Towards A Healthy Organisation Model: The Relevance Of Empowerment

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Abstract:

After a review of publications on the emerging concept of Healthy Organisations, we contribute a conceptual model of workplace health improvement based on empowerment strategies to promote worker participation, autonomy and control in the organisation. We propose that structural strategies can increase the engagement and organisational commitment of employees, but only if they truly feel in possession of power and autonomy, and that this psychological empowerment also facilitates the development of healthy organisational practices. Achievement of both types of empowerment could improve the work climate, psychological well-being and performance of employees and lead to reductions in absenteeism and staff turnover.

Keywords: *Structural Empowerment, Psychological Empowerment, Engagement, Organisational Commitment, Well-Being.*

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1. Introduction

From its beginnings, psychology has centred on pathological aspects of human behaviour, solving problems and disorders, rather than on the complementary goal of improving the life of individuals (Seligman 1992). Likewise, studies in Organisational Psychology have largely focused on performance deficiencies and work-related stress. However, researchers in "Positive Psychology" have recently paid greater attention to the study of optimal functioning and positive experiences (Korunka, Kubicek, Schaufeli, and Hoonakker, 2009).

Despite major advances in occupational risk prevention over the past few years, with the incorporation of psychosocial risks, many studies on occupational risk prevention have retained a conventional approach to the prevention and treatment of accidents and disease and have not adopted a broader view of the health and well-being of workers. However, this situation has begun to change.

The World Health Organisation established in its Constitution in 1946 that health is a state of complete physical, mental, and social well-being and not solely the absence of pathological conditions or diseases. It described enjoyment of the maximum achievable state of health as an essential human right, assigning governments with the responsibility for this provision through the appropriate health and social measures. According to Rykqvist and Winroth (2002), health is affected by three main factors: genetic factors; lifestyles or habits (foods, physical exercise, hours of sleep, use of time, and values); and the environment formed by work, relationships, physical environment, society, and culture.

Over the past decade, some authors have introduced the concept of the "Healthy Organisation", studying organisations as spaces for the development of a healthy work management rather than the promotion of practices solely aimed at the prevention of physical or psychological risk (Grawitch, Trares, and Kohler, 2007; Kelloway and Day, 2005; Sorge and van Witteloostuijn, 2004). They propose that the organisational structure and the way it operates may have wide repercussions on worker health and well-being and, therefore, on the effectiveness of the organisation itself (Wilson, Dejoy, Vandenberg, Richardson, and McGrath, 2004).

The aim of the present study was to develop a theoretical model for the improvement of health and well-being in their workplace by the implementation of empowerment strategies to promote worker participation, autonomy and control in the organisation.

2. What is a healthy organisation?

A healthy organisation can be defined as one that establishes work processes that promote and maintain a state of complete physical, mental, and social well-being in their workers, which translates into superior work efficiency and performance (Wilson et al., 2004). It is possible to differentiate between healthy organisations, characterised by a work force with high well-being and performance and a good state of financial health (Arnetz and Blomkvist, 2007), and toxic or sick organisations, characterised by high levels of absenteeism and staff turnover and the consequent loss in production and economic health.

There appears to be no list of specific practices that can serve as a "vaccine" for all types of organisation. Each organisation is a system of structures and relationships with its own characteristics and there is no single "cure-all" solution. Most researchers have studied the main categories of organisational practices that have yielded positive outcomes in terms of worker health/well-being and organisational effectiveness. A review by Grawitch, Gottschalk, and Munz (2006) of published research on programmes and practices that promote employee health and well-being and good organisational outcomes established five main conditions for a

healthy organisation: reconciliation of work and personal life, employee growth and development, health and safety, employee rewards and employee participation and involvement. However, a higher order of importance was assigned by Grawitch, Trares and Kohler (2007), to employee participation, since organisations developing this practice would be more likely to use participation strategies in the development and optimisation of other measures. Likewise, Grawitch, Ledford, Ballard, and Baber (2009) argued that all workers must be actively involved in the shaping of organisational practices if a healthy workplace is to be achieved.

Consequently, the participation and involvement of workers in the organisation is proposed as a fundamental element for creating a healthy organisation. One of the most widely known practices in this context is "organisational empowerment", based on the hypothesis that the effectiveness of an organisation is enhanced when power and control are shared (Keller and Dansereau, 1995).

3. Participation and empowerment

Empowerment has been increasingly studied over the past few years, and its importance in management practice is now widely acknowledged on various grounds (Ergeneli, Ari, and Mertin, 2006). Thus, empowerment is considered an essential element to improve the effectiveness and results of organisations by facilitating the implementation of appropriate changes at the right time.

Empowerment has been described as a set of instruments designed to encourage workers to think for themselves about the requirements of their job and to go beyond simply doing what they are told (Thorlakson and Murray, 1996). It therefore involves workers learning to take the initiative and to respond creatively to the challenges of their work (Laschinger, Finegan, Shamian, and Wilk, 2004; Quinn and Spreitzer, 1997). It has been claimed that these empowerment techniques can be effectively applied in all organisations (Lashley, 1999).

Researchers have approached this issue from different perspectives. The most deep-rooted, designated structural empowerment, considers empowerment as a set of management activities and practices that confer power, control, and authority to their subordinates. Accordingly, empowerment means that employees receive information on organisation results, possess the knowledge and skills to contribute to achieving organisation goals, have the power to make fundamental decisions and are rewarded on the basis of the results of the organisation (Chen and Chen, 2008).

Another approach to empowerment focuses on the psychological state that employees should experience when managements take appropriate empowerment measures (Spreitzer, 1995). According to this perspective, which has been called "psychological empowerment", empowered workers act with the belief that they are competent, their work is important, they can act with autonomy, and the results of their work can have a significant impact on the organisation (Spreitzer, 1995).

In our proposed model, depicted in figure 1, the starting-point for the creation of a healthy organisation would be for management to establish empowerment practices (structural empowerment) that lead employees to a state of cognition characterised by a feeling of control, competition and internalization of goals (psychological empowerment), which in turn facilitates the implementation of healthy work practices and the development of good organisational behaviours, including worker engagement and organisational commitment. The end result is an organisation that understands health in its broadest sense to be of strategic value, not only to establish a disease-free and safe physical work environment but also to develop an inspiring social work environment that revitalises and energises employees and enhances their relationships with

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the organisational environment (Salanova and Schaufeli, 2009; Zwetsloot and Pot, 2004).

According to our model, psychological empowerment acts as a mediator between structural empowerment (practices to enhance the power, control and autonomy of workers) and other practices to improve workers' well-being as well as their engagement and commitment. In a state of psychological empowerment, workers will become involved in the implementation of other healthy practices and will develop a greater level of organisational engagement and commitment.

3.1 Structural Empowerment

Structural empowerment refers to practices aimed at endowing workers with greater autonomy and participation, giving them greater control over their work and providing all resources necessary to carry out their tasks with the optimal efficiency and effectiveness, which will result in an increase in their personal power.

Kanter (1993) defined power as the ability to mobilise human resources and materials to fulfil organisational goals, arguing that workers in an empowerment environment ensure that they have access to information, resources, support and opportunities to learn and develop. Access to these empowerment structures represents an increase in specific work characteristics and interpersonal relationships that strengthen effective communication (formal and informal power). Kanter (1993) also maintained that access to learning, growth and the opportunity to advance in the organisation results in greater employee satisfaction, commitment and productivity.

Empowerment structures also include resources, information and support. Access to resources refers to the capacity to acquire the necessary financing, materials, time and support to carry out the work. Access to information implies possession of the formal and informal knowledge necessary to be effective at work. Access to support entails the receipt of feedback and guidance from subordinates, from fellow workers and from superiors. High levels of structural empowerment derive from access to these social structures in the workplace.

Kanter (1993) reinforced his empowerment model by arguing that the organisational structure has a greater and faster impact on worker behaviour than does the personality of the employees. However, the implementation of a series of practices may not be sufficient; there needs to be a fit between management-designed structures and the wor-

Figure 1

Model of healthy organisation
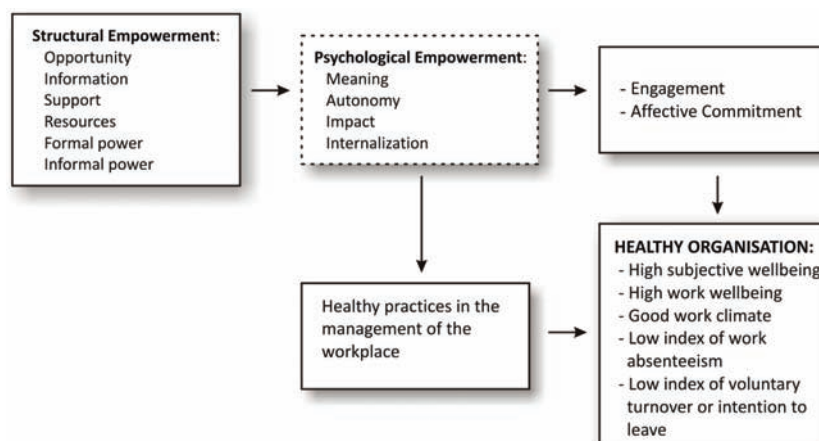
kers (Wilson et. al, 2004). In the model depicted in figure 1, this link is represented by psychological empowerment, which represents the reaction of employees to structural conditions of empowerment (Laschinger, Finegan, and Shamian, 2001).

3.2 Psychological Empowerment

Various models of psychological empowerment have been proposed (Menon, 1999, 2001; Thomas and Velthouse, 1990; Conger and Kanungo, 1988). One of the most widely utilised is the model of Professor Gretchen Spreitzer (1995), which drew on the identification by Thomas and Velthouse (1990) of four cognitions: impact, competence, meaning, and self-determination. Impact refers to the degree to which a behaviour is considered as "doing something different" to achieve the purpose of the task, i.e., producing desired effects in the general work environment. It is related to the intensity with which an individual can affect the strategy, administration, or operative work results (Ashforth, 1989). Competence reflects the degree to which a person is potentially capable of performing task activities. Meaning refers to the value of a goal or purpose in relation to the ideas and standards of the individual (Thomas and Velthouse, 1990), involving a linkage between work role requirements and beliefs, values and behaviours (Hackman and Oldham, 1980). Finally, self-determination refers to the feeling of being able to choose to initiate and regulate activities (Deci, Connell, and Ryan, 1989).

According to Spreitzer (1995), the combination of these four cognitions implies an active approach to work in which an individual wants and feels capable of giving shape to work and its environment. She argued that the degree of psychological empowerment is reduced but not completely eliminated by the absence of one of these four dimensions. She suggested that each dimension contributes to the general construct of psychological empowerment but they are not equivalent constructs.

One of the main contributions of Spreitzer (1995) to the field of psychological empowerment was the development and validation of a multidimensional measure for its quantification in a work setting. She created a "nomological" network (see figure 2) to develop an individual context of work and personal characteristics to form empowerment cognitions, which give rise to motivated individual behaviour.

Figure 2

Spreitzer's model of psychological empowerment (1995)

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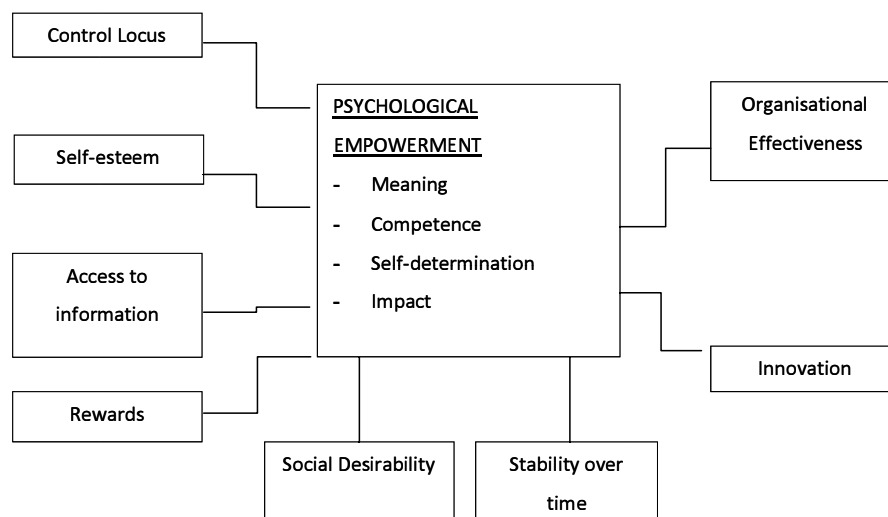
4. Engagement

The concept of engagement is viewed and analysed as the contrary of the widely studied burnout syndrome. Thus, Maslach and Leiter (1997) described engagement as the energy, involvement, and effectiveness of workers, i.e., the opposite of the three dimensions of burnout: affective exhaustion, depersonalization, and reduced perception of efficacy. In fact, engagement and burnout were reported to be at either end of a continuum (Laschinger and Finegan, 2005).

Engagement in work is defined as a positive state of mind related to work and is characterised by vigour, dedication and absorption (Bakker, Schaufeli, Leiter, and Taris, 2008; Schaufeli, Salanova, González-Román, and Bakker, 2002). Vigour is characterised by: high levels of mental energy and stamina at work; the willingness to invest effort in work; and persistence, even at difficult times. Dedication implies a strong involvement in work and feelings of significance, enthusiasm, inspiration, pride and challenge. Absorption refers to complete concentration and contented engrossment in work, making time pass quickly and making it difficult to disconnect from work. According to these definitions, "vigour" and "dedication" are the direct opposite of exhaustion burnout and cynicism, respectively (Bakker, Schaufeli, Leiter, and Taris, 2008). Hence, work engagement is more than simply not being burned out (Salanova and Llorens, 2008). Engaged workers feel capable of facing new demands that appear in daily work and show an energetic and effective connection with their jobs. However, the concept of engagement has been controversial and has had to be validated and differentiated from other constructs such as commitment, involvement, work satisfaction and addiction to work (workaholism).

For Hallberg and Schaufeli (2006), engagement in work implies a state of well-being characterised by high levels of energy invested in work, but it also encompasses a greater involvement and commitment of employees towards work. Thus, engaged workers are characterised by high levels of dedication, enthusiasm and inspiration in their own work, which involves and absorbs them and to which they feel sympathetic. However, as reported by these authors, engagement, involvement and commitment are three clearly differentiated concepts. Involvement in work is defined as psychological identification with work, implying that work can satisfy the most highly valued needs and expectations of workers (Kanungo, 1979). Involved workers find their work motivating and challenging, and they are committed to their work in general, to their specific task, and to the organisation; this makes them less prone to leave and more likely to be involved in professional relationships with supervisors and create opportunities for feedback. However, various authors (Hallberg and Schaufeli, 2006) have observed that involvement in work is not related to the physical or psychological health of workers but engagement in work is negatively associated with their health. "Engagement" refers to the state of mind of workers, including vigour, dedication, and absorption, whereas "involvement" refers to psychological identification with work, which covers the needs and expectations of workers but does not necessarily imply that workers feel more energetic or in a better state of mind to perform their functions (Hallberg and Schaufeli, 2006).

"Organisational commitment" has been defined as a strong belief in the goals and values of the organisation, the willingness to make considerable efforts for its benefit and the consequent desire to remain a part of it (Porter, Steers, Mowday, and Boulain, 1974). This variable is more clearly distinct from engagement, since it refers to the psychological state that characterises the relationship between workers and their organisation (Meyer and Allen, 1997), whereas engagement centres on the relationship between employees and their work rather than with the organisation.

The relationship between the concepts of engagement and addiction to work has also been examined. According to Bakker, Schaufeli, Leiter, and Taris (2008), workaholics are characterised by working long days (when possible), a reluctance to leave work, and a certain degree of obsessive and compulsive behaviour. Unlike engaged workers, however, they have little dynamism and expend far greater effort in their work than is expected by their employers, consequently neglecting their lives outside work, which are commonly dull and lacking in personal relationships. In general, workaholics are considered driven by an internal compulsion for need or unity rather than by external factors, e.g., financial rewards, career prospects, and organisational culture (Schaufeli, Bakker, and Van Rehen, 2009). By contrast, workers with high levels of vigour, dedication and absorption in their work are not addicted to work: they do not feel guilty when not working and they are not driven by an irresistible internal impulse but rather by their enjoyment of the work. Engaged workers are expected to have better psychological and physical health and to be at a lesser risk of future psychological or physical disorders (Laschinger and Finegan, 2005). When individuals are fully engaged in work, they pay greater attention to the resources and efforts required to achieve optimal results (Britt, Castro, and Alder, 2005; Britt, 2003), reducing the negative impact of work overload (Britt and Bliese, 2003). Nevertheless, as indicated by Britt et al. (2005), fully engaged workers can suffer from stress if other demands interfere with their capacity to correctly complete tasks, since they have an elevated sense of responsibility towards the results of their work. However, most studies have reported a positive relationship between engagement and the physical and psychological health of workers (Pienaar and Willemse, 2008; Britt, Castro, and Alder, 2005; Laschinger and Finegan, 2005).

The organisational consequences of having "engaged" workers are expected to be lower levels of absenteeism (voluntary and involuntary) (Schaufeli, Bakker, and Van Rhenen, 2009) and turnover, including intention to leave (Schaufeli and Bakker, 2004), as well as improvements in organisational results (Bakker, Schaufeli, Leiter, and Taris, 2008; Salanova, Agut, and Peiró, 2005). Moreover, as proposed by Salanova and Llorens (2008), engagement in work not only implies avoidance of the negative consequences of burnout, since engaged workers experience greater enjoyment in their work and show a more proactive behaviour. Hence, they are more creative and innovative and more likely to propose improvements for their work and for the organisation in general, seeking the resources required for overcoming obstacles to the achievement of optimal results. Cant (2000) defines proactive behaviour as the taking of initiatives to improve current circumstances or create new situations, challenging the status quo rather than passively adapting to it. This behaviour results in a superior performance, with greater feelings of control and more clarity about the tasks requiring action. Cant observed that workers can participate in proactive activities as part of their common behaviour or outside their habitual role (Cant, 2000).

Salanova and Schaufeli (2009) affirmed that work resources, such as control, feedback and task variety are related to the proactive behaviour of workers via engagement. In other words, engagement mediates between work resources and proactive behaviour. Thus, an increase in work resources enhances work engagement, which is in turn positively related to the proactive behaviour of workers, rather than there being a direct relationship between resources and proactive behaviour.

In short, highly engaged workers facilitate the creation of an inspiring work environment in which people feel vital and energetic and produce quality goods and services, which are all characteristics of a healthy organisation (Salanova and Schaufeli, 2009; Zwetsloot and Pot, 2004). Key questions include the means by which a work en-

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vironment can be created where workers develop high levels of engagement and whether empowerment can make a contribution.

In the Job Demands-Resources model (Demerouti, Bakker, Nachreiner, and Schaufeli, 2001), risk factors for work stress can be classified into two general categories: job demands (physical, social, or organisational aspects of work that involve mental or physical effort and are therefore associated with certain physical and psychological costs) and resources (physical, psychological, social or organisational aspects). The model distinguishes between two different psychological processes with an essential role in the development of work stress and motivation: health deterioration, due to burnout from high work demands; and motivation, with work resources having the potential to increase engagement, reduce cynicism and optimise the performance of workers.

Structural and psychological empowerment combines organisational resources (access to resources, information, support, and opportunities for growth and development) and personal resources (feeling of significance, competition, self-determination and impact), respectively, thereby increasing the power and autonomy of workers within the organisation. This combination of resources may have a positive effect on the generation of engagement and play a palliative role in the burnout process.

5. Organisational Commitment

The concept of organisational commitment became highly popular in the 1950s, in accordance with the principles of Schools of Human Relations and a desire to improve worker satisfaction. In the 1980s, Morrow (1983) and Recheirs (1985) described different approaches to this idea and called for greater clarification. In 1991, Meyer and Allen offered a widely followed definition of organisational commitment as a psychological state that characterises the relationship between a person and an organisation. They

proposed that commitment has three components: affective, continuance, and normative. In fact, as outlined below, the conception of commitment as a multidimensional construct was initially enunciated by the same authors in 1984.

For Meyer and Allen, evidence of affective commitment had been presented in previous studies by other authors. Thus, Kanter (1968) defined commitment as the individual attachment of affectivity and emotion towards the group, and Buchanan (1974) also centred on the affectivity component. However, Meyer and Allen were most influenced by Mowday, Steers, and Porters (1979), who defined commitment as the relative degree to which an individual is identified and involved with a specific organisation. The latter study described three aspects of commitment: (a) strong acceptance of organisation goals, (b) good will to make efforts in the name of the organisation, and (c) a strong desire to continue being a member of the organisation. Meyer and Allen (1984) subsequently formulated a very similar concept, which they designated affective commitment.

In their 1984 study, Meyer and Allen differentiated between affective and continuance commitment. They argued that workers with a high degree of affective commitment show emotional affection, identification and involvement with the organisation, whereas those with a high continuance commitment are more concerned about the potential costs of leaving the organisation, following the definition proposed by Becker (1960). Accordingly, workers may wish to continue being a part of the organisation, not because they agree with its activity and goals, but because leaving would entail a relative loss of salary, benefits and work security, wasting their investment of time and effort (continuance commitment).. This cost has been described as a "cold calculation of costs and benefits" (Jaros, Jermier, Koehler, and Sincich, 1993), although continuance commitment is also be related

to dependence on the organisation for a good job and professional advancement (Meyer and Allen, 1984; Meyer, Allen, and Smith, 1993; Carson, Carson, and Bedian, 1995). Furthermore, employees acquire investments in terms of their knowledge of the organisation and its specific techniques, their contacts with people, and their adaptation to a culture, which may have no relevance in other organisations (Ito and Brotheridge, 2005).

In 1991, Meyer and Allen included a third type of commitment, normative commitment, which refers to the moral duty of continuing to belong to the organisation. Since 1991, considerable attention has been paid to analysis of these three components of commitment, due to their apparent potential to explain variations in organisational outcomes (e.g., staff turnover, absenteeism, performance, etc.). This feeling of obligation is influenced by the individual's family, culture and socialization within the organisation and may also depend on the perception of being treated well. Other authors (Prestholdt, Lane, and Matthews, 1987; Schwartz, 1973; Schwartz and Tessler, 1972) had previously pointed out the degree to which worker behaviour can be explained by personal norms, defined as the internalization of a moral obligation.

There is now a consensus that organisational commitment is a multidimensional construct, but not all authors agree with the classification by Meyer and Allen (1991). One of the most controversial questions is how useful it is to consider normative commitment as separate from affective commitment, given the strong relationship between them (Ko, Price, and Mueller, 1997). Nevertheless, affective commitment and normative commitment have been shown to have different relationships with other variables, especially those related to the results of commitment, e.g., diligence in performance, turnover, and absenteeism, among others (Meyer et al. 1993; Cohen, 1996).

Meyer and Allen (1991) also recognised

that the three components of commitment are frequently closely related, given that commitment in general is a psychological state and is involved in the decision of employees to continue in the organisation or leave it. However, these psychological states have distinct antecedents and different implications for behaviours in work relationships, such as staff turnover (Meyer and Allen, 1991; Allen and Meyer, 1990).

Studies on organisational commitment have laid special emphasis on affective commitment, which is considered to be strongly and more consistently related to desirable organisational outcomes (Arzu, 2003). Among numerous studies on the consequences of organisational commitment, we highlight the meta-analysis conducted by Meyer, Stanley, Herscovitch, and Topolnytsky (2002). Besides analyzing how organisational commitment affects certain organisational processes, such as staff turnover, intention to leave, absenteeism, and performance, they compared findings in North America with those in the rest of the world. We report and discuss some of the conclusions below.

Organisational commitment: turnover and intention to leave. Meyer et al. (2002) described a negative relationship between commitment and turnover; i.e., the greater the commitment, the lesser the turnover or possibility of intention to leave. In all studies, affective commitment was more intensely related to turnover and intention to leave in comparison to normative and continuance commitments, and this relationship was stronger with intention to leave than with current staff turnover. Interestingly, the relationship between affective commitment and intention to leave is stronger in studies conducted in North America than elsewhere, in contrast to findings for normative and continuance commitments.

Organisational commitment and absenteeism. Affective commitment is negatively related to absenteeism, whereas continuance and normative commitments are positively

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related to absenteeism (although this relationship is close to 0). When voluntary and involuntary absenteeism were considered separately, affective commitment proved to be more strongly related to voluntary than involuntary absenteeism.

Organisational commitment and performance at work. Affective and normative commitments are positively related but continuance commitment negatively related to performance at work. Interestingly, the relationship between normative commitment and performance at work was markedly higher in studies conducted outside North America.

Organisational commitment and stress, family-work conflict. Affective commitment is negatively related to the presence of stress and family-work conflict. In contrast, continuance commitment is positively related to both variables. There is virtually no relationship between normative commitment and family-work conflict. However, this issue is controversial, with some authors arguing that affective commitment may reduce the negative impact of stressful work on worker health and well-being (Begley and Czajka, 1993), and others suggesting that more committed workers can have a stronger negative reaction to stressful situations (Reilly, 1994).

The stronger positive organisational consequences of affective commitment can be expected, because workers who are affectively committed to the organisation are making this choice rather than feeling obliged to remain in and work for the organisation (normative commitment) or staying because of the costs of leaving (continuance commitment). Consequently, it can be proposed that an organisation will be healthy if its workers firmly believe in and accept the goals and values of the organisation and are willing to make considerable efforts for the benefit of the organisation, in which they desire to continue (affective commitment).

There also appears to be a consensus that personal and organisational variables both influence the development or not of organisational commitment and its particular dimension (affective, continuance, or normative). However, in comparison to personal variables, organisational variables have proven to be more strongly related to the different dimensions of commitment (Meyer, Stanley, Herscovitch, and Topolnytsky, 200. For this reason, authors have focussed in the past few years on identifying the organisational factors that increase the commitment of workers to the organisation, including empowerment. Nonetheless, research into the relationship between empowerment and organisational commitment is very recent.

6. Healthy organisations

The correct management of empowerment, engagement and commitment can be expected to produce organisations that are healthy for the workers and the company in terms of occupational risk prevention and, from a broader perspective, the development of physically, mentally and socially healthy work environments.

The consequences for the workers of a healthy organisation include an increase in well-being, an improvement in the work climate and a reduction in absenteeism and turnover rates.

6.1 Well-being

Employee well-being is one of the most frequently researched topics in the organisational field (Page and Vella-Brodrick, 2009). It is a multidimensional concept that includes psychological well-being, work well-being, material well-being, or marital well-being, which can each be independently evaluated in the same person (Bretones and González, 2011). Among these, the present paper addresses psychological and work well-being, which are closely related to organisational variables.

Warr (1978) defines psychological well-being as a complex process with three components: global, negative, and positive.

Global psychological well-being involves interrelated affective, behavioural, and cognitive processes associated with individuals' feelings towards their daily life activities. Negative psychological well-being is characterised by states of anxiety and depression, a lack of self-confidence, a poor sense of personal autonomy, incapacity to face daily life and dissatisfaction with self and the physical and social environment. Finally, positive psychological well-being is characterised by an effective tendency to growth and self-realization.

In relation to work well-being, the two components that form the general well-being of workers must be distinguished: satisfaction with work and satisfaction with life (Laca, Mejía, and Gondra, 2006). Work satisfaction is understood as the feeling that people have of themselves in relation to their work (Warr, 2003). Psychological well-being would be more associated with satisfaction with life, with its wider implications.

6.2 Work climate

Work climate can be defined as the collective perception of an organisation by its members in relation to autonomy, confidence, cohesiveness, support, recognition, innovation and impartiality (Moran and Volkwein, 1992; Koys and DeCotiis, 1991). Recent studies found the organisational climate to be a psychological, multidimensional and complex phenomenon that affects learning, results, turnover and absenteeism (Likert, 1967).

The review by Campbell, Dunnette, Lawler, and Weick (1970) described four main dimensions of work climate: individual autonomy, degree of structuring imposed on the position occupied, approach to rewards and consideration, affection and support.

Organisational commitment has been shown to have a strong positive relationship with work climate (McMurray, Scott, and Pace, 2004; Parker, Baltes, Young, and Huff, 2003; Glisson and James, 2002; Mañas, Gon-

zález-Romá, and Peiró, 1999; Fink, 1992; Iverson, Deery, S. J., and Erwin, 1995).

A good diagnosis of the work climate can contribute an understanding and explanation of a large proportion of the behaviours that affect productivity and organisational performance.

6.3 Work absenteeism and turnover

Employers and experts in Human Resources are especially interested in escape behaviours (e.g., absenteeism and job turnover) due to their negative impact on productivity, including the need to find a replacement and the costs of hiring temporary staff and integrating and training new staff (Levin and Kleiner, 1992).

Work absenteeism is defined by any absence of a person from their work post during the working day, be it involuntary (e.g., due to illness) or voluntary. Turnover, defined as the abandonment of an organisation by a paid employee (Mobley, 1982), can entail substantial costs for the company, besides disrupting social structures and organisation communications and having a negative effect on its image (Levin and Kleiner, 1992).

It has been observed that absenteeism rates decrease with greater worker participation. Thus, Hammer, Landau, and Stern (1981) reported reduced absenteeism rates in bankrupt companies that became managed by their workers. Ross and Zander (1979) found that escape behaviours, including absenteeism, were influenced by autonomy, task importance and fair treatment; these variables had an even greater effect on the desire of individuals to continue in the organisation (organisational commitment).

With regard to turnover, Matthieu and Zajac (1990) found it to be negatively associated with worker commitment. Abrams and Ando (1998) found that workers in British and Japanese companies who more closely identified with the organisation showed a lesser intention to leave.

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In short, studies have demonstrated that greater empowerment, affective commitment, and level of engagement produce a lesser absenteeism for both voluntary and involuntary causes and a lower intention to leave.

7. Conclusions

In the model proposed in this paper, the establishment of a healthy organisation begins by giving workers access to the appropriate information and resources, to the support of superiors and workmates, and to development and training opportunities, endowing workers with greater formal and informal power. If this structural empowerment is successfully achieved, individuals will work with the absolute conviction that they are competent, that their work is important for the organisation, that their work can affect organisational results and that they have autonomy to act (psychological empowerment).

According to our proposed model, the fit between structural and psychological empowerment gives rise to workers with a positive and fully work-focused state of mind and high levels of energy and mental resistance who are intensively involved their work, completely concentrated and happily engrossed in their tasks (engagement). It may also induce acceptance of the goals of the organisation, a willingness to make efforts on its behalf, and a strong desire to continue being a member of it (affective commitment). As a result, workers will enjoy high levels of psychological and work well-being and develop a good organisational climate, with a reduction in absenteeism and turnover.

This fit between structural and psychological empowerment will also facilitate the successful implementation of measures taken by the organisation to improve the health and well-being of workers. The creation of a healthy workplace requires employees to be actively involved in the participation and shaping of organisational practices.

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