



e a w o p

European Association of Work
and Organizational Psychology

2021 GLASGOW CONGRESS LEGACY

To our knowledge, ingroup favoritism in glass cliff choices has never been investigated. Studies on the ERI minority glass cliff are rare, in particular using experimental methodology.

Video presentation is available by following this [link](#).

- **Deducing multilevel job demands and resources in an Italian healthcare institution.**

Davide Giusino; Marco De Angelis; Greta Mazzetti; Rita Chiesa; Edoardo Pische; Iliaria Rita Faiulo; Siw Tone Innstrand; Marit Christensen; Dina Guglielmi & Luca Pietrantonì

Healthcare workers' mental health is a major concern across Europe (Alexandrova- Karamanova et al., 2016). This circumstance has been further exacerbated by Covid-19 pandemic outbreak. There is an urgent need to implement timely interventions to prevent mental ill-health and promote healthcare workers' positive mental health at work. However, effective interventions should be grounded on a precise knowledge of causes of mental ill-health and barriers to positive mental health, which should be tackled within a given working environment (Di Tecco et al., 2020). Complementary to the reduction of risk factors, interventions should leverage positive mental health sources to strengthen protective factors already available in the workplace (Christensen et al., 2020). The data presented hereinafter have been collected during the needs assessment phase taking place at the H-WORK project's Italian intervention site. Consistent with the above line of reasoning, the purpose of the analysis was to detail the contingent elements to which subsequent actions and initiatives have been specifically tailored.

We adopted the Job Demands-Resources model (JD-R; Bakker & Demerouti, 2018) as a guiding framework for the performed analysis. Also, a recent stream of literature has pointed out the greater effectiveness of addressing more than one of the levels of analysis which a workplace is composed of (ibidem). Thus, we also adopted the Individual-Group-Leader-Organisation model (IGLO; Nielsen et al., 2018). Therefore, the workplace mental health needs assessment activity was designed to detect both obstacles (i.e., job demands) and facilitators (i.e., job resources) of healthcare workers' mental health, subsequently classified according to IGLO levels.

Participants were from three departments (Emergency, Medicine, Research Institute of Neuroscience) of a large Northern Italian public healthcare institution. Twenty-one managers (8 senior managers, 13 middle managers) participated in semi-structured individual interviews. In parallel, 27 employees (5 doctors, 17 nurses, 5 healthcare assistants) attended focus groups. Activities took place between September and October 2020. A deductive qualitative content analysis (Hsieh & Shannon, 2005) was conducted to thematically identify individual-, group-, leader- and organisational-level job demands and resources.

At the individual level, job demands included resistance to change, high emotional demand, older age as associated with physical workload, whereas the younger generation as related to emotional workload and perception of unreasonable tasks. Resources included work attitudes and personal resources. At the group level, job demands included lack of team communication, lack of team identity, stigma towards mental health

issues, and team conflict. Resources included interdisciplinary cooperation, peer support, and collaborative team climate. At the leader level, job demands included divergence between leaders' and employees' perspectives, lack of managerial and mental health training, lack of psychological support to managers, and senior and middle managers' workload. Resources included cooperation between middle and senior managers, identity entrepreneurship, leaders' openness to change, and specific leadership styles. At the organisational level, job demands included the burden of bureaucracy, underpayment consequences, short-term planning of organisational changes, long work shifts, lack of workplace mental health policies and practices, top-down decision-making, and understaffing. Resources included equipment, performance feedback and rewards, job rotation, and organisational well-being services.

Findings derive from an inherently interpretive process, which might be biased towards adopted theories. Nevertheless, deductive coding is likely to provide researchers with a shared mental model ensuring consistency of findings and mitigating subjectivity.

Practical implications are held for the design of participatory mental health interventions both at the H-WORK project's Italian intervention site and in healthcare organisations in general. Results from the performed needs assessment provided hints about the most meaningful targets to be addressed by subsequent workplace mental health initiatives at multiple levels of interventions, thus maximising their potential impact of to the extent that they are aligned with the achieved results. Also, as JDR-IGLO integration proved feasible, occupational mental health practitioners are provided with a suitable approach to workplace mental health needs assessment activities, from which multilevel interventions can be derived to balance the burden of work demands and strengthen resources with a view to improving the mental health of employees, managers, work teams and organisational well-being.

This study was an earlier attempt to test the JD-R and IGLO models' integrated deployment for needs assessment activities in order to provide a bottom-up evidence for future multilevel interventions promoting healthcare workers' mental health.

- **Developing self-compassion in healthcare professionals utilising a brief online intervention: A randomised waitlist control trial.**
Amanda Super; Joanna Yarker & Rachel Lewis

The present study aimed to identify the impact of a brief online self-compassion focused intervention on the health and wellbeing of healthcare professionals, in order to understand whether employees health and wellbeing can be improved and if a time-limited online intervention with minimal home practice can be effective. Given the time and scheduling constraints experienced by many workers, a brief online self-compassion intervention may be an effective way forward for organisations looking to support staffs' health and wellbeing.

It is well established that workers in the healthcare sector are particularly vulnerable to stress (Harris, 2001; Moore and Cooper, 1996) and are most affected by burnout (Schaufeli and Greenglass, 2001), with healthcare professionals requiring support to address the inherent stressors in their work (Shapiro et al., 2005). Crucially, research has shown that high levels of stress in nurses negatively correlates with quality of care