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Engagement and Burnout in Times of COVID-19: A Comparative Analysis Based on Healthy Organizational Practices

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Abstract: The COVID-19 pandemic has prompted a closer examination of organizational management's role in facilitating positive outcomes in the workplace. This study explores the relationship between perceptions of healthy organizational practices (HOP) and levels of engagement and burnout among workers. We applied surveys to 213 workers (66% women) from different sectors (health, education, and municipal) in a south-center region of Chile. The results align with the existing literature, showing a positive correlation between HOP and engagement and a negative correlation between HOP and burnout in the total sample. ANOVA analysis revealed significant differences among organizations. Workers in the education organization reported higher perceptions of healthy practices, as well as higher engagement and lower burnout levels. These findings highlight the education organization as a potential exemplar of a healthy workplace. The study underscores the importance of healthy practices in promoting employee well-being and offers insights into sector-specific dynamics. Organizations, particularly in health and municipal sectors, should prioritize strategies that foster healthy work environments and mitigate the risk of burnout among their workforce. The findings of this research corroborate that HOP contributes to the sustainability of a healthy workplace. It discusses the need to investigate complementary variables that will allow the development of a model for healthy and sustainable organizations tailored to the specific organizations and the culture of its people.

Keywords: burnout; COVID-19; engagement; healthy organizational practice; positive organizational psychology

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1. Introduction

The COVID-19 pandemic affected the health of all people, either by the infection produced by the virus or by the mental health problems generated by the alterations to our daily routines [1–7], creating uncertainty [8,9] with latter consequences for people [10–13].

People had to adapt to living with restrictions and measures implemented by the government to avoid contagion [14,15], in addition to learning new methods to perform different roles in society correctly [16–18], which affected our sense of well-being and health [10,13,19,20].

In the labor and organizational sphere, Salanova [21] points out that in the face of an adverse event such as COVID-19, organizations will not be able to adapt and thus will disappear. On the other hand, others will be able to survive "facing changes proactively and growing with the crisis" [21] (p. 673), referring to these as "Healthy Organizations" which have understood, since even before the pandemic, that it is necessary to implement healthy organizational practices to generate a positive work environment that promotes healthy employees with good labor relations and good individual and collective

performance that will imply positive and healthy results for the organization, its environment and its workers [22]. In this way, these types of organizations are those that, in adverse circumstances, can be "resilient", continue to exist, and even emerge stronger from what it means to experience a global pandemic and the particular conditions that this situation imposes.

In tune with the above, Ramsay [23] points out that a healthy workplace environment fosters well-being in workers, which implies higher and better performance, which, for Di Fabio [24], is a fundamental objective of sustainable development that will ensure that organizations endure over time [25].

Although all organizations have seen their routines, processes, and results affected, some work sectors have been required to work non-stop and continue to operate, adapting to new conditions quickly because they are considered "transcendental" and "essential" for the operation of society (e.g., health, education, and public services), demanding from its workers a commitment to the organization and society in general, beyond that manifested prior to the pandemic, thereby demanding that they overcome fears of infection [26] or to resume work promptly and leave confinement [27], with the consequent risks of tension and stress associated with it, and to think about organizational practices that can be implemented to compensate for these and other psychosocial risks present in the organization [28–30].

The following questions arise: Is there a connection between workers' perception of healthy organizational practices and their engagement or burnout? Will workers in different economic sectors have varying levels of engagement, burnout, and perception of healthy organizational practices?

This research aims to answer the previous questions by establishing as objectives the analysis of the relationship between the perception of healthy organizational practices, engagement, and burnout of workers and a comparison of the same metrics according to the economic sector to which their organizations belong (health, education, and city council workers).

In Chile, the organizations in these three sectors did not stop their work for the following reasons: Health organizations have continued their operations, and there is more significant pressure on their performance, as they are protagonists in the confrontation of the pandemic [31]. Educational organizations have not interrupted their activities either, but they have had to go virtual, an issue for which they were not prepared [32]. The municipal organizations, because they are considered in Chile as the public institutions closest to the people, have not stopped functioning or working in person, and have had to adapt to the new conditions and requests of the population [33].

Thus, it was decided to investigate burnout (as a variable of negative emotional state) and engagement (as a variable of positive emotional state) of the workers of these entities. These are two variables that have been used in previous research in this regard and context [28–30,34]. We also included (as an independent variable) the perception of workers' organizational practices, which represents the management carried out by organizations.

The latter, based on what was pointed out by Gittell, Cameron, Lim, and Rivas [35], Alfes, Shantz, and Truss [36], and Macky and Boxall [37] in different investigations, have shown that the mere perception of a systematic and planned development of practices for personnel management by their organization grows each worker's very own sense of well-being, and in many instances without even having to observe the intended benefit of said practices. Along these lines, it is worth highlighting the research by Donaldson, Lee, and Donaldson [38], who specifically demonstrated that the variables that we will use in this research (burnout and engagement) are, in part, the result of the perception of organizational practices that workers have.

1.1. Healthy Organizational Practices

Generating working conditions, both human and technical, so that workers can develop their work is a fundamental part of contributing to the achievement of sustainable

employability, and this should be developed, according to Van der Klink et al. [39], via planned and systematic organizational practices.

For Cameron, Mora, Deutscher, and Calarco [40], practices in organizations do not represent emotions or climate but assume a behavioral orientation and refer to collective behaviors or activities defined by a given entity. For Wright and McMahan [41] (p. 298), organizational practices are "a planned pattern of activities aimed at facilitating an organization to achieve its goals" and point out that those developed from people management are highly significant because they generate in workers, individually and as a team, a greater sense of belonging, commitment, and good performance.

The relationship of good practices or positive praxis with the well-being of workers has been studied since the emergence of positive psychology, specifically positive organizational psychology, which is defined by Salanova, Llorens, and Martinez [42] (p. 177) as "the scientific study of the optimal functioning of the health of individuals and groups in organizations, as well as the effective management of psychosocial well-being at work and organizational development", and by Donaldson and Ko [43] (p. 178) as "the scientific study of positive subjective experiences and traits in the workplace and positive organizations, and their application to improve effectiveness and quality of life in organizations".

Complementarily, Salanova, Llorens, and Martínez [42] indicate the relevance that organizations, if they want to be positive and healthy, generate an environment and culture where people can develop and experience well-being, thus achieving their optimal functioning. With the latter, organizations are oriented to develop practices that benefit people and teams, which will positively impact the organization.

In this area, multiple studies [36,40,44,45] have shown various variables to represent the well-being of people (satisfaction, engagement, commitment, and flow), that the mere perception by workers of the existence of planned and systematic organizational practices causes them to feel a sense of well-being.

This is how Dirzyte and Patapas [46] found that organizational practices are linked to workers' life satisfaction and concluded that they contribute to the sustainable development of each person as they make their talents flourish, thus contributing to the sustainability of the different environments of the organization and its workers.

Redelinghuys, Rothmann, and Botha [47] found in a group of teachers that positive organizational practices developed by schools explain 16% (mean effect) of the variance of well-being at work. They developed this via a multivariate analysis of variance MANOVA, generating a new variable with which they subsequently applied an ANOVA, obtaining significant differences between teachers who have high flow, medium flow, and low or no flow. In this research, one of the variables that explained the well-being of teachers was "flow".

In this line, Carlsen [48] states that the development of good practices causes the organization to be seen as an excellent place to work, increasing its reputation and good image, which will have an impact on the results. Hence, Zapata [49] states that these should be included in companies' strategic planning.

From the HERO model (Healthy and Resilient Organizations) [22], developing planned and systematic practices by the organization to benefit workers is imperative to ensure that the company is considered healthy, both by workers, customers, and organizational results. From here arises the name "Healthy organizational practices" [45,50] (HOP), which are work–life balance, prevention of mobbing, career development, skills development, occupational health, perceived fairness, organizational justice, organizational communication and information, and corporate social responsibility (CSR).

Due to its sustenance and compatibility, this model will be the basis of this research [30].

With this in mind, we put forward the following hypothesis:

Hypothesis 1. *The relationship between the perception of healthy organizational practices and engagement is positive and significant, and burnout is negative and significant.*

1.2. Engagement and Burnout in Workers

Engagement is a positive motivational state of vigor, dedication, and absorption [51], which is related to how workers approach and face work, so it is not precisely a consequence of it. Saari, Melin, Balabonova, and Efendiev [52] posited that the type of management deployed can affect individuals and their state of engagement differently.

Burnout syndrome is defined as a state of emotional exhaustion, cynicism, and low personal fulfillment [51,53], so it can be understood that its consequences go beyond work and are related to other areas of workers' lives, with implications of deterioration in the personal [54], couple [55], and family levels [56]. It occurs more frequently in workers who must spend much time in relationships with people as customers or users of a service provided by an organization [53].

Recent research has exposed the engagement and burnout in workers in times of crisis, relating it to several variables, which are discussed below:

One of the first approaches has to do with the strategic aspect of the exercise of leadership in organizational goals [57–59]; in this regard, Hu et al. [60] conducted research in China and the United States on how anxiety and fear resulting from COVID-19 occurrence and deaths were related to engagement and leadership in the organization, finding that the relationship between the state of anxiety and work engagement was less harmful when the perceived leadership was high, highlighting the leadership resource to maintain the well-being and good performance of workers in states of uncertainty.

Ahmed et al. [61] studied the psychological distress of 497 nurses from five hospitals in Wuhan, finding that psychological distress was decreased among nurses with higher levels of engagement. In addition, they reported that inclusive leadership was negatively and significantly related to anxiety due to fear of contagion and death.

Hu et al. [62] developed an investigation about government and community support to know the mental health status of 2014 frontline nurses from two hospitals in Wuhan, for which they defined burnout as a study variable. The results showed a positive and significant relationship between burnout and skin injuries and a negative and significant relationship between burnout and self-efficacy, resilience, social support, and willingness to work on the frontline. The researchers conclude that the low perception of support from the community and organizations impacts the high level of burnout.

In a sample of 426 emergency physicians in the United States, Rodriguez et al. [63] found that burnout increased as the COVID-19 pandemic accelerated, affecting their work productivity and relationships with family members. The measures reported to decrease burnout were better communication between the government and the organization about the protocols to be followed, the provision of personal protective equipment, and the possibility of performing PCRs at the discretion of each physician.

In Ireland, McNicholas et al. [64] found a high level of burnout among psychiatrists, which was strongly correlated with a lack of confidence in the government's commitment and the perception of inefficient management by the health authorities. As a result, the interviewees indicated that they had considered changing jobs, which was positively associated with job burnout.

Moretti et al. [65] investigated the engagement, stress, and muscular pain resulting from work performance in a group of people who moved from their organizations to their homes to perform their work. The participants reported that they were less productive (39.2%) and less stressed (39.2%), but with a higher level of engagement (51%) than when working in company offices. Unfortunately, workers who experienced increased cervical and lumbar pain due to working conditions at home reported lower levels of engagement and productivity but no more stress. With this, the authors highlight the evidence and the relevance of ergonomic conditions for the proper performance of tasks.

Giauque et al. [66], in a sample of public workers who had to move from face-to-face to online work, reported that this move positively influenced work autonomy and work–life balance, which in turn was positively related to engagement and that it limited workers' stress levels, preventing this from moving to burnout levels.

Interesting are the results presented by Chen et al. [67], who carried out a study of 483 university teachers who had to switch from traditional teaching to online teaching and who, as a result, had shown high levels of burnout. With the results, they proposed that schools adopt more effective strategies to improve university teachers' professional identity and job satisfaction to reduce burnout and ensure the effectiveness of online teaching.

Based on the above, our second hypothesis for this research is as follows:

Hypothesis 2. *There are significant differences between engagement, burnout, and the perception of healthy organizational practices of workers according to the economic sector to which their organizations belong.*

2. Materials and Methods

2.1. Procedure

The study was quantitative and non-probabilistic. Self-administered surveys were used via an online questionnaire on the conditions of confinement in Ñuble. Using convenience sampling, 213 surveys were obtained from three organizations: health (34%), education (28%), and municipality.

2.2. Participants

The participants were 213 workers over 18 years of age who were employed in the health, educational, or municipal organization under study. Most of the participants were between 31 and 39 years old (31.4%), and 34% of the participants were men.

2.3. Instruments

Healthy Organizational Practices (HOP). The practices proposed by the HERO model [50] were used with the nine statements used by Acosta et al. [45]. In addition, the following item was added: "Your organization has provided (implemented) practices and conditions to carry out its work during the pandemic". For a better analysis, the nine statements proposed by the HERO model, plus the one added by the pandemic context, were taken together as its variable (HOP) obtained from the average of the responses of the ten statements. The statements were answered with a 7-point Likert scale, where 0 = never; 1 = A few times a year; 2 = once a month or less; 3 = A few times a month; 4 = once a week; 5 = A few times a week; 6 = every day. The internal consistency of this group of statements for this study was adequate (α *HOP* = 0.96).

Engagement was evaluated with the Utrecht Work Engagement Scale (UWES [68]), an instrument that includes the report of a total score, as well as that of three sub-dimensions, which are described as follows: vigor, which is characterized by high levels of energy and mental stamina (6 items; for example, when I get up in the morning, I feel like going to work); dedication, referring to being intensely involved in work (5 items; for example, I am enthusiastic about my work); and absorption, which is characterized by a person at work who is concentrated and enjoying the activity (6 items, for example, I am happy when I am absorbed in my work). All items were answered on a 7-point Likert scale that ranged from 0 (never) to 6 (always). The general internal consistency in this study was adequate (αEngagement = 0.89). The confirmatory factor analysis of the instrument indicates an adequate structure (χ^2 = 401.52; *df* = 116; GFI = 0.99; TLI = 0.99; CFI = 0.99; RMSEA = 0.11).

Burnout. The Maslach Burnout Inventory General Survey (MBI-GS. [69]) adapted to the Spanish population [70] was used in Chilean samples reporting adequate reliability [28]. This scale comprises 15 items to measure the level of burnout on a frequency scale from 0 (never) to 6 (every day) points. As a whole, it provides a general burnout score. However, it is usually analyzed according to the three classic dimensions reported in the literature: emotional exhaustion, which is manifested by the presence of feelings of weakness and exhaustion in the face of work demands (5 items; for example, I am emotionally exhausted by my work), cynicism, which refers to a negative, insensitive or excessively apathetic response to various aspects of the job (4 items; for example, I have lost interest in my work

since I started in this position); and professional inefficiency, referring to a diminished sense of self-efficacy and achievement at work, which is aggravated by a lack of resources (6 negative items; for example, in my opinion I not good at my position). The overall internal consistency for this study was adequate (αBurnout = 0.93). The confirmatory factor analysis of the instrument indicates an adequate structure. (χ^2 = 201.35; *df* = 87; GFI = 1.00; TLI = 1.00; CFI = 1.00; RMSEA = 0.08).

2.4. Data Analysis

A correlation analysis was performed between the variables using Pearson's coefficient to answer the study's hypotheses. The means of the organizations for each variable were compared using ANOVA, reporting the corresponding effect sizes. The correlations were interpreted as significant (r = 0.50), medium (r = 0.30), and small (r = 0.10), and the effect sizes as significant (η^2 = 0.14), medium (η^2 = 0.06), and small (η^2 = 0.01) according to what was proposed by Sink and Mvududu [71].

3. Results

The results obtained for the sample of workers are presented below. The distribution by gender was 66% women. There were no differences between genders in burnout (female *M* = 2.51, male *M* = 2.67, t = 0.88, *p* = 0.37); HOP (female *M* = 3.09, male *M* = 2.72, t = 1.42, *p* = 0.15); or engagement (female *M* = 4.83, male *M* = 4.72, t = 0.74, *p* = 0.45).

In terms of age distribution, 31.4% were between 31 and 39 years old; 29.3% were between 24 and 30 years; 17.2% were between 50 and 59; 8.4% were less than 24 years old; and 3.7% were more than 60 years old. There were no age differences in burnout (less than 24 *M* = 2.62, 24 to 30 *M* = 2.40, 31 to 40 *M* = 2.52, 41 to 50 *M* = 2.88, 51 to 60 *M* = 2.56, over 60 *M* = 2.85; *F* = 0.75, *p* = 0.58); HOP (less than 24 *M* = 3.34, 24 to 30 *M* = 3.32, 31 to 40 *M* = 2.96, 41 to 50 *M* = 2.59, 51 to 60 *M* = 2.41, over 60 *M* = 2.46; *F* = 1.45, *p* = 0.21); or engagement (less than 24 *M* = 4.79, 24 to 30 *M* = 4.91, 31 to 40 *M* = 4.59, 41 to 50 *M* = 4.83, 51 to 60 *M* = 4.94, over 60 *M* = 4.98; *F* = 0.90, *p* = 0.482).

The correlations between the different variables under study are presented in Table 1.

Table 1. Correlations between engagement, burnout, and the perception of HOP.

	Organization	HOP	1	2	3	4	5	6	7	8	9	10
Engagement	Total sample	0.53 **	0.43 **	0.39 **	0.41 **	0.40 **	0.45 **	0.44 **	0.49 **	0.49 **	0.52 **	0.51 **
	Educational	0.52 **	0.24 *	0.34 **	0.31 **	0.21	0.52 **	0.36 **	0.49 **	0.58 **	0.53 **	0.52 **
	Health	0.45 **	0.50 **	0.16	0.27 **	0.32 **	0.32 **	0.26 *	0.38 **	0.43 **	0.36 **	0.43 **
	Municipal	0.24 *	0.08	0.26 *	0.19	0.14	0.10	0.17	0.20	0.22 *	0.32 **	0.24 *
Burnout	Total sample	−0.61 **	−0.47 **	−0.45 **	−0.47 **	−0.51 **	−0.57 **	−0.65 **	−0.53 **	−0.43 **	−0.56 **	−0.49 **
	Educational	−0.30 *	−0.33 **	−0.27 *	−0.28 *	−0.17	−0.22	−0.31 *	−0.11	−0.23	−0.19	−0.16
	Health	−0.32 **	−0.33 **	−0.15	−0.14	−0.19	−0.20	−0.31 **	−0.31 **	−0.24 *	−0.29 **	−0.34 **
	Municipal	−0.09	−0.00	0.03	−0.11	−0.19	−0.09	−0.18	−0.12	0.00	−0.08	−0.02

* $p < 0.05$; ** $p < 0.01$; HOP = healthy organizational practices; 1 = work–life balance; 2 = mobbing prevention; 3 = skill development; 4 = career development; 5 = occupational health; 6 = equity; 7 = organizational justice; 8 = communication; 9 = corporate social responsibility; 10 = support in pandemic. Source: Prepared by the authors.

The correlations are as expected for the total sample: positive and significant between engagement and all HOP and negative and significant between burnout and all HOP.

When the information is disaggregated, differences in the correlations by type of organization can be seen.

As can be seen in Table 1, the correlations for the total sample between the variables indicate that the increase in perceptions of the practices is related in an expected way, as established in the literature. Thus, the practices (HOP and each of the proposals by the HERO model) show a positive, significant correlation of considerable size (and medium in some practices) with engagement and a negative, significant correlation of considerable size (and medium in some practices) with burnout. However, when observing the results disaggregated by institutions, the differences in the intensity of the associations present different scenarios.

Regarding the HOP, both for the total sample and for the educational organization, the relationship with engagement is positive, statistically significant, and extensive, a relationship of medium size for the health organization and not significant for the municipal organization.

Regarding the relationship between engagement and the separate practices, corporate social responsibility (CSR), communication, and support-in-pandemic (SDP) correlate the highest with engagement in all institutions. However, the relationships become small or even insignificant depending on the institution. Namely, of the ten HOP evaluated, nine statistically significant associations were found in the educational and health fields, which dropped to five in the case of the municipal institution.

In the case of the relationships between burnout and disaggregated healthy organizational practices, it is possible to point out that as observed in Table 1, the negative and statistically significant associations occur in seven HOP for the health institution, five for the education institution, and in none of the evaluated practices for the municipal institution.

In general terms, the variables that present the minor associations are (in decreasing order) career development, occupational health, information, skills development, and prevention of mobbing.

As we have seen so far, the correlations by the organization are different from the results obtained when performing the correlations, including the entire sample, without separating them by the organization.

With these results, this research's second objective is more relevant. It is related to comparing the perception levels of healthy organizational practices, engagement, and burnout, according to each organization, for which we carry out a comparison of means that is presented below.

Table 2 shows significant differences between the means of the three organizations for engagement and its three dimensions, with a large effect size and only a medium effect size for vigor. The post hoc analysis indicates that both for engagement and for its three dimensions (vigor, dedication, and absorption), the workers of the educational organization have higher scores than the workers of the health organization and the municipality. However, among these, the last two, no statistically significant differences were found.

Table 2. Comparison of means of engagement and its dimensions.

	Health Organization		**Educational Organization**		**Municipal Organization**				
	M	***SD***	***M***	***SD***	***M***	***SD***	***F***	***p***	η^2
Engagement	4.53	1.03	5.48	0.41	4.53	0.96	28.99	<0.001	0.19
Vigor	4.75	0.97	5.44	0.48	4.58	1.06	19.18	<0.001	0.13
Dedication	4.67	1.27	5.70	0.36	4.64	1.07	26.57	<0.001	0.18
Absorption	4.20	1.14	5.32	0.58	4.40	0.99	19.17	<0.001	0.19

M = mean; *SD* = standard deviation; *F* = statistical; *p* = significance; η^2 = effect size.

Table 3 shows significant differences between the means of the three organizations for burnout and its three dimensions, with a large effect size in all the variables studied. The post hoc analysis indicates that in the case of burnout, the differences between the three organizations are less so within the educational organization than for the municipal and health organizations.

Table 3. Comparison of means of burnout and its dimensions.

	Health Organization		Educational Organization		Municipal Organization				
	M	*SD*	*M*	*SD*	*M*	*SD*	*F*	*p*	η^2
Burnout	3.51	0.87	1.06	0.73	2.93	0.81	181.05	<0.001	0.68
Exhaustion	3.06	1.50	1.68	1.31	1.84	1.35	23.45	<0.001	0.16
Inefficiency	4.93	1.12	0.81	0.80	4.77	1.06	373.56	<0.001	0.76
Cynicism	1.52	1.47	0.53	0.81	1.08	1.23	12.23	<0.001	0.09

M = mean; *SD* = standard deviation; *F* = statistical; *p* = significance; η^2 = effect size.

Among these last two institutions, the greatest burnout occurs in the health organization. In the case of emotional exhaustion, differences occur between the three organizations, with the health organization presenting a higher level. Regarding inefficiency and cynicism, no differences were found between the health and municipal organizations. However, there were differences between these two and the educational organization, which presented a lower level of ineffectiveness.

As can be seen in the previous analyses, there are differences in both engagement and burnout; therefore, according to the literature reviewed [35–38,40,44,45], there should also be differences in the perception of healthy organizational practices, where the perceptions should be higher among the workers of the educational organization concerning the workers of the health organization and the council organization. Next, we present the comparison of means of healthy organizational practices.

Table 4 shows the workers' general perceptions (variable constructed from the practices proposed by the HERO model) and the perceptions proposed by the HERO model [72].

Table 4. Comparison of means of perception of good practices and HOP.

	Health Organization		Educational Organization		Municipal Organization				
	M	*SD*	*M*	*SD*	*M*	*SD*	*F*	*p*	η^2
HOP	2.14	1.47	4.80	1.06	2.23	1.49	89.57	<0.001	0.43
Conciliation	2.60	1.87	4.77	1.48	2.69	1.93	34.99	<0.001	0.22
Mobbing prevention	1.94	2.12	4.71	1.79	2.05	2.03	45.20	<0.001	0.27
Skills Development	2.05	2.13	4.43	1.50	2.05	1.79	41.30	<0.001	0.25
Career development	1.62	1.73	4.26	1.74	2.13	1.78	47.15	<0.001	0.28
Labor health	2.00	1.76	5.10	1.14	2.46	1.76	80.99	<0.001	0.40
Equity	0.81	1.41	4.61	1.48	1.76	1.88	113.82	<0.001	0.48
Information	2.40	1.89	4.86	1.27	1.95	1.67	66.99	<0.001	0.36
Communication	3.09	2.10	5.09	1.19	2.52	1.85	42.25	<0.001	0.26
CSR	2.18	1.88	5.06	1.19	2.15	1.86	71.43	<0.001	0.37
SDP	2.69	2.15	5.10	1.21	2.54	1.87	45.71	<0.001	0.27

M = mean; *SD* = standard deviation; *F* = statistical; *p* = significance; η^2 = effect size.

There are significant differences between the means of the three organizations for the perception of good practices in general (HOP) and for each one specifically, with a large effect size for all cases, and the educational institution notably distinguished by a high mean. Thus, the post hoc analysis indicates that in all the other practices, including the HOP variable, the difference occurs between the education organization, where its workers have a more excellent perception than those of the health and municipal organizations. Between these last two organizations, there are no differences.

4. Conclusions

The objective of this study was to analyze the relationship between the perception of healthy organizational practices (HOP) and worker engagement and burnout, as well as to

compare the perception of HOP, engagement, and burnout among workers according to the economic sector to which their organizations belong, in the context of the COVID-19 pandemic. Two hypotheses were evaluated to achieve these objectives.

The first hypothesis posited that the relationship between the perception of HOP and engagement is positive and significant, and with burnout, it is negative and significant. The results for the complete sample partially support this hypothesis, as the correlations align with our expectations. However, it is important to note that when analyzing the data by organization, the correlations differ from the general pattern. Specifically, municipal workers show small or non-existent correlations. These findings highlight the need for disaggregated analysis when working with different institutions within the same industry, as idiosyncratic differences can lead to erroneous results and intervention designs that overlook contextual variables [29,34,73,74].

It is interesting to observe that the measure of "support in the pandemic" does not show a relationship with burnout in both educational and municipal institutions. This raises the question of whether the specific practices implemented by organizations are suitable for the situation experienced with COVID-19.

Regarding our second hypothesis, which suggested significant differences in engagement, burnout, and the perception of HOP among workers according to the economic sector of their organizations, it is also supported. When applying ANOVA, differences are found in all variables, and significant comparisons consistently involve the educational organization, where workers demonstrate higher engagement and lower burnout compared to other organizations. Additionally, workers in the educational sector perceive higher levels of HOP compared to workers in the other two organizations. These results, in accordance with existing literature [24,42,75–81], indicate that when the perception of healthy organizational practices is high, workers' well-being (assessed in this study via engagement) will also be high, and their discomfort (assessed in this study via the burnout variable) will be lower. This is supported by the school showing positive and significant correlations between HOP and engagement and negative and significant correlations between HOP and burnout. This positions the educational organization as a healthy organization according to the HERO model.

In general, these results support what has been established in the literature and previous research [11,28,34–38,40,44,45,82–84], which indicates that differences in workers' perception of organizational practices are associated with differences in well-being (or burnout) [85,86].

With these results and conclusions, we believe it is important to emphasize the significance of organizations taking responsibility for the well-being of their workers, not only from an ethical standpoint but also because it inspires individual and collective performance that contributes to the development of effective organizational processes and outcomes, ultimately leading to progress for society as a whole, forming a virtuous circle [87]. Ultimately, this study contributes to the understanding of variables and their interactions in the workplace. The results obtained highlight the existing differences between engagement and burnout, as well as their implications for workers' health. Additionally, it enhances the knowledge of how organizational practices impact worker engagement and burnout, which is crucial for overall well-being and organizational performance, especially in challenging situations like the COVID-19 pandemic.

Furthermore, other investigations could consider additional factors to achieve a more comprehensive understanding of how organizational practices impact worker engagement and burnout. It is also suggested to conduct longitudinal studies to examine how perceptions of organizational practices and worker well-being may change over time, especially in the context of challenging events such as crises and other unforeseen changes.

Ultimately, it is necessary to develop a unique set of organizational practices adapted to the cultural and territorial situations in which they exist, with the purpose of capturing cultural and idiosyncratic variables to strengthen situated knowledge from an emic perspective. An example of this is demonstrated in the work of Dávila and Troncoso [88] in their

research titled "Labor Practices and Organizational Commitment", which was conducted with workers in Ñuble (the same territory used in the present study), where a positive and significant correlation was found between all the good work practices analyzed and the level of organizational commitment of the workers.

At the same time, it should be noted that this research is limited to the organizations under study, and these results cannot be extrapolated to either the sector to which these organizations belong (health, municipal, and education) or the geographical area in which they are located.

5. Discussion

This research highlights the importance of organizational management in enabling workers to effectively navigate negative events such as the COVID-19 pandemic, promoting their well-being and performance, as supported by this study. However, it should be noted that there is scientific literature that shows that the well-being and good performance of workers in times of crisis are also related to their own resources, which each of them possesses and can also be understood as "psychological capital".

A recent study conducted in 15 countries indicates that psychological capital based on hope, self-efficacy, resilience, and optimism, along with the promotion of culture and the development of healthy (or positive) organizational practices, are related to and even predict the well-being, increased performance, adaptability, and proactivity of workers [89]. This underscores the importance of having good organizational management based on the development of healthy practices [29,84,90,91], but it must necessarily be complemented by the development and progress of workers and their strengths, as proposed by the positive psychology movement [92,93] and subsequently corroborated by positive organizational psychology [94].

Furthermore, it is crucial to acknowledge that crises, such as the COVID-19 pandemic, not only present challenges but also opportunities for growth and transformation. In times of adversity, workers have the potential to develop their personal strengths and psychological capital. Seizing these opportunities for personal development can contribute to their overall well-being and enhance their performance during difficult circumstances. Likewise, organizations can use crises as a moment to make adaptations in their management processes [95,96], allowing for the implementation of practices that benefit both the workers and the overall functioning of the organization [97,98].

Finally, it is necessary to point out that in order to ensure the sustainable performance of the organization, it is essential to generate a system of practices that encourage proactive and voluntary behaviors of workers in the face of sudden events arising from radical changes [99,100]. The above is reaffirmed by the research developed by Ganga et al. [34], where the high perception of healthy organizational practices contributed to the well-being and good performance of employees in times of COVID-19.

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References

1. Yao, H.; Chen, J.-H.; Xu, Y.-F. Patients with mental health disorders in the COVID-19 epidemic. *Lancet Psychiatry* **2020**, *7*, 547–560. [CrossRef] [PubMed]
2. Wang, C.; Pan, R.; Wan, X.; Tan, Y.; Xu, L.; Ho, C.S.; Ho, R.C. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *Int. J. Environ. Res. Public Health* **2020**, *17*, 1729. [CrossRef] [PubMed]
3. Li, Z.; Ge, J.; Yang, M.; Feng, J.; Qiao, M.; Jiang, R.; Yang, C. Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control. *Brain Behav. Immun.* **2020**, *88*, 916–919. [CrossRef]
4. Brooks, S.K.; Webster, R.K.; Smith, L.E.; Woodland, L.; Wessely, S.; Greenberg, N.; Rubin, G.J. The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet* **2020**, *395*, 912–920. [CrossRef]
5. Helms, J.; Kremer, S.; Merdji, H.; Clere-Jehl, R.; Schenck, M.; Kummerlen, C.; Meziani, F. Neurologic features in severe SARS-CoV-2 infection. *N. Engl. J. Med.* **2020**, *382*, 2268–2270. [CrossRef]
6. Grover, S.; Dua, D.; Sahoo, S.; Mehra, A.; Nehra, R.; Chakrabarti, S. Why all COVID-19 hospitals should have mental health professionals: The importance of mental health in a worldwide crisis! *Asian J. Psychiatry* **2020**, *51*, 102156. [CrossRef]
7. Fiorillo, A.; Sampogna, G.; Giallonardo, V.; Del Vecchio, V.; Luciano, M.; Albert, U.; Carmassi, C.; Carrà, G.; Cirulli, F.; Dell'Osso, B.; et al. Effects of the lockdown on the mental health of the general population during the COVID-19 pandemic in Italy: Results from the COMET Collaborative Network. *Eur. Psychiatry* **2020**, *63*, E87. [CrossRef] [PubMed]
8. Cristea, F.; Weishaar, H.; Geurts, B.; Delamou, A.; Tan, M.M.J.; Legido-Quigley, H.; Aminu, K.; Mari-Sáez, A.; Rocha, C.; Camara, B.; et al. A Comparative Analysis of Experienced Uncertainties in Relation to Risk Communication during COVID19: A Four-Country Study. *Glob. Health* **2022**, *18*, 66–78. [CrossRef]
9. Li, K.; Griffin, M.A. Safety Behaviors and Job Satisfaction during the Pandemic: The Mediating Roles of Uncertainty and Managerial Commitment. *J. Saf. Res.* **2022**, *82*, 166–175. [CrossRef]
10. Gül, İ.; Yeşiltaş, A. Mental wellbeing and perception of health in the era of COVID-19 pandemic: A cross-sectional study in the general population. *Perspect. Psychiatr. Care* **2022**, *58*, 97–107. [CrossRef]
11. Sheng, H.; Tian, D.; Sun, L.; Hou, Y.; Liu, X. Nurse practice environment, perceived organizational support, general well-being, occupational burnout and turnover intention: A moderated multi-mediation model. *Nurs. Open* **2023**, *10*, 3828–3839. [CrossRef] [PubMed]
12. Shi, L.; Xu, R.H.; Xia, Y.; Chen, D.; Wang, D. The Impact of COVID-19-Related Work Stress on the Mental Health of Primary Healthcare Workers: The Mediating Effects of Social Support and Resilience. *Front. Psychol.* **2022**, *12*, 800183. [CrossRef] [PubMed]
13. Costin, A.; Roman, A.F.; Balica, R.-S. Remote work burnout, professional job stress, and employee emotional exhaustion during the COVID-19 pandemic. *Front. Psychol.* **2023**, *14*, 1193854. [CrossRef]
14. Dzúrová, D.; Květoň, V. How health capabilities and government restrictions affect the COVID-19 pandemic: Cross-country differences in Europe. *Appl. Geogr.* **2021**, *135*, 102551. [CrossRef] [PubMed]
15. Caudwell, K.M.; Soranzo, A.; Lim, L.W.; Aquili, L. How have COVID-19 stringency measures changed scholarly activity? *Ann. N. Y. Acad. Sci.* **2022**, *1513*, 5–9. [CrossRef]
16. Cleland, J.; McKimm, J.; Fuller, R.; Taylor, D.; Janczukowicz, J.; Gibbs, T. Adapting to the impact of COVID-19: Sharing stories, sharing practice. *Med. Teach.* **2020**, *42*, 772–775. [CrossRef]
17. Alzahrani, M. Traditional Learning Compared to Online Learning During the COVID-19 Pandemic: Lessons Learned From Faculty's Perspectives. *SAGE Open* **2022**, *12*, 21582440221091720. [CrossRef]
18. Eslahchi, M. Adapting to the COVID-19 world: A case study of collective learning in a social entrepreneurial organisation. *J. Workplace Learn.* **2022**, *35*, 50–65. [CrossRef]
19. Dawson, D.L.; Golijani-Moghaddam, N. COVID-19: Psychological flexibility, coping, mental health, and wellbeing in the UK during the pandemic. *J. Contextual Behav. Sci.* **2020**, *17*, 126–134. [CrossRef]
20. Sollis, K.; Biddle, N.; Edwards, B.; Herz, D. COVID-19 Survey Participation and Wellbeing: A Survey Experiment. *J. Empir. Res. Hum. Res. Ethics* **2021**, *16*, 179–187. [CrossRef]
21. Salanova, M. How to survive COVID-19? Notes from organisational resilience. *Int. J. Soc. Psychol.* **2020**, *35*, 670–676. [CrossRef]
22. Salanova, M.; Acosta-Antognoni, H.; Llorens, S.; Le Blanc, P. We Trust You! A Multilevel-Multireferent Model Based on Organizational Trust to Explain Performance. *Int. J. Environ. Res. Public Health* **2021**, *18*, 4241. [CrossRef] [PubMed]
23. Ramsay, N. The Influence of Flourishing, Job Crafting and Emotional Intelligence on Job Performance within a South African Pharmaceutical Company. Master's Thesis, University of the Western Cape, Cape Town, South Africa, 2019.
24. Di Fabio, A. The Psychology of Sustainability and Sustainable Development for Well-Being in Organizations. *Front. Psychol.* **2017**, *8*, 1534. [CrossRef]
25. Batool, F.; Mohammad, J.; Awang, S.R. The impact of human capital factors on organizational sustainability in the Malaysian hotel industry: The mediation role of trust. *Soc. Bus. Rev.* **2022**, *17*, 636–663. [CrossRef]

26. Lorenzo, A.; Diaz K y Zaldivar, D. La psicología como ciencia en el afrontamiento a la COVID-19: Apuntes generales. *An. Acad. Cienc. Cuba.* **2020**, *10*, 1–17.
27. García, F.E.; Andrades, M.; Salinas, P. Construcción y Validación de la Escala de Ansiedad ante el Desconfinamiento en Personas Expuestas a la Pandemia de COVID-19. *Rev. Iberoam. Diagn. Eval. Psicol.* **2021**, *3*, 145–156. [CrossRef]
28. Acuña-Hormazábal, Á.; Mendoza-Llanos, R.; Pons-Peregort, O. Burnout, engagement y la percepción sobre prácticas de gestión en pandemia por COVID-19 que tienen trabajadores del centro sur de Chile. *Estud. Gerenc.* **2021**, *37*, 104–112. [CrossRef]
29. Mendoza-Llanos, R.; Acuña-Hormazábal, Á.; Pons-Peregort, O. We Need Engaged Workers! A Structural Equation Modeling Study from the Positive Organizational Psychology in Times of COVID-19 in Chile. *Int. J. Environ. Res. Public. Health* **2022**, *19*, 7700. [CrossRef]
30. Acuña-Hormazábal, Á.; Pons-Peregort, O. Mental Health in Health Care Workers: Engagement, Burnout and Healthy Organizational Practices in Times of COVID-19. *Int. J. Health Sci.* **2022**, *6*, 8576–8585. [CrossRef]
31. White, E.M.; Wetle, T.F.; Reddy, A.; Baier, R.R. Front-Line Nursing Home Staff Experiences During the COVID-19 Pandemic. *J. Am. Med. Dir. Assoc.* **2021**, *22*, 199–203. [CrossRef]
32. Coman, C.; Tiru, L.G.; Mesesan-Schmitz, L.; Stanciu, C.; Bularca, M.C. Online Teaching and Learning in Higher Education during the Coronavirus Pandemic: Students' Perspective. *Sustainability* **2020**, *12*, 10367. [CrossRef]
33. Giorgi, G.; Lecca, L.I.; Alessio, F.; Finstad, G.L.; Bondanini, G.; Lulli, L.G.; Arcangeli, G.; Mucci, N. COVID-19-Related Mental Health Effects in the Workplace: A Narrative Review. *Int. J. Environ. Res. Public. Health* **2020**, *17*, 7857. [CrossRef]
34. Ganga-Contreras, F.; Acuña-Hormazábal, Á.; Ceballos-Garrido, P.; Pons-Peregort, O.; Araya-Castillo, L. Perception of Healthy Organizational Practices of Workers in the Chilean Educational Sector and Impact on Their Levels of Engagement and Burnout. *Sustainability* **2022**, *14*, 13671. [CrossRef]
35. Gittell, J.H.; Cameron, K.; Lim, S.; Rivas, V. Relationships, Layoffs, and Organizational Resilience: Airline Industry Responses to September 11. *J. Appl. Behav. Sci.* **2006**, *42*, 300–329. [CrossRef]
36. Alfes, K.; Shantz, A.; Truss, C. The Link between Perceived HRM Practices, Performance and Well-Being: The Moderating Effect of Trust in the Employer. *Hum. Resour. Manag. J.* **2012**, *22*, 409–427. [CrossRef]
37. Macky, K.; Boxall, P. The Relationship between 'High-Performance Work Practices' and Employee Attitudes: An Investigation of Additive and Interaction Effects. *Int. J. Hum. Resour. Manag.* **2007**, *18*, 537–567. [CrossRef]
38. Donaldson, S.I.; Lee, J.Y.; Donaldson, S.I. Evaluating positive psychology interventions at work: A systematic review and meta-analysis. *Int. J. Appl. Posit. Psychol.* **2019**, *4*, 113–134. [CrossRef]
39. Van der Klink, J.J.L.; Bültmann, U.; Burdorf, A.; Schaufeli, W.B.; Zijlstra, F.R.H.; Abma, F.I.; Brouwer, S.; Van der Wilt, G.J. Sustainable employability—Definition, conceptualization, and implications: A perspective based on the capability approach. *Scand. J. Work. Environ. Health* **2016**, *42*, 71–79. [CrossRef]
40. Cameron, K.; Mora, C.; Leutscher, T.; Calarco, M. Effects of positive practices on organizational effectiveness. *J. Appl. Behav. Sci.* **2011**, *47*, 266–308. [CrossRef]
41. Wright, P.M.; McMahan, C.G. Theoretical perspectives for strategic human resource management. *J. Manag.* **1992**, *18*, 295–320. [CrossRef]
42. Salanova, M.; Llorens, S.; Martínez, I. Aportaciones desde la Psicología Organizacional Positiva para desarrollar Organizaciones Saludables y Resilientes. *Papeles Psicol.* **2016**, *37*, 177–184.
43. Donaldson, S.; Ko, L. Positive organizational psychology, behavior, and scholarship: A review of the emerging literature and evidence base. *J. Posit. Psychol.* **2010**, *5*, 177–191. [CrossRef]
44. Lyubomirsky, S.; King, L.; Diener, E. The benefits of frequent positive affect: Does happiness lead to success? *Psychol. Bull.* **2005**, *131*, 803–855. [CrossRef]
45. Acosta, H.; Torrente, P.; Llorens, S.; Salanova, M. Prácticas organizacionales saludables: Un análisis exploratorio de su impacto relativo sobre el engagement con el trabajo. *Rev. Peru. Psicol. Trab. Soc.* **2013**, *2*, 107–120.
46. Dirzyte, A.; Patapas, A. Positive Organizational Practices, Life Satisfaction, and Psychological Capital in the Public and Private Sectors. *Sustainability* **2022**, *14*, 488. [CrossRef]
47. Redelinghuys, K.; Rothmann, S.; Botha, E. Flourishing-at-Work: The Role of Positive Organizational Practices. *Psychol. Rep.* **2019**, *122*, 609–631. [CrossRef] [PubMed]
48. Carlsen, A. Positive Dramas: Enacting Self-Adventures in Organizations. *J. Posit. Psychol.* **2008**, *3*, 55–75. [CrossRef]
49. Zapata, M. Objetos de aprendizaje generativos, competencias individuales, agrupamientos de competencias y adaptatividad. *RED* **2009**, 1–32.
50. Salanova, M.; Llorens, S.; Martínez, I.M. *Organizaciones Saludables. Una Mirada Desde la Psicología Positive*; Thomson Reuters Aranzadi: Pamplona, Spain, 2019.
51. Bakker, A.; Demerouti, E.; Sanz-Vergel, A. Burnout and Work Engagement: The JD–R Approach. *Annu. Rev. Organ. Psychol. Organ. Behav.* **2014**, *1*, 389–411. [CrossRef]
52. Saari, T.; Melin, H.; Balabonova, E.; Efendiev, A. The job demands and resources as antecedents of work engagement Comparative research on Finland and Russia. *Balt. J. Manag.* **2017**, *12*, 240–254. [CrossRef]
53. Maslach, C.; Jackson, S.E. The measurement of experienced burnout. *J. Occup. Behav.* **1981**, *2*, 99–113. [CrossRef]
54. Schaufeli, W.B.; Leiter, M.P.; Maslach, C. Burnout: 35 Years of Research and Practice. *Career Dev. Int.* **2009**, *14*, 204–220. [CrossRef]
55. Brofman Epelbaum, J.J. Síndrome Burnout Y Ajuste Marital En Un Organismo Internacional. *Ajayu* **2007**, *5*, 37–55.

56. García-Arroyo, J.; Osca Segovia, A. Effect Sizes and Cut-off Points: A Meta-Analytical Review of Burnout in Latin American Countries. *Psychol. Health Med.* **2018**, *23*, 1079–1093. [CrossRef]
57. Ganga-Contreras, F.; Navarrete, E.; Suárez, W. Aproximación a los fundamentos teóricos del liderazgo auténtico. *Rev. Venez. Gerencia* **2017**, *22*, 36–55. [CrossRef]
58. Alarcón-Henríquez, N.; Ganga-Contreras, F.; Pedraja-Rejas, L. Estilos de liderazgo en dirigentes sindicales y gremiales de la region de Los Lagos, Chile. *Interciencia* **2018**, *43*, 823–829.
59. Ganga-Contreras, F.; Alarcón Henríquez, N.; Soto Concha, R.; Saldivia, C. Estilos de liderazgo en dirigentes sindicales: Un análisis desde la perspectiva de género. *Rev. Venez. Gerencia* **2020**, *25*, 1502–1517.
60. Hu, J.; He, W.; Zhou, K. The Mind, the Heart, and the Leader in Times of Crisis: How and When COVID-19-Triggered Mortality Salience Relates to State Anxiety, Job Engagement, and Prosocial Behavior. *J. Appl. Psychol.* **2020**, *105*, 1218–1233. [CrossRef] [PubMed]
61. Ahmed, O.; Hossain, K.; Ferdousi Siddique, R.; Jobe, M. COVID-19 fear, stress, sleep quality and coping activities during lockdown, and personality traits: A person-centered approach analysis. *Personal. Individ. Differ.* **2021**, *178*, 110873. [CrossRef]
62. Hu, D.; Kong, Y.; Li, W.; Han, Q.; Zhang, X.; Zhu, L.X.; Zhu, J. Frontline nurses' burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A large-scale cross-sectional study. *EClinicalMedicine* **2020**, *24*, 100424. [CrossRef]
63. Rodríguez, R.; Medak, A.; Baumann, B.; Lim, S.; Chinnock, B.; Frazier, R.; Cooper, R. Academic Emergency Medicine Physicians' Anxiety Levels, Stressors and Potential Stress Mitigation Measures during the Acceleration Phase of the COVID-19 Pandemic. *AEM* **2020**, *27*, 700–707. [CrossRef]
64. McNicholas, F.; Sharma, S.; Oconnor, C.; Barrett, E. Burnout in consultants in child and adolescent mental health services (CAMHS) in Ireland: A cross-sectional study. *BMJ Open* **2020**, *10*, e030354. [CrossRef] [PubMed]
65. Moretti, A.; Menna, F.; Aulicino, M.; Paoletta, M.; Liguori, S.; Lolascon, G. Characterization of Home Working Population during COVID-19 Emergency: A Cross-Sectional Analysis. *Int. J. Environ. Res. Public. Health* **2020**, *17*, 6284. [CrossRef]
66. Giauque, D.; Renard, K.; Cornu, F.; Emery, Y. Engagement, Exhaustion, and Perceived Performance of Public Employees Before and During the COVID-19 Crisis. *Public Pers. Manag.* **2022**, *51*, 263–290. [CrossRef] [PubMed]
67. Chen, H.; Liu, F.; Pang, L.; Liu, F.; Fang, T.; Wen, Y.; Chen, S.; Xie, Z.; Zhang, X.; Zhao, Y.; et al. Are You Tired of Working amid the Pandemic? The Role of Professional Identity and Job Satisfaction against Job Burnout. *Int. J. Environ. Res. Public. Health* **2020**, *17*, 9188. [CrossRef] [PubMed]
68. Schaufeli, W.; Martínez, I.; Pinto, A.; Salanova, M.; Bakker, A. Burnout and Engagement in University Students: A Cross-National Study. *J. Cross Cult. Psychol.* **2002**, *33*, 464–481. [CrossRef]
69. Maslach, C.; Jackson, S.; Leiter, M. *Maslach Burnout Inventory*; Consulting Psychologists Press: Palo Alto, CA, USA, 1986; Volume 21, pp. 3463–3464.
70. Moreno-Jiménez, B.; Rodríguez-Carvajal, R.; Escobar, E. La evaluación del burnout profesional. Factorializacion del MBI-GS. Un análisis preliminar. *Ansiedad Estrés* **2001**, *7*, 69–78.
71. Sink, C.A.; Mvududu, N.H. Statistical Power, Sampling, and Effect Sizes: Three Keys to Research Relevancy. *Couns. Outcome Res. Eval.* **2010**, *1*, 1–18. [CrossRef]
72. Salanova, M.; Llorens, S.; Cifre, E.; Martínez, I. We Need a Hero! Toward a Validation of the Healthy and Resilient Organization (HERO) Model. *GOM* **2012**, *37*, 785–822. [CrossRef]
73. Tikkanen, L.; Haverinen, K.; Pyhältö, K.; Pietarinen, J.; Soini, T. Differences in Teacher Burnout Between Schools: Exploring the Effect of Proactive Strategies on Burnout Trajectories. *Front. Educ.* **2022**, *7*, 858896. [CrossRef]
74. Vercambre, M.-N.; Brosselin, P.; Gilbert, F.; Nerrière, E.; Kovess-Masféty, V. Individual and Contextual Covariates of Burnout: A Cross-Sectional Nationwide Study of French Teachers. *BMC Public. Health* **2009**, *9*, 333. [CrossRef] [PubMed]
75. Acosta, H.; Cruz-Ortiz, V.; Salanova, M.; Llorens, S. Healthy Organization: Analysing Its Meaning Based on the HERO Model. *Int. J. Soc. Psychol.* **2015**, *30*, 323–350. [CrossRef]
76. Bazarov, T. Healthy organization: Metaphors, myths and reality. *Organ. Psikologiya* **2017**, *7*, 124–128.
77. Caouette, M.-E.; Paradis, M.-E.; Biron, C. Implementing the Quebec "Healthy Enterprise" Standard: Considering Readiness for Change and Psychosocial Safety Climate. In *Corporate Wellness Programs: Linking Employee and Organizational Health*; Edward Elgar Publishing: Northampton, MA, USA, 2014; pp. 120–144.
78. Corbett, D. Excellence in Canada: Healthy Organizations—Achieve Results by Acting Responsibly. *J. Bus. Ethics* **2004**, *55*, 125–133. [CrossRef]
79. Klebnikov, P.; Moukheiber, Z. A healthy business. *Forbes* **1998**, *162*, 89–92.
80. Lavoie-Tremblay, M. Creating a Healthy Workplace: A Participatory Organizational Intervention. *J. Nurs. Adm.* **2004**, *34*, 469–474. [CrossRef]
81. Iván Tarride, M.; Ariel Zamorano, R.; Nicolás Varela, S.; Julia González, M. Healthy Organizations: Toward a Diagnostic Method. *Kybernetes* **2008**, *37*, 1120–1150. [CrossRef]
82. Lee, H. Changes in Workplace Practices during the COVID-19 Pandemic: The Roles of Emotion, Psychological Safety and Organisation Support. *JOEPP* **2021**, *8*, 97–128. [CrossRef]

83. Rasool, S.F.; Wang, M.; Tang, M.; Saeed, A.; Iqbal, J. How Toxic Workplace Environment Effects the Employee Engagement: The Mediating Role of Organizational Support and Employee Wellbeing. *Int. J. Environ. Res. Public. Health* **2021**, *18*, 2294. [CrossRef] [PubMed]
84. Salas-Vallina, A.; Pasamar, S.; Donate, M.J. Well-Being in Times of Ill-Being: How AMO HRM Practices Improve Organizational Citizenship Behaviour through Work-Related Well-Being and Service Leadership. *Empl. Relat.* **2021**, *43*, 911–935. [CrossRef]
85. Benítez-Saña, R.M. Sistemas de trabajo de alto rendimiento y modelo de organización saludable frente al impacto psicológico de la COVID-19 en profesionales sanitarios. *Estud. Gerenc.* **2021**, *37*, 167–177. [CrossRef]
86. García-González, M.; Torrano, F.; García-González, G. Estudio de Los Factores de Riesgo Psicosocial En Profesoras de Universidades Online: Una Mirada Desde Adentro. *Interdisciplinaria* **2020**, *37*, 1–31.
87. Mendoza-Llanos, R.; Moyano-Díaz, E. Hacia La Validación Del SUSESO ISTAS 21 Versión Breve En Trabajadores de Hospitales Públicos. *Ter. Psicol.* **2019**, *37*, 15–23. [CrossRef]
88. Dávila Vera, M.; Troncoso Andersen, C. Labor Practices and Organizational Commitment. *Cienc. Trab.* **2018**, *20*, 145–150. [CrossRef]
89. Donaldson, S.I.; Chan, L.B.; Villalobos, J.; Chen, C.L. The Generalizability of HERO across 15 Nations: Positive Psychological Capital (PsyCap) beyond the US and Other WEIRD Countries. *Int. J. Environ. Res. Public. Health* **2020**, *17*, 9432. [CrossRef] [PubMed]
90. Jaiswal, A.; Arun, C.J. Impact of Happiness-Enhancing Activities and Positive Practices on Employee Well-Being. *J. Asia Bus. Stud.* **2021**, *16*, 988–1005. [CrossRef]
91. Roy, I.; Arefin, M.S.; Rahman, M.S. How Do Work–Life Support Practices Impact Bank Employees' Subjective Well-Being? *Pers. Rev.* **2022**, *52*, 573–591. [CrossRef]
92. Seligman, M.E.; Csikszentmihalyi, M. Positive Psychology. An Introduction. *Am. Psychol.* **2000**, *55*, 5–14. [CrossRef]
93. Seligman, M.E.P.; Csikszentmihalyi, M. Positive Psychology: An Introduction. In *Flow and the Foundations of Positive Psychology: The Collected Works of Mihaly Csikszentmihalyi*; Csikszentmihalyi, M., Ed.; Springer: Dordrecht, The Netherlands, 2014; pp. 279–298.
94. Salanova, M.; Llorens, S.L. Hacia Una Psicología Positiva Aplicada. *Papeles Psicol.* **2016**, *37*, 161–164.
95. Hu, F.; Qiu, L.; Xi, X.; Zhou, H.; Hu, T.; Su, N.; Zhou, H.; Li, X.; Yang, S.; Duan, Z.; et al. Has COVID-19 Changed China's Digital Trade?—Implications for Health Economics. *Front. Public Health* **2022**, *10*, 831549. [CrossRef]
96. Klein, V.B.; Todesco, J.L. COVID-19 Crisis and SMEs Responses: The Role of Digital Transformation. *Knowl. Process Manag.* **2021**, *28*, 117–133. [CrossRef]
97. Kraus, S.; Clauss, T.; Breier, M.; Gast, J.; Zardini, A.; Tiberius, V. The Economics of COVID-19: Initial Empirical Evidence on How Family Firms in Five European Countries Cope with the Corona Crisis. *Int. J. Entrep. Behav. Res.* **2020**, *26*, 1067–1092. [CrossRef]
98. Ozdemir, D.; Sharma, M.; Dhir, A.; Daim, T. Supply Chain Resilience during the COVID-19 Pandemic. *Technol. Soc.* **2022**, *68*, 101847. [CrossRef]
99. Cohen, E.; Taylor, S.; Muller-Camen, M. HRM's role in corporate social and environmental sustainability. *SHRM* **2012**, *1*, 1–16.
100. Morrison, E.W.; Phelps, C.C. Taking Charge at Work: Extrarole Efforts to Initiate Workplace Change. *Acad. Manag. J.* **1999**, *42*, 403–419. [CrossRef]

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