
Healthy Organization :The importance of its conceptualization.

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ABSTRACT : *The design of diagnostic and / or intervention projects in any area should initially consider the process of conceptualization of the phenomenon to work. The way in which a phenomenon is understood will determine the way it is studied, measured and therefore intervened in. In this work an analysis of the concept of Healthy Organization (HO) is made, it is proposed to define the Healthy Organization as one that systematically develops, planned and co-responsible programs of quality of life at work, promotion of health and coexistence healthy to achieve a positive impact on organizational effectiveness, employee health and community welfare. A model is presented to facilitate diagnosis and intervention in this area.*

KEYWORDS -Healthy Organizations, Organizational Health, Work Organization

I. INTRODUCTION

Organizations have as part of their social responsibility to contribute to the quality of work life (QWL) of their employees, which means that they can meet their needs through their work, experience desires to do well, stay in it and develop in the different areas of their life. For this, the organization is required to be healthy.

Although it is now common to find multiple articles that include concepts related to the well-being, health and / or quality of life of employees to define the term Healthy Organization (HO), at first it was not so. This concept was almost exclusively related to terms of effectiveness understood as the scope of organizational objectives mainly associated with terms such as healthy finances, increased economic income and productivity indices.

Theorists considered as representatives of Organizational Development extend this conceptualization by including aspects related to human resources in the definition. For example: Argyris (1958) [1] points out that a HO is one that allows optimal human functioning; Bennis (1962) includes concepts such as adaptability and sense of identity and Schein (1965) [2] adds the concept of integration status that refers to the degree of harmony between the organization's subparts, being the integration of the organization's goals and the needs of workers one of the essential types of integration.

Aparecida Kanan (2017) [3] points out the risks of conceptualizing healthy organizations emphasizing a particular aspect, be it economic or related to human resources. Emphasizing organizational health or worker's health represents "disregarding the broad dimension that largely translates the results of a work organization" (p.58). For authors such as Wilson, Dejoy, Vandenberg, Richardson and McGrath (2004) [4] the term HO can be considered as an extension of work organization, a concept that refers to the way in which work processes are they restructure and manage, including design, programming, administration, organizational characteristics and work policies and procedures (NIOSH, 1996) [5].

To talk about HO is to talk about organizational health and also about work organization, which would lead to not accepting definitions that only focus on one aspect, be it the fulfillment of objectives, scope of economic indicators or aspects related to health and safety of the collaborators. The vision of the organization as

an open system implies its necessary adaptation through the flexibility and mechanisms that guarantee an identity and shared meaning of its members, elements that according to authors such as Stringer (2016) [6] are indicators of organizational health.

II. HO A SYSTEMIC CONCEPT

While it is undeniable that the concept of HO contemplates all the characteristics of an open and therefore complex system, it is common to find studies that claim to be framed in this concept but that only focus on the worker and that also do so through measurements on his health, habits, personality characteristics that make him more prone to experience or commit risky acts. This can lead to the belief and therefore to practices where only the collaborator is responsible for prevention and intervention with respect to health. Likewise, it can reduce the work for the creation of healthy environments to unilateral practices related to the prevention of accidents and diseases from a process approach of the Human Resources Management function. These types of studies or those that only focus on aspects related to the organization without considering the role of collaborators would not be referring to the concept of HO according to the above. Grueso-Hinestroza and Toca-Torres (2012) [7] have made observations in this regard by pointing out that two lines of research can be distinguished with respect to HO, the first referring to explanatory models focused on employee health and the second which explains the health of the organization from the implementation of processes and practices around different interest groups.

HO is a system that involves a state of physical, mental and social well-being that depends on the context of the organization and its members (Tarride, Zamorano and Varela, 2008) [8]. With this statement it would be clear that any conceptualization of HO would have to consider different contextual elements such as those referring to the proposed definition of Work Organization, but also to many others that are sometimes proposed as background, elements to work, indicators and / or products

The systemic character described speaks of an integrative approach or model, such as the one presented by DeJoy, Wilson, Vandenberg, McGrath-Higgins & Griffin-Blake (2010) [9]; Wilson et al, 2004 [4] or Salanova Llorens, Cifre, and Martínez (2012) [10]. Particularly, the model of Salanova et al, 2012 [10], amplifies this systemic vision by considering the community in which the organization is inserted, since in its HEalthy& Resilient Organizations (HERO) model it considers that an HO, also includes the worker's health outside of its work environment and its bi-directional repercussions in different contexts and environments. In their model they propose that efforts must be systematic, planned and proactive and are related to organizational resources and practices, and to the characteristics of work at three levels: task level, social level and organizational level. At these levels, aspects such as job redesign, leadership and family-work reconciliation would be addressed.

III. OUR HO PROPOSAL

In order to facilitate diagnostic and intervention work on the issue of HO, a model was designed that is based on the following premises:

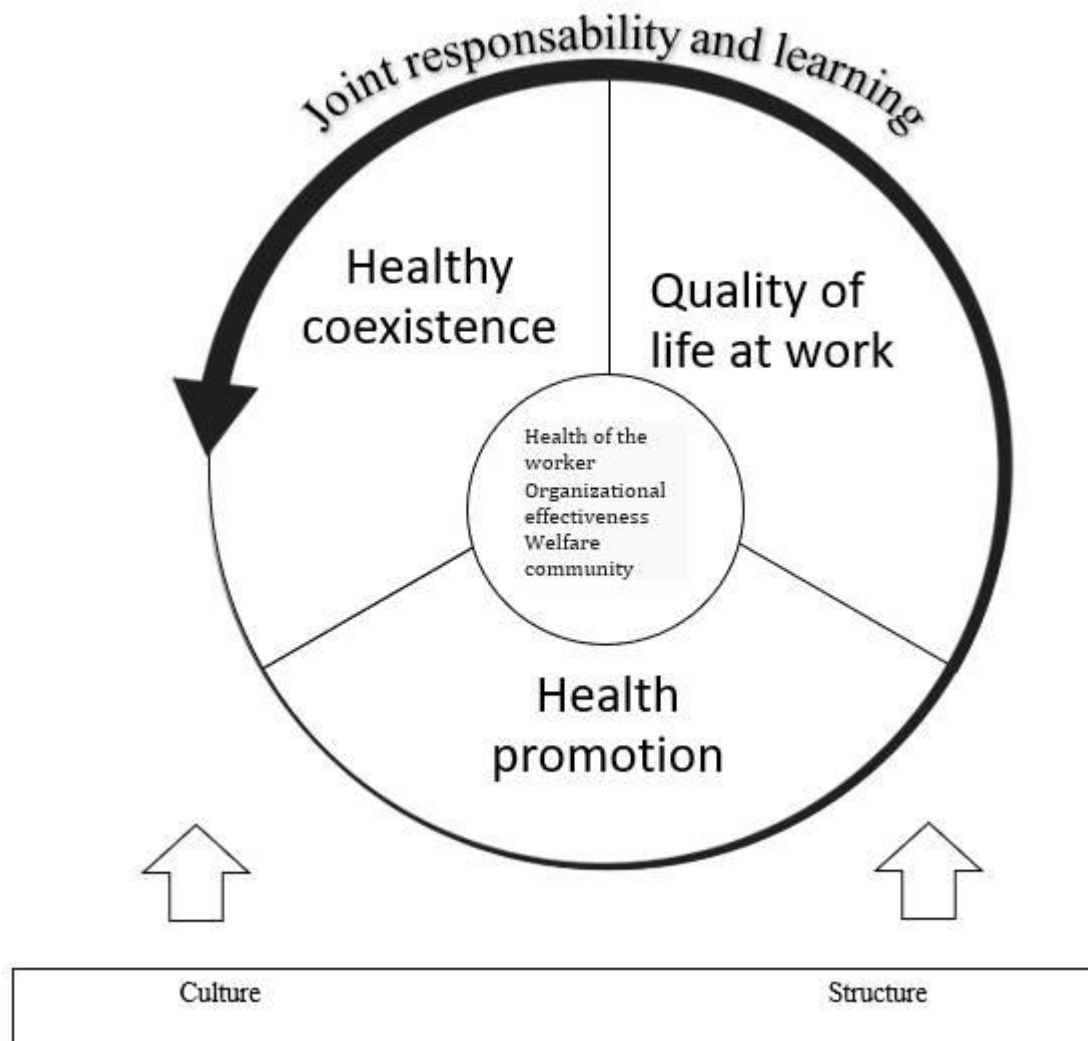
- a) The organizational culture and structure must be aligned to favor the conditions for the implementation of programs that favor the development of the HO.
- b) An HO carries out programs in a planned and systematic manner, they are not sporadic or disjointed actions.
- c) The programs are designed considering resources and impact at three levels: effectiveness, worker health and community welfare.
- d) HO are built through processes of co-responsibility and continuous learning.

Organizational Culture means symbolic elements that give a sense of identity, motivate and direct the conduct of the members of the organization, as well as management guidelines; by structure, reference is made to the way in which functions are divided, grouped and coordinated to form positions (Robbins and Judge, 2013)[11]. It should be noted that in the beginning it was considered to include leadership as another variable, but in understanding that culture refers to management practices, decision making and influence processes; It was considered to be redundant.

One could say that three levels of action are included to include organizational effectiveness, worker's health and community welfare. These should not be treated as isolated elements but should always be present in the implementation of each of the programs. This model is framed within the premises of Organizational Development that refer to the importance of planned learning and the participation of different organizational actors (French and Bell, 1995) [12].

Considering these premises, it is postulated that an HO is one that systematically develops, planned and co-responsible programs of quality of life at work, promotion and protection of health, healthy coexistence to achieve a positive impact on organizational effectiveness, health of collaborators and community welfare.

Fig. 1 shows the model.



IV. PROGRAMS

4.1 Healthy coexistence

This issue has been approached preferentially from the analysis of variables such as workplace violence, leadership and negative relationships at work; An example of this is the inclusion of these variables as psychosocial risk within the NOM.035-STPS-2018 Psychosocial Risk Factors at Work-Identification, Analysis and Prevention. (STPS 2018)[13]. This standard defines as a psychosocial risk factor those that can cause anxiety disorders, non-organic sleep-wake cycle and severe and adaptive stress, derived from the nature of the job functions, the type of working day and exposure to severe traumatic events or acts of labor violence to the worker, for the work carried out. The norm defines negative leadership by referring to the type of relationship between bosses and subordinates, in particular the chief's with authoritarian attitude, the lack of clarity in the functions, the lack of feedback and recognition. Regarding negative relationships, the norm refers to the impossibility of interacting with colleagues to solve work-related problems, lack of teamwork and social support. As for workplace violence, it refers to psychological harassment, harassment and ill-treatment. This model proposes an approach focused on positive elements, such as organizational justice, which according to Gomide and Nascimento (2012) [5] should be included in the concept of HO. Similarly, it is proposed to include leadership based on legitimacy, since the perception of legitimacy of power favors prosocial behaviors and the perception of illegitimacy fosters tyranny (Cetina, Rodríguez, Góngora, Aguilar and Escamilla, 2017) [14]. The recognition of the need to promote social support justifies the inclusion of strategies aimed at promoting social dialogue and the participation of employees (ILO, 2005) [15].

4.2 Quality of Life at work

The Quality of Life at Work is a multidimensional term that includes a wide variety of indicators, which allows grouping several of the elements mentioned in the different conceptualizations about HO. For Cetina, Escamilla, Centeno and Aguilar (2018) [16] an individual experiences an adequate quality of life at work when:

1. The needs that you consider important are met in and through work.
2. Experience desires to do your job well
3. You want to stay at work
4. It can develop in other areas of your life, such as family, friends, spirituality, physical activity, etc.

Regarding to the satisfaction of needs, the importance of each worker is given to each of the needs and the importance of the organization knowing the value it gives to each of them is emphasized. This conceptualization gives greater weight to the values and beliefs of individuals, their personal and cultural context. In addition to job satisfaction, the QLW concept includes other attitudes related to organizational commitment, engagement and family-home-work balance among others. It is considered that the QLW allows grouping in a coherent and orderly way different aspects considered in the conceptualization of the HO.

4.3 Health promotion

In this model, health prevention and promotion, as well as the protection of occupational hazards, are approached from the perspective of the European Network for the Promotion of Occupational Health (ENWHP), since it has a broader vision of health promotion in work spaces, integrating these three concepts, generally treated in practice independently, but that converge in the combined efforts of bosses, collaborators and society to improve collaborators' health and well-being, through improvements in work organization and work environment; promote active participation and personal development (WHO, 2010) [17].

.Examples of this type of action include health education programs that promote healthy lifestyles, disease prevention programs, as well as compliance with regulations and programs for the prevention of

physical, chemical, biological, ergonomic risks. and psychosocial, which seek to impact the worker's health, organizational effectiveness and community well-being.

V. CONCLUSIONS

The literature on HO is extensive, however, it is considered necessary to analyze the theoretical proposal that supports each of the selected research and / or dissemination articles. The way in which an HO is conceptualized will determine the elements selected for its study, measurement and subsequent intervention. This paper presents a proposal that seeks to order the different elements to work for the development of an HO. The proposal integrates the recommendations of the reviewed authors, among them the systemic character, the programs that allow to integrate in an orderly and coherent way multiple elements that have been conceptualized in other models such as indicators, background, results or other types of variables. It is considered that integrating them into three large areas facilitates interdisciplinary work, promotes the mainstreaming of resources and allows the scope to be extended. Including the organizational structure and culture as base elements for the structuring of the programs is a valuable element for the design of diagnostic interventions that aim to identify strengths and opportunity areas of the System to influence effectiveness, health and well-being. of the community. The model is a proposal and is not finished and is general. It is necessary to continue with the definitions of the indicators of each one of the programs, as well as of each one of the levels in which it is impacted. This work leads the authors to reflect and identify that several of the actions they have declared to do from within the framework of the HO, in fact it has not been so, rather they have followed the reference of the concept of Healthy Environments, which somehow remains included in the proposed model. It is considered relevant to continue analyzing the work of HO from a clear theoretical perspective that allows identifying elements for diagnosis and intervention.

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