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**Positive Healthy Employability: a study on the effects of Positive Health on
workers in the internal organisation**

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Floris de Jong

Studentnummer – 5693020

r.f.dejong@students.uu.nl

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Utrecht University

Thesis supervisor: Dr. Eva Jaspers

Second reader: Prof. dr. ir. Vincent Buskens

Internship organisation: Institute for Positive Health

Internship supervisor: Drs. Lizzy van der Kooij

Preface

In cooperation with the Institute for Positive Health (IPH) and the Utrecht University, this thesis has been written in which you will read about the effects of Positive Health on workers in the internal organisation. This thesis forms the ending of my Master programme ‘Sociology: Contemporary Social problems’.

In my search for an internship, I focussed on finding an organisation which philosophy would fit with my values. These values are (among others) societal engagement, strive for innovation, honesty and originality. Right at the beginning of my internship at the IPH, I noticed that these values were shared by the organisation. There was an open and warm environment among colleagues and everyone was very ambitious and working hard on improving the world of (health)care and society as a whole. That environment made me realize what I am looking for in an organisation: warmth and ambition. Before starting the project that I wrote my thesis about, Positive Healthy Employability, I did not know much about Positive Health and HRM. However, as the time progressed, I got more interested and engaged in the topic. I feel proud that I was able to dive into this topic and contribute to a certain extent to the knowledge and development of Positive Health at work.

By writing this thesis, my time as a student at the University comes to an end. This comes with mixed feelings: on the one hand pride and satisfaction and the other a little melancholy. As many people, older than I am, will agree, time flies by. My time as a student went by very quick, yet when looking back it feels like a lifetime ago when I started my Bachelor’s in 2015. In those 6 years, I developed myself into a beginning professional that is ready to explore what is next. Without losing sight on the past, I will look ahead into the future and face the challenges that will enter my path and at the same time enjoy the good times to come.

I would like to thank Tamara, my parents, sister, friends and everyone around me for their support and love, not only this year, but for all those years in which advise and help was much needed. I would also like to thank Eva Jaspers for her supervision during the writing of my thesis. Her knowledge and experience was much needed and appreciated while writing this thesis. I would like to thank my colleagues at the IPH for their interest, authenticity, advice and support. I felt a genuine part of the organisation and admire the ability of taking in someone with such warmth. Special thanks go to Lizzy and the others in the project group of PGW for their support and supervision. Last, I thank all those who participated in the study,

either by filling in the questionnaire or by participating the focus group. Your input was very valuable.

Enjoy reading!

Floris de Jong

Utrecht, June 25th 2021

Abstract

This study has been set up to explore the effects that Positive Health has on workers in the internal organisation. There are positive experiences with Positive Health in (health)care and the philosophy around Positive Health is gaining in popularity. To gain a better understanding of the effects of Positive Health in a different field, that is, the field of HRM, mixed method research has been done. First, a questionnaire has been set out to measure differences in experiences at work. Focus lay on the following factors: Meaningful work, Relationship with employer/employees, Self-Reflection, Resilience and Autonomy. Second, a focus group has been held to further explore the do's and don'ts concerning Positive Health at work. The results show that there are significant difference between people who work with Positive Health and people who don't in the amount of meaningful work and the perceived relationship with their employer/employees. The results of the focus group indicate that important elements for Positive Health to take place at work are transparency, respect, shared responsibilities and clear communication of values. It is concluded that Positive Health, within the context of work, primarily impacts meaningful work and the relationship with others for workers. Organisations working with Positive Health are advised to create awareness and have attention for these two aspects of Positive Health when implementing Positive Health at work and future research should look into the mechanisms behind Positive Health at work and self-managing capabilities.

Keywords: Positive Health, meaningful work, relationship employer/employee, sustainable employability, questionnaire, focus group.

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1. Introduction

Due to changes that have arisen since the transition from an industrial to a post-industrial society, it becomes important to find solutions for those challenges that we are facing today (van der Klink et al., 2016). One main challenge is the ageing process of western societies where there is an increased proportion of older people that have to be cared for by a relatively small group of younger people (United Nations, 2009). Another challenge is the shift towards a dominant employment in the service sector which is no longer physically but rather emotionally and mentally demanding (van der Klink et al., 2016). An approach that aims to tackle this issue and that only recently has gained popularity is sustainable employability (Ybema et al., 2020). Sustainable employability concerns itself with stimulating employees in being healthy, learning skills to stay productive and keeping work a meaningful activity (Niks et al., 2020). The main goal of sustainable employability is to prevent possible labour market shortages and to sustain retirement systems and in order to reach this goal, many countries have already raised the official retirement age (Truxillo et al., 2015). Developments such as these have led to changes in human resource management which, in turn, have brought to light new issues such as changed relationships between employer and employee and the extent to which employees view their work as meaningful and have autonomy in doing their job.

An important cornerstone of sustainable employability is health (SER, 2009). The reason for this is that employment becomes sustainable when people are healthy and remain healthy in the future. However, there is an ongoing debate about the definition of the term 'health'. The World Health Organisation (WHO) has been using the following definition since 1948:

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (World Health Organisation, 1948).

This definition has been the best known and most widely used in the medical world (Card, 2017). Since its introduction after the Second World War, the scope of this definition has shifted from primarily cure and prevention of diseases, to incorporating aspects such as physical, mental and social well-being. However, there is a growing body of criticism arguing that this definition has become unfit for dealing with new challenges that rise due to growing ageing and chronic illness rates, caused by rising survival rates (Leonardi, 2018). Next to this, the definition seems to be an unworkable goal, where people who even have the mildest and most treatable disabilities are deemed unhealthy (Huber et al., 2011; Callahan, 1973). New

technologies and improvements in the world of medicine enable more people to live with a chronic disease, therefore making it more common for people to fall under the category of ‘unhealthy’, according to the WHO definition (Fallon & Karlawish, 2019).

To provide a more dynamic concept of health, the concept of Positive Health has been developed. Positive Health tries to shift the focus of looking at the absence of illness, towards a perspective of looking at someone’s resilience and ability to deal with challenges in life (Huber, 2015). Huber defines Positive Health as: “The ability of people to adapt and have control over the physical, emotional and social challenges of daily live” (van Grinsven & Alderliesten, 2018, p. 52). The philosophy behind Positive Health is to try and look beyond the definition of health set by the WHO and to add factors such as mental/physical/social strength, resilience, autonomy and meaning into the concept of being ‘healthy’. In doing so, the concept of being healthy becomes dynamic and does more justice to what is important for people themselves.

Several strands of theory relate to both sustainable employability and Positive Health. Two of these will be discussed in this study: the field of Positive Psychology and the Self-Determination Theory. Positive Psychology aims at building (subjective) positive characteristics and relationships (Seligman & Csikszentmihalyi, 2014). Therefore, interventions based on Positive Psychology mainly focus on strengthening personal traits, cognitive abilities, emotions and coping mechanisms. The power of Positive Psychology lies mainly in its ability to prevent or tackle mental disorders (Brunwasser et al., 2009; Stallard et al., 2014; Macaskill, 2016; Ramírez et al., 2014). The second strand of theory concerns the Self-Determination Theory (SDT) (Ryan & Deci, 2000). The SDT argues that there are 3 major needs that individuals should obtain for someone to be intrinsically motivated to do something. These needs are 1) a sense of autonomy, 2) competence and 3) relatedness with others. In their article, Gagné and Deci (2005) focus on the mechanisms of SDT in organisations. They argue that when the three basic needs are satisfied, it positively affects multiple areas of work: e.g. job satisfaction, positive work-related attitudes, effective performance and wellbeing. The main mechanisms behind both Positive Psychology and the SDT will be discussed in the theoretical framework.

1.1 Context: Positive Health at work

Positive Health may play an important role in making employment more sustainable. Within the context of work, Positive Health can help workers reflect on the aspects of work they feel are important and should receive more attention. Instead of telling employees what goes wrong and what issues should be tackled, Positive Health supports workers acting on what is important according to their own values (IPH, 2019). Therefore the ambition of the Institute for Positive Health (IPH) is to help organisations develop the concept of Positive Health in their organisational structure (IPH, 2019). This is primarily done by providing organisations with instruments such as reflection tools, questionnaires and information based on Positive Health. However, the problem organisations often are confronted with is how Positive Health should take shape within the organisation. Next to this, it is often unclear how to keep working with Positive Health on the long run (IPH, 2019). Questions may arise such as: *“If our organisation works with Positive Health, what does that mean for employees themselves?”* and *“How and with whom can employees talk about Positive Health?”*. These questions may rise because working with Positive Health means dealing with sensitive issues such as someone’s personal health. In order to identify the consequences and experiences people have after implementation of Positive Health in HR-policy, this study has been set up.

1.2 Goal of the study and research questions

In the first place, this study has an explorative goal. It tries to explore the experiences of people working in organisations that have started implementing Positive Health in their HR structure. It tries to explore the experienced positive and negative sides of implementation and the issues surrounding this topic. By doing so, this study tries to add new information to the existing body of knowledge about Positive Health.

In the second place, this study has an descriptive goal. It seeks to describe how implementation of Positive Health is achieved and what tools are used to make this implementation possible.

The following research question will be central to this study:

“How is working with Positive Health, after its implementation in HR-policy, experienced by employees and employers”

To answer this question, the following sub-questions will be addressed:

- *To what extent has the implementation of Positive Health in HR-policy changed the meaning of work for employees and employers?*
- *To what extent has the implementation of Positive Health in HR-policy improved the Self-Managing Capabilities of employees and employers?*
- *To what extent are employees and employers stimulated to work in their own autonomy/control?*
- *Which positive and/or negative experiences do employees and employers have with Positive Health in their organisation and to what extent do these two groups differ in their experiences?*
- *What are obstructive and encouraging factors that influence working with Positive Health at work?*

1.3 Scientific and societal relevance

First, at this moment most research concerning Positive Health has focussed on the terminology concerning Positive Health (Huber et al., 2011; Huber et al., 2016), the importance of a sense of purpose in life (van den Brekel & Huber, 2018) and the overall use of Positive Health in healthcare (van der Burg-Vermeulen et al., 2018). However, little is known about the process of implementation in HR-policy and its effects for employees and employers. This gap in knowledge is the central driver for this study.

Second, Positive Health may have a positive influence on the process of sustainability of workers which in turn contributes to tackling societal issues relating to an ageing society and shifts in work-orientation (United Nations, 2009; van der Klink et al., 2016). Therefore, this study indirectly contributes to the societal challenges western countries, such as the Netherlands, face.

1.4 Reading guide

This study is divided in 6 chapters. In chapter 1, the introduction of the study was presented. Chapter 2 will focus on the theories behind relevant studies and concepts that are central in this thesis. In chapter 3, the research design and method will be presented after which, in chapter 4, the results of the empirical research will follow. In chapter 5, conclusions based on the results will be made, discussed and connected to the aforementioned theory. The research

questions will also be answered in this chapter. In chapter 6, recommendations for policy and future research will be presented.

2. Theoretical framework

In the introduction, several strands of literature have been presented: the field of Positive Psychology with its focus on training positive personal traits (Seligman & Csikszentmihalyi, 2014), processes to make employment more sustainable and work more meaningful (Ybema et al., 2020; Niks et al., 2020) and the Self-Determination theory concerning the importance of autonomy and motivation in life and at work (Ryan & Deci, 2000; Gagné & Deci, 2005). In order to provide ample background for the research questions of this study, these fields of research will be discussed below. First, the incorporation of sustainable employability (SE) into human resource management and its consequences for the concept of work will be addressed. Second, the development of Positive Psychology and its use in organisations will be discussed. Third, the Self-Determination Theory will be further explained and to what extent autonomy impacts work motivation. Last, the added value of Positive Health to the discussed literature will be explained and an integration of the concepts will be presented.

2.1 Sustainable employability and meaningful work

It has only been until recently that organisations began realizing the importance of a sustainable workforce (Ybema et al., 2020). A shift in focus appeared from a rather short-term efficient exploitation of (human) resources towards a more long-term approach that incorporates the sustainability of these resources (Docherty et al., 2009; Ehnert et al., 2014). In the following two paragraphs, the process of SE and the influence this has on the creation of meaningful work, job engagement and the relationship between employee and employer are discussed.

2.1.1 Sustainable employability

Perspectives on how work should be organized and what the role of work should be in the lives of individuals have changed throughout the past century (Ybema et al., 2020). In the middle of the 20th century, the vast majority of workers from western industrialized societies

were employed in industrial or agricultural sectors. Today, the majority of work has shifted towards the service sector, which is more emotionally and mentally demanding, rather than physically (van der Klink et al., 2016). Next to this, ageing of societies have brought challenges such as the reduction of sickness absence and improving/maintaining work ability (Van Holland et al., 2018). Since high age is an indicator for lower work ability (Van Holland et al., 2015), interventions aimed at sustainable employment are necessary. In general, SE is being defined as “the extent to which workers are able and willing to remain working now and in the future” (Ybema et al., 2020. p. 888). According to the Dutch Social and Economic Council, three main components of SE appear to be crucial: 1) Employability, 2) Work motivation and 3) Health (SER, 2009). Employability refers to the ability of workers to fulfil work at their current or future job. Work motivation refers to the extent people have the energy and motivation to do work-related activities. Health refers to the health of workers according to the definition of the WHO.

SE serves as an enabling factor for the achievement of valuable outcomes for both employees and employers. Within the process of SE, employers provide employees with the opportunities to achieve these outcomes. An example of such a valuable outcome is a new (professional) skill that makes someone better equipped to be employable within his/her organisation and on the labour market (van der Klink et al., 2016). In order to obtain this outcome, opportunities such as time and money for trainings are needed to aid the employee in obtaining new skills. SE is a dynamic process that involves both the employer and employee and requires proper communication about what are considered valuable goals (van der Klink et al., 2016). Furthermore, it is important to remember that SE implies a process that stretches over time and impacts workers across their lifetime (Fleuren et al., 2016). A valuable outcome of SE is the creation of work as a meaningful activity (Schnell et al., 2013).

2.1.2 Meaningful work

Looking back at the second half of the 20th century, work was seen as a necessary evil to provide a livelihood (van der Klink et al., 2016). Today, a shift has occurred in which, for the vast majority, work has increasingly become an activity that should be purposeful and significant, should have synergy with workers’ broader concept of purpose and meaning, and benefits the greater good (Steger, 2017). In order for work to be truly sustainable, there should not only be focus on improving economic, ecological and social factors, but also on wellbeing

and quality of life (Magnano et al., 2019). Additionally, meaningful work is thought to be an important part of keeping employment sustainable (Vila-Vázquez et al., 2018). For work to become meaningful, productive and healthy, effort from both employees and employers is crucial (Niks et al., 2020). Employees are expected to keep investing in their knowledge and skills to stay valuable on the labour market while employers are expected to offer realistic opportunities and conditions that enable employees to become and stay sustainably employable. Furthermore, when employers offer employees the opportunity of training, mutual expectations are reinforced and job engagement and future career prospects will be enhanced (Van der Lippe and Lippényi, 2019)

An important aspect of meaningful work is the changing relationship between employer and employee since the second half of the 20th century. For generations, being loyal to and working for the same organisation was considered the norm. Especially in large organisations, lifetime employment was offered to loyal employees (Thijssen et al., 2008). Today, lifetime employability has gotten more emphasis: the constant possibility of employees in gaining employment in the internal and external labour market (Forrier & Sels, 2003). Due to a more diverse and flexible labour market, employment has changed from working for primarily one employer to working for multiple or even none (Thijssen et al., 2008). This has resulted in more temporary and external contracts which in turn changed the relationship between employee and employer into a more transactional agreement: there is less personal relationship between employer and employee (van der Lippe & Lippényi, 2019). The unwritten rules and expectations in the relationship between employer and employee are part of an (undefined) relationship which is called the psychological contract (Thunnissen et al, 2003). This concept will be discussed further in the next subchapter.

Summarizing, efforts to make employment sustainable are expected to yield positive results. SE may affect the meaning people give to their work and it can impact the psychological contract between employers and employees. To incorporate the more psychological aspect of sustainable employment, the field of Positive Psychology will be discussed further.

2.2 Positive Psychology

Positive Psychology concerns itself with the valued subjective experiences people have relating to the past, present and future (Rippstein-Leuenberger et al., 2017). The past relates to

contentment and satisfaction, the present relates to a state of active engagement in activities and the future relates to hope and optimism. Positive Psychology aims at minimising suffering and increasing happiness throughout these three timelines. Some might argue that negative emotions and experiences are more urgent causes to tackle than striving for positive emotions. Seligman and Csikszentmihalyi (2014) suggest that the focus of traditional psychology has indeed been laying on curing negative experiences since people have been taking positive emotions for granted. However, in the past few decades it has been proven effective to focus on improving positive emotions and experiences rather than focussing on the negative (Clonan et al., 2004; Macaskill, 2016; Meyers et al., 2013). Perhaps the most important aspect about the use of Positive Psychology is its power to prevent mental disorders, such as anxiety disorders (Stallard et al., 2014). The main mechanism behind Positive Psychology interventions (PPI) is comparable to that of Cognitive Behavioural Therapy (CBT) in which the cognitive functioning of a person is altered using stimuli (Hudson, 2005). By using positive stimuli, PPI's manage to shift someone's attention to a more positive outlook which in turn facilitates a positive information-processing bias (Wellenzohn et al., 2016). It is not surprising therefore that both methods are sometimes combined in creating effective intervention programmes (Marrero et al., 2016).

2.2.1 Positive Psychology at work

Positive Psychology can be used to focus on functional and personal recovery throughout someone's course of life (de Lange, 2019). In her article, de Lange (2019) presents a model (Figure 3) based on Positive Psychological perspectives to visualize how Positive Psychology helps understand how employees may improve their employability in a sustainable way. In its core, the model constitutes that SE of workers is a result of a changing dynamic between workload and individual self-management capacity across the life course (de Lange et al., 2021). It is important for the sustainable employment of employees to find a fit between the

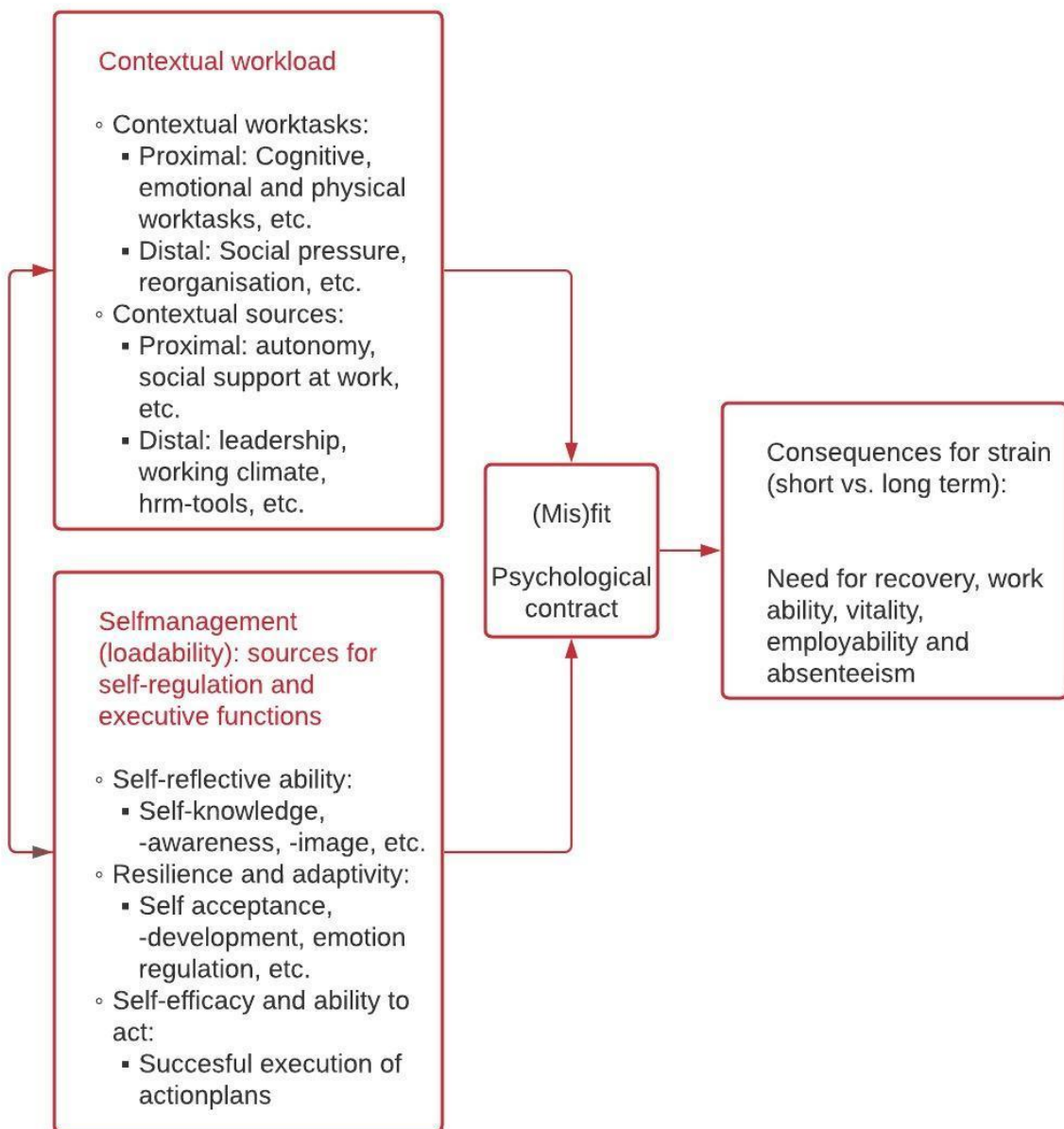


Figure 3: Model of self-management and contextual workload.

Note: Reprinted and translated from “Succesvol ouder worden op het werk. Psychologische perspectieven op zelfmanagement en duurzame inzetbaarheid van werkenden tijdens de levensloop” by de Lange (2019).

demand of the job (top left of the model) and the self-managing capabilities (SMC) of the employee (bottom left of the model). Examples of SMC are self-reflection, resilience, adaptivity and the ability to undertake action. In the middle of the model, the (mis)fit between workload and SMC of employees is visualized. Since this (mis)fit is about the often unspoken agreement between employer and employee, it is referred to as the psychological contract (see 2.1.2). The right side of the model represents the results of the (mis)fit between workload and

the SMC of employees which can either result in (long/short term) positive outcomes such as more vitality or negative outcomes such as absenteeism.

The emphasis in this model lies on strengthening SMC in and outside work in order to maintain the balance between SMC and workload. Within this approach, it is recommended to strengthen self-reflective, adaptive/resilient and action-undertaking capabilities. Positive Psychology can be helpful due to its intervening power in changing people's cognitive functioning (de Lange, 2019). For example, Positive Psychological interventions can focus on improving self-awareness and self-image (reflectivity), performance motivation and goal-orientation (self-efficiency) or coping- and personal growth strategies (resilience and adaptability) (de Lange, 2019). It is important to remember that this model implies a balance between the SMC and workload, meaning that not only focus should lie on SMC but a reconsideration of the workload is needed as well whenever there is a misfit.

Concluding, efforts to make employment more sustainable may be aided by the Positive Psychological model of workload in relation to SMC (de Lange, 2019). By focussing on positively improving cognitive functioning of employees, the fit between workload and the capabilities to handle this workload may be improved which in turn may result in positive outcomes for the sustainable employment of employees.

2.3 Self-Determination Theory

One of the three major components of sustainable employability, as delineated by the Dutch Social and Economic Council (SER, 2009), is work motivation. This field of research concerns the Self-Determination Theory (SDT), developed by Ryan and Deci (2000). The SDT considers growth tendencies and psychological needs of individuals that are necessary for self-motivation and optimal functioning. In its basis there are three core needs: need for 1) competence, 2) relatedness and 3) autonomy. Competence is needed since people need to feel that they are mentally and psychologically able to do something. A study by Charatsari et al. (2017) showed that a lack of competence (and autonomy) was the main motivation for farmers to join in competence development projects. Relatedness refers to having a sense of security and connection to others when doing something. An example for this is relatedness between teachers and students, which has shown to improve teacher motivation (Klassen et al., 2012). Autonomy is the third need and refers to a universal urge of individuals to be causal agents and to act according to their own integrated self (Deci & van Steenkiste, 2004).

For example, adolescents who perceive their parents as autonomy-supportive will make autonomous motivated choices (intrinsically motivated) which was found to be related to positive cognitive and emotional outcomes (Katz et al., 2018).

Ryan and Deci (2000) argue that there are 2 strands of motivation: autonomous motivation and controlled motivation. The former concerns motivation that is intrinsic and often comes out of one's own interest. The latter concerns motivation that is extrinsic, i.e. based on consequences such as reward or punishment. The three basic psychological needs, explained above, are used in the SDT as factors that determine motivation to be either autonomous or controlled. For example, when someone does not possess the competence, social contacts or autonomy to perform a certain task, the motivation to do that task will be controlled since there is a consequence: someone does not have the skills to do it (competence); it cannot be performed since someone is isolated from others (relatedness); it cannot be performed since there is no sense of self-determination (autonomy). However, when the three needs are met, someone is expected to act according to their own intrinsic motivation which will in turn positively affect cognitive and emotional outcomes (Ryan & Deci, 2017).

A major component in making employment sustainable concerns improving work motivation (SER, 2009). When work becomes meaningful, people are more engaged and act with enthusiasm and excitement (Rich et al., 2010). These positive emotional outcomes are the result of work that is intrinsically motivated. For example, a shift has occurred in lifetime employment to lifetime employability (paragraph 2.2.2) which in turn led to efforts of employers to make employees more sustainable employable. It can be argued that this can be seen as investing in autonomy (on the labour market), capability (new skills) and relatedness (new psychological contract). Overall, the process of SE can be linked to the SDT in such that improving *intrinsic* motivation to do work, will result in positive outcomes that might make employees more sustainably employable.

Summarizing, the SDT helps to better understand the nature of human motivation and what contexts help in promoting autonomous (intrinsic) motivation. Research based on the SDT finds positive relations between the acquirement of the three basic psychological needs and cognitive/emotional outcomes (Klassen et al., 2012; Deci & van Steenkiste, 2004; Katz et al., 2018).

2.4 Theoretical overview and link to Positive Health

Coming to the end of the theoretical framework, a short overview of the discussed concepts and their integration is in place. First, the process of sustainable employability has changed the way people attribute meaning to their work and how relations between employers and employees are constructed. Second, the philosophy of Positive Psychology has brought a shift in focus on tackling negative aspects of work to a focus on what goes well and the promotion of Self-Managing Capabilities. Third, the importance of having autonomy, competence and social relations in performing tasks is key for creating intrinsic motivation.

So far, the link with Positive Health has not been explicitly made. The concept of Positive Health aims to help people look beyond the standard scope of health (as delineated by the WHO) and to focus on other important aspects of being healthy such as mental wellbeing, daily functioning or quality of life (Vree et al., 2018). Within the frameworks of SE, Positive Psychology and the SDT, Positive Health mainly focusses on improving workers' meaning of work, self-reflectivity and resilience, and to help take employees control over their own work and stimulate autonomy (IPH, 2019). However, the unique quality of the approach of Positive Health is that it lies attention on the power and abilities of workers. Where responsibility for the attainment of SE is often regarded as that of the employer (Houkes et al., 2020), Positive Health tries to focus on the impact employees can have by helping them reflect on what they want to change and how they can make work more meaningful for themselves. That being said, it still is important for both the employee and employer to take responsibility in making employment sustainable, albeit in different aspects of work (Houkes et al., 2020).

Reflection of workers may take place during 'Het andere gesprek', roughly translated 'The other conversation' (IPH, 2019). During this conversation, there is attention for the six dimensions of the concept Positive Health to help employees reflect to what extent they think they score on those dimensions and what dimensions they would like to improve. To measure this, a tool called 'The spiderweb' is used (Figure 4). In this spiderweb, the 6 dimensions of Positive Health are shown and people can score themselves between zero and ten to indicate to what extent their way of working is congruent with these dimensions. By letting employees reflect on what aspects of work they want to improve, they are stimulated to take action. In this way, their own autonomy and action-undertaking abilities are triggered, hence the relation to Positive Psychology and SDT. In doing so, SE becomes a joint responsibility: that of the employer and employee. However, as mentioned in the introduction, this conversation may

deal with sensitive topics since the scope of this conversation is broader than standard performance reviews. Because of this, Positive Health may impact the relation between employer and employee in such a way that it harbours more trust and compassion.

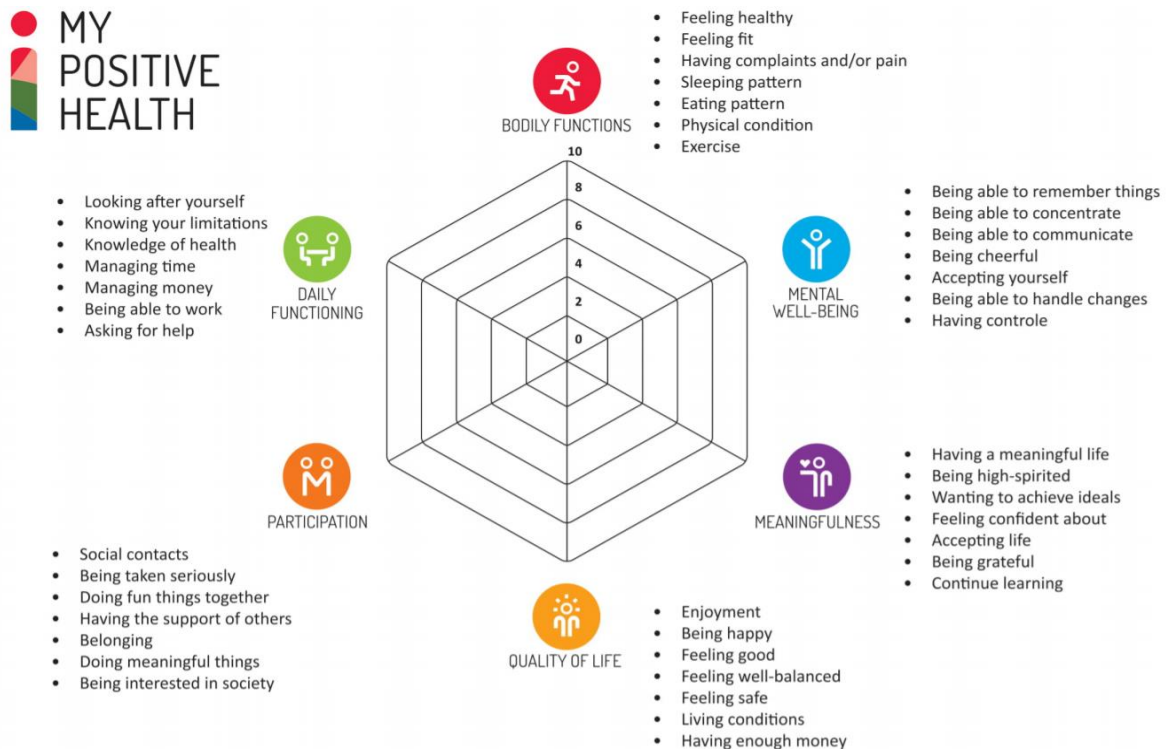


Figure 4: Spiderweb for Positive Health

Note: reprinted from “Aan de slag met Positieve Gezondheid - gratis downloads” by IPH (2021). Retrieved from <https://www.iph.nl/meedoen/gratis-downloaden/>

For this study, primarily those concepts that relate to the concept of Positive Health will be further researched as to provide adequate answers on the research questions. These concepts are the following: meaningful work, relationship employer-employee, resilience, self-reflection and autonomy. Figure 5 provides an overview of the discussed concepts in this theoretical framework which will be further researched in this study.

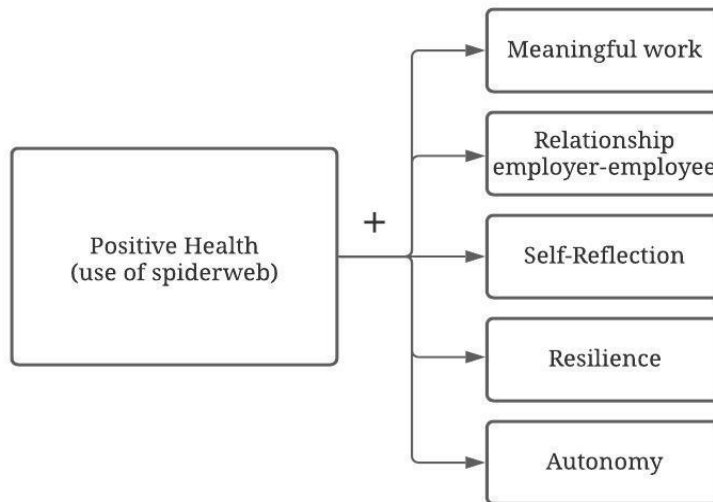


Figure 5: Conceptual model of the discussed concepts

For this study, the following hypotheses are:

- *Hypothesis 1a: People working with Positive Health will experience their work as more meaningful than people that do not work with Positive Health*
- *Hypothesis 1b: Working with Positive Health improves the perceived relation between employer and employee.*
- *Hypothesis 2a: Working with Positive Health positively affects workers' resilience.*
- *Hypothesis 2b: Working with Positive Health positively affects workers' self-reflective abilities.*
- *Hypothesis 3: Working with Positive Health positively affects the sense of autonomy workers have.*

3. Method

3.1 Research design

In order to answer the research questions of this study, both quantitative and qualitative research has been conducted. First, an online questionnaire, made using Qualtrics, has been set out to explore the extent of people working in organisations who note changes in their work experience the past year. From the data gathered from this questionnaire, a comparison could be made between people both working with and without Positive Health. Second, a focus group has been conducted after the data collection of the questionnaire to receive more

in depth information about the process of implementation of Positive Health in the context of work. In doing so, better insights into the concrete use of Positive Health at work could be gained and these insights form a valuable addition to the quantitative data.

3.2 Sampling and population

The group of participants of this study consisted of people from organisations working with and without Positive Health in HR-policy. The total sample consisted of $N = 112$ respondents. Respondents were recruited using a purposive and convenience sample. The advantage of a purposive sample is that it helps find a population that can and is willing to provide information by knowledge or experience (Etikan et al., 2016) and is hard to find or has very specific characteristics (Barratt et al., 2015). In this study, a network of organisations that were already working with Positive Health have been asked to participate in the study. Next to this, respondents have been contacted using platforms such as LinkedIn and Isociaaldomein.nl as to reach a more general population that does not work with Positive Health that serves as a control group.

To test the initial logic of the questionnaire, a small sample ($N = 12$) of respondents took part in a pilot, prior to the general data collection. These respondents were people working at the Institute for Positive Health and can be seen as representative for the general sample population since the IPH works with Positive Health on organisational level. The number of this sample has been kept small since literature suggests that pilot studies should consist of about 10 to 30 respondents to yield meaningful results (Johanson & Brooks, 2010).

The focus group was held with 4 people from the group of respondents of the questionnaire. Three of these respondents were people with functions in HRM and one was a teacher in higher education and researcher. Table 1 provides an overview of the participants of the focus group. Although their expertise was mostly similar, their knowledge was valuable for the discovery of underlying processes and unknown barriers for the implementation of Positive Health at work. They were selected using a convenience sample.

Table 1. Overview participants focus group

Participant	Gender	Function description
1	Female	HR advisor
2	Female	Teacher higher education and researcher
3	Female	Sales and operations manager
4	Female	Organisation advisor

3.3 Operationalisation

The core concepts of this study (presented below) have been examined by asking responses on statements based on the subdimensions of these core concepts. The items form several variables that relate to the core concepts. The scales of all variables have a Cronbach's alpha higher than 0.7. The scales of the statements are uniform: a 5-point Likert scale is used for all statements with answer possibilities ranging from 1 = 'Completely disagree' to 5 = 'Completely agree'. The 5-point scale is chosen because the quality of information decreases when the amount of answer possibilities increases and that the most optimal Likert scale is therefore a 5-point Likert scale (Revilla et al., 2014). Next to this, an agree/disagree (AD) scale is chosen with fully verbalized rating scales over endpoint rating scales. Fully verbalized rating scales take away more ambiguity in answer possibilities for respondents than endpoint rating scales (Menold & Bogner, 2018). The statements of the questionnaire are presented in appendix A.

- *Meaningful work* (DV): Steger (2017) defines meaningful work as 'paid or unpaid work people fulfil that is judged by them to possess meaning, purpose or significance' (p. 61). In this study four questions measure meaningful work, such as 'I experience that my work is more meaningful' and 'I experience that there is more attention for quality of life within my organisation'.
- *Relationship employer – employee* (DV): The relationship between employer and employee is being defined as the psychological contract between employer and employee (Thunnissen et al., 2013). Six statements measure this contract such as 'In my experience, the relationship with my employer/employee has changed' and 'I experience receiving/providing more chances to develop professional skills'.

- *Autonomy* (DV): In the article of Ryan and Deci (2000), autonomy is being defined as ‘the feeling of volition that can accompany any act, whether dependent or independent’ (p. 74). In this study, autonomy is being measured using three statements such as ‘I experience having more autonomy in doing my job’ and ‘I experience my manager having more attention for having autonomy at work’.
- *Self-Reflection* (DV): De Lange (2019) defines self-reflection as ‘being cognitive self-aware and able to know how s/he wants to develop within time’ (p. 17). In this study, three statements measure self-reflection such as ‘I am more occupied with self-evaluation’ and ‘I think I know myself better’.
- *Resilience* (DV): De Lange (2019) defines resilience as ‘the ability to adapt cognitions, emotions and behaviour to changing contexts’ (p. 18). In this study, six statements measure resilience. Examples of these statements are ‘I think I am better able to control my emotions’ and ‘I am better able to make work more fitting for myself’.
- *Positive Health* (IV): The use of Positive Health is measured by the question ‘Does your organisation work with Positive Health in the internal organisation?’. Respondents were able to answer with 1= ‘Yes’, 2= ‘No’ or 3= ‘I don’t know’.
- *Age* (CV): As high age is an indicator for lower work ability (van Holland et al., 2015), there might be a difference people of different ages in the extent of experienced effects from working with Positive Health. Therefore, age was taken into account as a control variable when analysing the data. Respondents were able to fill in their age in absolute numbers.
- *Gender* (CV): Gender was taken into account as a control variable to see whether there were significant differences between men and women in their experiences. The reason for this is the suggestion that the level of job satisfaction differs among European men and women (Perugini & Vladisavljevic, 2019). Respondents were able to choose between 1 = ‘Male’, 2= ‘Female’, 3= ‘Else’.
- *Function* (CV): Function of workers has been taken into account as a control variable to check for significant differences between employers and employees in their scores on the DV’s. Function has been transformed into a dummy variable in which employers and HR-personnel are coded into ‘0’ and employees, voluntary workers and any other functions into ‘1’.

3.4 Data analysis

3.4.1 Quantitative analysis

The data of the questionnaire has been analysed using SPSS version 26. First, descriptive information was requested such as mean, minimum and maximum scores and standard deviations. Next, a correlation matrix was requested to see if there were any correlations between variables. After checking for correlations, the assumptions for doing a MANOVA were checked prior to the data analysis (e.g. homogeneity of variance-covariance and multicollinearity). There was no indication for violation of the assumptions. To test for effects of the control variables on the DV's, a separate MANCOVA analysis was performed.

3.4.1.1 Missing values

Partially filled out surveys were automatically recorded after 2 weeks using a function in Qualtrics. Any questionnaires containing missing values on the variable measurements were removed from certain analyses in SPSS using pairwise deletion.

3.4.2 Qualitative analysis

The conversation of the focus group was held online via Microsoft Teams and took place for 43 minutes. Afterwards, the recording of the focus group was transcribed in Microsoft Word. An informed consent form was signed prior to the recording of the focus group. After the focus group, the transcription was coded in NVivo version 12. Initial codes were derived from a prior meeting held by the IPH with partners in 2019 to discuss the issues surrounding Positive Health at work in a so called 'Procesnotitie' (IPH, 2019). The codes from this meeting have been recorded in a code-tree and emerging codes (marked with an asterisk) have been added during the analysis. The original and emerging codes are presented in appendix C

3.5 Validity and reliability

To strengthen the validity of the questionnaire, a pilot study has been set up to test the initial validity and logic (see paragraph 3.1). Pilot studies are useful for question clarity (Neuman, 2014) and for advance warnings of potential weak points of the research instruments (van Teijlingen & Hundley, 2001).

The external validity of the total sample is high due to the high number of participants, compared to a more qualitative study (Wiersma, 2013). Reliability of the data is ensured by

the consistency of rating scales of the statements. Next to this, to ensure that the answer scales of the survey are interpreted the same way, a 5-point Likert scale is used for all statements containing: “Completely disagree”, “Disagree”, “Neutral”, “Agree” and “Completely agree”. Fully verbalized rating scales are chosen over end-point rating scales since the latter might be interpreted differently by participants (Menold & Bogner, 2018).

3.6 Ethical considerations

Prior to the data collection, an information letter (Appendix D) has been sent to all participants to inform them about the details, tasks and goals of the study in general, the questionnaire and focus group. In this letter it is also explicitly mentioned that informed consent and their approval is needed for the collection of personal data and email address (if needed). Participants of the questionnaire were able to give consent by ticking a box in the beginning of the questionnaire. Participants of the focus group filled out an informed consent form. Furthermore, participants remained anonymous throughout the questionnaire and focus group. This has been explicitly mentioned in both the information letter and the questionnaire itself. Participants have been made aware of the fact that their participation was voluntary and that withdrawal from the study was possible at any time without negative consequences. Before data collection had started, approval was required from the Ethics Review Board of the Faculty of Social and Behavioural Sciences (FERB). This approval (file number 21-0741) was granted at 08/03/2021 and was valid until 25/06/2021.

4. Results

4.1 Quantitative results

Table 2. Descriptive statistics

	N	Min	Max	Mean/proportion	S.D.
Female	92	0	1	78%	-
Age	92	21	64	47.90	10.95
Employee	112	0	1	63%	-
Working with PH	110	1	3	53%	-
Meaningful work	108	1.50	5	3.61	0.72
Relationship	108	1	5	3.27	0.75
Self-reflection	99	2	4.83	3.50	0.61
Resilience	99	2	4.83	3.47	0.59
Autonomy	92	1	4.67	3.39	0.71

Table 2 presents the descriptive information of all the variables used in the analysis of this study. Pairwise deletion is used during the analysis of the data. The proportion of women (78.3%) was larger than the proportion of men (21.7%). On average, respondents' age was 48 years old (mean = 47.9, min = 21, max = 64, SD = 10.95). 112 respondents filled in their function and the majority of respondents were employee (63%). A total of 110 respondents answered the question 'Does your organisation work with Positive Health in the internal organisation?'. 59 people (53%) answered 'yes', 39 people (35%) answered 'no' and 12 people (12%) answered 'I don't know'. The mean scores of all 5 dependent variables were above average meaning that respondents experienced (collectively) an increase in meaningful work, the relationship with their employer/employees, self-reflection, resilience and autonomy.

The Pearson correlations of all the relevant variables are presented in appendix E. Working with Positive Health in general correlates significantly with four DV's: Relationship, $r(106) = -0.250$, $p = 0.010$, Self-reflection, $r(97) = -0.225$, $p = 0.027$, Resilience, $r(97) = -0.266$, $p = 0.008$ and Autonomy $r(90) = -0.265$, $p = 0.012$. Since there is a pattern of correlations visible between the variables in the correlation matrix, a MANOVA seemed fit. After checking the assumptions, the multivariate test statistics for the group variable were requested. Table 3 present these statistics. Effect size is measured by the partial eta squared.

Table 3. *Multivariate Tests^a*

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
	Pillai's Trace	.180	1.665	10.000	168.000	.093	.090
Working with PH	Wilks' Lambda	.826	1.661 ^b	10.000	168.000	.094	.091
	Hotelling's trace	.202	1.657	10.000	168.000	.095	.092
	Roy's Largest Root	.147	2.475 ^c	5.000	84.000	.038	.128

a. Design: intercept + working with PH

b. Exact statistic

c. The statistic is an upper bound F that yields a lower bound on the significance level.

The findings of the multivariate tests show that Roy's Largest Root is significant with a medium to large effect size, $F(5, 84) = 2.475$, $p = .038$, partial $\eta^2 = .128$, indicating that there might be significant effects between the IV and DV's. In table 4, the MANOVA table with the IV, error and total for the DV's is presented. Working with Positive Health has a significant effect on Meaningful work with a medium effect size, $F(2, 87) = 3.561$, $p = .033$, partial $\eta^2 = .076$, Relationship between employer/employee with a medium effect size, $F(2, 87) = 5.678$, $p = .005$, partial $\eta^2 = .115$ and Autonomy with a medium effect size, $F(2, 87) = 3.299$, $p = .042$, partial $\eta^2 = .070$. For Self-reflection and Resilience, there were found no significant results.

Table 4. *Tests of Between-Subject Effects*

Source	Dependent Variable	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Working with PH	Meaningful work	3.235	2	1.618	3.561	.033	.076
	Relationship	5.628	2	2.814	5.678	.005	.115
	Self-reflection	1.594	2	.797	2.483	.089	.054
	Resilience	1.921	2	.961	2.893	.061	.062
	Autonomy	3.250	2	1.625	3.299	.042	.070
Error	Meaningful work	39.521	87	.454			
	Relationship	43.112	87	.496			
	Self-reflection	27.926	87	.321			
	Resilience	28.889	87	.332			
	Autonomy	42.860	87	.493			

	Meaningful work	1236.313	90
	Relationship	1024.444	90
Total	Self-reflection	1137.861	90
	Resilience	1094.000	90
	Autonomy	1088.778	90

To check for effects between the dependent variables individually, a post hoc analysis was performed. A Tukey post hoc test revealed that for meaningful work, people working with Positive Health ($M = 3.81$, $S.D. = 0.58$) scored significantly higher than those who did not ($M = 3.41$, $S.D. = 0.78$, $p = .030$) indicating that people that work with Positive Health experience their work as more meaningful than those who do not work with Positive Health. For the relationship variable, a Tukey post hoc test revealed that people working with Positive Health ($M = 3.51$, $S.D. = 0.66$) scored significantly higher than people who did not work with Positive Health ($M = 3.05$, $S.D. = 0.80$, $p = .012$) indicating that people working with Positive Health perceive a better relationship with their employees/employer. Last, for autonomy, a LSD post hoc test revealed that people working with Positive Health ($M = 3.55$, $S.D. = 0.64$) scored significantly higher than those who answered 'I don't know' on the question 'Does your organisation work with Positive Health in the internal organisation' ($M = 2.92$, $S.D. = 0.61$, $p = .021$). Based on these results hypotheses 1a, 1b are supported, hypothesis 3 is partially supported and 2a and 2b are rejected.

To test for the effects of the control variables on the DV's, a MANCOVA analysis has been performed in which gender, age and function have been included as control variables. Table 5 presents the results of the multivariate tests for the IV and the three control variables. The results show that there are no significant effects of the control variables on the dependent variables.

Table 5. Multivariate Tests^a

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
	Pillai's Trace	.182	1.619	10.000	162.000	.105	.091
Working with PH	Wilks' Lambda	.825	1.610	10.000	160.000	.108	.091
	Hotelling's trace	.203	1.601	10.000	158.000	.111	.092
	Roy's Largest Root	.140	2.273	5.000	81.000	.055	.123

Gender	Pillai's Trace	.070	1.202	5.000	80.000	.316	.070
	Wilks' Lambda	.930	1.202	5.000	80.000	.316	.070
	Hotelling's trace	.075	1.202	5.000	80.000	.316	.070
	Roy's Largest Root	.075	1.202	5.000	80.000	.316	.070
Age	Pillai's Trace	.012	.194	5.000	80.000	.964	.012
	Wilks' Lambda	.988	.194	5.000	80.000	.964	.012
	Hotelling's trace	.012	.194	5.000	80.000	.964	.012
	Roy's Largest Root	.012	.194	5.000	80.000	.964	.012
Function	Pillai's Trace	.061	1.037	5.000	80.000	.402	.061
	Wilks' Lambda	.939	1.037	5.000	80.000	.402	.061
	Hotelling's trace	.065	1.037	5.000	80.000	.402	.061
	Roy's Largest Root	.065	1.037	5.000	80.000	.402	.061

a. Design: intercept + working with PH + Gender + Age + Function

b. Exact statistic

c. The statistic is an upper bound F that yields a lower bound on the significance level.

Further investigation confirms that there is no significant effect of the control variables on the dependent variables. Table 6 shows the results of the MANCOVA analysis which shows that there are no significant results for age, gender or function on all 5 the DV's indicating that there are no significant differences between men and women, between different ages or between employers and employees in their scores on the DV's.

Table 6. Tests of Between-Subject Effects

Source	Dependent Variable	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Working with PH	Meaningful work	3.008	2	1.504	3.240	.044	.072
	Relationship	5.072	2	2.536	5.004	.009	.106
	Self-reflection	1.484	2	.742	2.272	.109	.051
	Resilience	1.869	2	.934	2.741	.070	.061
	Autonomy	3.183	2	1.592	3.220	.045	.071
	Gender	Meaningful work	.028	1	.028	.060	.807
	Relationship	.002	1	.002	.004	.950	.000

	Self-reflection	.004	1	.004	.012	.913	.000
	Resilience	.200	1	.200	.587	.446	.007
	Autonomy	1.034	1	1.034	2.092	.152	.024
	Meaningful work	.189	1	.189	.408	.525	.005
	Relationship	.023	1	.023	.045	.833	.001
Age	Self-reflection	.048	1	.048	.148	.702	.002
	Resilience	.011	1	.011	.033	.856	.000
	Autonomy	.009	1	.009	.019	.891	.000
	Meaningful work	.253	1	.253	.545	.462	.006
	Relationship	.487	1	.487	.960	.330	.011
Function	Self-reflection	.419	1	.419	1.284	.260	.015
	Resilience	.068	1	.068	.198	.657	.002
	Autonomy	.364	1	.364	.736	.393	.009
	Meaningful work	38.998	84	.464			
	Relationship	42.573	84	.507			
Error	Self-reflection	27.421	84	.326			
	Resilience	28.631	84	.341			
	Autonomy	41.522	84	.494			
	Meaningful work	1236.313	90				
	Relationship	1024.444	90				
Total	Self-reflection	1137.861	90				
	Resilience	1094.000	90				
	Autonomy	1088.778	90				

4.2 Qualitative results

Next to quantitative data, this study used more qualitative data to answer the last two research questions. The quantitative part of the study tries to provide a broad insight into the effects of Positive Health on the work experience of people working with and without Positive Health. However, this data is not able to tell us what are the hands-on experiences of people working in organisations and what their broader ideas are considering the topics of this study.

Therefore, the qualitative part of this study tries to go more in depth into the factors that are considered obstructive and/or promoting for Positive Health at work. In order to answer the last two research questions. ‘Which positive and/or negative experiences do employees and employers have with Positive Health in their organisation and to what extent do these two groups differ in their experiences?’ and ‘What are obstructive and encouraging factors that

influence working with Positive Health at work?', a focus group has been held with four participants. The results of the focus group are presented below.

4.2.1 Positive and/or negative experiences with Positive Health at work

First, the respondents were asked to talk about the perceived positive and negative experiences they have with working with Positive Health in the internal organisation. Since the participants did not work much, or at all, with Positive Health, these experiences were few. What became clear was that there were mostly positive experiences. It was mentioned that Positive Health contributes to the envisioning of personal and professional problems on the working floor. One respondent said:

“The benefit of it is that you get a spectrum in which you can see where people are, what they are busy with” (HR-advisor)

4.2.2 Obstructive factors for the implementation of Positive Health at work

For the majority of the time, the conversation was about the obstructive and/or encouraging factors that influence Positive Health in the organisational context. The two topics that came forward as most obstructive factors were 1) top-down distribution of Positive Health towards employees and 2) an unclear and undefined role for the employer/HR-personnel in conversations with employees. Regarding these topics, respondents told the following:

“It will not work if you say ‘well, this is the spiderweb-tool, employers will have to use it in conversations with employees. Go ahead’. That will not work” (Teacher and researcher)

and

“It should not be the case that you are acting as a social worker, with tissues on the table to discuss problems” (HR-advisor)

It becomes clear that a top-down distribution of the concept of Positive Health will not work according to the participants. This is due to the fact that Positive Health needs to be accepted and understood by the organisation as a whole without it being a top-down

implementation. Secondly, any unclear and/or undefined roles for workers and leading figures within the organisation may be an obstruction to the implementation of Positive Health since this may impact the responsibility people take in the process of implementation. The respondents felt that it is important that leading figures such as managers or HR-personnel should have a leading role in the process of implementation due to their functions as being directors of the course the organisation takes. Employees on the other hand are expected to be reflective and willing to take action in the process of implementation. Most importantly, it is considered that both managers/HR and employees have a shared responsibility in bringing about Positive Health at work.

4.2.3 Encouraging factors for the implementation of Positive Health at work

For the encouraging factors, the most important factors were 1) creating support within the organisation, 2) taking the right stance as organisation, 3) clear roles for employers/HR-personnel and 4) clear roles for employees.

“I know that you need proponents that set a positive example, and leading figures such as employers play an important role” (Sales and operations manager)

It was mentioned that creating support was crucial for the implementation of Positive Health on organisational level and that the stance employers take in this process is just as important. One method for creating support is ambassadorship within the organisation. In doing so, a small group of enthusiast workers can create positive examples. Next to creating support, an important element of the successful implementation of Positive Health is the communication of the mission and vision of the organisation towards all people in the organisation. A second important element in that matter is clear communication about the different agenda's/interpretations people have. This increases credibility, transparency and consistency that is necessary for people to become enthusiast for working with Positive Health. Last, it is perceived important that there are clear role-demarcations for both the employer/HR-personnel and employees. First and foremost, all respondents felt that there is a shared responsibility for both employers and employees for the implementation of Positive

Health in the organisational context. It was also noted that employers should take a leading role in creating support and enthusiasm throughout the organisation. Employees are expected to be honest about their own needs and borders and to keep taking initiative to be and stay employable.

4.2.4 Encouraging factors for 'the other conversation'.

The last topic regards the encouraging factors for having 'the other conversation'. The following three factors were discussed: 1) creating safe spaces for 'the other conversation', 2) respecting privacy of employees and 3) demarcation of roles for those involved in the conversation. It was considered important by the participants that there is a safe environment in which the employee can share personal information and talk about subjects outside work. If there is no safe environment to discuss sensitive topics, then real issues will not be addressed meaning that people will not work on their Positive Health. Safe spaces can be created by changing the environment in which the conversations are held. Next to this, altering performance reviews to a 'FIT' (functioning in the future) conversation might take away the negative connotation that is often associated with performance reviews. Privacy of employees needs to be respected and a balance between work related issues and private issues is paramount for a good conversation between employer and employee. In order for this balance to be set, clear defined roles for those involved in 'the other conversation' are necessary. This creates clear mutual expectations and stimulates positive outcomes of the conversation.

“My personal experience is that it is more useful to me due to a change of scenery and environment. My employer has more attention for me and is not distracted by other things”

(Sales and operations manager)

5. Conclusion and discussion

5.1 Summary of research questions

This study has been set up to measure the extent to which Positive Health influences certain aspects of working life and whether these influences are different for employees and employers. By further investigating the relation between Positive Health and several aspects of work, it was sought to gain better insights into how Positive Health can be implemented in HR-policy and what aspects deserve extra attention in this regard. Next to this, qualitative

data has been gathered to gain a better understanding of the encouraging and obstructive factors in the implementation of Positive Health in HR-policy. These data form a valuable supplement to the quantitative data and help shape policy and implementation structures.

The research questions for this study were the following:

- *To what extent has the implementation of Positive Health in HR-policy changed the meaning of work for employees and employers?*
- *To what extent has the implementation of Positive Health in HR-policy improved the Self-Managing Capabilities of employees and employers?*
- *To what extent are employees and employers stimulated to work in their own autonomy/control?*
- *Which positive and/or negative experiences do employees and employers have with Positive Health in their organisation and to what extent do these two groups differ in their experiences?*
- *What are obstructive and encouraging factors that influence working with Positive Health at work?*

5.2 Conclusion

5.2.1 Conclusion quantitative part

The results of this study show that working with Positive Health on organisational level positively influences several aspects of working life. For instance, the results of this study suggest that for both employers and employees, working with Positive Health positively affects the meaning they attribute to their work. This means that Positive Health as a concept for change in HR seems successful in making work more synergetic with the purposes and goals of workers. In doing so, Positive Health may be seen as a driver for more sustainable employability (Vila-Vázquez et al., 2018). The results of this study did not find any evidence for differences between employers and employees in the amount of meaningful work they experience when working with Positive Health. Furthermore, the results of this study suggest that the relationship between employees and employers improves when there is attention for Positive Health within the organisation. As noted earlier, there have been changes in relationships between employers and employees in the past decades, partly due to changes in the labour market (Thijssen et al., 2008). Positive Health seems to play a part in this change as well and the results of this study indicate that Positive Health helps improve the relationship between employer and employee.

Not only does Positive Health impact the meaning of work for people, this study found that people working with Positive Health experience more autonomy than people who did not know if their organisation worked with Positive Health. This might indicate that within organisations that work with Positive Health, there is explicit attention for having autonomy at work, while in organisations where Positive Health is not explicitly introduced or known, a sense of autonomy at work is not enhanced.

Regarding the second research question, this study found no effects of Positive Health on self-reflectivity and resilience of workers. This calls for further investigation of the mechanisms behind Positive Health and SMC in relation to work. Next to that, a closer look is needed at the current methodology and to what extent the measurement scales are valid since no validation has been done yet.

5.2.2 Conclusion qualitative part

The results of the focus group provide insight into the factors that might contribute to a feasible and sensible implementation of Positive Health within organisations. It can be concluded that there were not much experiences with working with Positive Health yet, but the small amount of experiences were overall positive. Positive Health provides employers and HR-personnel insights into how people are doing and what goals they have in their (working)life. Employers/HR can use these insights to help employees realize these goals and facilitate in reaching them. In this sense, Positive Health also helps build the relationship between employer/HR and employees. However, the results of the focus group fail to provide the perspectives of the employee which makes the results rather one-sided. Therefore, these results will have to be considered with nuance and care.

Regarding the encouraging and obstructive factors that might influence the implementation of Positive Health at work, it can be concluded that the most obstructive factors are considered a top-down distribution of Positive Health towards the broader organisation and unclear roles and responsibilities for employers and employees within the process of implementation. Top down distribution of Positive Health is considered counterproductive and will not yield the results that organisations are looking for: autonomous and reflective workers. Undefined roles and responsibilities are considered to be obstructive as well since there needs to be a minimal level of guidance and reference point for people to start and keep working with Positive Health.

Factors that aid the implementation of Positive Health, other than clear defined responsibilities, are the creation of support across the organisation and the transparent projection of the vision, goals and agendas of leading figures, both prior to and during the process of implementation. Next to this, it was considered important for the quality of ‘the other conversation’ that there is an environment within the organisation that is deemed safe and accepting by workers. Respect for privacy is considered a very important element within this context. Last, for ‘the other conversation’ to take shape and to get results that are meaningful to workers, clear set roles, responsibilities and boundaries are important elements.

5.3 Discussion

The aim of this study was to provide more insight into the effect of Positive Health on the experience of work for workers. The results have shown that Positive Health influences several aspects of working life such as the extent of meaning workers attribute to their work, the relationship between employer and employee and the amount of experienced autonomy of workers. This does not come as a complete surprise, since studies carried out by researchers of the IPH have suggested that working with Positive Health positively influences meaningfulness (IPH, 2019). However, regarding the relationship between employer and employee, it was not yet clear whether the effect of Positive Health would be positive or negative, especially since efforts to make employment more sustainable resulted in less personal relations (van der Lippe & Lippényi, 2019). This study confirms the already existing expectation that working with Positive Health helps people attribute more meaning to their (working)life and that relations with others might benefit this way of working. In practise, this implicates that Positive Health is a contributing factor in the process of sustainable employability in its ability to make work more meaningful and fitting for workers. Not only does Positive Health make work more in sync with workers’ goals and values, it seems to improve the relationship between employer and employee which can be seen as a factor for making work and personal values a better fit. However, it is important to bring some nuance to these results. It is highly likely that organisations that work (or want to work) with Positive Health, are already prone to focus on making work more meaningful and having good relations with others. Self-selection of organisations in this study might have resulted in rather one-sided answers. Therefore, future research may include other control variables such as organisational culture and may adopt a purposive sample in which there is more control over the amount and type of organisations that are included in the study. Next to this, due to a

relative small sample size, these results are not as conclusive as wished for. The measurement scales have not been validated which means that internal validity might be affected (Neuman, 2014). Therefore, it would be wise, in order to make more substantive conclusions, to use a bigger sample size in future research and more validation on the variables scales are necessary.

Regarding the self-managing capabilities, the results were somewhat surprising since the broader use of Positive Health is expected to positively influence personal skills such as resilience and self-reflectivity (IPH, 2019). The results of this study indicate that Positive Health in the context of work does not have the same effect on these self-managing capabilities than it has on these capabilities within the broader use of the concept (i.e. in healthcare towards patients). An explanation for this difference might be that there are different mechanisms at play when it comes to SMC for workers on the one hand and patients on the other. Within the model of Annet de Lange (2019), SMC are supposed to be one part of the scale on which the other part is workload. Within this context, SMC are focussed on handling workload, whereas SMC for patients are otherwise oriented (for example in handling challenges in health). Therefore, there seems to be different mechanisms at play when working with Positive Health, and the results of this study indicate that Positive health is unable to effectively improve the SMC in relation to work. Another explanation for these results might be that the design of the study is not adequate in measuring self-reflection and resilience of workers. First, the scales of these two variables have been manually constructed and have not been extensively tested and verified by other researchers. Second, the current study collected data in a relatively small frame of time, meaning that some organisations might have not been working with Positive Health that long for certain effects to take place. Even more so, this timeframe was during the COVID-19 pandemic, indicating that the pandemic might have altered some effects. Therefore it is recommended for future research to focus on the precise mechanisms behind Positive Health in relation to self-managing capabilities at work.

Regarding autonomy, it is important to emphasize that the differences in scores were found between the group of participants that worked with Positive Health and those who answered that they did not know if they worked with Positive Health. This result will therefore have to be considered as semi-informative as it is unclear whether the respondents of the 'I don't know' group worked with Positive Health or not. However, although they might have worked with Positive Health, it was apparently not clear to them, which also

informs us about the importance of awareness and transparency in communication of Positive Health throughout the organisation. Another explanation for the unclear results might be that autonomy is very dependent on the type of work people do. People with functions that require supervision, such as in construction, are less likely to experience more autonomy than people with high-end functions that are often required to work autonomously. Future research should spend attention to the effect of Positive Health on autonomy in relation to specific contexts of work and which implications that brings for policy.

Last, interpreting the results of the focus group it was clear that there were strong ideas about what factors would contribute to, and which would obstruct the implementation of Positive Health at work. The respondents agreed mostly with each other on the provided answers and a useful list with points of attention is provided in the result section of this study. It is important to note that there was no variation in gender between the participants and little variation in functions between the participants, possibly explaining why the respondents mostly agreed with each other. For future research it is recommended to focus not only on including both men and women, but also on a variety of functions such as HR-employee, manager and other types of employees. In doing so, a more nuanced and complete image can be made of the needs and wants of different stakeholders in the field. A second point of attention is that the participants mostly had no prior experience with working with Positive Health on organisational level. For the interpretation of the results, it is good to take in mind the fact that the do's and don'ts are not based on experiences with Positive Health but on work experience in general. Nonetheless, these results form a valuable addition to the study and provide us with insights that might help shape policy regarding Positive Health at work.

The strength of this study is that it has been able to bring both quantitative and qualitative data together into an overview that is relevant and useful for the development and implementation of Positive Health in relation to work. It gives insight into the effect Positive Health has on people within their working life which is helpful for shaping effective implementation programmes. Next to this, this study helps understand what aspects Positive Health, in relation to work, might need more investigation such as the influence of Positive Health on self-reflection and resilience of workers. Last, the qualitative data gives a clear and helpful insight into the do's and don'ts when starting with Positive Health as an organisation and serves as an useful addition to the quantitative data. It is noteworthy that this study is not without its limitations. First it is important that the sample size was relatively small, compared to other quantitative studies. Partly due to the COVID-19 pandemic, it was not easy to reach

sufficient responses for the questionnaire. Nevertheless, the total sample number of 117 forms a substantial and information-rich sample. Future researchers might include a bigger sample in order to make more conclusive statements. For example, researchers could examine the differences between mean scores of employers and employees and their variations in using Positive Health instead of taking function into the analysis as a control variable. A second limitation of this study is its narrow focus on several aspects of Positive Health such as autonomy and meaningfulness while Positive Health encompasses more than just the topics discussed in this study. For the sake of feasibility, this study focussed on a several aspects of Positive Health. It is recommended for future research to incorporate more facets of Positive Health into the study of Positive Health at work. More specifically, the use of the spiderweb reflection-tool could be more explicitly related to Positive Health at work. Last, this study was not able to incorporate different perspectives into the focus group, resulting in a relative one-sided perspective on Positive Health at work. For a more complete image of the important issues concerning Positive Health at work, other actors such as employees and employers should be included into the focus group.

6. Policy advice and research recommendations

For organisations starting with Positive Health it is recommended that during the implementation of Positive Health, awareness is created that the organisation works with the philosophy surrounding Positive Health to make work more meaningful, to strengthen the relation with others and in having more autonomy at work. The results of this study suggest that being unaware of working with Positive Health results in having significantly lower autonomy than being aware of the fact that the organisation works with Positive Health. Next to this, the results of the focus group suggest that clear communication of vision and goals would improve transparency and enthusiasm throughout the organisation, ultimately resulting in awareness of and support for Positive Health. Awareness can be created by providing people working in the organisation with information about the effects of Positive Health on working life. This can be done during seminars, workshops and ‘the other conversation’. Important roles are for leading figures such as employers and managers or by ambassadors for Positive Health within the organisation that help make others enthusiast for working with the concept. Also, in line with the suggestions of Vila-Vázquez et al. (2018) and Van der Lippe and Lippényi (2019), it is expected that making work more meaningful and by improving relations with others, workers will become healthier, work more efficient and become more

sustainable employable. Taking into account the comments of the focus group and the suggestion of Niks et al. (2020), it is important to keep in mind that for Positive Health to work, effort from both employees and employers is needed. On the one hand, employers (and HR) will have to be acquainted with the idea and mindset of Positive Health and will have to become an example and invitation for other workers in the organisation to work with Positive Health. Respect for privacy and clear boundaries between private and work-related issues are very important in this situation. On the other hand, employees will have to be open minded for the concept of Positive Health and will have to be able to reflect on themselves and be willing to learn more about and work on their own (professional) life.

There are two recommendations for future research. First, more research is needed into the mechanisms behind Positive Health in relation to self-managing capabilities at work such as self-reflection and resilience. It is known that Positive Health does impact these facets within the context of healthcare and more insight is needed to give substantial conclusions about the mechanism between Positive Health and the SMC in the work context and how this context relates to the context of healthcare. As the model of Annet de Lange (2019) suggests, SMC provide workers with a particular set of skills that enable them to cope with changing workloads and demands at work. More knowledge about the relationship between Positive Health and SMC in the work context, and the differences between groups of workers, enables policy-makers and organisations to focus more specifically on how to use Positive Health within the organisation and for which purposes. Not only will strengthening SMC result in short term benefits such as better work ability, but also in long term benefits such as more vitality, less absenteeism and more job satisfaction (de Lange, 2019). Next to researching SMC in relation to Positive Health, the influence Positive Health has on perceived autonomy of both employers and employees deserves more attention. Autonomy is an important cornerstone of the concept of Positive Health and it is expected that Positive Health positively influences autonomy. As mentioned before, the extent of autonomy workers may experience is dependent on the type of job people have. This is a factor that will need to be taken into account when analysing the relation between Positive Health at work and autonomy of workers. Largescale and longitudinal studies would help in getting a better and more complete understanding of their relationships and would provide us with a clear reference point (zero-measurement).

The second recommendation for future research regards the effects of the use of the spiderweb reflection-tool. This study could not provide conclusive evidence for differences

between employers and employees in the effects of their use of the spiderweb tool since the sample size was too small. Therefore largescale and longitudinal research is needed to gain a better understanding of the mechanisms behind this tool in the work setting and its specific impact on workers. In doing so, the differences in reactivity to the spiderweb tool between employers and employees can be examined to create effective policy for each group of workers. Also, the notion of more validation of the measurement scales is applied here as well to enhance the internal validity of the results.

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Appendices

Appendix A: Operational Scheme Questionnaire

Concepts	Dimensions	Indicators	Questionnaire questions
Sustainable employability	Meaningful work	Experience of workers that work contributes to something greater, focus on wellbeing and quality of life, effort needed from both employer and employee	<ul style="list-style-type: none"> - In my experience, my work has become more meaningful - I experience more attention for wellbeing in my organisation - I experience more attention for quality of life in my organisation - I experience a balanced effort in from my employer/employees in creating more meaningful work.
	Relation employer-employee	Relationship less personal than in the past, flexible contacts, more chances of changing jobs due to more development opportunities (personal and professional)	<ul style="list-style-type: none"> - My experience is that the relation with my employer/employees has changed - I experience a more personal bond with my employer/employees - I experience a more flexible relationship with my employer/employees - I think I give/receive more opportunities to develop professional skills - I think I give/receive more opportunities to develop personal skills - I think I give/receive more opportunities to make a career switch
Self-Managing Capabilities	Zelfreflection	Self-knowledge, self-awareness and self-evaluation	<ul style="list-style-type: none"> - I think I know myself better - I experience to be more aware of myself - I think I am more busy with self-evaluation
	Resilience and adaptive ability	Self-acceptation, -development and emotion regulation, job-crafting strategies	<ul style="list-style-type: none"> - I am better able to accept myself as who I am - I experience to be better able to develop my lifestyle

			<ul style="list-style-type: none"> - I experience to be better able to develop my knowledge - I experience to be better able to develop my sense of meaning - I think I am better able to control my emotions - I am better able to make work more fitting for myself.
	Action-undertaking ability	Successful execution of actionplans	<ul style="list-style-type: none"> - I think I am better able to undertake action at work - I think I am better able to execute action plans at work.
Motivation	Competention	Mental and physical ability to perform a task	<ul style="list-style-type: none"> - I am better mentally able to perform my job. - I am better physically able to perform my job.
	Contact with others	Feeling of safety and connectedness with others	<ul style="list-style-type: none"> - I experience to be safer on personal level at work - In my experience I am more connected with others at work.
	Autonomy	Universal need to have self-regulaton and to act according to one's own integrated self.	<ul style="list-style-type: none"> - I experience more autonomy in doing my job - I experience having more attention for autonomy at work - I experience my employer having more attention for autonomy at work - I experience to work more in my own needs/demands.
	Autonomous motivation	Intrinsic motivation out of someone's own interest	<ul style="list-style-type: none"> - I experience to be more intrinsically motivated in doing my job.

Appendix B: Semi-Structured interview list (Dutch)

Thema 1:

- Welke positieve ervaringen zijn er met PG op organisatieniveau?
- Welke factoren dragen bij aan deze positieve ervaringen?
- Welke negatieve ervaringen zijn er met PG op organisatieniveau?
- Hoe voorkom je deze negatieve ervaringen? Hoe pak je deze aan?

Thema 2:

- Welke bevorderende factoren voor PG op organisatieniveau zijn er te onderkennen? Waarom zijn deze factoren juist bevorderend voor PG?
- Welke belemmerende factoren voor PG op organisatieniveau zijn er te onderkennen? Waarom zijn deze factoren juist belemmerend voor PG?
- Waar ligt de valkuil?
- Welke zaken moeten extra aandacht krijgen?
- Voorbeelden?
- Zou PG@W toepasbaar zijn op alle organisaties? Waarom wel/niet?
- Wat is er nodig om PG te implementeren binnen een organisatie? Wat is daarbij belangrijk?
- Is een leidinggevende/manager de juiste persoon om 'het andere gesprek' mee te voeren? Zo niet, wie dan wel en waarom?
- Waarin verschillen werknemers en werkgevers in de rol die ze hebben t.a.v. PG@W?

Appendix C: Code-Tree

Codes	Subcodes
Creating support	<ul style="list-style-type: none"> - Ambassadorship - Mix of employees - Introduction in places with energy
Conducting 'the other conversation'	<ul style="list-style-type: none"> - Respecting privacy of workers - Safe spaces - Openness in ability to help - Other conversational partner than employer
Obstructions for PH at work	<ul style="list-style-type: none"> - Too much focus on only filling out the spiderweb-tool - Top-down distribution PH - Lack of trust - Vagueness in demarcation work-private* - Influence of Corona*
Aiding factors for PH at work	<ul style="list-style-type: none"> - Defining role of conversational partner* - Taking the right stance as organisation* - Measurement of different needs workers* - Clear roles for employers/HR* - Clear roles for employees*

* = Emerging code

Informatiebrief onderzoek Positief Gezond Werkgeverschap

Beste Meneer/Mevrouw,

In deze brief staat meer informatie over het onderzoeksproject naar Positief Gezond Werkgeverschap.

Het betreft een vragenlijst uit een onderzoek dat vanuit het IPH wordt uitgevoerd door Floris de Jong. Tegelijkertijd betreft het een afstudeeronderzoek voor de master 'Sociology: Contemporary Social Problems' aan de Universiteit Utrecht. Het doel van dit onderzoek is het achterhalen van de ervaringen van werknemers en werkgevers met het werken met Positieve Gezondheid in HR-beleid. Positieve Gezondheid begint aan terrein te winnen in de gezondheidszorg en wordt steeds vaker gebruikt om de dienstverlening naar patiënten toe te verbeteren. Echter, er is nog weinig bekend over de effecten van het verankeren van Positieve Gezondheid in HR-beleid en hoe werken met Positieve Gezondheid op organisatie niveau wordt ervaren. Dit onderzoek heeft als doel de ervaringen die men heeft met het werken met Positieve Gezondheid te documenteren en te kijken wat de effecten zijn die dit met zich meebrengt om vervolgens iets te kunnen zeggen over de te volgen koers in de toekomst.

Wat wordt er van u verwacht?

- Als u de vragenlijst invult dan zullen er een aantal stellingen gepresenteerd worden die gaan over uw werkervaring. Dit zullen vragen zijn die gaan over verschillende thema's zoals de werknemer-werkgever relatie, betekenisvol werken en autonomie op de werkvloer.
- Ook als u niet met Positieve Gezondheid werkt, kunt u de vragenlijst invullen. Op deze manier worden de verschillen in antwoorden vergeleken met mensen die wel werken met Positieve Gezondheid.
- U blijft bij het invullen van de vragenlijst anoniem
- De vragenlijst duurt ongeveer tien minuten.
- Er zullen enkele algemene persoonlijke vragen gesteld worden, zoals geslacht en leeftijd, om bepaalde analyses te kunnen doen.

Vertrouwelijkheid van dataverwerking

Voor het uitvoeren van dit onderzoek is het nodig om enkele persoonlijke data te vragen. Dit is data zoals leeftijd, geslacht en opleidingsniveau en is nodig om de onderzoeksvragen zo goed mogelijk te beantwoorden. Deze persoonlijke data zal opgeslagen worden op een andere computer dan die waar de onderzoekdata op staat (de zogeheten ruwe data). De computer waar de persoonlijke data op wordt geslagen is beveiligd volgens de hoogste standaarden en alleen de betrokken onderzoekers hebben toegang tot deze computer. De data zelf zal met een beveiligingscode worden beveiligd en wordt ten minste 10 jaar bewaard. Dit is in overeenstemming met de richtlijnen van de VSNU Vereniging van Universiteiten in Nederland. Voor meer informatie over privacy kunt u naar de

volgende site: <https://autoriteitpersoonsgegevens.nl/nl/onderwerpen/avg-europese-privacywetgeving>.

Als u aan de vragenlijst begint, zal er gevraagd worden om te bevestigen dat u deze brief gelezen heeft en dat u akkoord gaat met het verzamelen van de algemene persoonlijke informatie. Mocht u hier niet mee akkoord gaan, dan kun u kiezen voor de optie 'Nee' of niks kiezen. In dat geval zal de vragenlijst automatisch stoppen.

Vrijwillige deelname

Deelname aan dit onderzoek is vrijwillig. Uw deelname aan dit onderzoek kan op elk moment gestopt worden zonder opgaaf van reden of negatieve gevolgen. Als u wilt stoppen met uw deelname aan het onderzoek dan zal de data gebruikt worden die tot op dat moment is verzameld, tenzij u expliciet vermeldt dit te willen verwijderen.

Onafhankelijk contact en klachten meldpunt

Als u vragen of opmerkingen heeft over het onderzoek, neem dan contact op met r.f.dejong@students.uu.nl. Mocht u liever contact hebben met de thesis begeleider, mail dan naar e.jaspers@uu.nl.

Als u een officiële klacht heeft over dit onderzoek, dan kunt u een email sturen naar de klachten officier via klachtenfunctionaris-fetcsocwet@uu.nl.

Mocht u, na het lezen van deze brief, besluiten deel te nemen aan de vragenlijst, dan zou ik u vriendelijk willen verzoeken om in te stemmen met het verzoek tot verzamelen van algemene persoonlijke gegevens in de vragenlijst zelf (op pagina 2) en deze verder in te vullen.

Tot slot, mocht u ook deel willen nemen aan de focusgroep, dan kan u zich hiervoor aanmelden in de vragenlijst. Op het einde zal er de optie zijn om u hiervoor aan te melden en uw emailadres achter te laten voor verdere correspondentie.

Alvast bedankt.

Met vriendelijke groet,

Floris de Jong

Appendix E: Pearson Correlation Matrix

Variable	1	2	3	4	5	6	7
1. Work with PH	1						
2. use of Spiderweb tool	0.158	1					
3. Meaningful work	0.160	-0.025	1				
4. Relationship	-0.250**	-0.057	0.653**	1			
5. Self-reflection	-0.225*	-0.166	0.159	0.399**	1		
6. Resilience	-0.266**	-0.307*	0.159	0.337**	0.652**	1	
7. Autonomy	-0.265*	-0.272*	0.497**	0.653**	0.404**	0.452**	1

** Correlation is significant, $P < .01$

* Correlation is significant, $P < .05$