



Validation of the Healthy and Resilient Organization HEROCheck Questionnaire

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Título: Validación del Cuestionario HEROCheck sobre Organizaciones Saludables y Resilientes.

Resumen: Antecedentes: Este estudio tiene como objetivo validar la estructura factorial de una versión refinada y abreviada del cuestionario HEalthy & Resilient Organization llamado HEROCheck, en diversos sectores ocupacionales en España. **Método y resultados:** En dos estudios independientes, el HEROCheck mostró propiedades psicométricas robustas. En el Estudio 1, con una muestra de 11.082 personas trabajadoras de 27 empresas pertenecientes a distintos sectores (secundario, terciario y hospitales), los resultados confirmaron la estructura factorial del HEROCheck. Los hallazgos evidenciaron una alta consistencia interna y validez de constructo, con correlaciones significativas entre escalas que respaldan relaciones coherentes entre las dimensiones. El Estudio 2, con una muestra de 1.139 personas trabajadoras de 24 empresas de diferentes sectores (secundario y terciario), examinó la validez predictiva del modelo, confirmando asociaciones significativas entre los recursos y las prácticas organizacionales, empleados saludables, y los resultados organizacionales saludables. **Conclusiones:** El HEROCheck proporciona un marco sólido y práctico para el diagnóstico rápido de los factores psicosociales clave y su impacto en el bienestar de las personas trabajadoras, apoyando el desarrollo de organizaciones saludables y el diseño de intervenciones basadas en evidencia.

Palabras clave: Organización saludable, Resiliencia organizacional, Validación de cuestionarios, Salud mental positiva.

Abstract: Background: This study aims to validate the factorial structure of a refined and shortened version of the HEalthy & Resilient Organization questionnaire called HEROCheck, across several occupational sectors in Spain. **Method and Results:** In two independent studies, the HEROCheck demonstrated robust psychometric properties. In Study 1, results confirmed the factorial structure of the HEROCheck with a sample of 11,082 workers from 27 companies from different sectors (secondary, tertiary and hospitals). Findings demonstrated high internal consistency and construct validity, with significant inter-scale correlations supporting coherent relationships among the dimensions. Study 2, with a sample of 1,139 workers from 24 companies from different sectors (secondary and tertiary), examined the predictive validity of the model, confirming significant associations between organizational resources and practices, healthy employees and healthy organizational outcomes. **Conclusions:** The HEROCheck provides a robust and practical framework for rapidly diagnosing core psychosocial factors and their impact on employee well-being, supporting healthy organizational development and the design of evidence-based interventions.

Keywords: Healthy Organization, Organizational Resilience, Questionnaire Validation, Positive Mental Health.

Introduction

The modern work environment is undergoing rapid transformation due to evolving organizational structures, new communication technologies, and global disruptions such as pandemics, artificial intelligence (AI), geopolitical conflicts, and climate change. In this volatile context, organizations must be agile and resilient to remain viable. These challenges call for a shift toward a positive organizational approach that prioritizes both employee and organizational well-being. Organizations are no longer solely economic entities but human systems whose success depends on the psychological and emotional health of their members. Research shows a strong link between employee well-being and organizational performance, reinforcing the strategic value of promoting healthy workplaces (Guest, 2017).

Within this framework, Positive Organizational Psychology (POP) offers a solid foundation for understanding and enhancing workplace well-being (Donaldson et al., 2020; Luthans & Youssef-Morgan, 2021; Sonnentag et al., 2023; van Zyl et al., 2024). One key contribution from this field is the HERO model, which links organizational excellence to psychosocial resources, positive practices, and thriving employees. The main objective of this study is to validate the factor-

ial structure and predictive validity of a refined and shortened version of the HEROCheck questionnaire across diverse occupational sectors in Spain, —a scientifically grounded, user-friendly tool that assesses the core dimensions of healthy and resilient organizations. Specifically, the study aims to: (a) confirm the factorial structure of the HEROCheck; (b) examine its predictive validity in relation to organizational practices, job resources and demands, employee well-being, and organizational outcomes; and (c) analyze the interrelationships among the core dimensions of the HERO model.

Unlike previous instruments focused on isolated constructs or narrow contexts, the HEROCheck offers a concise, multidimensional, and theory-driven assessment, validated across diverse occupational sectors in Spain. Its novelty lies in combining scientific rigor with practical applicability, addressing the growing need for evidence-based diagnostic tools in today's dynamic work environments.

What are Healthy Workplaces?

The concept of *healthy work organizations* assumes that it is possible to distinguish healthy from unhealthy workplaces. Cooper and Cartwright (1994) were among the first to define a healthy organization as one that combines profitability with a physically and psychologically healthy workforce, capable of maintaining a positive work environment—especially in times of turbulence or change. In such contexts, healthy organizations not only endure adversity but also learn and

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emerge stronger (Elliot & Macpherson, 2010).

The emergence of *Positive Organizational Psychology* (POP) in the early 21st century marked a shift toward promoting well-being at work (Donaldson et al., 2020; Luthans & Youssef-Morgan, 2017; Sparks et al., 2001). The National Institute for Occupational Safety and Health (NIOSH, 2002) proposed a multilevel approach to healthy workplaces, emphasizing the interplay between external context (e.g., economy, technology), organizational structures (e.g., leadership, HR practices), and job content (e.g., tasks, social interactions). Wilson et al. (2004) provided the first systematic attempt to empirically test how organizational practices influence employee health, proposing an intervention model later refined by DeJoy et al. (2010). Their expanded view of organizational effectiveness included not only business outcomes but also employee well-being indicators.

To address the lack of concrete diagnostic and intervention tools, Salanova et al. (2012) developed the *HERO model* (Healthy and Resilient Organizations), which adopts a holistic and integrative perspective. HERO assessments combine quantitative (e.g., surveys) and qualitative (e.g., interviews, focus groups) methods involving key stakeholders. Crucially, the model is linked to evidence-based *Positive Psychological Interventions* (PPIs) targeting positive states (e.g., work engagement), traits (e.g., strengths), and behaviors (e.g., extra-role performance) (Salanova et al., 2024). These interventions have been applied successfully in various organizations (e.g., Nebot-Gresa et al., 2021; Peláez-Zuberhuler et al., 2020; Salanova & Llorens, 2025), reinforcing the relevance of applying structured strategies to develop healthy and resilient workplaces.

Healthy and Resilient Organizations (HEROs)

HEROs are defined as “those organizations that make systematic, planned, and proactive efforts to improve employees’ and organizational processes and outcomes” (Salanova et al., 2012, p. 788). These efforts involve carrying out healthy organizational resources and practices aimed at improving the work environment at different levels: the task (autonomy, feedback), the interpersonal (social relationships, transformational leadership), and the organization (HR practices), especially during turbulence and times of change.

A HERO is such organization that balances its three main components: (a) Healthy organizational resources/practices (e.g., autonomy, feedback, positive leadership, practices of work-family conciliation); Healthy employees (e.g., work engagement, self-efficacy, resilience, trust); and (3) Healthy organizational outcomes (e.g., job performance, organizational commitment).

Figure 1

The HEalthy & Resilient Organization Model (Salanova et al., 2012).



The HERO model assumes that the promotion of job resources (e.g., autonomy, coordination) and healthy organizational practices (e.g., work-family balance practices, mental health promotion) increases employee well-being (e.g., work engagement) and performance (e.g., in role performance). It also enables organizations to emerge strengthened from crises and other common adverse situations.

This model extends healthy organization research by using data collected from different respondents such as CEOs, supervisors, employees, and customers in the same study as well as by using qualitative and quantitative methodologies to collect the data (interviews, focus groups, and surveys). Since 2012, they have carried out subsequent adaptations and extensions of the original HERO model, offering a comprehensive, multi-level approach to understanding and promoting psychosocial health at work. The model has been extended to also include job demands (e.g., quantitative overload, mental overload, role ambiguity and conflict) and (un/) health variables (e.g., burnout risk, absenteeism, turnover) (Acosta, et al., 2015; Salanova et al., 2019, 2021; Torrente et al., 2013; Villarroel-Núñez et al., 2024).

Healthy organizational practices, job resources and job demands: Are all interconnected?

Numerous models of healthy organizations have shown the effect of job demands and job resources on workers' well-being (Van den Broeck et al., 2017; Vander Elst et al., 2016). To date, the Job demands-resources theory (Bakker & Demerouti, 2024; Bakker et al., 2023) posits that when high levels of job demands are sustained over time, employees may experience strain, whereas when resources are high, employees are likely to cope better with stressors. Therefore, the HERO model also considers the effects of the relationship as well between job demands (e.g., quantitative overload, role conflict) and job resources (e.g., autonomy or social support climate) on the employee's wellbeing.

According to Bakker and Demerouti (2014), high job demands, especially when unmatched by adequate resources or recovery opportunities, can spiral into burnout, exhaustion, and other indicators of deteriorating mental health. Research (Bakker et al., 2023; Li et al., 2013), has positively linked job demands with negative health outcomes as exhaustion (i.e., the main component of burnout) and negatively with Vigor (i.e., the main component of work engagement). Also, the positive relationship between job demands and burnout due to maladaptive self-regulation strategies has been shown (Bakker & de Vries, 2021). However, not all job demands have a negative relationship with well-being and performance. Recent research has been conducted using the frame of challenge and hindrance demands had a negative linear relationship with work engagement; but challenging demand had a positive effect on work engagement with an inverted-U relationship (Kim et al., 2024). Also, Lerman et al. (2020), in their meta-analysis confirm that challenge demands enhance entrepreneurs' performance, but hindrance demands harm entrepreneurs' well-being.

Finally, both job resources and organizational practices are related to employee well-being. A recent systematic review (Sinisterra et al., 2024) shows the need to implement effective talent management practices to ensure a healthy and engaged workforce. Cruz-Ortiz et al. (2013) found that transformational leadership has a significant effect on work engagement, which in turn is related to team performance. Martínez et al. (2020) also showed that a transformational leadership style neutralizes the negative effects of emotional overload on well-being (specifically work engagement). Leadership good organizational practices may provide employees with resources such as autonomy and control, support, professional self-efficacy, and inclusion, which may increase employees' capability to cope with stressors and maximize well-being (Nielsen et al., 2017). These results confirm the relationships proposed in the HERO model between healthy organizational practices, job demands, job resources and well-being.

How do Healthy employees (and Teams) feel?

Healthy employees and teams include personal resources and well-being (e.g., work engagement, resilience). In addition to job resources, the HERO model considers personal resources (e.g., self-efficacy) defined as positive self-evaluations referred to individuals' sense of their ability to control and have an impact on the environment (Hobfoll et al., 2003). There is evidence in favour of the idea that some job resources predict employee well-being (i.e., healthy employees) and job and team performance (healthy organizational outcomes) (e.g., Bakker et al., 2012; Gruman & Saks, 2011; Junker et al., 2025; Salanova et al., 2005). It also has shown the mediating effect of job resources and well-being (i.e., work engagement) in the relationship between personal resources and employee performance (Lorente et al., 2014).

How well-being and performance are related has been

explained through the *Happy and Productive Worker Hypothesis* (Arhin et al., 2025; Peñalver et al., 2020, 2023; Wright et al., 2007), i.e., the more happy and healthy employees feel, the more productive they are. Finally, meta-analysis showed the strength of the relationships between job resources (i.e., job control, feedback, social support) and work engagement, on one hand, and work engagement and healthy organizational outcomes (i.e., organizational commitment and job performance) on the other (Christian et al., 2011; Halbesleben, 2010).

The final result: Healthy Organizational Outcomes

Finally, the healthy organizational outcomes include the positive results (e.g., products, services, assistance) of the organization as well as the results of its relationship with people outside the organization (clients, users) and society in general. In the systematic review conducted by Sinisterra et al. (2024) showed that employee retention in an organization (as a healthy organizational outcome) is related to the implementation of healthy organizational practices. Other studies showed the relationship between healthy workers and organizational results such as performance. Meneghel et al. (2016a), in a sample of 275 work teams, identified resilience as an antecedent of group performance. Furthermore, in another study, the same authors showed the mediating effect of resilience between collective positive emotions and group performance (Meneghel et al., 2016b). In addition, Salanova et al. (2021) showed the effect of healthy organizational practices and resources affect performance evaluated through two independent processes: Return Of Assets (ROA) and evaluation by immediate supervisors. To sum up, research shows the multiple relationships between the three main dimensions in the HERO Model.

The Current Study

Building on the original validation of the HERO model (Salanova et al., 2012) and subsequent refinements of its measurement instruments, the present study focuses on the validation of a shortened HEROCheck questionnaire. After first providing theoretical support for developing and testing higher order factors, the psychometric properties of the designed measures and empirical tests of the hypotheses of the study were presented and tested. Originally, the HERO model validation was carried out with 137 organizations (137 interviews with managers, 519 teams, 3,131 employees, 519 supervisors and 3,867 customers/users). The result showed that the HERO Model (and its measures) presents theoretical and predictive power to assess the health and resilience of organizations (Salanova et al., 2012).

In the HERO assessment process, surveys are a basic tool for obtaining information at all organizational levels (i.e., Individual, Group, Leadership, and Organizational), in accordance with the IGLO model (Nielsen et al., 2018). Since 2012, it has been conducted a process of statistical and

psychometric analysis to improve the original questionnaires and develop shortened versions of the HERO Model questionnaire, looking for brief HEROChecks measures. As far as we know, even the HEROCheck was validated in Chile by Villarroel-Núñez et al. (2024) with Chilean civil servants, confirming its psychometric properties and highlighting the importance of gender-sensitive tools for assessing psychosocial factors in public administration. Also, Martínez-Martínez et al. (2024) used a shortened version of the HERO model to analyze gender differences in job demands, resources, and organizational practices, identifying key predictors of well-being and performance for men and women. Similarly, Umberto et al. (2024) validated short versions of scales assessing fear of COVID-19, safety training, and behavioral safety compliance in Spanish frontline and healthcare workers, confirming strong reliability and factorial validity. Reyes-Luján et al. (2025) applied a HEROCheck-short in healthcare settings, highlighting its predictive value in assessing burnout and job autonomy.

To sum up, previous shortened versions of the HERO model form proved to be a practical and valid tool for post-pandemic occupational health monitoring. In the current study, we will expand knowledge about healthy organizations determining theoretical relationships among the main dimensions (higher order factors) of the HEROCheck questionnaire and propose to validate a shortened version of the HEROCheck in a larger and heterogeneous Spanish sample to use for researchers and practitioners to identify psychosocial factors at workplace. According to previous research, the hypotheses are the follow:

Hypothesis 1: We expect to find the three main inter-correlated dimensions, i.e., Healthy organizational practices, job resources (and demands), healthy employees, and healthy outcomes. We expect the three-dimensional second-order factor model to be superior to the model with one underlying, undifferentiated, general dimension.

Hypothesis 2: According to previous research, in the case of job demands, we expect significant correlations with the other dimensions, mainly negative assuming that these demands are hindrance demands.

Hypothesis 3: Healthy organizational practices, job resources (and job demands), will be significantly related to healthy organizational outcomes that are fully mediated by healthy employees.

Method

Participants

To test the hypotheses, two studies were developed. For *study 1*, the sample consisted of 11,082 workers (52% women) from 27 companies (31% secondary, 25% tertiary, 44% hospitals) of Spain. The participants' mean age is 40.57 ($SD = 9.59$) years, with the following distribution: 18–35 (22.5%), 36–45 (35.9%), 46–55 (28.7%), and over 55 years (12.9%).

For *Study 2*, the sample is composed of 1,139 workers

(65% women) from 24 companies (26% secondary, 74% tertiary) of Spain. The participants' mean age is 47.25 ($SD = 10.55$) years: 18–35 (19%), 36–45 (30%), 46–55 (33%), and over 55 years (18%). This sample 2 was split into two subsamples. *Subsample 1* was used to confirm the factorial structure of the HERO model and *Subsample 2* to test the relationship among the variables in the model. *Subsample 1* is composed of 577 workers (66% women) from 4 companies (28% secondary, 72% tertiary) of Spain. The participants' mean age is 47.07 ($SD = 10.31$) years: 18–35 (19.1%), 36–45 (30%), 46–55 (32.2%), and over 55 years (18.7%). *Subsample 2* is composed of 562 workers (65% women) from 4 companies (23.5% secondary, 76.5% tertiary) of Spain. The participants' mean age is 47.22 ($SD = 11.39$) years: 18–35 (19.8%), 36–45 (27.8%), 46–55 (33.5%), and over 55 years (19%).

Participation was voluntary and limited to active employees with a minimum organizational tenure of six months. Employees on long-term sick leave or external collaborators were excluded. The participating organizations were in different regions of Spain and represented a broad range of organizational sizes and economic activities, as described above, providing a heterogeneous occupational context.

Instruments

Variables in this study were based on the HERO Model (Martínez-Martínez et al., 2024; Salanova et al., 2012, 2019; Villarroel-Núñez et al., 2024). Respondents answered using a 7-point Likert-type scale (from 0 'never' to 6 'always'). All scales in the original publications about HERO validation exceed the α and ω values of .70 (McDonald, 1999; Streiner, 2003). All instruments were primarily administered in digital format through an online survey platform, with paper-based versions used only in exceptional cases. Specifically for the present study:

Job Demands were assessed with eight items: quantitative overload, mental overload, emotional overload, role ambiguity, role conflict, routine, mobbing, and emotional dissonance. An example: 'Degree to which the amount of work exceeds my capacity (e.g., lack of time, task overload)'.

Job Resources were assessed with 7 items: autonomy, feedback, supportive climate, coordination, and positive leadership (3 items). An example: 'Degree to which I have the freedom to work in the way that suits me best, deciding how and when to do my tasks'.

Healthy Employees were assessed with 8 items: self-efficacy, work engagement (3 items), resilience, vertical trust and horizontal trust and burnout (inversed). An example: 'Degree to which they believe in the abilities of their work team to carry out tasks successfully despite obstacles'.

Healthy Organizational Outcomes were assessed using three items: in-role performance, extra-role performance and organizational commitment. An example: 'Degree to which the tasks of their work are carried out and fulfilled, those that are prescribed in their employment contract'.

Healthy Organizational Practices were assessed at the organi-

zational level with 9 items distributed in two dimensions: (a) well-being practices (4 items: mental health promotion, general health promotion, prevention workplace violence and work-family balance) and (b) developing practices (5 items) that includes professional career development, reducing discrimination, promotion justice-equity, encouraging participation and corporate social responsibility. We used a 7-point Likert-type scale ranging from 0 'I do not know of any related initiatives' to 6 'extremely useful'. An example: *How useful do you find the practices/programs in YOUR ORGANIZATION that facilitate work-life balance? (e.g., initiatives to promote digital disconnection or go beyond legal requirements for parental leave).*

Procedure

Data were collected via an online survey (Qualtrics), with access provided through email invitations. The implementation followed three phases: (1) presentation of the project to senior management and authorization; (2) coordination with HR to organize data collection during work hours; and (3) communication campaigns to promote voluntary participation. Participation was voluntary and anonymous. Participants provided informed consent, and confidentiality and data protection were guaranteed in accordance with the General Data Protection Regulation (GDPR). Participation or non-participation had no consequences for employees. The study was approved by the University Ethics Committee (3/2016).

Data Analyses

Descriptive statistics (means, standard deviations), and scale reliability estimates (e.g., α and ω), were initially calculated using IBM SPSS 29 Statistics (Version 29.0; IBM Corp., 2023). Pairwise correlations were also computed to examine the relationships between variables.

To assess the validity and robustness of the proposed theoretical model, a Confirmatory Factor Analysis (CFA) was performed using IBM SPSS Amos 29 (Arbuckle, 1997). The CFA was employed to confirm the factor structure of the model and to evaluate the potential impact of common method variance (CMV) using Harman's single-factor test (Podsakoff et al., 2003). Maximum Likelihood (ML) estimation was used, as it is well-suited for normally distributed continuous data (Maydeu-Olivares, 2017).

Convergent validity was assessed through Composite Reliability (CR) and Average Variance Extracted (AVE) for each construct, with CR values above .70 and AVE values above .50 indicating adequate internal consistency and construct validity (Fornell & Larcker, 1981). Discriminant validity was further examined using the Fornell-Larcker criterion,

ensuring that the square root of the AVE for each construct exceeded the corresponding inter-construct correlations. Finally, concurrent validity was used through an analysis of correlations among the variables in the study and other variables belonging to the HERO model.

Finally, a structural equation model (SEM) was tested using IBM SPSS Amos 29 (Arbuckle, 1997) to determine which predictors (i.e., Job demands, Job Resources, Healthy Organizational Practices) are related to Healthy employees and Healthy organizational outcomes. Healthy employees and Healthy organizational outcomes were included as latent factors, operationalized by five (i.e., self-efficacy, work engagement, resilience, vertical trust and horizontal trust) and two (i.e., in-role performance, and organizational commitment) items, respectively (Salanova et al., 2012; Villarroel-Núñez et al., 2024). Predictor items were included as exogenous observed variables in the model.

Model fit was evaluated using a combination of absolute and relative goodness-of-fit indices. The absolute fit indices included: (1) chi-squared (χ^2) goodness-of-fit statistic, and (2) Root Mean Square Error of Approximation (RMSEA). For RMSEA, values below 0.05 were considered indicative of excellent fit, values up to 0.08 were acceptable, and values above 0.10 suggested model rejection (Browne & Cudeck, 1993). The relative fit indices included: (1) Normed Fit Index (NFI), Incremental Fit Index (IFI), Tucker-Lewis Index (TLI) and Comparative Fit Index (CFI). Values above .90 indicated acceptable model fit, while values above .95 were considered excellent (Bentler & Bonett, 1980; Hu & Bentler, 1999).

Results

Study 1

Table 1 shows the descriptive analyses and correlations among the variables. Consistent with McDonald's (1999) and Streiner's (2003) criteria, α and ω coefficients for each sub-scale demonstrate excellent reliability, all registering α values from .77 to .84 and ω values from .76 to .85; by indicating robust internal consistency which underlines the contribution of each item to the overall scale coherence. The only exception is the α (.41) and ω (.42) for Healthy organizational outcomes. A revision of the items confirms that the deletion of extra-role performance is needed to increase the reliability of the scale ($r^2 = .31, p < .001$). Additionally, inter-scales correlations are significant and strong ranging from .30 to .68, with all p -values being less than .001, reflecting the meaningful relationships among the different variables.

Table 1

Descriptive analyses, alphas and correlations by dimensions for the original model and for the final Model (Model 2 Revised) (Study 1).

	Original Model							Final Model						
	<i>M</i>	<i>SD</i>	α	ω	2	3	4	<i>M</i>	<i>SD</i>	α	ω	2	3	4
Job demands	2.72	.95	.77	.76	-.36*	-.43*	-.30*	2.13	1.13	.77	.77	-.38*	-.43*	-.34*
Job resources	4.33	1.15	.82	.83		.68*	.49*	4.33	1.15	.82	.83	-	.68*	.49*
Healthy employees	4.18	.79	.84	.85			.66*	4.62	.96	.83	.84		-	.65*
Healthy organizational outcomes	4.89	.92	$r^2 = .31$					5.10	.97	$r^2 = .31$ *				-

Note: Correlations are significant at * $p < .001$.

Table 2 delineates the Confirmatory Factor Analysis (CFA) goodness-of-fit indices. The expected Model (Model 0) composed of 4 factors: job demands, job resources, healthy employees and healthy organizational outcomes show a poor fit to the data. Comparing the rest of models the four-factor model revised (Model 2 revised) composed by Job demands (5 items), job resources (5 items), healthy employees (5 items), and healthy organizational outcomes (2 items) with the inclusion of 2 covariances exhibits superior fit compared to the original model (Model 0), single-factor Model (Model 1) as well as the Model 2 without covariances as evidenced by the fit indices with values nearer or surpassing the .90 and RMSEA more favourable which suggests of

an good model fit. All in all, the revised Model 2 demonstrated the best fit indices, outperforming the rest of the models Furthermore, the comparison between Model 2 and the revised version (Model 2 revised) revealed a statistically significant improvement ($p < .001$).

Figure 2 shows the final factor structure and the factor loadings of each item in Model 2 revised. All items demonstrated significant factor loadings, indicating that each contributes meaningfully to the variability of the latent factor. All absolute standardized loadings in this model are equal or exceed the value of .40, which, given our sample size, guarantees the stability and replicability of the factor structure (Guadagnoli & Velicer, 1988).

Table 2

CFA model without healthy organizational practices (Study 1).

	χ^2	<i>df</i>	NFI	IFI	TLI	CFI	RMSEA	$\Delta\chi^2$	Δdf	ΔNFI	ΔIFI	ΔTLI	ΔCFI	$\Delta RMSEA$
Model 0 (original model)	18448.70	224	.823	.825	.802	.825	.086							
Model 1 (one factor)	18074.78	119	.770	.737	.738	.771	.117							
Model 2	7198.17	113	.908	.910	.891	.910	.075							
Model 2 revised	6645.10	111	.915	.917	.898	.917	.073							
Diff. 0-1								373.92	105	.053	.088	.064	.054	.031
Diff. 0-2								11250.53	111	.085	.085	.089	.085	.011
Diff. 1-2								10875.83*	6	.138	.180	.153	.139	.042
Diff. 2-2 revised								553.07*	2	.007	.007	.007	.007	.002

Note: χ^2 = Chi-square; *df* = degree of freedom; NFI = Normed Fit Index; IFI = Incremental Fit Index; TLI = Tucker-Lewis Index; CFI = Comparative Fit Index; RMSEA = Root Mean Square Error of Approximation; Diff. and Δ = differences; $p < .001$.

Figure 2

CFA model without healthy organizational practices (Study 1). All values are statistically significant.

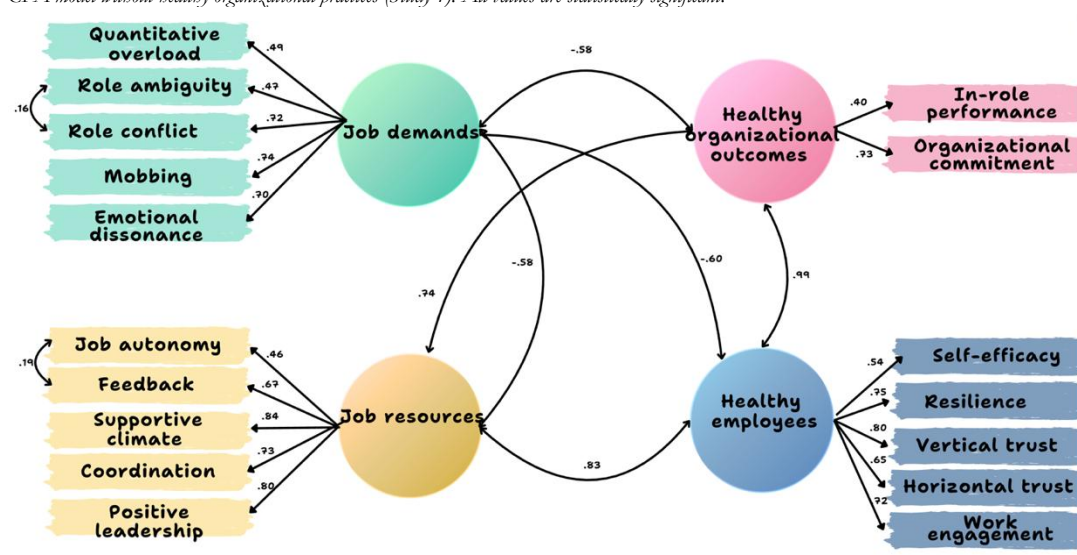


Table 1 also shows the descriptive analyses and correlations among the variables in this revised model (Model 2 revised). Consistent with McDonald's (1999) and Streiner's (2003) criteria, α and ω coefficients demonstrate excellent reliability, all registering values from .77 to .83 and from .77 to .84 for α and ω respectively; by indicating robust internal consistency. In the case of the variables included in the healthy organizational outcomes factor (i.e., intra-role performance and organizational commitment) the correlation is statistically significant ($r^2 = .31, p < .001$). Additionally, inter-scales correlations are significant and strong ranging from .34 to .68, with all p -values being less than .001, reflecting the meaningful relationships among the different variables.

Lastly, to assess the convergent validity of the latent constructs, composite reliability (CR) and average variance extracted (AVE) were calculated for each factor (Fornell & Larcker, 1981; Hair et al., 2017). Most constructs demonstrated acceptable composite reliability ($CR \geq .70$), i.e., Job Resources ($CR = .83$), Healthy Employees ($CR = .82$) and Job Demands ($CR = .78$) exhibited good internal consistency. However, Healthy Organizational Outcomes showed a CR of .50, falling below the acceptable cutoff, which may indicate limited internal consistency for this factor. Consequently, this factor may require further refinement (e.g., revisiting item content, inspecting standardized loadings, and considering the need for additional or more homogeneous indicators). Regarding AVE, Job Resources ($AVE = .50$) met the .50 threshold, supporting adequate convergent validity. Healthy Employees showed a borderline AVE ($AVE = .49$) but strong composite reliability ($CR = .82$) which suggest

that convergent validity may still be considered acceptable, suggesting marginal but likely sufficient convergent validity for this construct (Fornell & Larcker, 1981). In contrast, Job Demands ($AVE = .41$ and $CR = .78$) did not reach the recommended AVE threshold despite acceptable reliability. This pattern indicates that the indicators are reasonably consistent overall but share only moderate common variance, warranting cautious interpretation and item-level inspection (e.g., standardized loadings and potential weak indicators), as recommended in common measurement evaluation guidance (Hair et al., 2017). Finally, Healthy Organizational Outcomes provided the weakest evidence ($AVE = .35$; $CR = .50$), indicating limited internal consistency and low shared variance among indicators. Overall, these results support convergent validity for Job Resources (and likely Healthy Employees), whereas evidence is weaker for Job Demands and limited for Healthy Organizational Outcomes, suggesting that this factor would benefit from further scale refinement (e.g., revisiting item content, inspecting loadings, and considering additional or more homogeneous indicators) (Hair et al., 2017).

Finally, in Table 3 the concurrent validity shows that the four factors included in the revised Model 2, i.e., job demands, job resources, healthy employees and healthy organizational outcomes are significantly related to other different indicators included in the HERO model (e.g., mental overload, emotional overload, routine, external and internal hostility, mental and emotional competence, resilience, optimism, gratitude, hope, compassion, burnout (inverse) and extra-role performance).

Table 3
Concurrent validity of Revised Model 2 with HERO indicators for Study 1 and for Study 2.

Indicator	Study 1				Study 2			
	Job	Job	Healthy	Healthy Organizational	Job	Job	Healthy	Healthy Organizational
	Demands	Resources	Employees	Outcomes	Demands	Resources	Employees	tional Outcomes
	(r^2)	(r^2)	(r^2)	(r^2)	(r^2)	(r^2)	(r^2)	(r^2)
Mental overload	.30***	-.03***	-.02ns	-.03ns	.31***	.08*	-.02ns	.05ns
Emotional overload	.35***	-.01*	-.06***	-.04***	.46***	-.02ns	-.12**	-.05ns
Routine	.35***	-.31***	-.25***	-.17***	.09*	-.16***	-.10**	-.04ns
External hostility	.31***	-.20***	-.16***	-.16***	.39***	-.11***	-.14***	-.05ns
Internal hostility	.43***	-.38***	-.35***	-.27***	.39***	-.32***	-.23***	-.15***
Extra-role performance	.09*	.08*	.10***	.19***	.09ns	.14***	.28***	.45***
Mental competence	-.21***	.38***	.46***	.37***	-.08*	.21***	.32***	.30***
Emotional competence	-.31***	.42***	.53***	.45***	-.14***	.28***	.41***	.36***
Resilience	-.34***	.55***	.82***	.54***	-.38***	.41***	.77***	.52***
Optimism	-.39***	.45***	.64***	.52***	-.43***	.41***	.66***	.54***
Gratitude	-.33***	.41***	.55***	.45***	-.29***	.43***	.59***	.49***
Hope	-.37***	.48***	.66***	.54***	-.35***	.47***	.63***	.53***
Compassion	-.09*	.20***	.30***	.23***	.03ns	.17***	.24***	.24***
Burnout (inverse)	-.56***	.38***	.53***	.48***	-.67***	.35***	.49***	.33***

Note. r^2 = squared correlation coefficient, *** $p < .001$, ** $p < .01$, * $p < .05$, ns = non-significant.

Study 2

Table 4 shows the descriptive analyses and correlations among the variables for study 2 ($n = 1,139$). The total sample is split in two subsamples: *subsample 1* ($n = 577$) was used to

confirm the factor structure and *subsample 2* ($n = 562$) was used to test the relationship among the variables in the HERO model. Consistent with McDonald' (1999) and Streiner's (2003) criteria, the α and ω coefficients demonstrate excellent reliability, all registering values from .70 to .89 and from

.70 to .91 for subsample 1 and 2, respectively, indicating robust internal consistency. Inter-scales correlations are mainly significant and strong ranging from .26 to .65, and from .31

to .66, respectively with p -values being less than .001, reflecting the meaningful relationships among the variables.

Table 4

Descriptive analyses, alphas and correlations by dimensions (Study 2).

	Subsample 1				Subsample 2				1	2	3	4	5
	<i>M</i>	<i>SD</i>	α	ω	<i>M</i>	<i>SD</i>	α	ω					
Job demands	2.20	1.07	.70	.71	2.20	1.07	.70	.70	-	-.44*	-.53*	-.35*	-.26*
Job resources	4.49	.99	.81	.81	4.49	0.98	.79	.79	-.47*	-	.64*	.41*	.34*
Healthy employees	4.50	.92	.83	.83	4.55	.83	.77	.78	-.54*	.65*	-	.65*	.40*
Healthy organizational outcomes	5.26	.74	$r^2 = .35^*$	-	5.22	.75	$r^2 = .34^*$	-	-.36*	.41*	.66*	-	.38*
Healthy organizational practices	3.91	1.18	.89	.89	3.88	1.26	.91	.91	-.31*	.40*	.40*	.34*	-

Note: Correlations are significant at $*p < .001$. The correlations of subsample 2 are below the diagonal.

Table 5 delineates a series of Confirmatory Factor Analysis (CFA) goodness-of-fit indices for distinct models by including the healthy organizational practices (two indicators: well-being and developmental practices) in the model. Five competing models were tested. The unidimensional Model 1 exhibited poor fit indices, indicating that a single-factor solution was not suitable. Model 2 showed a notable improvement, though still below conventional thresholds. Comparing the rest of the models, the revised Model 2 demonstrated the best fit, suggesting an acceptable fit to the data. This model also had the lowest chi-square relative to its degrees

of freedom. While Model 3 and its revised version also improved upon earlier models, their fit indices remained slightly inferior to those of revised Model 2. When directly comparing the two best-performing models—Revised Model 2 and Revised Model 3—the data clearly favoured Revised Model 2. Although Revised Model 3 showed acceptable fit indices, all its values were slightly lower than those of Revised Model 2. Furthermore, Revised Model 2 also had a higher chi-square statistic despite having more degrees of freedom, resulting in a better relative fit.

Table 5

CFA model with organizational practices (Study 2, subsample 1).

	χ^2	<i>df</i>	NFI	IFI	TLI	CFI	RMSEA	$\Delta\chi^2$	Δdf	ΔNFI	ΔIFI	ΔTLI	ΔCFI	$\Delta RMSEA$
1. Model 1 (one factor)	1967.69	152	.611	.629	.582	.628	.144							
2. Model 2	965.95	142	.809	.832	.797	.831	.100							
3. Model 2 revised	667.01	137	.868	.892	.864	.891	.082							
4. Model 3	960.14	129	.785	.808	.771	.807	.106							
5. Model 3 revised	653.43	124	.854	.878	.849	.877	.086							
Diff. 1-2								1001.74	10	.198	.202	.215	.202	.043
Diff. 2-3								298.94	5	.058	.060	.066	.060	.018
Diff. 2-4								5.81	13	.024	.023	.026	.023	.005
Diff. 2-5								312.52	18	.044	.046	.051	.046	.014
Diff. 3-4								293.13	8	.082	.083	.092	.083	.023
Diff. 3-5								13.58	13	.014	.014	.015	.014	.004

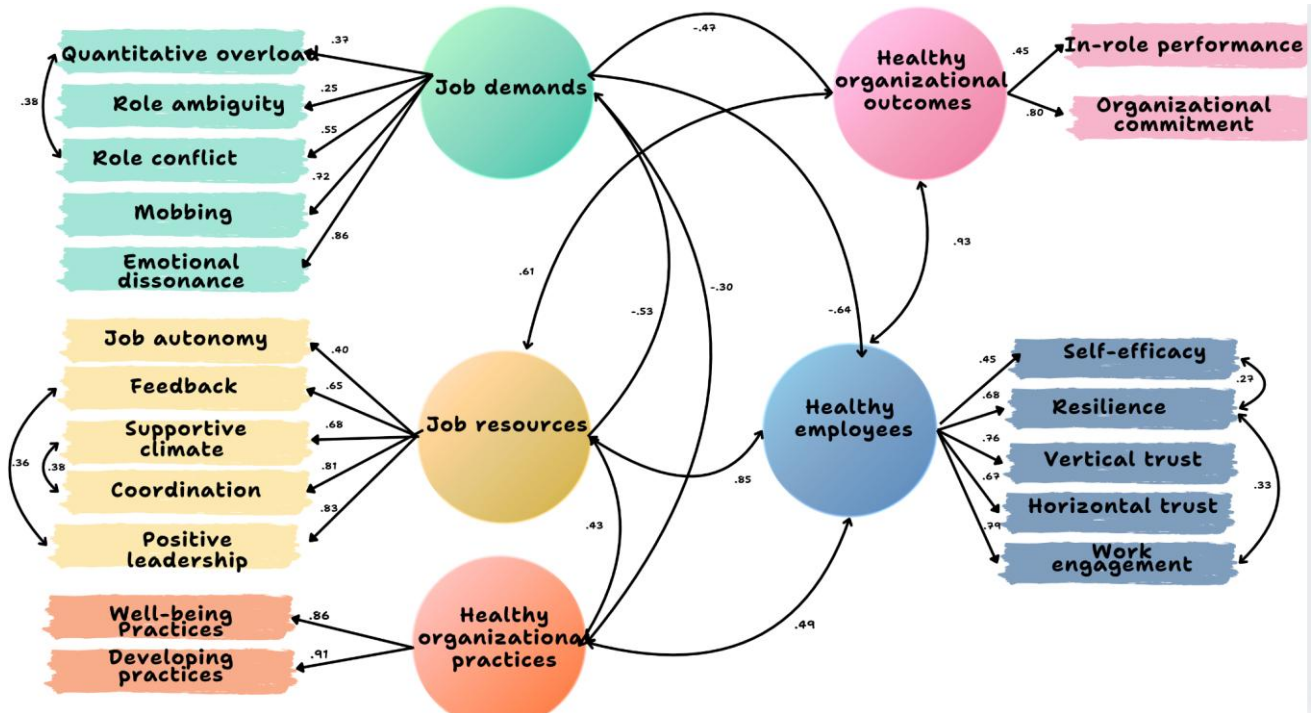
Note: χ^2 = Chi-square; df = degree of freedom; NFI = Normed Fit Index; IFI = Incremental Fit Index; TLI = Tucker-Lewis Index; CFI = Comparative Fit Index; RMSEA = Root Mean Square Error of Approximation; Diff. and Δ = differences; $p < .001$.

These differences indicate that Revised Model 2 provides a more accurate and parsimonious representation of the underlying factorial structure. Since the observed difference does not exceed the critical value for 13 degrees of freedom ($\chi^2_{0.05} = 22.36$), the more complex model does not provide a

significantly better fit. Therefore, based on the principle of parsimony, the Revised Model 2 was retained as the final model. All items demonstrated significant factor loadings and all absolute standardized loadings in this model exceed the value of .25 (Figure 3).

Figure 3

CFA model with healthy organizational practices (Study 2). All values are statistically significant.



Lastly, we assessed measurement quality by computing composite reliability (CR) and average variance extracted (AVE) (Fornell & Larcker, 1981; Hair et al., 2017). Overall, CR values indicated acceptable internal consistency ($CR \geq .70$) with Healthy Organizational Outcomes ($CR = .88$), Healthy Employees ($CR = .80$), Job Resources ($CR = .79$) and Job Demands ($CR = .702$) meeting commonly recommended reliability benchmarks. Regarding convergent validity (AVE), Healthy Organizational Outcomes showed strong evidence ($AVE = .78$), exceeding the .50 criterion (Fornell & Larcker, 1981). In contrast, Healthy Employees ($AVE = .46$) and Job Resources ($AVE = .44$) showed a borderline AVE but strong composite reliability ($CR = .80$ and $.79$, respectively) which suggest that convergent validity may still be considered acceptable, suggesting marginal but likely sufficient convergent validity for this construct (Fornell & Larcker, 1981). In contrast, Job Demands ($AVE = .35$ and $CR = .70$) fell below the recommended AVE threshold despite acceptable reliability. These findings suggest that while the model demonstrates adequate reliability overall, further refinement may be needed to strengthen the convergent validity of certain latent variables, particularly Job Demands.

Finally, also in Table 3 the concurrent validity shows that the 5 factors included in the revised Model 2 are significantly related to other psychosocial factors. Concretely, job demands, job resources, healthy employees and healthy organizational outcomes are significantly related to other different indicators included in the HERO model (e.g., mental overload, emotional overload, routine, external and internal hos-

tility, mental and emotional competence, resilience, optimism, gratitude, hope, compassion, burnout (inverse) and extra-role performance).

Table 6 shows the results from SEM in the subsample 2 ($n = 562$). Specifically, Model 1, which posits full mediation without additional structural adjustments, showed a poor fit to the data. In comparison, Model 2—a revised version of the full mediation model with a covariances among quantitative overload and role conflict, feedback and transformational leadership, climate of social support and coordination, efficacy and resilience as well as resilience and work engagement—demonstrated a significant improvement across all fit indices. The comparison between both models was statistically significant, indicating that Model 2 provides a significantly better fit to the data. Furthermore, the differences in fit indices exceed the minimum thresholds typically used to determine meaningful improvements (i.e., $> .01$), reinforcing the practical superiority of Model 2. Figure 4 shows the standardized estimates for the proposed relationships in the final adjusted model. The results show that job resources, and healthy organizational practices are significantly and positively associated with healthy employees; whereas job demands are negatively related to it. In turn, healthy employees are significantly and positively related to healthy organizational outcomes, such as organizational commitment and in-role performance. All structural coefficients were statistically significant ($p < .05$), supporting the validity of the theoretical model. These findings provide empirical evidence for the full mediating role of employee well-being in the relationship be-

tween job demands, job resources and healthy organizational practices with healthy organizational outcomes. They highlight the importance of intervening in organizational condi-

tions to foster healthy and sustainable work environments. In **Appendix A (in English)** and **Anexo B (in Spanish)** the final items of the HEROCheck survey are included.

Table 6

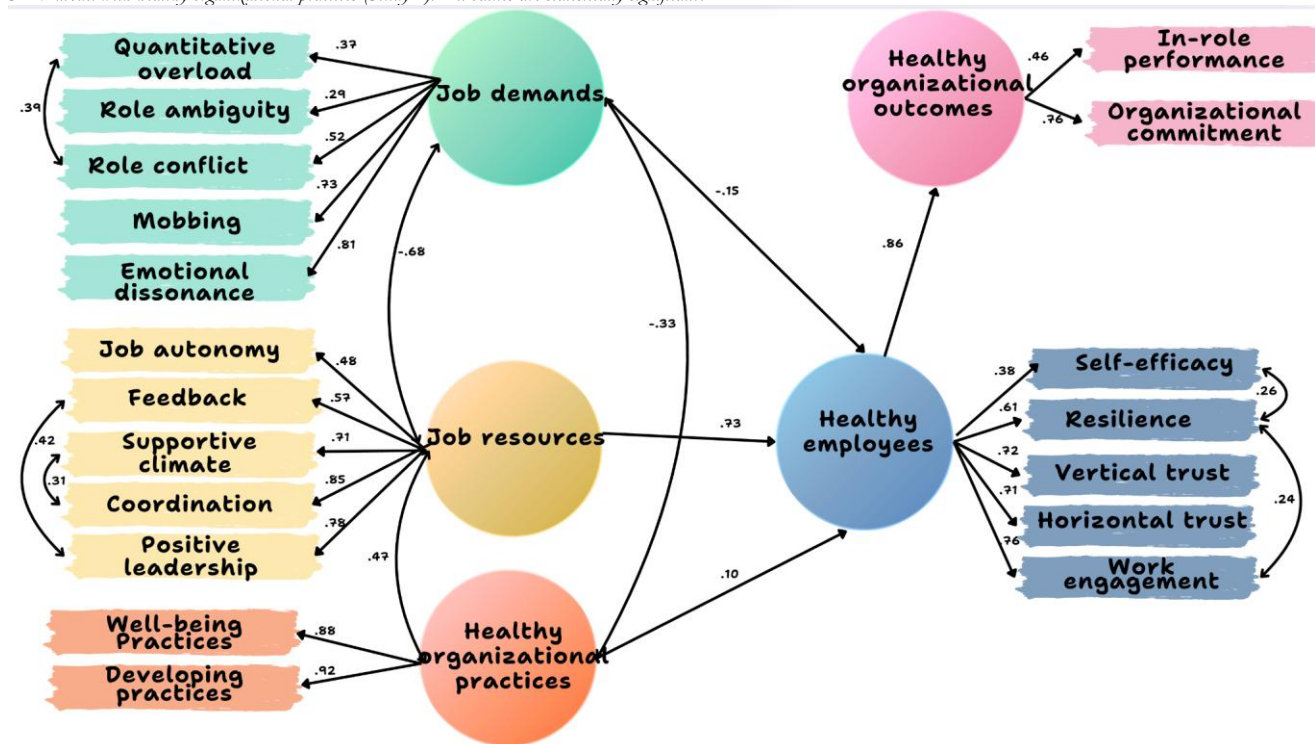
SEM model with organizational practices ($n = 562$).

	χ^2	df	NFI	IFI	TLI	CFI	RMSEA	$\Delta\chi^2$	Δdf	ΔNFI	ΔIFI	ΔTLI	ΔCFI	$\Delta RMSEA$
Model 1 Full mediation	1020.40	145	.785	.810	.774	.808	.104							
Model 2 Full mediation revised	755.82	140	.841	.866	.835	.865	.089							
Diff. 1-2								264.58	5	.056	.056	.061	.057	.015

Note: χ^2 = Chi-square; df = degree of freedom; NFI = Normed Fit Index; IFI = Incremental Fit Index; TLI = Tucker-Lewis Index; CFI = Comparative Fit Index; RMSEA = Root Mean Square Error of Approximation; Diff. and Δ = differences; $p < .001$.

Figure 4

SEM model with healthy organizational practices (Study 2). All values are statistically significant.



Discussion

The main objective of this study was to validate a short version of the HEROCheck questionnaire—a scientifically grounded, user-friendly tool designed to assess the core dimensions of healthy and resilient organizations and identify the main psychosocial factors at workplaces. The HEROCheck operationalizes the HERO model by measuring key organizational practices, job resources, job demands, healthy employees, and organizational outcomes. Validation was conducted across multiple occupational sectors within a large and diverse Spanish sample, providing robust evidence of its generalizability and practical relevance.

The results of both studies support the theoretical structure of the HERO model and confirm the validity of the

HEROCheck instrument. The Confirmatory Factor Analyses (CFA) and Structural Equation Modeling (SEM) demonstrated strong factorial validity, internal consistency, and convergent and concurrent validity for most dimensions. Revised models consistently outperformed their initial counterparts, with fit indices indicating excellent model fit. These findings reinforce prior evidence supporting the HERO framework (Salanova et al., 2012; Villarroel-Núñez et al., 2024, among others) and confirm its applicability across diverse organizational contexts.

Specifically, the structural model tested in Study 2 shows that job resources and healthy organizational practices are positively and significantly associated with healthy employees (defined in terms of work engagement, efficacy, resilience, and trust), while job demands have a negative effect. In this

sense, we assume that job demands are hindrance demands because results confirm that they are negatively associated with indicators of healthy employees. In turn, healthy employees are strongly associated with key outcomes such as organizational commitment and in-role performance. These results are aligned with the Job Demands–Resources (JD-R) model (Bakker & Demerouti, 2014, 2024; Bakker et al., 2023), extending it by demonstrating the added predictive value of organizational-level practices in fostering employee well-being and performance.

Importantly, the final SEM model supports a full mediation mechanism, where healthy employees play a central role in translating organizational conditions (resources, demands, and practices) into positive outcomes. This highlights the strategic importance of investing in psychosocial resources and healthy practices to cultivate high-performing and resilient workplaces.

The HEROCheck also showed acceptable composite reliability and average variance extracted for most constructs, although some limitations were observed. Job Demands and Healthy Organizational Outcomes displayed weaker convergent validity than the remaining factors, likely reflecting indicator heterogeneity and the challenges of operationalizing broad psychosocial domains. Accordingly, these dimensions should be interpreted with caution and prioritized for further item refinement and re-validation in future research (Boateng et al., 2018; Bollen & Lennox, 1991; Fleuren et al., 2018).

From an applied perspective, the HEROCheck can be implemented as a structured diagnostic tool within organizational health and well-being programs. For example, organizations may use the HEROCheck as a first-step psychosocial assessment to discover critical strengths and risk areas across job demands, job resources, healthy organizational practices, healthy employees, and organizational outcomes. The aggregated results can be discussed by interdisciplinary teams composed of human resources professionals, occupational health specialists, line managers, and employee representatives, facilitating a shared interpretation of findings.

Based on HEROCheck profiles, organizations can prioritize targeted interventions. For instance, high job demands combined with low job resources may indicate the need for job redesign initiatives, workload management strategies, or improvements in coordination and feedback systems. Conversely, low scores in healthy organizational practices—such as work–family balance or mental health promotion—may guide the implementation of organizational-level policies and preventive programs rather than individual-focused interventions.

Additionally, the HEROCheck may be integrated into continuous improvement cycles by administering the instrument periodically to monitor changes over time. This allows organizations to evaluate the effectiveness of implemented actions, adjust intervention strategies, and support evidence-based decision-making. In this sense, the HEROCheck functions not only as a diagnostic tool but also as a monitoring and evaluation instrument within organizational

development and occupational health strategies.

Finally, the use of the HEROCheck encourages a participatory and systemic approach to organizational health. By involving interdisciplinary teams in the interpretation of results and the co-design of interventions, organizations can foster shared responsibility, enhance intervention relevance, and promote improvements in employee well-being and organizational performance.

Despite the strengths of the study, some limitations and future studies should be noted. First, the cross-sectional design limits the ability to draw causal inferences. All data were collected at a single point in time, which precludes conclusions about the directionality or stability of the observed relationships. Future research should prioritize the development of longitudinal studies to overcome the limitations inherent in cross-sectional designs and to allow for the examination of the temporal stability of the observed relationships, as well as the directionality of effects among variables.

Second, we used self-reported measures: The use of self-report questionnaires may introduce common method bias or social desirability effects. Including multi-source data (e.g., supervisor ratings, performance metrics) to complement self-reports will be necessary in future studies.

Third, the geographical location of the sample may limit the generalizability of findings. Although the sample was diverse across sectors, all participants were based in Spain, which may limit applicability to other cultural or organizational contexts. However, prior validation studies conducted in Latin American populations (Villarreal-Núñez et al., 2024) support the applicability of the HEROCheck across Spanish-speaking contexts. Complementarily, future studies should aim to broaden the geographical and cultural scope of validation by including samples from other countries and sociocultural contexts. This would enable the assessment of the HEROCheck's cross-cultural applicability and the identification of potential cultural variations in the perception of healthy organizational practices, job resources, and job demands.

Finally, some constructs (particularly Healthy Organizational Outcomes and Job Demands) demonstrated suboptimal AVE values, suggesting that further refinement of item content or scale structure may improve the measurement precision of these dimensions.

In conclusion, this study offers empirical support for the validity and utility of the HEROCheck questionnaire as a comprehensive tool for diagnosing healthy and resilient organizational environments. By integrating the core dimensions of the HERO model—job demands, job resources, healthy organizational practices, healthy employees, and organizational outcomes—the HEROCheck demonstrates robust psychometric properties and practical relevance across a broad range of occupational sectors in Spain. The findings emphasize the mediating role of employee well-being in linking organizational conditions to performance-related outcomes, underscoring the importance of a systemic approach to workplace health promotion. Despite certain limitations,

the HEROCHECK represents a valuable instrument for both researchers and practitioners aiming to monitor, evaluate, and enhance organizational health and performance. Overall, the HEROCHECK contributes meaningfully to advancing Positive Organizational Psychology by offering an actionable, evidence-based framework to foster employee flourishing and organizational effectiveness.

Complementary information

Conflict of interest. - The authors declare no conflict of interest.

Contribution of each author in the research and preparation of the manuscript: Marisa Salanova: Conceived the study and led the research project. She was responsible for the development of the main hypotheses and overall research design. As corresponding

author, she coordinated the writing process and prepared the first draft of the manuscript. She was also reviewing and editing the final manuscript for intellectual content. **Susana Llorens:** Led the data analysis and contributed to the interpretation of results. She also revised and edited various sections of the manuscript. **Isabel Martínez:** Conducted a comprehensive review of the literature and contributed to the theoretical framework of the study. She also participated in the critical revision of the manuscript. **Valeria Cruz-Ortiz:** Contributed to the literature review and theoretical framing. She was also involved in reviewing and editing the manuscript. **Financial support:** Granted by Generalitat Valenciana. Conselleria de Educació, Cultura, Universitats y Empleo (#CIAICO/2022/087)

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Appendix A (in English)

Questionnaire Based on the HERO Model (Salanova et al., 2012, 2019)

Instructions

Frequency Response Scale

Indicate how often you encounter the following situations in your workplace.

Never	Almost never	Rarely	Sometimes	Quite often	Frequently	Always
0	1	2	3	4	5	6

Note. Response scale ranges from 0 (*Never*) to 6 (*Always*). Higher scores indicate greater frequency of exposure to the described workplace situation.

Table A1

Dimensions, Variables, and Sample Items of the HERO Model

Dimension	Variable	No. of Items	Sample Item
Job Demands	Quantitative Overload	1	The amount of work exceeds my capacity (e.g., lack of time, task overload).
	Role Ambiguity	1	I have difficulty knowing what is expected of me at work (e.g., what tasks I must do, how, and why I must do them).
	Role Conflict	1	My job requires me to carry out incompatible tasks (e.g., inconsistent instructions or tasks that cannot be completed simultaneously).
	Mobbing	1	I am subjected to hostile and unethical communication at work in a systematic way which leaves me in a position of helplessness.
	Emotional Dissonance	1	I have to express emotions that I do not genuinely feel (e.g., acting pleasantly when others are arrogant or overly demanding).
Job Resources	Job Autonomy	1	I have the freedom to work in the way that suits me best, deciding how and when to perform my tasks.
	Feedback	1	I receive feedback about my performance from coworkers, supervisors, and/or clients.
	Supportive Climate	1	I feel supported by my coworkers both personally and professionally.
	Coordination	1	I coordinate effectively with the people I work with.
	Positive Leadership	3	- My direct supervisor considers my personal needs and supports me. - My supervisor recognizes my efforts and achievements. - My supervisor has a future-oriented vision based on the organization's values, contributing to motivation and trust.
Healthy Employees	Self-Efficacy	1	I am able to successfully carry out my job tasks despite obstacles.
	Resilience	1	I adapt well to difficult times at work, emerging even stronger.
	Vertical Trust	1	I trust the organization's leaders and supervisors.
	Horizontal Trust	1	I trust the people in my workgroup.
	Work Engagement	3	- At work, I feel full of energy - I am enthusiastic about my job - I am immersed in my job
Healthy Organizational Outcomes	In-Role Performance	1	I adequately develop and perform the tasks required by my job.
	Organizational Commitment	1	I am committed to the organization and feel proud to belong to it.

Note. The full questionnaire comprises 21 items distributed across four main dimensions of the HERO model.

Second Section: Healthy Organizational Practices

Instructions

Perceived Usefulness of Healthy Organizational Practices

How useful do you find the practices/programs in your organization that...?

I do not know of any related initiatives	Not useful at all	Very slightly useful	Slightly useful	Useful	Very useful	Extremely useful
0	1	2	3	4	5	6

Note. Response scale ranges from 0 (*I do not know of any related initiatives*) to 6 (*Extremely useful*). Higher scores indicate greater perceived usefulness of organizational health and well-being practices.

Table A2

Dimensions, Variables, and Items of Healthy Organizational Practices

Dimension	Variable	Item
Healthy Organizational Practices	Work–Life Balance	Facilitate work–life balance (e.g., initiatives promoting digital disconnection or exceeding legal parental leave requirements).
	Mental Health Promotion	Promote or improve mental health (e.g., mental health training, development of optimism, mindfulness programs).
	General Health Promotion	Promote healthy habits or voluntary social activities.
	Professional Career Development	Support professional career development (e.g., training programs, career plans, coaching, mentoring).
	Prevention of Workplace Violence	Aim to prevent workplace violence or harassment (e.g., early detection training, protection protocols).
	Reducing Discrimination	Aim to reduce discrimination (e.g., job adaptation protocols, awareness programs, equal opportunity policies).
	Promotion of Justice and Equity	Promote organizational justice and equity (e.g., governance protocols, complaint channels).
	Encouraging Participation	Encourage employee participation in organizational improvements or decision-making processes.
	Corporate Social Responsibility (CSR)	Contribute to social, economic, or environmental improvement beyond the organization.

Note. This section evaluates perceived usefulness of nine healthy organizational practices aligned with the HERO model framework.

Anexo B (en Español)

Cuestionario basado en el Modelo HERO (Salanova et al., 2012, 2019)

Indique con qué frecuencia se encuentra con las siguientes situaciones en su lugar de trabajo.

Escala de respuesta (0–6):

0	1	2	3	4	5	6
Nunca	Casi nunca	Rara vez	A veces	Bastante a menudo	Frecuentemente	Siempre

Tabla B1

Dimensiones, variables y ejemplos de ítems del Modelo HERO

Dimensión	Variable	Nº de ítems	Ejemplo de ítem
Demandas laborales	Sobrecarga cuantitativa	1	La cantidad de trabajo excede mi capacidad (p. ej., falta de tiempo, exceso de tareas).
	Ambigüedad de rol	1	Tengo dificultad para saber qué se espera de mí en el trabajo (p. ej., qué tareas tengo que hacer, cómo y por qué tengo que hacerlas).
	Conflicto de rol	1	Mi trabajo requiere que desarrolle tareas incompatibles entre sí (p. ej., instrucciones inconsistentes o tareas simultáneamente incompatibles).
	Mobbing	1	Estoy sometido/a a comunicación hostil y no ética en mi trabajo de forma sistemática provocándome una posición de indefensión.
	Disonancia emocional	1	Tengo que expresar emociones que realmente no siento (p. ej., mostrarme agradable cuando los/as demás son prepotentes o muy exigentes conmigo).
Recursos laborales	Autonomía laboral	1	Tengo libertad para trabajar de la manera que más me convenga, decidiendo cómo y cuándo realizar mis tareas.
	Feedback	1	Recibo información sobre mi desempeño de las personas con las que trabajo, de mi supervisor y/o de los clientes o usuarios.
	Clima de apoyo	1	Me siento apoyado/a por mis compañeros/as en mis circunstancias personales como en las profesionales
	Coordinación	1	Me coordino con las personas con las que trabajo.
	Liderazgo positivo	3	- Mi supervisor/a tiene en cuenta mis necesidades personales y me apoya. - Mi supervisor/a reconoce mis esfuerzos y logros que consigo. - Mi supervisor/a tiene una visión del futuro basada en los valores de la organización, contribuyendo a la motivación y la confianza.
Empleados/as saludables	Autoeficacia	1	Soy capaz de realizar con éxito las tareas de mi puesto de trabajo, a pesar de los obstáculos.
	Resiliencia	1	Me adapto bien a los momentos difíciles en el trabajo, saliendo incluso más fortalecido/a.
	Confianza vertical	1	Confío en los/las responsables de la organización y supervisores.
	Confianza horizontal	1	Confío en las personas de mi grupo de trabajo.
	Work Engagement	3	- En mi trabajo me siento lleno/a de energía - Estoy entusiasmado/a con mi trabajo. - Estoy inmerso/a en mi trabajo.
Resultados organizacionales saludables	Desempeño de rol	1	Realizo y cumplo con las tareas propias de mi trabajo.
	Compromiso organizacional	1	Estoy comprometido/a con la organización y me siento orgulloso/a de pertenecer a ella.

Nota. El número total de ítems del cuestionario base es de 21, distribuidos en cuatro dimensiones principales del modelo HERO.

Segunda Parte: Prácticas Organizacionales Saludables

Instrucciones

A continuación, indique el grado de utilidad de las prácticas, programas, políticas o estrategias implementadas en su organización para mejorar la salud y el bienestar, contestando según esta escala de respuesta.

No conozco ninguna iniciativa relacionada	Nada útiles	Muy poco útiles	Poco útiles	Útiles	Muy útiles	Extremadamente útiles
0	1	2	3	4	5	6

Tabla B2

Dimensiones, variables e ítems de Prácticas Organizacionales Saludables

Dimensión	Variable	Ítem
Prácticas organizacionales saludables	Conciliación trabajo-vida	Facilitan la conciliación entre trabajo y vida personal (p. ej., desconexión digital o medidas que superan los requisitos legales).
	Promoción de la salud mental	Promueven o mejoran la salud mental (p. ej., formación en salud mental, desarrollo del optimismo o programas de mindfulness).
	Promoción de la salud general	Promueven hábitos saludables o actividades sociales voluntarias.
	Desarrollo profesional	Apoyan el desarrollo profesional (p. ej., planes de carrera, mentoring, coaching).
	Prevención de violencia laboral	Previenen la violencia o el acoso laboral (p. ej., protocolos y formación en detección temprana).
	Reducción de discriminación	Reducen la discriminación (p. ej., políticas de igualdad o adaptación de puestos).
	Promoción de justicia-equidad	Promueven la justicia organizacional y la equidad (p. ej., protocolos de buen gobierno, canales de quejas).
	Fomento de la participación	Fomentan la participación del personal en decisiones y mejoras organizacionales.
	Responsabilidad Social Corporativa (RSC)	Contribuyen a la mejora social, económica o ambiental fuera de la organización.

Nota. Esta sección evalúa la percepción de utilidad de nueve prácticas organizacionales saludables alineadas con el Modelo HERO.