaders may undergo training to improve their leadership behaviours or raise their awareness on how to identify and support employees' mental health issues. At the fourth and final level, the organisational level, jobs may be designed to ensure employee mental health and wellbeing, for example by offering employees the opportunity to use their skills and enable them to make decisions about to do their job. At the organisational level, we also find Human Resource policies such as flexible working practices and Occupational Health policies such as sickness absence policies (Nielsen & Christensen, 2021).

The H-WORK project (De Angelis et al., 2020), funded by the European Commission, has adopted this multi-level approach and has developed an "intervention toolbox" of the interventions at the four levels that organisations can choose from in their efforts to improve employee mental health and wellbeing. The intervention toolbox has been designed to provide solutions to managers and organisations in order to effectively promote employees' mental health protective factors and reduce psychosocial risks. In the present chapter, we present eight examples of such interventions, two for each level of intervention. We present their theoretical underpinnings and the key elements of the interventions. Together, the interventions provide an overview of the type of interventions, which may create synergistic effects and improve employee health and wellbeing. In this chapter we strive to make a contribution to the literature by showing examples of how multi-level interventions can be implemented in the workplace in five countries, which all share the same legislatory EU framework.

Individual level Interventions

The first way that organisations can improve the wellbeing of their employees, is through the implementation of individual level interventions (Day & Nielsen, 2017). The aim of these interventions is to help individuals deal with job demands (e.g., cope with high workload) or to help them to create more job resources (e.g., optimise work-related self-efficacy). Instead of changing the work environment, in these initiatives employees themselves put in the effort and change the way they react to the work environment.

The content of these interventions varies widely, depending on the job demands and/or job resources they target. For example, these interventions may take the form of relaxation training, individual coaching, or working on shaping the individual work environment (job crafting). In the next two sections, two examples of individual level initiatives are extensively discussed by looking at the aim, theoretical underpinnings, and content of the interventions.

Example 1: Work-related individual coaching

Intervention background. *Work-related Individual* Coaching focuses on improvement of the person-job fit, by training selected work-related behaviours and resources. Person-job fit (Edwards & van Harrison, 1993; French, 1973;) is a basis for work productivity and employee health: employee's work-related resources and behaviours must be fitting to the job demands. The coaching has been evaluated within an Occupational Health Management programme of a state authority (Linden et al., 2014) and with persons with work-related health issues (Muschalla, 2017). Originally, the coaching was carried out in group settings, but has now been adapted for the individual. The coaching manual describes behaviour-oriented skills training for different work situations (Muschalla, 2014, 2019; Muschalla & Linden, 2013). The coaching contains five modules from which one core topic should be chosen for the individual coachee and their work situation: (1) work organisation and problem solving in the workplace, (2) self-assertion in communication with colleagues and supervisors, (3) self-presentation in job interviews, lectures, customer interviews, (4) coping with physical, (5) emotional and cognitive stress reactions and impairments.

Intervention content. The individual coaching consists of three sessions (60 minutes each) in which a coach (psychologist with expertise in behaviour training) develops a plan together with the coachee about what the coachee can actively do in a challenging work-situation.

Session 1: The coaching concept is introduced to the coachee: the main idea of the coaching is to support active work coping behaviours or reflecting on work-related attitudes. Concrete work behaviours, thoughts or attitudes should be in focus, because environment cannot be changed by coaching, and there will always be hindrances and challenges in all workplaces. The coachee is asked to identify their individual goal. The coach explores the work situation and coachee's behaviours precisely according to the functional behaviour analysis SORKC scheme (Kanfer & Saslow, 1969; Pierce & Cheney, 2013). This includes: (1) Situational factors: what is the challenging situation?, (2) Organism factors: what conditions in the coachee must be considered (e.g., qualifications, temperament, skills and resources, learning experiences)? (3) Reaction: how does the coachee react to the circumscribed situation on cognitive, emotional and behavioural levels? (4) Contingence: with which rate and frequency does the situation and the coachee's behaviour occur at work? (5)

Consequences: What are the consequences after the coachee's behaviour: how do colleagues react to him/her? And: how does the work process and work outcome present?

Session 2: The selected work issue is dealt with in a behavioural way. Concrete plans for work organisation, role playing as exercise for social situations, or cognitive interventions for reframing of dysfunctional expectations can be done. Which method to choose depends on the individual topic of the coachee. The employee and the coach develop an individual homework task which the employee shall then prepare and try out in his/her work or life setting. This task can be cognitive, or behaviour-oriented, e.g., asking a colleague for help with a special situation, re-arranging the work environment in order to create working times without interruptions or making a to-do-list for the coming working week with three priority issues to be conducted until a certain date.

Session 3: The content of session two and the outcome of the homework task are summarised and discussed. Particular attention is given to difficulties in order to facilitate the transfer into everyday work life. Finally, the coaching is reflected. A complete coaching process usually takes about eight weeks.

Example 2: HelloBetter Stress and Burnout

Intervention Background. *HelloBetter Stress and Burnout* is a psychological online programme aimed at a sustained reduction of perceived stress in coping with life and work. Stress represents a risk factor for mental and physical diseases (Kivimäki et al., 2006; Melchior et al., 2007). With this online programme targeted at the individual, perceived stress can be successfully reduced and improvements in mental health (e.g., depression, anxiety, sleep, quality of life) and work-related health (emotional exhaustion, work commitment) can be obtained (e.g., Ebert et al., 2021; Heber et al., 2016). The online programme has been developed over several years by leading experts in the field of e-mental health. Additionally, the efficacy of the course in improving mental health symptoms as well as its cost-effectiveness in different target populations (general population, employees, students) and different guidance formats (guided by psychologists, guidance by psychologists on demand and unguided) has been successfully evaluated in eight randomised controlled trials (Ebert et al., 2016; Heber et al., 2016; Nixon et al., 2021). The course shows in all studies good to very good efficacy in reducing stress, depressive symptoms and anxiety symptoms. Furthermore, *HelloBetter Stress and Burnout* has recently qualified for universal reimbursement within the German healthcare system as part of the Digital Care Act (Bundesinstitut für Arzneimittel und Medizinprodukte, 2021). Up to December 2021, the programme has been implemented into the German health care system nation-wide, in several organisations in Europe (in German and English language) as well as in Italy (as the programme's COVID-19 adaptation in a hospital-setting).

Intervention content. The online course consists of seven sessions to be completed weekly as well as a booster sessions scheduled four weeks after completing the course. Each session takes about 45-60 minutes to complete. In addition to well-founded psychoeducation via texts, videos and audios, the online programme teaches effective strategies from cognitive behavioral therapy according to the status quo of scientific findings. These include problem-solving techniques, behavioural activation and emotion regulation strategies, in particular acceptance of negative feelings, self-support and relaxation. The exercises are learned in the online programme and can be integrated into everyday life. In addition, there is an online diary, a companion app and recurring symptom checks to record, monitor and evaluate one's own progress. Furthermore, participants have the opportunity to receive push notifications via the HelloBetter App that contain short exercises for everyday life and serve as reminders for completing the course. For an impression of how the *HelloBetter Stress and Burnout-*platform looks like, see figure 1.

Users become an active part of the programme by getting involved in structured tasks. The course focuses on strenthening the individual resources of the participants. In total, the course has seven sessions and one booster session. These sessions include: 1. 'Understanding Stress' (psycho-edutional), 2. 'Dealing with problems' (problem solving; learning phase), 3. 'Keep at it' (problem solving; maintenance phase, 4. 'Learn to relax' (emotion regulation; muscle and breathing relaxation), 5. 'Accepting feelings' (emotion regulation; acceptance and tolerance of emotions), 6. 'Supporting myself' (emotion regulation; effective self-support in difficult situations), and 7. 'Planning my future' (emotion regulation; plan for the future). The booster sessions is focused on maintaining what is learned on the course. Additionally, an online diary helps to reflect on thoughts, behaviours and feelings in order to bring about and sustain behavioural change and create meaningful insights. The diary is also an appriopriate way for participants to measure their own progress. It can be completed both online on the platform and via the HelloBetter App.

Participants start the first unit of the online course, with practical exercises such as actively planning relaxing, pleasant and energising activities. In order to consciously create the initial feelings of self-efficacy, the exercises are deliberately kept low-threshold. The positive experiences achieved in this way increase the motivation of the users and the chances of success in participating in the online programme. The users' engagement is also promoted by emotional activation, meaning that the texts are not theoretical and scientific treatises but are written in an easily understandable way and close to the everyday experience of the users. Individual, realistic and achievable goals are formulated by the users in such a way that they can be practically and easily implemented and integrated into everyday life. One focus of the online programme is to accompany participants in the systematic integration and maintenance of behavioural change. This is done, among other things, by weekly goal planning, regular reflection on implementation, the identification of personal difficulties and

development of appropriate strategies as well as the adaptation of the course content depending on one's own personal experiences.

Group level Interventions

Interventions can also target groups of individuals that work together in a team or unit. The aim of these group level interventions is to optimise group level processes and how employees interact with each other. By decreasing group level job demands (e.g., negative job climate) and increasing group level job resources (e.g., colleague support), the team itself can turn into a powerful resource for the individuals (Albrecht et al., 2012).

The content of these group level interventions are mostly focused on bringing the team together and optimising the team environment. The effects of, for example, reflective group-discussions or team-building exercises, can trickle down to the individual in the form of increased wellbeing. The two examples below show two different ways of achieving individual wellbeing through intervening at the group level.

Example 1: Strengths-based Team Coaching

Intervention background. *Strengths-based Team Coaching* is aimed at supporting the team's goal setting and achievement through the development of an action plan based on the identification and use of personal strengths. The intervention is based on both Positive Psychology (Seligman & Csikszentmihalyi, 2014) and Coaching Psychology (Grant et al., 2010), as two complementary partners that share a focus on building on individuals' strengths in order to enhance health, growth, and development (Biswas-Diener 2010). From this point of view, Strengths-based Coaching is an example of the integration between both perspectives that aims to help clients identify their strengths and better direct their talents and abilities toward meaningful and engaging behaviours (Govindji & Linley, 2007; Linley et al., 2010). Furthermore, the RE-GROW model (Grant, 2011) is used to structure the intervention. The steps followed are based on the generic self-regulation cycle which consists of a series of processes that includes goal setting, action plan development, monitoring and evaluating the progress through self-reflection and changing actions to further enhance goal achievement. The Strengths-based Coaching intervention has been implemented and tested within the industrial sector, at the individual level, with 60 employees who held non-supervisory or executive responsibilities (Corbu et al., 2021; Peláez et al., 2020). Participants established an individual goal related to personal or professional development and findings indicated a positive impact on increased

work engagement, psychological capital, personal strengths, self-efficacy for goal attainment, goal attainment and job performance.

Intervention content. The intervention is oriented to the members of a team or group. It lasts for a period of three months and is delivered in four group coaching sessions, the first two are three hours and the last two are two hours. Before the intervention, team members fill in a pre-intervention assessment, which includes work-related measures such as strengths use, goal attainment, self-efficacy for goal attainment, teamwork, work engagement, development and advancement.

<u>Session 1</u>: During this first session the team members receive feedback on the results of the pre-intervention assessment, with the objective of making them aware of the team members' ratings of the aforementioned variables and comparison with the rest of the organisation if feasible/applicable. Next, through individual and group exercises, participants receive academic inputs and support on the identification of individual personal values and strengths, followed by the development of a 'map of team strengths'.

<u>Session 2</u>: First, the ideal situation of the team regarding growth and development is examined, through different techniques such as the Best Possible Self/Team and team reflection. Next, the team goal is established, based on their ideal scenario and the results of the pre-intervention assessment, and using the SMART goal setting criteria (Clutterbuck & Spence, 2016). During the analysis of the real situation, the facilitator supports the team in the identification of the personal and team strengths and opportunities of the environment that can help them achieve the goal, in addition to their weaknesses and external threats that they will have to face along the way. Finally, and based on the above, an action plan is developed considering the 'What', 'How', 'When', and 'Who' aspects.

<u>Session 3</u>: This session aims to review and evaluate the progress in the action plan implementation, reflect on the use of personal strengths, and examine obstacles and facilitators in the process. Finally, team members are encouraged to readjust the goal or action plan if necessary and motivated to develop and work on new actions.

<u>Session 4</u>: This final session aims to review the action plan, celebrate the positive outcomes, and value new ways to continue working on the team development, in order to ensure the sustainability of the work done so far. Lastly, participants provide feedback on the intervention programme.

Example 2: Sociomapping

Intervention Background. *Sociomapping* is a team level intervention that allows teams or work units to visualise, analyse and improve teamwork and healthy climate in groups. The intervention typically aims to improve cooperation, trust and psychological safety in the team with the ultimate goal of promoting mental health and wellbeing of the employees who work together. It focuses on improving team processes such as communication, workload distribution, psychological safety, reliance or trust. *Sociomapping* enables real-time visualisation of the interaction among the team members and provides insights into the main barriers and triggers of excellent teamwork. The intervention includes the benefits of teambuilding (it creates a space to spend time together with the team and build better connections), mutual feedback (there is an opportunity to point out important topics in the team), and fostering the shared team mental model (the visualisation of team functioning helps team members to better understand the ties in the team). *Sociomapping* can also be used to investigate the level of overload or stress in the team as well as the main sources of stress in the team. Radvan Bahbouh (Bahbouh 1994, 2012) invented *Sociomapping* to visualise interrelationship data. It is theoretically based on the equilibrium theory, which postulates that members of a group strive to maintain a balance between task-oriented needs (instrumental) and socio-emotional needs (Bales, 1950), and on the JD-R model, which explains how job demands and job resources have direct and indirect effects on work-related stress and motivation, proposing the existence of reciprocal relationships between these variables (Bakker & Demerouti, 2018).

Intervention content. The whole process of team *Sociomapping* intervention has three steps. The initial session lasts for 3 hours and is focused on the team as a whole (Steps 1-3). After 3 months, the follow-up session is taking place (lasting one and a half hours). This session aims to review action plans from the initial session and create a space for feedback between individual team members one-to-one.

Step 1: Participants complete a short questionnaire and evaluate each other in various aspects of their mutual interaction: e.g., the frequency and the quality of communication. For instance, individual team –members may be asked: "How well do you know how others feel at work?" (on a scale from 'very well' to 'not at all') in order to identify potential members who are getting disconnected from the team without anyone noticing. Weak social bonding and feelings of loneliness have been dominating remote teams especially after the COVID-19 pandemic outbreak. With the *Sociomapping* approach we therefore aim to promote mutual support among the team members.

Step 2: The survey data gathered in step 1 is visualised (the '*Sociomap*'; see Figure 2). This *Sociomap* shows how team members communicate with each other about work related topics, by using colours, distance, and arrows to indicate actual and desired frequency of communication between members.

The closer two names are, the more frequent mutual interaction is (e.g., Vero & Rudolf in Figure 2). Individual height/colour represents the average communication intensity of each person in the team. Employees who communicate a lot (red) could be too overloaded by intensive communication with others (e.g., Ron in Figure 2). Equally, people who communicate infrequently (blue) could be too disconnected from the team (e.g., Lucy in Figure 2).

Step 3: The third step of the *Sociomapping* process is the interpretation of the results. The *Sociomapping* tool will generate team reports, including comparison of communication effectiveness with similar teams. Together with all the team members, the team visualisation and the team evaluation is being reflected during a team session. Such team coaching session includes several exercises and interventions. For instance we facilitate a structured team debriefing , discuss the gap between current and optimal team set-up (visualised by *Sociomaps*) or encourage people to provide mutual feedback on collaboration with each other. As an output there is a list of team and individual commitments to address the main areas for improvement and develop healthy team environment.

Leader level Interventions

Organisations could also optimise employee wellbeing by targeting the leaders of the employees. The aims of these interventions is to improve employee wellbeing by providing the leaders with more resources to help foster employee wellbeing (Kelloway & Barling, 2010). By improving the resources of the leaders (e.g., in the form of knowledge, skills), they will generally become better leaders to their subordinates. As a result, the effect of these interventions will not only be beneficial for the leaders themselves, but ultimately also for the subordinates.

The content of leader level interventions can take many forms, including training sessions to increase interpersonal supportive skills, group discussions to share knowledge among leaders, or one-on-one coaching to learn the effects of leadership behaviours. In the next section, two examples of leader level interventions are discussed.

Example 1: Coaching-based Leadership Development

Intervention background. *Coaching-based Leadership Development* is aimed at supporting senior and middle managers on the development and/or improvement of coaching-based leadership skills (Peláez Zuberbühler et al., 2020). Recently, this form of leadership has been defined as a day-to-day process of providing support, and helping employees identify opportunities to achieve

individual development goals (Cox et al., 2010). Coaching-based Leadership is inspired by Leader-Member Exchange (LMX) theory (Graen & Schiemann, 1978), which states that leaders can develop high-quality relationships with employees characterised by high degree of mutual trust, respect, interaction, and support, enabling employees to achieve better performance. From a psychosocial perspective, the JD-R model suggests coaching provided by leaders as an important job (social) resource that facilitates a motivational process that enhances positive work-related outcomes (Bakker & Demerouti, 2017). Through a group workshop and individual coaching sessions participants receive training on specific coaching-based leadership skills (emotional regulation, developing a working alliance, active, empathic, and compassionate, listening, powerful questioning, facilitating development, providing feedback, strengths spotting and development, planning and goal setting, managing progress), that enable the execution of specific actions in a one-to-one interaction with their employees (Peláez Zuberbühler et al., 2020). Based on the strengths-based leadership coaching approach, leaders first identify and develop their personal strengths (Govindji & Linley, 2007), and then align them with leadership skills in order to engage in the development of an action plan and goal achievement (MacKie, 2014). The intervention has been validated within the industrial sector, and results indicated successfully increased leaders' coaching-based leadership skills, psychological capital, work engagement, and in- and extra-role performance (Peláez Zuberbühler et al., 2020).

Intervention content. The intervention is delivered in a group workshop format, followed by three individual executive coaching sessions. Originally, the group workshop consisted of five sessions, which has now been reduced to three.

Group workshop: consists of three 180-min group sessions delivered every two weeks. In the first session, feedback about employees' and self-appraisals of their coaching-based leadership skills is given. Next, participants receive academic input and practice related to emotional appraisal and regulation based on role-playing activities and mindfulness techniques. By receiving training in this generic leadership skill, participants are prepared to receive training in specific coaching skills. The following two sessions combined academic input and practicing a coaching-based leadership skillset through role-playing. Between sessions, specific exercises are used to practice the skill set they aim to master.

Individual micro-coaching: After the workshop, participants go through an executive micro-coaching process based on a previous validated strengths-based micro-coaching intervention (Peláez et al., 2020), which consists of three 90-min sessions with a professional coaching psychologist external to the organisation. The Review, Evaluate, Goal, Reality, Option, Wrap up (RE-GROW) model (Grant, 2011) informs the coaching process, in order to establish a specific goal related to the development or improvement of their leadership skills, identify options, formulate an action plan, review, and evaluate

the progress, and modify action plans based on the previous evaluation. The intervention model is summarised in Figure 3.

Final group session: This closing session aims to review the key concepts covered during the programme, share lessons learned and experiences during the implementation of their action plans and establish a plan to give continuity to the meetings between leaders in order to unify criteria in team management and development.

Example 2: Mental Health Awareness Training for Managers

Intervention background. *Mental Health Awareness Training for Managers* is an informative seminar of two to three hours for managers from all occupational fields who has a responsibility for managing employees in the workplace. The intervention aims to improve person-job fit by targeting the managers of employees that can make suitable work adjustments (Nielsen et al., 2018). About 25-30 per cent of the general population fulfil the criteria of a common mental disorder, such as anxiety or depression, within the past 12 months (Wittchen et al., 2011). Common mental disorders can be accompanied with reduced work functioning (Muschalla & Linden, 2013). It is important that mental health is discussed openly so as to avoid it being a taboo (Hennekam et al., 2021). An introduction about mental health and issues with mental disorders at work, and the important aspect of creating person-job fit (Edwards & van Harrison, 1993; French, 1973) is given in the first part of the seminar. This is information based on current state of the art on mental disorders at work and how managers can support employees (Muschalla & Linden, 2013). The second part of the seminar is open for examples, discussion and questions and answers. Concrete cases can be discussed anonymously. The seminar should be conducted by an occupational health professional with expertise on common mental disorders, work demands and psychological resources. The seminar thus can be conducted by a psychotherapist, a company doctor, or a rehabilitation physician experienced with reintegration of or work adjustment for employees with mental health issues. These experts can help to identify opportunities for creating person-job fit for employees with common mental disorders. For example, a person with interactional issues should not be in customer service, but might be better in an office job with low interactional demands.

Intervention content. In the first half of the session, managers learn general facts about the frequency and distribution of common mental disorders in general and in the workplace: common mental disorders affect at least one fourth of the general population. This has always been like this. Common mental disorders are not increasing epidemiologically, but the environment has changed: nowadays mental health issues become more observable at work, because they interact with the modern cognitive and interactional work demands. For managers, the topic mental health is of

relevance due to their dual responsibility of supervising and ensuring work performance on the one hand and caring for employees ensuring there is a fit between the demands of the job and the employees (psychological resources). In case work demands do not fit an employee's resources, the employee may not meet their performance targets and may in the longer term influence their ability to work, due to resource depletion (Hobfoll, 1989). The first message for managers is: Mental health issues are frequent and normal in the general population, and also at work (Wittchen et al., 2011).

In the second part of the session, managers learn *what can be done by them*. The concepts of the person-job fit (Edwards & van Harrison, 1993; French, 1973) and psychological resources (Muschalla, 2018) are illustrated by examples and discussion. Managers receive examples how psychological risk assessment can be done by checking the psychological work demands and the employee's psychological resources (e.g., with the Mini-ICF-APP-Work, Muschalla, 2018). The main message for the managers message is: Work problems can be reduced when employees have work demands which fit to their (psychological) resources. If an employee has a mental health issue (and therefore potentially in need of treatment), managers can make suitable work adjustments and motivate the employee for a visit to the (company) physician. A key message is that it is not the manager's responsibility to diagnose or treat mental disorders, but support employees by creating the right person-job fit, e.g., by introducing suitable work adjustments, based on effective direct communication with the employee (Muschalla, 2018; Muschalla & Linden, 2013; Nielsen et al., 2018).

Organisational level Interventions

Lastly, employee wellbeing can be promoted through organisational level interventions. These interventions aim to increase resources and decrease demands by changing the way how work is organised, designed, or managed (Nielsen & Randall, 2013). Due to the nature of organisational level interventions, it is important to create a supportive culture for the intervention (Nielsen et al., 2013). When stakeholders of all levels of the organisation actively support the new initiatives, they will drive the intervention, which will lead to increased engagement and participation in the intervention (Nielsen et al., 2010). Ultimately, in turn, employees will benefit from these actions in the form of increased wellbeing. To create a supportive culture, it is recommended to use participatory approaches (Kompier 2004; Kompier et al., 1998; Nielsen et al., 2010). In these approaches, managers and employees jointly shape the process and methods of the intervention (Nielsen et al., 2010). Furthermore, together they will develop and implement action plans to ensure that changes will be implemented to bring about the desired effects in employee health and wellbeing.

The content of organisational level interventions varies to a great extent. For example, organisational initiatives can be focused on when employees do their work (e.g., implementing self-scheduling), the content of the work (e.g., job redesign), or on upper management strategies (e.g., transitioning to lean management) (Fox et al., 2021). These examples show that there are many starting points in an organisation that can be changed to promote the wellbeing of employees. In the last two sections of this chapter, two examples of such organisational level interventions are discussed.

Example 1: Optimisation of Healthy Organisational Practices

Intervention background. *Optimisation of Healthy Organisational Practices* is aimed at supporting key stakeholder employees within the organisation (generally from Human Resources or occupational health departments) on the development or optimisation of healthy organisational practices based on a pre-assessment feedback and through the establishment of specific action plans. It is grounded in Positive Occupational Psychology, that focuses on studying and optimising the strengths and resources within organisations, and on the Healthy & Resilient Organisations (HERO) model (Salanova et al., 2012). This heuristic model defines a HERO as an organisation that makes systematic, planned and proactive efforts to improve the processes and results of their employees and of the organisation. This involves carrying out Healthy Organisational Practices (HOP) and activities that are developed by HRM intended to achieve organisational goals, improve the work environment and increase psychosocial and financial health at the individual, team and organisational levels (Salanova et al., 2019). Examples of HOP are work-life balance, equity and inclusion, psychosocial health promotion, career development, skills development, communication, corporate social responsibility, and diversity integration. Previous research demonstrated a positive impact of the implementation of HOP (i.e., psychosocial health promotion, career development, skills development) on employees' health (i.e., work engagement, collective efficacy, resilience), and in turn on healthy work outcomes (i.e., performance, commitment; Acosta et al., 2015; Salanova et al., 2012). The intervention has been implemented in the business consultancy. Although the intervention has not yet been validated, it follows the principles of successful organisational interventions (Nielsen et al., 2010).

Intervention content. The intervention is delivered on either face-to-face or online modality and consists of five one-to-one sessions of two hours each with (one or more) key stakeholder employees from the organisation. It has a duration of between six and eight months. Before the intervention, all employees within the organisation fill in a pre-intervention assessment which include organisational practices, psychological wellbeing and performance related variables. Based on the

results, the HOP that need more attention (ideally between two and three) are identified and selected to work during the intervention. The RE-GROW model (Grant, 2011) is used to structure the sessions and action plan implementation.

Session 1: During this session, the ideal situation regarding each HOP is identified. Next, the real situation is explored. Specifically, participants receive feedback of the pre-intervention assessment and analyse the gap with their self-perceptions. Finally, academic inputs about HERO model and for each HOP are provided, followed by examples, best practices, benefits and implications for employees, teams and the organisation as a whole.

Session 2: Following the SMART (Specific, Measurable, Achievable, Realistic, Time-bound) goal setting criteria (Clutterbuck & Spence, 2016), a goal is established for the development or optimisation of each HOP. Next, different ways to achieve the goals are brainstormed and an action plan established, considering 'What', 'How', 'When', and 'Who' for each HOP.

Sessions 3 and 4: The goal of these two follow-up sessions is to support participants during the development of the action plan, specifically reviewing and evaluating the progress, obstacles and facilitators, and readjusting action plans based on the previous evaluation.

Session 5: Finally, participants receive a final session aimed at reviewing the action plan, celebrating the positive outcomes and motivating the development of new actions to give continuity to the HOP implementation.

Example 2: Appreciative Survey Feedback

Intervention background. *Appreciative Survey Feedback* (ASF) is an intervention strategy (face-to-face or online) based on two-way communication and conversation from an appreciative perspective (based on the solution and strengths), between facilitators and organisational representatives with whom a psychosocial evaluation has been carried out. The aim of this technique is to feed back the results of previous assessment, from which organisational strengths and areas of improvement are identified and improvement actions proposed from an appreciative perspective. Positive Occupational Psychology has allowed a new perspective to approach human behaviour (Seligman, 2018). One of the newest and most promising intervention at the organisational level is ASF (Peñalver et al., 2016). ASF is a combination of the benefits of two well-known organisational techniques: Survey Feedback (Björklund et al., 2007; Fridner et al., 2013) and Appreciate Inquiry (Cooperrider & Srivastva, 1987; Sharp et al., 2018). According to Whitney and Cooperrider (2011), Appreciative Inquiry follows a process of openness and motivation for change through the visualisation activity of the desired state and changes. Despite the novelty of the ASF, research in

organisations from different sectors (service, healthcare, industry, educational) show the positive and statistically significant effects in: promoting healthy organisational practices and (job and personal) resources, reducing job demands, increasing healthy employees (e.g., engagement) as well as healthy organisational outcomes (e.g., performance) (Meneghel et al., 2021).

Intervention content. ASF is oriented to all the employees of a company. For small organisations, a group of in between 10 and 20 representatives from all areas is invited to participate. In larger organisations, and depending on the organisational structure, more than one group can be created (i.e., one group for each department or area). The intervention has a duration of six to eight months by one session for the application of the ASF tool and one session per two months for the follow up. The intervention consists of four sessions:

Session 1: This session begins by creating a positive climate, presenting the goals and structure of the ASF and doing an expectative contrast with participants. After that, the Survey Feedback (45 minutes) is developed: the facilitator presents the results of the pre-evaluation and dispelled the participants' questions. After the 45 minutes the Appreciative Inquiry (120 minutes) begins. The facilitator explains the four D's: *Discover* the positive by appreciating the best of what the organisation is and does now, *Dream* in a better future, *Design* the action plan to achieve the best possible, and *Destination* by defining the programmatic agenda with TRT (Task, Person Responsible, Time). A group activity (15 minutes) with a brainstorming of "topics of interest" related to the results obtained in the pre-evaluation is made. After the choice of definitive topics has been made (three or four topics), the Debate (in groups) with Appreciative Inquiry phase begins using the Powerful Questions of Appreciative Inquiry technique and the 4D's are worked for each topic in each group.

Sessions 2 and 3: These are follow-up sessions, with employees who have assumed responsibility for an action. First, the facilitator clarifies the goal of the session. Second, the facilitator and employees discuss the progress of each action, with a view to identify setbacks, and needs for readjustments.

Session 4: Closing. The actions established are reviewed in a brief updated post follow-up to evaluate its effectiveness. During 15 minutes, the responsible of each action presents again the actions, the progress of their actions and the results obtained in terms of changes and perceived benefits, solved problems and/or new derived actions. Also, a round of comments is opened for each action (questions, appraisals, and feedback). Finally, the sessions are closed (as in each previous session) with evaluation: participants briefly share what they take away from the session, summing it up in a single word or sentence. Furthermore, it is mentioned that they will receive a post-intervention questionnaire after the session.

Conclusions

As long as employee mental health remains an important topic in the workplace, organisational solutions in the form of interventions will also remain crucial. Following the trend of positive psychology, adequate interventions can not only counter the adverse effects that the work environment may have on employee mental health, but may even transcend into optimal wellbeing by achieving high job satisfaction, and thus creating healthy workplaces (Nielsen & Christensen, 2021). According to the IGLO framework (Nielsen et al., 2018), interventions to promote a healthy workplace can be implemented at four levels: the individual, the group, the leader, and the organisational level. Instead of focusing on the demands and resources on only one of these levels, the multi-level approach suggests that including multiple levels of the organisation will lead to more optimal results. By doing so, the changes on the different levels cause to benefit from one another, thus creating synergistic effects that will ultimately benefit all employees in the organisation.

This chapter shows that improving mental health and wellbeing can be achieved in many different ways and modes – from an online individual stress management training thus decreasing job demands, to creating organisational action plans that result in healthier organisational practices. Specifically, interventions in this chapter focused on improving person-job fit, team communication, healthy organisational practices, strengths-building, mental health awareness, and decreasing stress. Striving for synergistic effects, the interventions in this chapter can be combined. Moreover, one of the beneficial aspects of such a European project like H-WORK, is that one has to deal with very different organisations, sectors and even countries. The examples in this chapter show that interventions can be used in all kinds of contexts.

We can conclude that organisations are a key element in the overall mental health of employees. It is therefore important that public organisations, and small to medium enterprises, are well-equipped with the right tools in order to steer employees towards a path of optimal wellbeing. The key implications of the H-WORK interventions is the focus on prevention and promotion of mental health and wellbeing in the workplace and that such promotion and prevention is a shared responsibility among all stakeholders in the organization, be it individuals, work groups, leader, senior management, HR or occupational health. All have a role to play in ensuring a psychologically health workplace. The H-WORK project follows the trend of research emphasising the importance of multi-level interventions (e.g., Day & Nielsen, 2017; Martin et al., 2016; Nielsen et al., 2017) and can be seen as a way to operationalize the European Framework Directive 89/391/EEC and the 2004 EU Framework agreement on work-related stress into concrete action at the workplace level. The interventions described in this chapter are several of many options that can be combined and implemented that will benefit employees by respecting the multi-level structure of organisations.

References

Acosta, H., Cruz-Ortiz, V., Salanova, M., & Llorens, S. (2015). Healthy organization: analysing its meaning based on the HERO Model/Organizaciones saludables: analizando su significado desde el Modelo HERO. *Revista de Psicología Social*, *30*(2), 323-350. https://doi.org/10.1080/21711976.2015.1016751

Albrecht, S. L. (2012). The influence of job, team and organizational level resources on employee well-being, engagement, commitment and extra-role performance: Test of a model. *International Journal of Manpower*.

Bahbouh, R. (1994). Sociomapování. Praha: GEMA ART.

Bahbouh, R. (2012). Sociomapping of teams. Dar Ibn Rushd & QED GROUP.

Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: taking stock and looking forward. *Journal of occupational health psychology*, *22*(3), 273. https://doi.org/10.1037/ocp0000056

Bakker, A. B., & Demerouti, E. (2018). Multiple levels in job demands-resources theory: Implications for employee well-being and performance. *Handbook of well-being*.

Bales, R. F. (1950). Interaction process analysis; a method for the study of small groups.

Biswas-Diener, R. (2010). Practicing positive psychology coaching: Assessment, activities, and strategies for success. *Hoboken*, NJ: Wiley. https://doi.org/10.1002/9781118269633

Björklund, C., Grahn, A., Jensen, I., & Bergström, G. (2007). Does survey feedback enhance the psychosocial work environment and decrease sick leave? *European Journal of Work and Organizational Psychology*, *16*(1), 76-93. https://doi.org/10.1080/13594320601112169

Bundesinstitut für Arzneimittel und Medizinprodukte (2021). https://diga.bfarm.de/de/verzeichnis/965

Clutterbuck, D., and Spence, G. B. (2016). "Working with goals in coaching", *The SAGE Handbook of Coaching,* eds T. Bachkirova, G. Spence, and D. Drake (London: Sage), 218–237.

Cooperrider, D. and Srivastva, S. (1987). Appreciative inquiry in organizational life. In R. Woodman and W. Pasmore (Eds.), *Research in organizational change and development, Vol. 1*, pp. 129–169.

Corbu, A., Peláez Zuberbühler, M. J., & Salanova, M. (2021). Positive Psychology Micro-Coaching Intervention: Effects on Psychological Capital and Goal-Related Self-Efficacy. *Frontiers in Psychology*, *12*, 315. https://doi.org/10.3389/fpsyg.2021.566293

Cox, E., Bachkirova, T., and Clutterbuck, D. (2010). *The Complete Handbook of Coaching*. London: Sage.

Day, A., & Nielsen, K. (2017). What Does Our Organization Do 16 to Help Our Well-Being? Creating Healthy Workplaces and Workers. *An introduction to work and organizational psychology: An international perspective*, 295.

De Angelis, M., Giusino, D., Nielsen, K., Aboagye, E., Christensen, M., Innstrand, S. T., Mazzetti, G., Van den Heuvel., M., Sijbom, R. B. L., Pelzer., V., Chiesa., R., & Pietrantoni, L. (2020). H-WORK Project: Multilevel Interventions to Promote Mental Health in SMEs and Public Workplaces. *International Journal of Environmental Research and Public Health, 17*(21), 8035.

Ebert, D. D., Franke, M., Zarski, A. C., Berking, M., Riper, H., Cuijpers, P., Funk, B., & Lehr, D. (2021). Effectiveness and Moderators of an Internet-Based Mobile-Supported Stress Management Intervention as a Universal Prevention Approach: Randomized Controlled Trial. *Journal of medical Internet research*, 23(12), e22107.

Ebert, D. D., Heber, E., Berking, M., Riper, H., Cuijpers, P., Funk, B., & Lehr, D. (2016). Self-guided internet-based and mobile-based stress management for employees: results of a randomised controlled trial. *Occupational and environmental medicine*, 73(5), 315-323.

Edwards, J. R., & van Harrison, R. (1993). Job demands and worker health: three-dimensional reexamination of the relationship between person-environment fit and strain. *Journal of Applied Psychology*, *78*, 628–648.

European & Commission. (2016). European Framework for Action on Mental Health and Wellbeing. *EU Joint Action on Mental Health and Wellbeing, Brussels*. Final Conference, Brussels, 21-22 January 2016.

European Council (1989). Council Directive 89/391/EEC of June 12, 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. *Official Journal of the European Communities*, (No. L 183). https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31989L0391&from=EN.pdf

European Social Partners. (2004). Framework agreement on work-related stress. Brussels: European social partners-ETUC, BUSINESSEUROPE, UEAPME and CEEP. https://travail-emploi.gouv.fr/IMG/pdf/StressAccordCadresEuropeen.pdf

Fox, K. E., Johnson, S. T., Berkman, L. F., Sianoja, M., Soh, Y., Kubzansky, L. D., & Kelly, E. L. (2021). Organisational-and group level workplace interventions and their effect on multiple domains of worker wellbeing: A systematic review. *Work & Stress.* https://doi.org/10.1080/02678373.2021.1969476

French Jr., J. R.P. (1973). Person role fit. *Occupational Mental Health*, *3*, 15–20.

Fridner, A., Gustafsson Sendén, M., & Schenck-Gustafsson, K. (2013). Enhance physicians health through survey feedback seminars. In *21st International Conference on Health Promoting Hospitals and Health Services*, Gothenburg, Sweden, May 22-24, 2013.

Govindji, R., & Linley, P. A. (2007). Strengths use, self-concordance and wellbeing: Implications for strengths coaching and coaching psychologists. *International Coaching Psychology Review*, *2*(2), 143-153.

Graen, G., & Schiemann,W. (1978). Leader–member agreement: A vertical dyad linkage approach. *Journal of Applied Psychology, 63*(2), 206–212. https://doi.org/10.1037/0021-9010.63.2.206

Grant, A. M. (2011). Is it time to REGROW the GROW model? Issues related to teaching coaching session structures. *The Coaching Psychologist*, *7*(2), 118-126.

Grant, A. M., Passmore, J., Cavanagh, M. J., & Parker, H. M. (2010). The state of play in coaching today: A comprehensive review of the field. *International Review of Industrial and Organizational Psychology, 25*(1), 125–167. https://doi.org/10.1002/9780470661628.ch4

Hassard, J., Teoh, K. R., Visockaite, G., Dewe, P., & Cox, T. (2018). The cost of work-related stress to society: A systematic review. *Journal of occupational health psychology*, *23*(1), 1.

Heber, E., Lehr, D., Ebert, D. D., Berking, M., & Riper, H. (2016). Web-based and mobile stress management intervention for employees: a randomized controlled trial. Journal of medical Internet research, 18(1), e21. https://doi.org/10.2196/jmir.5112

Hennekam, S., Follmer, K., & Beatty, J. (2021). Exploring mental illness in the workplace: the role of HR professionals and processes. *The International Journal of Human Resource Management, 32*(15), 3135-3156, https://doi:10.1080/09585192.2021.1960751

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist, 44*(3), 513–524. https://doi.org/10.1037/0003-066X.44.3.513

International Labour Office. (2019). *Safety and health at the heart of the future of work: Building on 100 years of experience*. Geneva, Switzerland: ILO Publications. ISBN: 978-92-2-133152-0

Joyce, S., Modini, M., Christensen, H., Mykletun, A., Bryant, R., Mitchell, P. B., & Harvey, S. B. (2016). Workplace interventions for common mental disorders: a systematic meta-review. *Psychological Medicine*, *46*(4), 683-697. https://doi.org/10.1017/S0033291715002408

Kanfer, F.H. & Saslow, G. (1969). Behavioral diagnosis. In C.M. Franks (Ed.), *Behavior therapy: Appraisal and status*. New York: McGraw-Hill.

Kelloway, E. K., & Barling, J. (2010). Leadership development as an intervention in occupational health psychology. *Work & Stress*, *24*(3), 260-279.

Kivimäki, M., Virtanen, M., Elovainio, M., Kouvonen, A., Väänänen, A., & Vahtera, J. (2006). Work stress in the etiology of coronary heart disease—a meta-analysis. *Scandinavian journal of work, environment & health*, 431-442.

Kompier, M. (2004). Work organization interventions. *Sozial- und Präventivmedizin, 49*, 77–78.

Kompier, M., Geurts, S., Grundemann, R., Vink, P., & Smulders, P. (1998). Cases in stress prevention: The success of a participative and stepwise approach. *Stress Medicine, 14*, 155–168.

LaMontagne, A. D., Martin, A., Page, K. M., Reavley, N. J., Noblet, A. J., Milner, A. J., Keegel, T., & Smith, P. M. (2014). Workplace mental health: developing an integrated intervention approach. *BMC psychiatry*, *14*(1), 1-11.

Leka, S., & Jain, A. (2017). *EU Compass for action on mental health and wellbeing – Mental health in the workplace in Europe*. Consensus paper, available at: https://ec.europa.eu/health/sites/health/files/mental_health/docs/2017_workplace_en.pdf

Linden, M., Muschalla, B., Hansmeier, T., & Sandner, G. (2014). Reduction of sickness absence by an occupational health care management program focusing on self-efficacy and self-management. *Work: A Journal of Prevention, Assessment, and Rehabilitation, 47,* 485-489.

Linley, P. A., Nielsen, K. M., Gillett, R., & Biswas-Diener, R. (2010). Using signature strengths in pursuit of goals: Effects on goal progress, need satisfaction, and wellbeing, and implications for coaching psychologists. *International Coaching Psychology Review, 5*(1), 6–15.

MacKie, D. (2014). The effectiveness of strength-based executive coaching in enhancing full range leadership development: A controlled study. *Consulting Psychology Journal: Practice and Research*, *66*(2), 118. https://doi.org/10.1037/cpb0000005

Martin, A., Karanika-Murray, M., Biron, C., & Sanderson, K. (2016). The psychosocial work environment, employee mental health and organizational interventions: Improving research and practice by taking a multilevel approach. *Stress and health*, 32(3), 201-215.

Melchior, M., Caspi, A., Milne, B. J., Danese, A., Poulton, R., & Moffitt, T. E. (2007). Work stress precipitates depression and anxiety in young, working women and men. *Psychological medicine,* 37(8), 1119-1129.

Meneghel, I., Peñalver, J., Llorens, S., & Salanova, M. (2021). The Appreciative Survey Feedback as a Positive Psychological Intervention at work: A Protocol Study, *in preparation.*

Muschalla, B. (2014). Fähigkeitsorientierte Verhaltenstherapie [Capacity-oriented behaviour training and -therapy]. *Verhaltenstherapie, 24,* 48–55.

Muschalla, B. (2017). Work-anxiety-coping intervention improves work-coping perception while a recreational intervention leads to deterioration: Results from a randomized controlled trial. *European Journal of Work and Organizational Psychology, 26(6),* 858-869.

Muschalla, B. (2018). Assessing psychological work demands with an ICF-oriented concept of psychological capacities. *Gruppe Interaktion Organisation*, *49,* 81-92.

Muschalla, B. (2019). *Selbstmanagement am Arbeitsplatz. Ein Gruppentraining für Menschen mit Arbeitsängsten. [Self-management at work: Group training for people with work problems and work anxieties].* Stuttgart: Kohlhammer.

Muschalla, B., & Linden, M. (2013). *Arbeitsplatzbezogene Ängste und Arbeitsplatzphobie. Phänomenologie, Differentialdiagnostik, Therapie, Sozialmedizin [Work-related Anxieties: Phenomenology, Differential Diagnostic, Social Medicine].* Stuttgart: Kohlhammer-Verlag.

Ndjaboué, R., Brisson, C., & Vézina, M. (2012). Organisational justice and mental health: a systematic review of prospective studies. *Occupational and Environmental Medicine*, *69*(10), 694-700. https://doi.org/10.1136/oemed-2011-100595

Netterstrøm, B., Conrad, N., Bech, P., Fink, P., Olsen, O., Rugulies, R., & Stansfeld, S. (2008). The relation between work-related psychosocial factors and the development of depression. *Epidemiologic Reviews*, *30*(1), 118-132. https://doi.org/10.1093/epirev/mxn004

Nielsen, K., & Christensen, M. (2021). Positive Participatory Organizational Interventions: A Multilevel Approach for Creating Healthy Workplaces. *Frontiers in Psychology*, *12*, 696245. https://doi.org/10.3389/fpsyg.2021.696245

Nielsen, K., & Randall, R. (2013). Opening the black box: presenting a model for evaluating organizational-level interventions. *European Journal of Work and Organizational Psychology*, 22(5), 601-617.

Nielsen, K., Nielsen, M. B., Ogbonnaya, C., Känsälä, M., Saari, E., & Isaksson, K. (2017). Workplace resources to improve both employee wellbeing and performance: A systematic review and

meta-analysis. *Work & Stress*, *31*(2), 101-120. https://doi.org/10.1080/02678373.2017.1304463

Nielsen, K., Randall, R., Holten, A. L., & González, E. R. (2010). Conducting organizational-level occupational health interventions: What works? *Work & Stress*, *24*(3), 234-259.

Nielsen, K., Stage, M., Abildgaard, J. S., & Brauer, C. V. (2013). Participatory intervention from an organizational perspective: Employees as active agents in creating a healthy work environment. In *Salutogenic organizations and change* (pp. 327-350). Springer, Dordrecht.

Nielsen, K., Yarker, J., Munir, F., & Bültmann, U. (2018). IGLOO: An integrated framework for sustainable return to work in workers with common mental disorders, *Work & Stress, 32,* 4, 400-417. https://doi.org/10.1080/02678373.2018.1438536

Nieuwenhuijsen, K., Bruinvels, D., & Frings-Dresen, M. (2010). Psychosocial work environment and stress-related disorders, a systematic review. *Occupational Medicine*, *60*(4), 277-286. https://doi.org/10.1093/epirev/mxn004

Nixon, P., Boß, L., Heber, E., Ebert, D. D., & Lehr, D. (2021). A three-armed randomised controlled trial investigating the comparative impact of guidance on the efficacy of a web-based stress management intervention and health impairing and promoting mechanisms of prevention. *BMC Public Health*, 21(1), 1-18.

Organisation for Economic Co-operation and Development. (2018). *Health at a glance: Europe 2018: state of health in the EU cycle*. Paris, France: OECD Publishing.

Peláez Zuberbuhler, M. J., Salanova, M., & Martínez, I. M. (2020). Coaching-based leadership intervention program: A controlled trial study. *Frontiers in psychology*, *10*, 3066. https://doi.org/10.3389/fpsyg.2019.03066

Peláez, M. J., Coo, C., & Salanova, M. (2020). Facilitating work engagement and performance through strengths-based micro-coaching: a controlled trial study. *Journal of Happiness Studies*, *21*(4), 1265-1284. https://doi.org/10.1007/s10902-019-00127-5

Peñalver, J., Salanova, M., Meneghel, I., Llorens, S., & Martínez, I.M. (2016). Survey Feedback Apreciativo: Protocolo de intervención centrado en el desarrollo de emociones positivas (Appreciative Survey Feedback: Intervention protocol based on the development of positive emotions). I Congreso Internacional de Psicología del Trabajo y Recursos Humanos, Madrid, Spain.

Pierce, W. D. & Cheney, C. D. (2013). *Behavior Analysis and Learning 5th ed*. New York: Psychology Press.

Richardson, K. M., & Rothstein, H. R. (2008). Effects of occupational stress management intervention programs: a meta-analysis. *Journal of occupational health psychology*, 13(1), 69.

Salanova, M., Llorens, S., & M. Martínez, I. (2019). *Organizaciones Saludables. Una mirada desde la psicología positiva* (1st ed.). España: Aranzadi.

Salanova, M., Llorens, S., Cifre, E., & Martínez, I. M. (2012). We need a hero! Toward a validation of the healthy and resilient organization (HERO) model. *Group & Organization Management*, *37*(6), 785-822. https://doi.org/10.1177/1059601112470405

Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. Journal of Organizational Behavior: The International Journal of Industrial, *Occupational and Organizational Psychology and Behavior, 25*(3), 293–315. https://doi.org/10.1002/job.248

Schreibauer, E. C., Hippler, M., Burgess, S., Rieger, M. A., & Rind, E. (2020). Work-Related psychosocial stress in small and medium-sized enterprises: An integrative review. *International journal of environmental research and public health*, *17*(20), 7446. https://doi.org/10.3390/ijerph17207446

Seligman, M. (2018). PERMA and the building blocks of wellbeing. *The Journal of Positive Psychology*, *13*(4), 333-335. https://doi.org/10.1080/17439760.2018.1437466

Seligman, M. E., & Csikszentmihalyi, M. (2014). Positive psychology: An introduction. In *Flow and the foundations of positive psychology* (pp. 279–298). Springer Netherlands. https://doi.org/10.1007/978-94-017-9088-8_18

Sharp, C., Dewar, B., Barrie, K., & Meyer, J. (2018). How being appreciative creates change–theory in practice from health and social care in Scotland. *Action Research*, *16*(2), 223-243. https://doi.org/10.1177/1476750316684002

Stansfeld, S., & Candy, B. (2006). Psychosocial work environment and mental health—A meta-analytic review. *Scandinavian Journal of Work, Environment & Health, 32,* 443–462. https://dx.doi.org/10.5271/sjweh.1050

Whitney, D., & Cooperrider, D. (2011). *Appreciative inquiry: A positive revolution in change*. ReadHowYouWant.com.

Wittchen, H. U., Jacobi, F., Rehm, J., Gustavsson, A., Svensson, M., Jönsson, B., et al. (2011). The size and burden of mental disorders and other disorders of the brain in Europe 2010. *European Neuropsychopharmacology*, *21*, 655–679. https://doi.org/10.1016/j.euroneuro.2011.07.018

World Health Organization. (2019). Making the investment case for mental health: a WHO (No. WHO/UHC/CD-NCD/19.97). World Health Organization.

Yunus, W. M. A. W. M., Musiat, P., & Brown, J. S. (2018). Systematic review of universal and targeted workplace interventions for depression. *Occupational and Environmental Medicine*, *75*(1), 66-75. https://dx.doi.org/10.1136/oemed-2017-104532
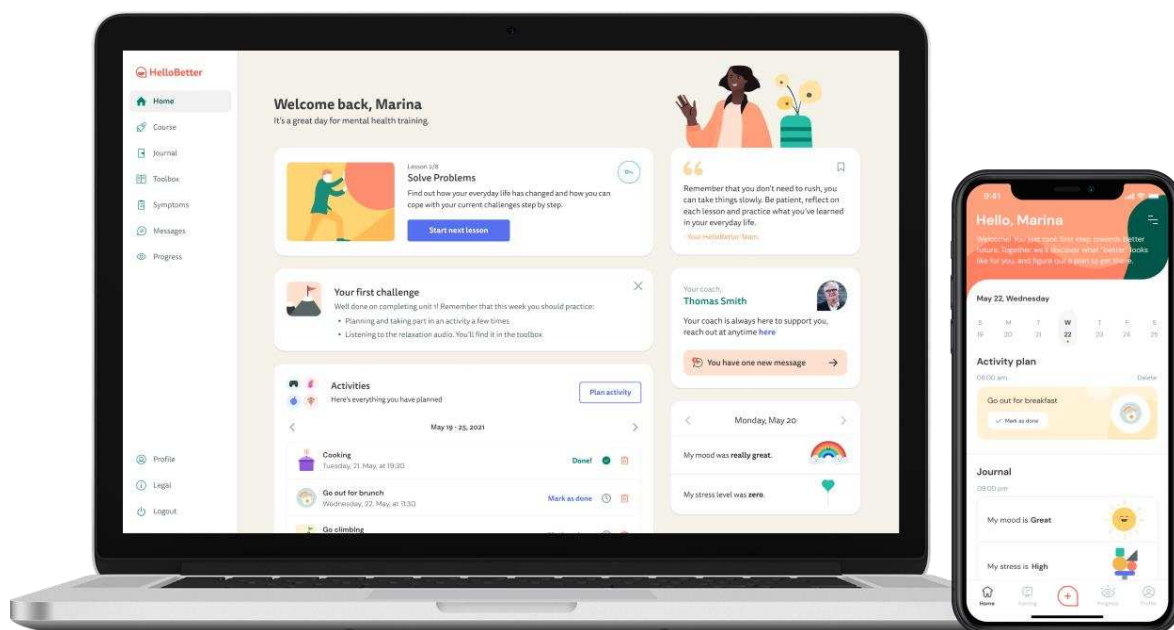
Figures

Figure 1. Impression of the Hellobetter Stress and Burnout platform.
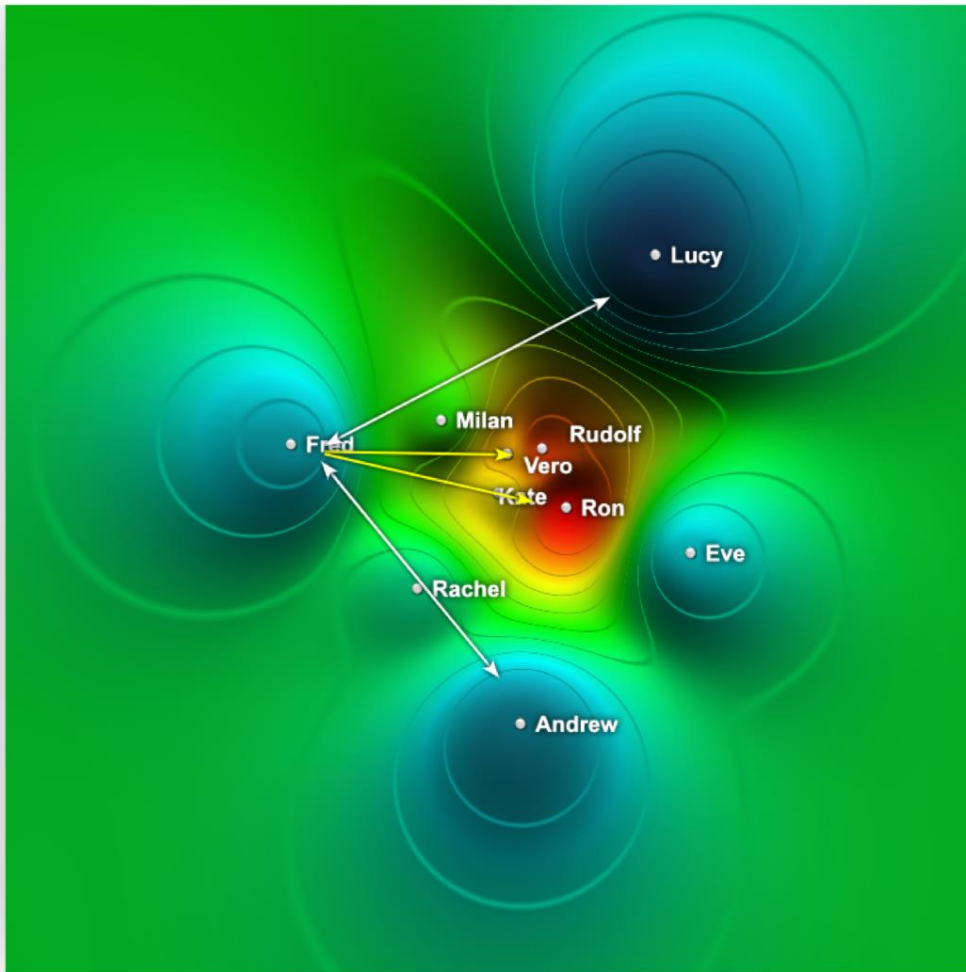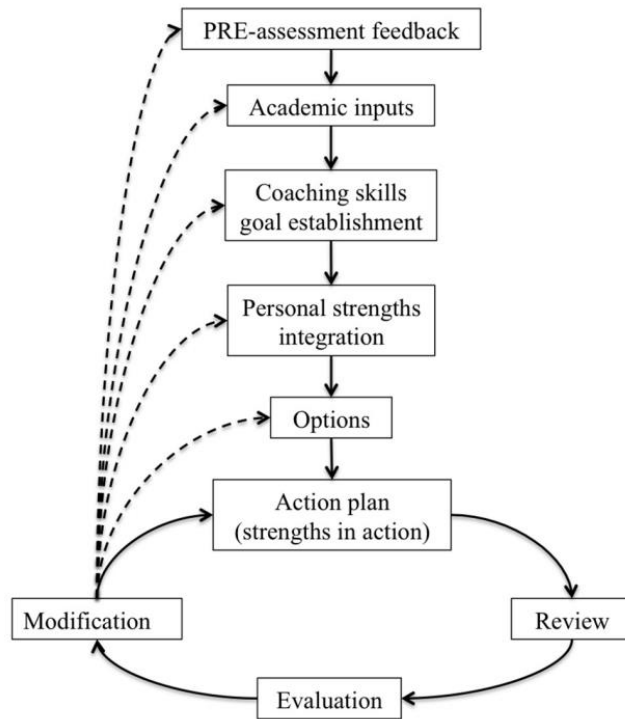
Figure 2. Example of team visualisation with Sociomapping.

Figure 3. Coaching-based Leadership intervention model.