



Eudaimonia Wellbeing Beliefs and its implications for  
employees' wellbeing, organizational performance, and helping others

DOCTORAL DISERTATION

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## **CHAPTER I: INTRODUCTION**

## 1. GENERAL INTRODUCTION

Happiness is nowadays the holy grail of humanity. Although the pursuit of happiness is as old as the evidence of human thought, today, the pursuit of happiness has become a matter of global concern. In 2012, the United Nations convened a High Level Meeting on happiness and wellbeing, resulting in the World Happiness Report (Layard & Sachs, 2013), which is now published every year. The document summarizes the data of 156 countries worldwide and it has defined six predictors for happiness: GDP per capita, healthy years of life expectancy, social support, confidence in the absence of corruption in government and business, perception of freedom in making life decisions, and generosity. Therefore, happiness is now considered as a measure of social progress and a goal of public policy, to the extent that it reflects one of the main goals on the agenda of humankind for the twenty-first century (Harari, 2016).

But how is happiness defined? Traditionally, happiness was related to the individual welfare, with the experience of pleasure and avoidance of pain, and with life satisfaction (Diener, 1984). Nevertheless, the society has evolved towards higher doses of civilization, with the lowest level of aggression between individuals in the human history (Pinker, 2011). Although relevant differences remain, the world as a whole is currently experiencing the highest rate of economic growth ever registered (Inglehart, 2008). When individuals do not have to fight for their survival and they experience an unprecedented thrive, there is a shift in their beliefs and values – from “materialist” values, which refer to economic welfare and physical security, to “post-materialist” values, including autonomy and self-expression and quality of life issues (Inglehart, Foa, Peterson, & Welzel, 2008). With this in mind, and assuming that happiness changes according to the quality of the society in which people live, as stated in the World Happiness Report in 2018 (Helliwell, Layard, & Sachs, 2018), the understanding of happiness as pleasure seeking and satisfaction with life does not hold as a comprehensive definition anymore. The switch towards “post-materialist” values, including self-expression, but also caring about the community and helping others in need, is in line with the comeback of an ancient definition of happiness – eudaimonia, and more specifically, with eudaimonia wellbeing beliefs.

Eudaimonia is happiness understood as best life one can live to its full potential (Aristotle. Irwin, 1985), although its conceptualization is still broad and ambiguous. The concept has been largely studied and scholars have shown that it has wide range of implications in different contexts of our lives – education (Jayawickreme & Dahill-Brown, 2016), leisure (Stebbins, 2016), travel and tourism (Sirgy & Uysal, 2016), social ecology (Little, 2016) – as summarized in “Handbook of Eudaimonic Well-being” (Vittersø, 2016). One of the relevant contexts where this conceptualization of happiness is very relevant is the workplace. According to the World Health Organization, most adult people in today societies spend more than a third of their lives at workplace (WHO Centres in Occupational Health, 1994). The consideration of eudaimonia at workplace becomes necessary in order to understand wellbeing and performance of workers and other relevant actors of organizational life, such as customers and citizens. The role of customers and citizens is not necessarily passive. Of course, goods and services of organizations can be based on the eudaimonia perspective (e.g., improving quality of life of service users), but customers and citizens could provide support for the achievement of relevant goals (e.g., prosocial spending to help Non-Governmental Organizations (NGOs) in the attention to vulnerable persons).

Contemporary research on wellbeing at workplace has increasingly recognized the importance of eudaimonia perspectives, as it may be particularly important for several aspects of positive psychological functioning of individuals (McMahan & Renken, 2011). Eudaimonia wellbeing beliefs are lay persons cognitive representations of the nature of ones’ happiness and wellbeing (McMahan & Estes, 2011). In other words, how people define their own wellbeing. In line with the “post-materialist” values (Inglehart, 2008), eudaimonia wellbeing beliefs include personal and professional development, on the one hand, and contribution-to-others, on the other hand. Therefore, the underlying premise of the eudaimonia wellbeing beliefs at workplace is that individuals experience wellbeing because they fulfil their potential in work environments and contribute to the greater good (McMahan & Estes, 2011; Ryan & Deci, 2001). This can be manifested in different ways, such as helping others in need by the service they provide or prosocial actions as prosocial spending.

Thus, the general objective of this Doctoral Thesis is to contribute to further understanding of eudaimonia wellbeing beliefs in organizations. Our approach is based on two main assumptions. First, eudaimonia wellbeing beliefs at work are not only defined at the individual level. Of course, individual differences in eudaimonia beliefs exist. However, they can also emerge as a property of organizational culture beyond the individual. Second, as mentioned above, citizens are not passive with respect to the organizational functioning and goals. They can display prosocial behaviours directed to vulnerable persons, for example helping NGOs. With these assumptions in mind, we explore the role of eudaimonia wellbeing beliefs on the experienced wellbeing of workers; how these beliefs create a culture of helping others in a given organizational context, with implications for organizational performance; and how eudaimonia wellbeing beliefs can influence prosocial behaviours of people directed to vulnerable individuals, through helping NGOs.

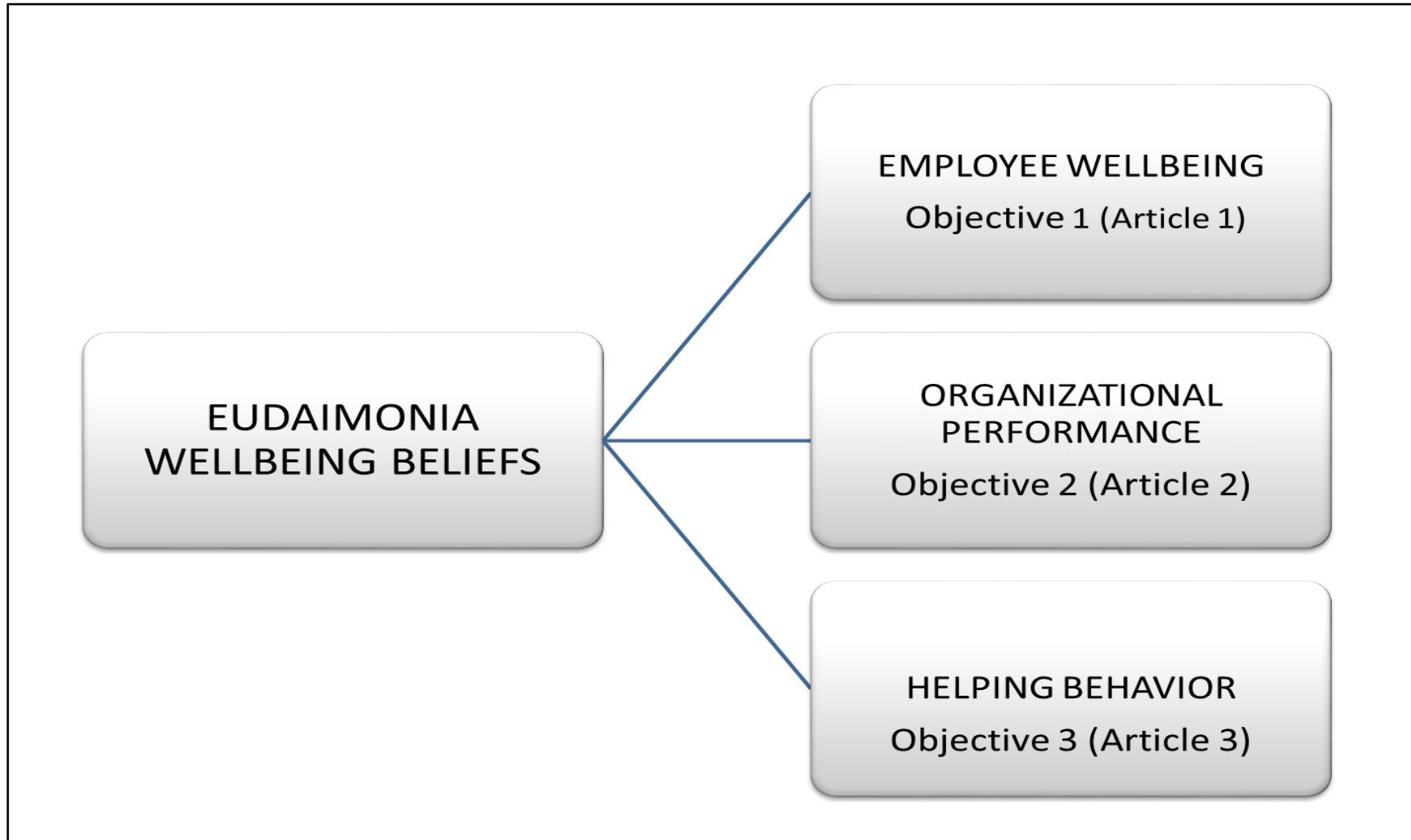
We address our objective through three different empirical studies. All of them were carried out taking into account organizational contexts where the attention to vulnerable people is the main goal. This type of organizational context is very adequate to examine the role of eudaimonia. In the first research study, we analyse the role of the two types of eudaimonia wellbeing beliefs, specifically self-development and contribution-to-others wellbeing beliefs, in understanding two key variables reflecting worker's wellbeing in services, namely surface acting and exhaustion. This survey study was conducted in organizations for individuals with intellectual disability (Study 1). Using the same organizational context, the second research study proposes that eudaimonia wellbeing beliefs reported by employees, as part of their emerging culture, have a positive impact on the organizational performance focused on improving quality of life of service users (i.e., individuals with intellectual disability) (Study 2). The third research study is based on an experimental design where, in addition to other variables (autonomy, exposure, anchoring), it is examined whether eudaimonia wellbeing beliefs predict prosocial spending through a NGO (Study 3).

In the subsequent sections, we include a description of eudaimonia in general and its implications, followed by a description of eudaimonia wellbeing beliefs with a focus on their implications in organizations. Next, we include a brief description of the concepts



and variables, which are related to eudaimonic wellbeing beliefs and included in the three studies. Then, we describe the three empirical studies. Although each of the studies can be considered as an independent manuscript, the three together try to tackle the general objective of this Doctoral Thesis. Finally, we encompass a general discussion where we mention the theoretical and practical implications of the findings of this thesis.

1. Research Studies: Eudaimonia wellbeing beliefs and its implications



## 2. EUDAIMONIA

Aristotle was the first to analyze in depth the concept of happiness and proposed eudaimonia as his vision of happiness. In his *Nicomachean Ethics*, Aristotle defined eudaimonia as the best life one can live to its full potential or according to some internal virtue: “certain activity of soul in accord with complete virtue” (Aristotle, 1985, p.23). Throughout history, many philosophers have written about happiness, but it was not until recently that eudaimonia appears again in a scientific context of the study of wellbeing and happiness (Waterman, 1993). Traditionally, most studies on happiness and wellbeing considered mainly the hedonic approach of happiness, which includes pleasure seeking and satisfaction with life (Diener, 1984). The comeback of eudaimonia as understanding of wellbeing and happiness was as a response to the need of including other aspects of wellbeing, where people live in accordance with their *Daimon* or true self (Waterman, 1993).

Both hedonism and eudaimonia are based on ancient Greek conceptualizations of wellbeing and happiness, although they have different perspectives on human nature (Ryan & Deci, 2001; Ryan, Huta, & Deci, 2008; Ryff & Singer, 2008; Waterman, 1993). While there is a vivid debate on the conceptual differentiation between eudaimonia and hedonism, and the relationship between the two, the definition of hedonism is clearer and agreed upon. In hedonic philosophies, enjoyment and happiness as pleasure and positive affective states are considered the core of wellbeing. Moreover, hedonism is conceptualized as subjective wellbeing, comprising as core components the experience of positive affect, the experience of low levels of negative affect, and high levels of life satisfaction (Diener, 1984). Thus, hedonic wellbeing is conceptualized mainly as a subjective experience of feeling good. Although there is heated debate between those who claim that wellbeing defined as eudaimonia or as hedonism is superior, empirical work has shown that the concepts are distinct but related, as for instance when people experience doing good (eudaimonia) and feeling good about it (hedonism) (Keyes & Annas, 2009; Ryan & Deci, 2001; Waterman, 1993).

### *Conceptualization of eudaimonia wellbeing*

In the same line of Aristotelian definition of eudaimonia, Ryan and Deci (2001), separated eudaimonia from hedonism and linked eudaimonia to the development of human potential and growth through promoting personal goals. In their research review, Ryan and Deci refer to eudaimonia and hedonism as based on different views of human nature and factors related to wellbeing, as well as proposing different paths to achieve wellbeing. They distinguished between the concepts of eudaimonia and hedonic wellbeing and they related eudaimonia wellbeing to a number of research topics such as individual differences and personality, emotions, physical health (Ryan & Deci, 2001).

The research on eudaimonia wellbeing has grown exponentially during the last few decades. Given the complexity of the concept, the increase interest in eudaimonia wellbeing has led to different approaches, therefore to ambiguous conceptualization (Kashdan, Biswas-Diener, & King, 2008). Some authors have considered eudaimonia wellbeing as ground for activities seeking to develop the best in oneself (Huta & Ryan, 2010), other as ways of behaving (as the will to change and pursue long term goals) (Straume & Vittersø, 2012) or as types of behavior (Steger, Kashdan, & Oishi, 2008); as intrinsic motivation and pursuing goals that are congruent with ones values and beliefs (Ryan, Huta, & Deci, 2008); as a mindset for action when people focus more on activity than results (Fowers, Mollica, & Procacci, 2010).

More efforts to clarify the concept of eudaimonia wellbeing were made by Huta and Waterman (2013) who develop a classification and propose a shared terminology. In this sense, when conceptualizing eudaimonia, they identified four categories of analysis of the concept: orientations (values, motives, goals), behaviors (behavioral content), experiences (subjective experiences, emotions and cognitive appraisals), and functioning (mental health, flourishing). For each of the category of analysis, these authors give some examples, as for instance, eudaimonia refers to intrinsic goals and autonomous motivation (as orientation), it means mindfulness as behavior; it is experienced as willingness, choice and vitality (experience), and it means autonomous functioning and satisfaction of psychological needs of autonomy, competence and relatedness (functioning) (Ryan & Deci, 2001; Ryan & Deci, 2000).

Given this conceptual ambiguity, a wide range of psychological concepts have been studied under the general framework of eudaimonia wellbeing and a number of

theories have been developed around this concept (Huta & Waterman, 2013; Kashdan, Biswas-Diener, & King, 2008). Some of the most important theories and conceptualizations will be presented hereunder.

One of the first authors who brings eudaimonia back into the attention of scientists interested in understanding happiness is Alan Waterman (Waterman, 2011; Waterman, 1993). This author places the self and the sense of personal expression as central elements of eudaimonia. According to him, eudaimonia, although often translated as "happiness", it focuses on our internal or "true self" (*Daimon*), and feelings of personal expressiveness (Waterman, 1993). With a functional approach to eudaimonia, Waterman develops the *Theory of Eudaimonic Identity*, where he labeled the state of life in which one feels more authentic and alive (i.e. living according to his daimon) as "personal expression". Moreover, he suggested that this state is more likely to occur when one is involved in activities consistent with their values and life goals. From this point of view, and drawing on the humanistic theories of Maslow (1970) and Rogers (1961) it is from the pursuit of self-realization and realizing the potential of which can be considered the best life.

Another author that focuses her attention on eudaimonia wellbeing is Carol Ryff, who defines it in terms of fully functioning and successful overcoming life's existential challenges. Ryff proposes the term *psychological wellbeing* to distinguish her conception of wellbeing and happiness from the subjective wellbeing conception, which refers to hedonic happiness. In her conceptualization, psychological wellbeing would not be the main reason for living but the result of a life well lived (Ryff & Singer, 2008; Ryff, 1989, 2013). Ryff's proposal consists of a multidimensional model of psychological wellbeing, which states that reaching high positive psychological wellbeing results from successfully managing existential challenges encountered in life. These existential challenges can refer to: (a) self-acceptance—people strive to feel good about themselves and accept their limitations; (b) environmental mastery—people strive to shape their environment to meet personal needs and desires; (c) positive relationships with others—people strive to develop and maintain warm and trusting interpersonal relationships; (d) self-determination /autonomy—people strive to sustain individuality in a larger social context; (e) purpose in life—people strive to make meaning of their efforts and challenges; and (f) personal growth (similar to ability utilization, self-actualization, or reaching potential)—people strive to make the most of their talents and capacities (Ryff & Singer, 2008).

Richard Ryan and Edward Deci (2000) conceptualize eudaimonia wellbeing as a reference to a way of life, as “a way of living that is focused on what is intrinsically worthwhile to human beings” (Ryan, Huta, & Deci, 2008, p. 147). In their vision, eudaimonia wellbeing has several characteristics, such as pursuing intrinsic goals and values as ends in themselves, including personal growth, relationships, community contributions and physical health. In the *Self-Determination Theory* (Ryan & Deci, 2000), self-realization is considered central to the definition of eudaimonia wellbeing. Starting from the basic premise of humanism, which holds that wellbeing is the result of an optimal psychological functioning, eudaimonia involves satisfying three basic psychological needs: autonomy (sense of choice in regulations of behavior), competence (sense of self-efficacy) and relatedness (connected with others). The satisfaction of these three basic psychological needs foster wellbeing, and each of them is a condition for personal growth (i.e. intrinsic motivation), integrity, and wellbeing (i.e. life satisfaction and psychological health).

Corey Keyes (Keyes & Annas, 2009; Keyes, 2002) defines eudaimonia wellbeing in terms of combination of psychological wellbeing and social wellbeing, and she proposes the term of psychological “*flourishing*”. The characteristics of psychological wellbeing are the same as for Ryff (1989) (self-acceptance, environmental mastery, positive relationship with others, self-determination, purpose in life, personal growth), while the characteristics of social wellbeing includes social acceptance, social actualization, social contribution, coherences and integration.

Veronica Huta (Huta, 2013; Huta & Ryan, 2010) defines eudaimonia as a pursuit in life, being motivated to develop the best in oneself in a way that is congruent with one’s self and includes concepts such as striving for excellence and acting with virtue (Huta, 2012). Joar Vittersø (2016) relates eudaimonia wellbeing with goodness and with the degree to which activities are experienced as engaging and associated to flow, personal growth, excellence, preference for complexity, and curiosity.

The previous mentioned researchers and the summary of the most prevalent theories related to eudaimonia wellbeing, proves the increased interest towards the development of a deeper understanding of the concept. However, according to McMahan and Esthes (2011b), little is known about laypersons’ conceptions of eudaimonia wellbeing. Starting from the assumptions that eudaimonia in general refers meaning in

life through knowing and developing oneself and using it for greater good (McMahan & Estes, 2011b; Ryan & Deci, 2001), these authors argue that laypeople's eudaimonic concept of wellbeing includes the experience of meaning, the development of personal strengths and contribution to society, being a complex concept which vary between individuals.

### *Implications of eudaimonia wellbeing*

Eudaimonia, as well as its implications and consequences, are related to the type of definition that is used or how it is conceptualized. For instance, under the assumption that eudaimonia refers to the contents and the process of living (as lifestyle), it is associated with different outcomes (Ryan, Huta, & Deci, 2008) referring to aspects of psychological wellbeing, relationship qualities, and possible impact on collective outcomes (Ryan, Huta, & Deci, 2008). As an example, people who engaged in daily eudaimonic activities or had eudaimonic goals reported a higher level of life satisfaction and higher level of positive affect (Ryan, Huta, & Deci, 2008). Moreover, these authors refer to the six dimensions of psychological wellbeing model proposed by Ryff and Singer (1998), not as a measure of eudaimonia, but as a set of outcomes of eudaimonic living. Additionally, they describe other outcomes related to eudaimonic living such as meaning and greater sense of purpose in life, subjective vitality (psychological and physical energy available for life pursuit), physical health, and subtle states and outcomes (inner peace, moral elevation, feeling of connectedness with self and a greater whole, etc.) (Ryan et al., 2008).

When defined eudaimonia as psychological wellbeing (Ryff & Singer, 1998), the six core dimensions of eudaimonia (positive relations with others, personal growth, purpose in life, environmental mastery, self-acceptance, autonomy) promote good health (Ryff, 2013). Ryff's arguments are related to neuroendocrine, cardiovascular and inflammatory indices, showing that people who score higher on one or more dimensions of eudaimonia have better regulation on multiple biomarkers and physiological systems, including regulation of emotion centers, salubrious brain activation pattern, reduced increments in inflammatory markers, etc. (Ryff, 2013).

The above examples of implications and outcomes of eudaimonia, reveal the importance that the concept has in all facets of our lives, independently of how it is conceptualized. However, working and participating in organizational life is an important

facet of humans. Eudaimonia in organizations is understudied, although recently is getting more attention. For instance, Straume and Vittersø (2012) try to separate eudaimonia and hedonism wellbeing in the workplace. They ask the participants in the study to reconstruct their working days in different episodes, and the results showed that indicators of eudaimonia wellbeing (personal growth), predicted inspiration and happiness at workplace. In a similar study, the same authors (Straume & Vittersø, 2015) analyzed the relationship between personal growth, as an indicator of eudaimonia wellbeing, and sick-leave at workplace, showing a negative relation between them.

With a clearer purpose of relating eudaimonia and hedonism with work outcomes, Turban and Yan (2016) examine the role of both perspective of wellbeing on job attitudes and extra-role behaviors, using a sample of university workers. Specifically, their results showed that people with higher level of eudaimonia engage in more extra-role behaviors whereas hedonism is more related with job satisfaction. Moreover, in their findings they reported that, when hedonia is high, eudaimonia has stronger relationships with commitment, turnover intentions, interpersonal helping, and taking charge (Turban & Yan, 2016).

Two other studies (Czerw, 2017; Dagenais-Desmarais & Savoie, 2012), investigated eudaimonia wellbeing in the workplace context by developing two questionnaires which measures eudaimonia as psychological wellbeing at work. The first questionnaire measuring eudaimonia at workplace, created in 2012, uses a grounded approach methodology in order to identify 5 dimensions of eudaimonia (psychological wellbeing) at work, namely interpersonal fit at work, thriving at work, feeling of competency at work, perceived recognition at work, and desire for involvement at work (Dagenais-Desmarais & Savoie, 2012). In the second questionnaire, the authors combine the model proposed by Ryff (1989) and the social wellbeing model proposed by Carol Keyes (Keyes, 2002), creating a 4 dimensions scale of eudaimonia at workplace (positive organization, positive relations with coworkers, contribution to the organization, fit and development). Although these attempts to conceptualize and operationalize eudaimonia at workplace are encouraging, more evidence is needed in order to better understand the implications of eudaimonia at workplace.



In the above pages, we revised the different definitions and conceptualizations of eudaimonia wellbeing, its implications in our life in general and at workplace. In the next section, we will focus on eudaimonia defined as laymen wellbeing beliefs and what are its implications in organizations, specifically related to employees' wellbeing, organizational performance, and prosocial behavior.

### **3. EUDAIMONIA WELLBEING BELIEFS AND THEIR IMPLICATIONS IN ORGANIZATIONS**

We have described, in the previous sections of this Doctoral Thesis, some of the definitions of eudaimonia, according to different philosophers, psychologists and scientists from different areas interested in the topic. Contemporary research within psychology indicates that laypeople hold conceptions of wellbeing similar to those described by professionals specifically in terms of eudaimonia wellbeing (e.g. King & Napa, 1998; McMahan & Estes, 2011b).

Defined as a fundamental cognitive representation of the nature of wellbeing, the conception of wellbeing is described as a “system of beliefs about the nature and experience of wellbeing and may be an important aspect of one’s worldview” (McMahan & Estes, 2011b, p. 268). These authors, draw their hypothesis on findings by Ryan and Deci (2001), stating that the degree to which individuals define their wellbeing in terms of eudaimonia conceptions over wellbeing has large practical implications. What is more, these conceptions or beliefs will likely influences behaviour in several domains of functioning, particularly those relevant to the experience of wellbeing (McMahan & Estes, 2011).

Therefore, wellbeing beliefs are expected to have implications for the experienced wellbeing through the manifestation of behavior that is consistent with one’s conception of wellbeing and through the interpretation of wellbeing relevant life conditions and events (McMahan & Estes, 2011). How people understand their wellbeing has been found to be associated with other self-report indicators of wellbeing, including satisfaction with life, vitality, and positive affect (McMahan & Estes, 2011b). More importantly, eudaimonia wellbeing beliefs have been consistently related to self-reported wellbeing in general (McMahan & Estes, 2011; McMahan & Renken, 2011).

Eudaimonia wellbeing beliefs are also present in the workplace. In organizational settings, when front-line employees share their wellbeing beliefs as contribution-to-others, an organizational culture focused on serving others emerges. When this user-orientation is perceived as being reinforced also by the organization, as in the case of organizations for people with intellectual disabilities, user-oriented procedures and practices are more likely. Therefore, contribution-to-others wellbeing beliefs can be considered as the breeding ground for a high service climate where the service user is the priority. However, when the organization pursues social goals, other service performance indicators are relevant, such as users' quality of life (Moliner, Gracia, Lorente, & Martínez-Tur, 2013). Hence, in service organizations focused on helping others employees' contribution-to-others wellbeing beliefs might be related to organizational concepts such as service climate and through it, to organizational performance focused on the quality of life of individuals with intellectual disability.

In the same direction, eudaimonia wellbeing beliefs can increase our understanding of the dynamics of helping others. There are several models that explore the mechanisms and conditions of altruistic or cooperative behaviors (Dovidio., Piliavin., Schroeder., & Penner., 2006), and eudaimonia perspective on wellbeing as living virtuously and contributing to a greater good (Steger et al., 2008) can help a better understanding of these mechanism of prosocial behavior. For instance, when individuals believe that their own wellbeing is based on helping others (contribution-to-others beliefs), and being a better person (self-development beliefs), they are willing to display behaviors that help others, including small gesture as donation and spending money on vulnerable people rather than oneself.

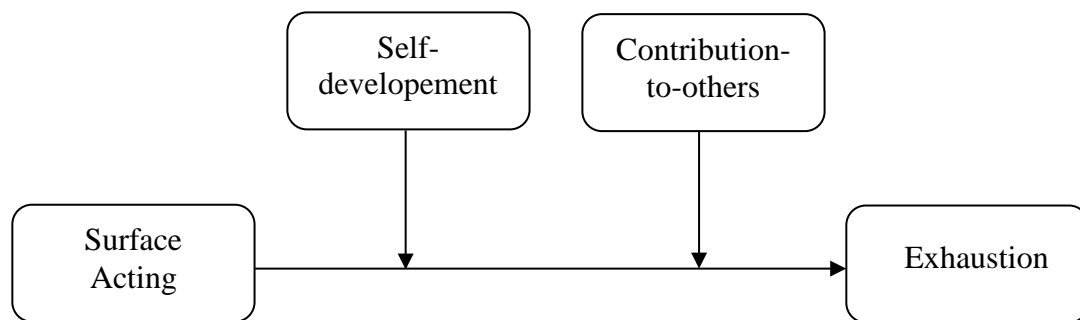
Drawing on these arguments, this thesis advances on the understanding of eudaimonia wellbeing beliefs by analyzing its implications on experienced wellbeing at workplace, on the organizational performance focused on increasing quality of life of service users and on the helping behaviors.

### **3.1. Wellbeing at workplace (Study 1)**

Wellbeing, in general, refers to optimal functioning and experience (Ryan & Deci 2001), while employee wellbeing is a subjective global judgment of the quality of work experiences (Grant, Christianson, & Price, 2007; Wright & Huang, 2012). According to the extensive research on wellbeing at workplace, it comprises positive features such as

engagement, job satisfaction, job attachment, or job involvement (Sonnentag, 2015). On the opposite side, impaired job-related wellbeing includes experiences such as depression, job tension or burnout (Sonnentag, 2015). Burnout has been one of the most investigated concepts in organizational psychology, with special focus on its antecedents (job-related factors, person-related factors and their combinations) (Maslach, Schaufeli, & Leiter, 2001). One of the most studied antecedent of burnout, especially in sectors where the employee emotional demands are high (e.g. health care, education), it is the emotional labor and its different aspects. Extensive body of research, including two meta-analysis (Hülshager & Schewe, 2011; Mesmer-Magnus, DeChurch, & Wax, 2012) have shown the positive relationship between emotional labor and burnout. Therefore, many efforts are currently done in order to identify possible buffers that will attenuate this relationship. In the following section, we will describe emotional labor and its positive relation with burnout, and exhaustion as burnout core dimension, as well as the role of eudaimonia wellbeing beliefs between these variables (Figure 1).

*Figure 1.* Proposed model (Study 1)



### **3.1.1. Emotional labor**

Emotions are a prominent feature of organizational life (Mann, 1999), especially in the service sector, where the interpersonal interaction involves also emotional exchange. “A key component of work performed by many workers has been the presentation of emotions that are specified and desired by their organizations” (Morris & Feldman, 1996, p. 987).

In recent years, the concept of emotional labor (Hochschild, 1983) has been presented as a means of describing the management of feeling to create a publicly observable and desirable emotional display as part of the job role. Hochschild, (1983) was the first to propose and define the term emotional labor as employees' purposeful effort to produce, elicit, and express job-specific emotions in their interaction with customers, in order to achieve organizational goals. Moreover, in most organizations, employees are required to display the standard expression of emotions regardless of how they actually feel (Grandey, 2000), in order to align themselves with the emotional display rules imposed by the organizations.

The display rules are present in a number of occupations and generate emotional labor demands. For example, employees in service sector where face-to-face daily interaction with customer is required, are typically expected to display positive emotions to promote goodwill, patronage and spending while keeping to themselves their negative feelings (Diefendorff & Richard, 2003; Grandey, 2000; Hochschild, 1983; Rafaeli & Sutton, 1989). This difference between what is felt by the person, the display rules imposed by the organization, and the actual emotion that is displayed is called emotional dissonance. To minimize this dissonance, people use different emotional regulation strategies, which refer to all conscious and unconscious efforts to change one or more aspects of an emotion (Gross, 1999). Two emotional regulation strategies have been extensively studied: deep acting and surface acting. Deep acting refers to the process of internalizing the mandate emotions, the process of actually change the felt emotion in order to fit or to align with the demanded emotion (Hochschild, 1983; Rupp & Spencer, 2006). This realignment resolves the initial emotional dissonance, resulting in an emotional state where felt and displayed emotions are congruent.

Surface acting, on the other hand, refers to the suppression of the true feeling in order to display organizational acceptable emotions (Grandey, 2000). In this sense, surface acting refers to managing outward expression to show appropriate emotions (Hülshager & Schewe, 2011). In other words, surface acting is the process of modifying one's expression, without changing their inner feeling and is also called "faking in bad faith" (Rafaeli & Sutton, 1987) because it intentionally fakes the observable expressions of emotions (expressions, gestures, voice, or tone) in order to satisfy the audience. Therefore, in surface acting, the state of dissonance caused by the incongruity between acting and feeling is never reconciled (Mesmer-Magnus et al., 2012), which may be

particularly related to burnout (Grandey, 2000; Lazarus, 1999) through psychosomatic complaints, psychological strain and exhaustion. Moreover, many studies have suggested that emotional exhaustion results from emotional labor, most likely from surface acting (e.g. Bono & Vey, 2005; Brotheridge & Grandey, 2002; Brotheridge & Lee, 2002; Erickson & Wharton, 1997; Grandey, 2003; Judge, Woolf, & Hurst, 2009).

The consequences of the emotional regulation strategies have been summarized in the meta-analysis by Hülshager and Schewe (2011), who based their model on Grandey (2000) and Holman, Martínez-Iñigo and Totterdell (2008). This model proposed the theoretical mechanisms of the regulation strategies and their consequences on personal ill-being, on job related wellbeing and in the performance. In this sense, surface acting as an emotional regulation strategy, is related to negative outcomes through ego depletion, felt inauthenticity, inauthentic expression of emotions, negative emotions and impairment of social interactions (Hülshager & Schewe, 2011). These mechanisms relate at the constant monitoring of actual and desired emotions and the effortful process that can be expected to drain mental resources, but also at the interpersonal level through the inauthentic emotional displays during social interaction and which hinders positive interactions and evokes negative reactions from interaction partners.

In the same line, in the multilevel multi-perspective model of emotional labor, proposed by Gracia and Ashkanasy (2014), the consequences of surface acting are categorized as negative consequences for wellbeing and negative consequences for performance, both explained through internal processes (deplete resources and loss of energy) and response-focused processes (personal authenticity need and an inauthentic feeling).

Overall, surface acting as an emotional regulation strategy has been shown to have a strong negative effect on employees' wellbeing, both at theoretical and empirical level.

### **3.1.2. Exhaustion**

Burnout is defined as a response to continuous interaction with stressors (Maslach et al., 2001) and it is associated with poor physical and mental health, at the individual level (Lee & Ashforth, 1996; Rohland, 2000) and with lower productivity, higher absenteeism and costs, and a failure to retain trained professionals, at organizational level (R. Burke & Richardsen, 1993; Cropanzano, Rupp, & Byrne, 2003). Burnout is

characterized within three dimensions: the depletion of emotional reserves (emotional exhaustion), an increasingly cynical and negative approach towards others (depersonalization) and a growing feeling of work - related dissatisfaction (diminished personal accomplishment) (Maslach et al., 2001).

Among the three, exhaustion is considered the core dimension of burnout as it captures the core meaning of what burnout is all about (Shirom, 1989). In this sense, exhaustion has been described as a result of prolonged physical, affective and cognitive exertion (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) and is reflecting a deficit in emotional and physical resources.

Previous research on the implications of exhaustion at workplace, presents its negative impact on task performance (Taris, 2006; Wright & Bonett, 1997) or on turnover intention (Wright & Cropanzano, 1998). In another study, Cropanzano, Rupp and Byrne (2003), bring empirical evidence for the positive relation between exhaustion and turnover, and the negative link from exhaustion to job performance and organizational citizenship behavior.

Although any employee may be vulnerable to burnout, human service occupations appear particularly susceptible. The initial work on the implications of burnout developed out of the occupational sector of human services and education (which continues to be the primary focus of burnout studies). Of particular concern in these occupations were the emotional challenges of working intensively with other people in either a care giving or teaching role. This emotional effort and challenges that characterizes the interaction with other people, especially customers in health care system, led to the conclusion that occupation-specific burnout exist (Schaufeli & Buunk, 2003). Among the studies that focused on the implications of burnout according to the occupational characteristics of their job, studies that focus on the social workers and teachers show that these occupations report the highest level of emotional exhaustion. In this line, Brotheridge and Grandey (2002) examined how emotional demands differ for employees in “people work”, in “high emotional labor” jobs (Hochschild, 1983), and “high burnout” jobs (Cordes & Dougherty, 1993), as a consequence of the frequency of interaction and the emotion control needed while interaction with the public. Likewise, the expectations for long interactions with clients and the level of intensity and variety of emotional expressions needed have also been proposed as predictors of emotional exhaustion (Cordes & Dougherty, 1993; Morris

& Feldman, 1996). “Faking” these emotional expressions, meaning that employees perform surface acting, is related to all three dimensions of burnout, but most strongly to emotional exhaustion (Abraham, 1999; Brotheridge & Lee, 2002; Erickson & Wharton, 1997; Pugliesi, 1999).

### **Surface Acting and Exhaustion**

The strong positive relation between surface acting and exhaustion in service organizations has been also confirmed through meta-analytical studies (Hülshager & Schewe, 2011; Mesmer-Magnus et al., 2012). The tendency of research in this direction is to identify individual or organizational factors that can attenuate the negative impact of surface acting, with the final aim of increasing employees’ wellbeing. In this sense, several factors have been suggested, such as individual differences (Abraham, 1999; Grandey, 2000), personal resources (Xanthopoulou, Bakker, & Fischbach, 2013), and emotional intelligence (Prati, Liu, Perrewé, & Ferris, 2009).

To explain the relationship between surface acting and exhaustion, including possible factors that can mitigate this relationship, most of the scholars base their argumentation of the Conservation of Resources (COR) theory (Hobfoll, 1989). According to this theory, people experience stress and detriments to wellbeing when their personal resources become depleted. When employees perceive a depletion of their personal resources due to excessive organizational demands, they start experiencing emotional exhaustion and they start taking actions toward conserving their resources in a selective manner. According to the COR theory, people will try to reduce their input to conserve their resources and reconfigure their sense of balance.

Job Demands – Resources (JD-R) theory (Bakker & Demerouti, 2007; Demerouti et al., 2001) is another important model used to explain the relation between emotional labor and burnout, and it can also be applied for the relation between surface acting and exhaustion, including also other possible factors that can influence positively and negatively this relationship. The JD-R argues that the risk of burnout is highest in working environments where job demands are high and job resources are low (Demerouti et al., 2001). Moreover, it is proposed that high job resources mitigate the impact of job demands on burnout (Bakker & Demerouti, 2007). Accordingly, there are empirical studies proving that employees with sufficient job resources were less exhausted when exposed to high job demands (Xanthopoulou et al., 2007).

Within this theoretical framework that marks the relationship between surface acting, as an emotional regulation strategy in a highly demanding emotional job environment, and exhaustion, eudaimonia wellbeing beliefs might have a moderating role. What is more, we analyze the role of each of the dimensions of eudaimonia wellbeing beliefs: self-development and contribution-to-others, on the positive relationship between surface acting and exhaustion, arguing that they might play a different role. For instance, if employees define their wellbeing as self-development, according to the COR (Hobfoll, Johnson, Ennis, & Jackson, 2003), “faking emotions” it might be seen as challenging, therefore activating the other personal resources. In this case, self-development beliefs will have a weakening role on the relationship between surface acting and exhaustion. On the contrary, when employees define their wellbeing as contribution-to-others, surface acting might create cognitive dissonance (Festinger, 1957; Myers, 2000), therefore will strengthen the previous mentioned relation. Overall, the first objective of this thesis is:

Objective 1. *Determine the role of eudaimonia wellbeing beliefs in the relation between surface acting, as emotional regulation strategy at workplace, and burnout, specifically exhaustion.*

### **3.2. Organizational performance focused on quality of life (Study 2)**

The main aim of any organization is to sustain competitive advantage, either in terms of financial gains or social services. Performance in organization is related both with behaviors and results that facilitate the fulfillment of organizational strategic goals (Campbell, McCloy, Oppler, & Sager, 1993). Organizational performance is a measure of an organization progress as it shows how well an organization is attaining its goals (Hamon, 2003). This measure is affiliated to the endurance and success of an organization, being defined as the organization’s capability to accomplish its goals effectively and efficiently using resources (Valmohammadi, 2012).

In the 1950s, the view on organizational performance was rather simple and mainly concerned the effectiveness of an organization, meaning that the optimal performance was achieved when the actual result exactly corresponded to the aimed result. There are various facets on which performance of an organization can be evaluated,

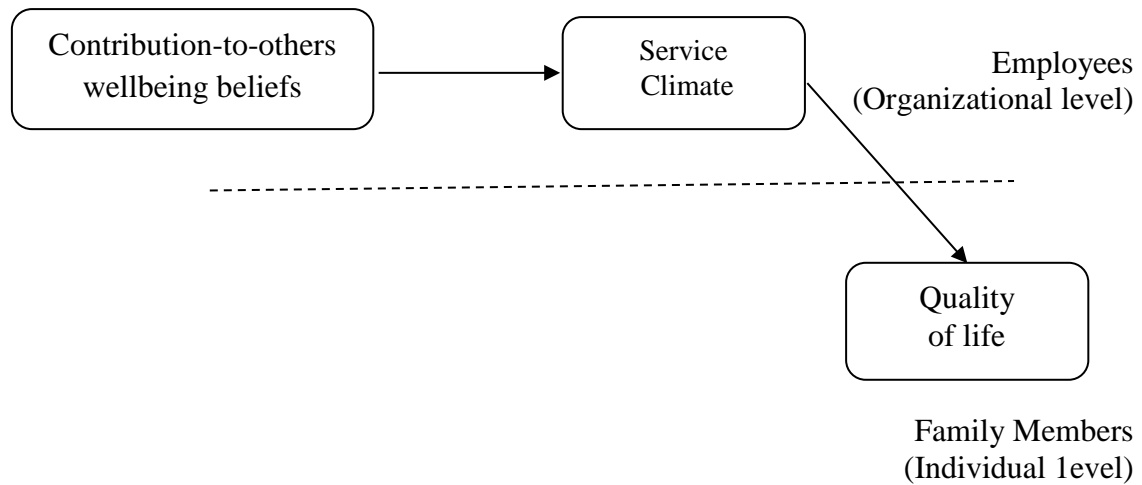


most of which are tangible. Cost reduction, profits, sales volume, asset turnover, equity turnover, and inventory turnover are most common tangible indicators. As the complexity of the business environment increased for each decade, more criteria were included into the performance term (Tangen, 2004) and some intangible performance indicators related to customer satisfaction are used (Rhodes, Hung, Lok, Lien, & Wu, 2008).

In the service sector, organizational performance is mainly related to the service quality and customer satisfaction both associated with financial gains. However, financial performance is considered a measure that applies differently to social and non-profit organizations. For instance, in non-profit organizations that provide services to vulnerable individuals and groups, enhancement of quality of life of service user is the ultimate objective of the organization and a performance indicator (Reinders & Schalock, 2014). The second research study of the present Doctoral Thesis focus on organizations for individuals with intellectual disability. In this type of organizations, the relationship established between the service providers and users has a high importance (Martinez-Tur, Tordera, Peiro, & Potocnik, 2011). This type of services is highly customized, the duration of the services is longer than in other types of services, and employees and service users are getting physically and psychologically closer. Hence, service users are highly sensitive to the daily procedures and practices underlying service climate. Moreover, high service climate indicates that employees perceive that their organization is actively involved in user service, which provides a framework for stimulating performance directed to improve users' quality of life because user concerns become critical in organizations with high service climate perceptions. This user orientation should be based on a facet of the culture that reinforces beliefs that define "helping others" as valuable and meaningful.

In the second research study of this Doctoral Thesis, we describe how helping culture is emerging at organizational level from individual eudaimonia wellbeing beliefs, specifically contribution-to-others wellbeing beliefs. In addition, we propose that this helping culture is related to organizational performance focused on quality of life through service climate.

Figure 2. Proposed model (Study 2)



### 3.2.1. Emerging Organizational Culture of helping others

The concept of culture is hard to pin down, despite the large amount of researchers focusing on it and its implications (Braithwaite, Hyde, & Pope, 2010). Traditionally, culture is defined as a set of attitudes, beliefs, customs, values and practices which are shared by a group (Ashkanasy, Wilderom, & Peterson, 2000).

The concept of organizational culture originates in anthropology and is popular within the organizational behavior and management (e.g. Gregory, Harris, Armenakis, & Shook, 2009; Homburg & Pflesser, 2000; Schein, 1992). Schein (1992) outlines organizational culture as the overall defining characteristics of the organization such as natural settings, the rite and rituals, climate and values of the company. According to Martins and Terblanche (2003), culture is deeply associated with values and beliefs shared by personnel in an organization. Organizational culture relates the employees to organization's values, norms, stories, beliefs and principles, and incorporates these assumptions as activity and behavioral set of standards.

As outcomes of organizational culture, empirical evidence suggests that culture influences market-oriented behaviors, market and financial performance (Homburg & Pflesser, 2000), and employee attitudes and organizational effectiveness (Gregory et al., 2009). Moreover, culture has a greater contribution to knowledge management and organizational effectiveness than organizational strategy and structure (Zheng, Yang, & Mclean, 2010).

Depending on aspects such as type of the organization, leadership, historical trajectory, and strategic goals, differential organizational cultures are promoted. For instance, in organizations for individuals with intellectual disability, a culture characterized by helping others in need (e.g. vulnerable people) is one of the main drivers of the organization. Therefore, in organizations directed to vulnerable people, a shared culture where employees believe that helping others is a source of wellbeing becomes critical to implement efforts that improve quality of life of service users. In this type of organizations, which focus on helping others through their service, it is expected that employees are characterized by a profound commitment to providing high quality of care (West, Topakas, & Dawson, 2014) to the service users. Therefore, employees' beliefs, which refer to contribution-to-others as the one's conception of wellbeing at workplace become essential both for the organization and for the service users. When these individual beliefs are shared across the organization, we can assume that a culture of helping others is emerging and different mechanisms can explain the emergence of the "contribution-to-others" culture.

The emergence of "contribution-to-others" culture from individual beliefs can also be explained by the well-known Attraction-Selection-Attrition (Schneider, 1987) model (ASA). This model helps to explain the homogeneity of employees' beliefs through three processes: attraction – as a self-selection process through which employees choose an organization whose values are similar to their own–; selection – describing how employees are chosen who share the organization's values –; and attrition – referring to individuals who leave because they do not fit the organization. Therefore, the ASA model focuses attention on the fit between the original values and beliefs of the person and the organization, proposing that homogeneity increases over time through processes of attraction, selection, and attrition.

Specifically, for organizations oriented to people with intellectual disabilities, the fit between person – organization should include a culture that reinforces individual beliefs of contribution-to-others as valuable and meaningful. This culture of helping others should mirror in daily procedures and practices, specifically in the service climate by the organization.

### 3.2.2. Service Climate

Organizational culture and climate as shared perceptions reported by the employees have been closely studied, but found to be distinct multi-dimensional constructs (Glisson & James, 2002). While culture reflects behaviors, norms, and expectations, organizational climate reflects workers' perceptions of and emotional responses to the characteristics of the work environment (Glisson & James, 2002; James & Sells, 1981). These perceptions may refer to general dimensions of the environment such as leadership, roles, and communication (James & McIntyre, 1996) or to specific dimensions of organizational climate. Schneider (1975) argues that we should refer to a "climate for something", as organizational climate without a referent is meaningless. In this line, researchers have studied safety climate (e.g. Zohar & Luria, 2005), climate for achievement (e.g. Litwin & Stringer, 1968), ethical climate (e.g. Shacklock, Manning, & Hort, 2011) and service climate (Bowen & Schneider, 2013).

Service climate refers to employees' perceptions of the events, practices, procedures, and behaviors that are rewarded, supported and expected in a customer service setting (Schneider, White, & Paul, 1998). Building on this notion, service climate is distinguished from general climate by being a strategic target for customer service and service quality (Hong, Liao, Hu, & Jiang, 2013), caring for both internal and external customers. It is the message employees get about how important service is in their organization and it has been considered a critical linkage between internal management of the organization and its performance (Schneider et al., 1998).

In their meta-analysis, Hong and colleagues (2013) studied service climate as the mediator between internal characteristics of the organization, such as general and service oriented HR practices and leadership, and the outcomes of the organization. They group the outcomes of service climate at different levels, as employees' outcomes (attitudes and behaviors), customers' outcomes (customer satisfaction and customer loyalty) and finally, financial performance (sales, revenue, profit).

The studies considered in this meta-analysis focus only on profit organizations, therefore the outcomes of the service climate in these cases always relate to competitive advantages and financial gains. These studies have focused on service climate as a path to financial gains for organizations from different sectors such as banking industry (Ehrhart, Witt, Schneider, & Perry, 2011), supermarket departments (Mayer, Ehrhart, &

Schneider, 2009), insurance companies (Schneider, Ashworth, Higs, & Carr, 1996), restaurants and hotels (Gracia, Cifre, & Grau, 2010). However, due to the increasing importance of the social sector, recently, studies on service climate took also into account the non-profit sector and organizations whose final aim is helping others. In this specific type of organizations, where the relationship among service providers and users has a higher importance (Martinez-Tur et al., 2011), the outcomes of positive service climate go beyond the financial gains and has a social impact. In health care organizations, the service climate provide a framework with which to improve their customers' quality of life, as the ultimate goal of the organizations strategic aims.

According to the model of organizational culture and climate in healthcare organizations presented by West, Topakas and Dawson (2014), the organizational culture is funded on the values promoted by the organizations. The values and beliefs promoted in healthcare organizations focus on the care quality and increasing the quality of life and there is a strong commitment to these values across organizations (West et al., 2014) and across their employees. Authors here understand that cultural strategic values in organization (e.g. helping others) should be translated to values in action – specific practices, factors, behaviors – that will enact them (e.g. HR practices, interaction with service users). Therefore, the values promoted by the organization are focused on contribution-to-others and the organizational culture encourage interactions with service users (Glisson & James, 2002). When these values are translated to surface organizational experiences, service climate it is a logical intermediate variable that depicts the core values and beliefs of the employees and organization (Horwitz & Neville, 1996).

Overall, based on previous research that argues that what happens internally in an organization has an effect on the behavior of employees in their interactions with customers (Schneider, Salvaggio, & Subirats, 2002), we expect that a culture characterized by helping others has a positive link to service climate. In addition, we also propose that service climate in turn is associated with organizational performance focused on quality of life.

### **3.2.3. Organizational performance focused on quality of life**

As mentioned above, until recently, the service in organizations was studied as a path to increase organizational performance, specifically the financial gains. However, in today's society, large efforts are made to increase the integration of people from

vulnerable groups. In such specific context, organizations do not use their services in order to increase their financials profitability, but their desired outcome has a social impact, such as implementing quality improvement outcomes and enhanced quality of life for the service users (Schalock et al., 2002; Schalock, Keith, Verdugo, & Gómez, 2011; Schalock, Verdugo, Gomez, & Reinders, 2016).

The concept of quality of life (QoL) has been a useful response to concerns expressed about the need for a framework for service design and evaluation. It has been significantly used in research and is increasingly applied to the life situations of persons with intellectual disabilities and their families (Schalock et al., 2016). Verdugo and colleagues (Verdugo, Navas, Gómez, & Schalock, 2012) see this construct as the link between values at society level and the personal life of the individual, reflecting the “dynamics of personally desired (subjective) and objective conditions of life” (Verdugo et al., 2012, p. 1037). From this perspective, QoL is as a multidimensional phenomenon affected both by personal characteristics and contextual factors (Schalock et al., 2011) and it is defined as perception of one’s life and experience in relation to their individual values, in the context of the culture he/she lives (WHOQL, 1997). The core domains of QoL identified in the literature reflect three factors (independence, social and wellbeing) and the indicators relate with the following domains: personal development, self-determination, interpersonal relations, participation, rights, emotional wellbeing, physical wellbeing, material wellbeing) (Schalock et al., 2002). Based on this definition, Moliner, Gracia, Lorente, and Martínez-Tur (2013) recently developed and validated a contextualized measure that “considers the improvement in QoL due to the actions and activities of organizations delivering services to people with intellectual disability” (p. 89). Moreover, Reinders and Schalock (2014) present a framework of how organizations can enhance the quality of life of their clients. These authors consider QoL enhancement as an internal process of the organization, being also dependent on the context. Furthermore, they argue that the extent to which services contribute to the QoL of people with intellectual disabilities depends in large part on the design and performance of service systems and the quality enhancement strategies they employ.

Overall, in services for individuals with intellectual disabilities, a culture of contribution-to-others is created at an organizational level and directly influences the service climate and through it, it influences the organizational performance focused on

increasing users' quality of life. Accordingly, our second general objective is the following:

*Objective 2: Determine the relationship between employees' "contribution-to-others" wellbeing beliefs, as an emerging organizational culture of helping others, and the quality of life of the service users through the mediation of service climate.*

### **3.3. Prosocial Behavior (Study 3)**

"Economic man" is the central figure of the economic theory (Jevons, 1871; Roncaglia, 2005), who based its assumptions on the individual self-interest as the foundation of economics. In the same period, Darwin (1982) has put the cooperation and solidarity as key aspects of human evolution. Therefore, human beings are not only preoccupied by their self-interest, but for evolutionary reasons, their interests include the rest of the community and its interaction with it. What is more, today's society has arrived to the level of development in which most of the individuals have the basic needs covered and are economically secure (Inglehart et al., 2008), therefore there is a shift from giving priority to economic and physical security to self-expression and self-actualization, including an increased awareness of others' needs (Inglehart & Welzel, 2005). In this "post-industrialism" society, people are more concerned about freedom, meaning and self-development, but also about others freedom, rights, and development (Inglehart & Welzel, 2005) and how can one contribute to it. One way to help others is to contribute actively to the objectives of NGOs for vulnerable people. As mentioned above, citizens can be considered as active actors in their relations with organizations, for example giving money to achieve social goals of NGOs.

In recent years, our understanding of the dynamics of helping others and self-development has increased and there are several models that explore the mechanisms and conditions of altruistic or cooperative behaviors. Prosocial behavior, understood as actions that benefits others (Dovidio. et al., 2006), refers to different types of actions, starting with small helping actions (e.g. comforting others, resources sharing), to more formalized prosocial behaviors (e.g. volunteering for different causes, donation to charity) (Nelson et al., 2014).

Prosocial behavior has important implications for the society of large. For instance, each nearly 1 billion people are engaged in volunteering worldwide (Salamon, Sokolowski, & Haddock, 2011), and there are important economic output, as for instance in Great Britain formal volunteering produces about £24 billion of economic output (1.5% of GDP) and informal volunteering—different kinds of mutual help and co-operation between individuals—might add another £19 billion of output. In a recent worldwide report of “giving trends” (Good, 2017), 67% of donors worldwide have volunteered within the last 12 months. Of those volunteers, 97% felt that their volunteer work made a positive impact and consequently, 97% of these volunteers also donated money to the organization that they volunteered for (Good, 2017). Therefore, the potential benefits for the society of any of the forms of prosocial spending (e.g. volunteering) are enormous.

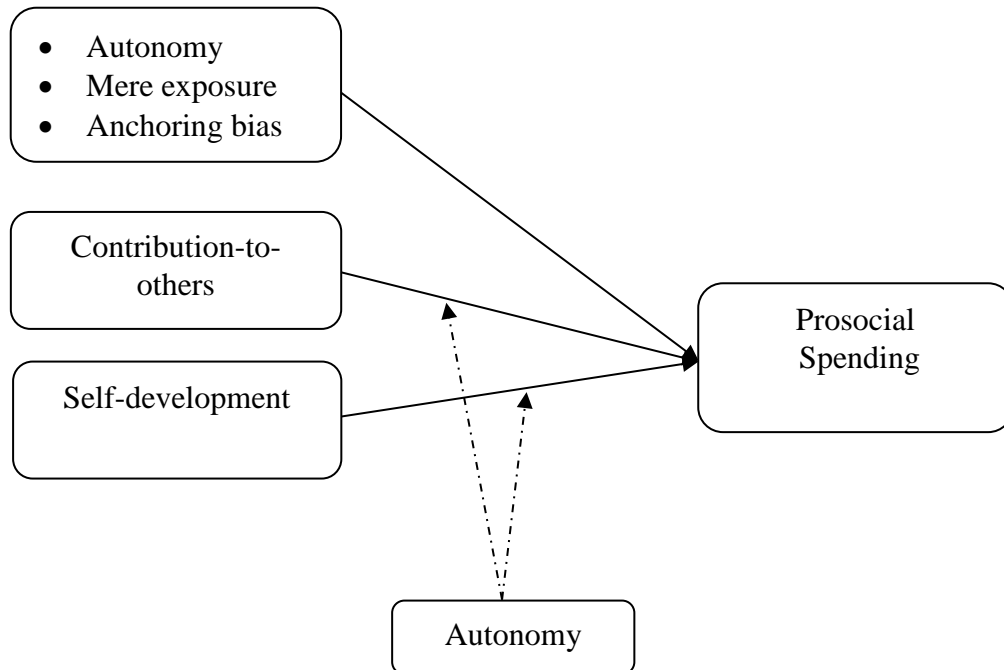
Prosocial behavior has been shown to have strong effects at individual level. For instance, 91% of donors say that positive emotions, such as hope and empathy, are the motivating factors behind their giving (Good, 2017). Hence, people help others as a way of feeling good with oneself or growing as a person. Giving these extensive positive implications, researchers have been long interested in understand what are the people’s motives for prosocial behavior and the extent to which it is enacted for selfish versus altruistic reasons (Batson et al., 1988).

According to Penner and colleagues (Penner, Dovidio, Piliavin, & Schroeder, 2005) the answer to this question, can be given at three different levels. The first level, the micro level, argue that individual perform prosocial actions as a result of internal mechanisms (e.g. evolutionary, biological or neural bases). The second level, the meso level, refers to prosocial actions at interpersonal level, considering helper-recipient dyads and specific situation between individuals. The third level, the macro level, refers to prosocial acts in more formalized context as large groups or organizations.

We will focus here on the first level (micro), the individual factors that can influence prosocial behavior. Scholars have identified a range of self-processes likely to motivate displays of prosocial actions including perspective taking, empathy, levels of moral reasoning, and affective functioning (Eisenberg & Fabes, 1998). However, little is known on the impact of wellbeing beliefs, specifically on the relation between eudaimonic wellbeing beliefs and prosocial behavior.



Figure 3. Proposed model (Study 3)



### 3.3.1. Prosocial spending

Spending money on others rather than oneself is a specific form of prosocial behavior, and it is called prosocial spending (Dunn, Aknin, & Norton, 2008). Prosocial spending refers to small actions as buying a coffee for a friend or to more formal actions, involving higher amount of money.

As a specific form of prosocial behavior, prosocial spending has high positive impact at society and individual level both for giver and for the receiver. For instance, individuals giving as a percentage of gross domestic product has hovered, in 2015 around 2.1 % in U.S. (Indiana University Lilly Family School of Philanthropy, 2016), while in the Great Britain has yet to reach 1% of GDP, being the highest in Europe (European Fundraising Association, 2016). According to the same report, the proportion of people giving to charity is on the rise (38%) across Europe as a whole, donors focusing on causes such as children and young people, healthcare, poverty, international aid, community and social aid. In this context, to understand what makes the people to donate more money to others has become highly important.

Early research in the charitable donations behavior, such as the model of “impure altruism” (Andreoni, 1990), suggest that helping others out of “pure altruism” is very rare, and people who donate and spend money on others are most of the time motivated by the emotional benefit of giving. From that point on, the research related to prosocial spending has focused mainly on the relationship between prosocial spending and wellbeing, to the extent that the “warm glow of prosocial spending” was proposed as a universal principle. In other words, people who spend money on others rather than themselves, report a higher positive affect than people who to spend money on themselves, independently of their geographical or cultural origins (e.g. Canada, Nigeria, United States, India).

After these first steps in exploring prosocial spending and its implications, most of the research has focused on the relationship between prosocial spending and happiness and possible mediators and moderators of the relationship. For instance, individual differences have been found to moderate the degree to which life experiences result in more happiness (Zhang, Howell, Caprariello, & Guevarra, 2014). Research also show that self-transcendence values (e.g. social justice, protecting the environment, broadmindedness) and self-enhancement values (e.g. social status, ambition, social influence) moderate the relation between prosocial spending and wellbeing (Hill & Howell, 2014)

Nevertheless, what are the factors that determine people to spend money on others? To answer this question, we base our argumentation on the values theory (e.g. Rokeach, 1973; Schwartz, 1994), which suggests that optimal wellbeing should result from aligning one’s behavior and environment with their personally held value system. Thus, we can expect that people who define their own wellbeing as helping others or growing as a person will be more likely to spend money on others.

### **3.3.2. Autonomy of decisions**

In the last years, a concept closely related to prosocial behavior and specifically to prosocial spending, is autonomy. In the endeavor of understanding how to make people behave more prosocial, strategies of “mandatory volunteering” were studied. These strategies include mandatory participation in community programs, deadline for work completion, mandatory donation or incentives for donation (Sobus, 1995). However, when these activities are perceived as “mandatory”, it decrease enjoyment and

engagement (see Gagné, 2003). Therefore, autonomy of decision of performing the prosocial behavior, started to be considered an important factor.

Autonomy refers to the internal source of behavioral regulation or one's perceived locus of causality for a particular behavior (DeCharms, 1968). It is especially related with the positive effects of prosocial spending because individuals feel that this behavior is a consequence of their own choice (Gagne, 2003; Nelson et al., 2014; Nelson, Layous, Cole, & Lyubomirsky, 2016; Weinstein & Ryan, 2010). The other way around, when individuals perceive they lack autonomy in their prosocial decision, they are less likely to engage in further prosocial activities (Gagné, 2003). According to the *Self-Determination Theory* (Ryan & Deci, 2001) autonomy is one of the three psychological needs, together with competence and relatedness, which have to be fulfilled in order to promote an overall sense of wellbeing. SDT argues that behaviors vary with respect to how autonomous they are (Ryan & Deci, 2001) are experienced as emanating from one's self, or have an internal perceived locus of causality (Ryan & Connell, 1989). Autonomous behaviors reflect one's values or interests, and the person feels like she is the "origin" of these behaviors (DeCharms, 1968).

Furthermore, the person – situation interaction theory (Emmons, Diener, & Larsen, 1985; Mendoza-Denton, Ayduk, Mischel, Shoda, & Testa, 2001) argue that that people influence situations, and situations influence people. People influence situation by choosing those that are congruent with their own interests and values, and the experiences in certain situation will determine future decisions to enter or avoid that situation. Therefore, those individuals who experience situation in line with their beliefs, they are more likely to choose that situation again in the future. Thus, people who believe their own happiness is related to helping others or self-development are more likely to perform prosocial spending, but this relationship will variate depending on the perceived autonomy of donation decision.

*Objective 3: Determine the relationship between eudaimonia wellbeing beliefs and prosocial spending behavior and how the autonomy of decision can affect this relationship.*

#### 4. SUMMARY

In this chapter, a summary of previous research was done, focusing on eudaimonia wellbeing beliefs and their implications. Firstly, we presented an overview of the different conceptualizations of eudaimonia and some of the numerous outcomes that have been related to it. Next, we frame our perspective on eudaimonia wellbeing beliefs and we briefly present the concepts that are studied here in relation to these beliefs. We specifically relate to emotional labor and exhaustion, to service climate and organizational performance focused on enhancing users' quality of life, and to prosocial behavior and prosocial spending. Overall, a brief revision of the constructs used in this Doctoral Thesis was done, in a way that the existing literature and the findings presented support the three general objectives of the thesis and its hypotheses that will be addressed in the following chapter.

## **CHAPTER II: RESEARCH STUDIES**

In this chapter, we present the three studies included in this thesis. The chapter begins with a summary of the general objectives of the thesis, a brief description of the research design used for each of the studies, the sample description and the procedures that were used for the data collection. Finally, the three studies are presented one by one.

## 1. OVERVIEW OF OBJECTIVES

As seen in the previous chapter, eudaimonia wellbeing beliefs may have an impact on different facets of our lives. In this thesis, we aim at further understanding eudaimonia, as one's conception of wellbeing. Specifically, we explore the implications of laymen eudaimonia beliefs of wellbeing on the experienced wellbeing; how can these beliefs create a culture in a given work context which aims at increasing organizational performance; and, finally, how eudaimonia wellbeing beliefs can impact prosocial behaviours.

The general objective unfolds in three specific objectives with the aim at guiding the three empirical studies included in this thesis. These specific objectives are summarized below:

Objective 1. *Determine the role of eudaimonia wellbeing beliefs in the relation between surface acting as emotional regulation strategy at workplace and the core of burnout, emotional exhaustion.*

Objective 2. *Determine the relationship between employees' "contribution-to-others" wellbeing beliefs, as an eudaimonic culture, and the organizational performance focused on users' quality of life through the mediation of service climate.*

Objective 3. *Determine the relationship between eudaimonia wellbeing beliefs and prosocial behavior and how the autonomy of decision can affect this relationship.*

The objectives presented here are general objectives for each of the three studies that compose this doctoral thesis. Therefore, in each of the study a review of relevant research is presented, from which specific research hypotheses are derived.

## 2. RESEARCH DESIGN

To achieve the study objectives proposed in this Doctoral Thesis, we use different types of design research studies. First, for Objective 1, a cross-sectional study was proposed in order to analyze the moderating role of the two types of eudaimonia beliefs on the relationship between surface acting, as an emotion regulation strategy, and exhaustion as the core dimension of burnout at workplace. Considering the fact that, in this case, all the variables included in the study were constructs at individual level, we used a *self-reported cross-sectional design*, using a vast sample of employees from different types of social service organizations.

In organizational settings, individuals are believed to construct shared meaning based on the social construction of organizational realities. Therefore, a multilevel process takes place, moving from individual construction of situation to the creation of shared meaning across people (Ostroff, Kinicki, & Tamkins, 2003). Consequently, for the Objective 2 of the thesis, we propose a *multilevel mediation model*, in which an organizational culture of eudaimonia wellbeing beliefs reported by employees and considered at organizational level, reflects into service climate perceived by the same employees and, in turn, relates to quality of life of the service users, reported by their family members or legal tutors at individual level.

We measure the family members' perception on how the actions of organizations are improving the quality of life of the person under their tutelage. The family members are those who have frequent contact with the employees in the organization and have direct knowledge on the activities and services received. This is a common approach in the sub-sector of people with intellectual disabilities (Schalock et al., 2011). Overall, we propose for the second objective of the thesis a *multilevel mediation model with two types of informants*: employees self-report data analyzed at organizational level and legal tutors' reports analyzed at individual level.

For the third objective of this thesis, we use an *experimental research design*. We assumed that citizens can play an active role in their interaction with organizations. More specifically, they can contribute to the achievement of social goals of NGOs by prosocial spending. We build on the second study assuming that eudaimonia wellbeing beliefs have a direct impact on helping others behaviors, such as prosocial spending and we test this assumption through an experimental study. Experimentation by randomly assign the

sample to an experiential vs. control groups is currently considered the best available method to build robust knowledge about causes of behavior. Therefore, the third study of this Doctoral Thesis proposes an experimental design with two control groups and three experimental groups, where we manipulate the autonomy of participants in donation situation, we anchor the donation and we analyze the predictive effect of eudaimonia wellbeing on the extent of prosocial spending behavior, once other possible predictors are considered (autonomy, anchoring, and previous exposure to prosocial donations).

### **3. PARTICIPANTS**

In order to reach the research objectives aimed by this thesis, and due to the fact that we propose a different research design for each of the study, we use a different sample for each of the studies as well.

In Study 1 and Study 2, we use two different samples from organizations that provide services to people with intellectual disabilities. The samples are relevant to the proposed research objectives, due to the main features of organizations in this sub-sector. Generally, the service organizations are significantly different from the production organizations, as the service is characterized by some specificities, such as intangibility, simultaneity of producing and consuming, client participation, validity of service and heterogeneity (Schneider & White, 2004). Furthermore, service organizations in the social sector provide a highly customized service, as the interaction between service provider and service user happens on a daily basis during a large span of time (years), and it answers to the users need, therefore being highly different from user to user. The strategic objectives of these organizations are related to social integration, increase the self-determination of the service users and enhance their quality of life. In this sense, the samples are highly relevant to the studies we propose.

The organizations that participated are affiliated to Plena Inclusion, a federation of associations whose service is focused on people with intellectual disabilities, and were distributed at national level in Spain. Four types of centers participated in the study: a) day-care centers delivering therapeutic, educational, and social-leisure services; b) occupational centers with therapeutic objectives and facilitating the transition to jobs of people with intellectual disability; c) residences; and d) other types of centers, also



offering therapeutic and/or educational services. We have included in the sample only front-line employees, which are in direct contact with the service users (primary health care workers, psychologists, occupational therapists, social workers and physiotherapists). It is especially noteworthy the consideration of a sample of family members (or tutors), in the second study, to have an external evaluation of organizational performance.

For Study 3, we have used a sample of undergraduate students. The participants that voluntarily presented for the experimental study were from different year courses, and different faculties (e.g. social sciences, law, economics), assuring a higher diversity of the sample.

#### **4. DATA COLLECTION**

Study 1 and Study 2 were part of a bigger research project. The procedure for data collection started by contacting the managerial board of Plena Inclusion, and after obtaining its approval for participating in the research study, 140 affiliated centers were invited to participate. Of those, 22 centers declined to participate in the study. The centers who accepted to participate have chosen an employee that will be the contact person and the responsible of each of the centers. A training session was organized for them, in order to assure the correct data collection procedure. For instance, they were trained on how to randomly select the employees and the family members that will participate in the study, for each of the centers.

For Study 1, only employees were used as data source. To be surveyed, contact employees had to have contact with people with intellectual disability as part of their job on a daily basis. Most of the employees were primary health care workers, psychologists, occupational therapists, social workers, and physiotherapists. Centers differed in the number of employees, but following the criteria by (Liden, Erdogan, Wayne, & Sparrowe, 2006), each center had to achieve the participation of at least 60 % of the members under the direct supervision of the manager of the center.

For Study 2, together with employees, family members/tutors were also used as data source. From each randomly selected family, the participating member was the one who have frequent contact with the employees in the organization and have direct knowledge on the activities and services received by his/her relative with intellectual

disabilities. Each center has randomly selected at least three families. Both employees and families' members have filled in the questionnaire in paper. At the end of data collection, after the initial statistical data exploration, a report with the descriptive results was sent to each of the centers participating in the studies. The report included the initial level of the specific center, on variables as employees' wellbeing or users' quality of life, in contrast with the reference level of the variables, computed for all organizations that participated.

For Study 3, the experimental study was realized during university classes. The participants were acknowledged in a previous class by the course professor, that there will be a study organized as part of the course, but the participation is voluntary. The experimental procedure was always conducted according to a written protocol by the same researchers, in order to standardize the procedure as much as possible. To adjust the instruction, the time, and the procedure, we performed a pilot test with 30 participants. Small adjustments related to the instructions of the experimental protocol were made and the final version of the experiment was done in nine groups in the University of Valencia, different courses and different faculties. The experimental study involved voluntary or mandatory donation to a Non-Governmental Organization, therefore at the end of the study, the total donation amount was calculated and a substantial donation was made to a Spanish NGO.

All three studies were conducted in accordance with the Declaration of Helsinki approved by the Ethical Committee of the University of Valencia. All participants were briefed about the objectives of the corresponding study and gave their written and informed consent. Anonymity and confidentiality were guaranteed at all time by the researchers and participants were informed that they were free to leave the study at any time or prevent the use of the data they provided.

In the next section, we present the three studies included in this Doctoral Thesis. Each of the study refers to one of the general objectives of the thesis, which were summarized the beginning of this chapter. Each study here presents independently a detailed literature review of each of the variables included, the methodological aspects such as instruments and statistical analysis, but also the results and the discussion of the results.

### **CHAPTER III: ARTICLES**

## ARTICLE 1

### Surface Acting and Exhaustion: The Moderating Role of Eudaimonia

Pătraș, L., Martínez-Tur, V., Gracia, E., & Moliner, C. (2017). Surface acting and exhaustion: The moderating role of eudaimonia. *Stress and Health*, 33(4), 322–329. <https://doi.org/10.1002/smi.2714>

## **Abstract**

Surface acting (faking emotions) is one of the stressors experienced by contact employees during service interactions with customers, and it has implications for workers' exhaustion. One challenge of research and practice is to identify moderators that help to better understand the positive relationships between surface acting and exhaustion. The present study proposes the two dimensions of eudaimonia beliefs about wellbeing (self-development and contribution-to-others beliefs) as moderators between surface acting and exhaustion. We performed regression analyses with 817 contact employees working in 118 health care organizations providing services to people with intellectual disability. Results confirmed the hypotheses, showing that contribution-to-others strengthens the link from surface acting to exhaustion, whereas self-development weakens this relationship. Therefore, self-development beliefs act as a protector for workers when they have to deal with situations that require surface acting.

*Key words:* surface acting, exhaustion, contribution-to-others, self-development, eudaimonia.

Two-thirds of the labor force in the United States and Europe work in the service sector, and this proportion is expected to grow in the coming years (Hülshager & Schewe, 2011). Compared to manufacturing companies, service organizations have a number of particularities: a) the main objective is people and intangible experiences; b) production and consumption coincide because the customer is usually physically present while the service is being delivered; and c) the service cannot be demonstrated, stored or moved, and the consumer should be directly involved in carrying out the process (Simon & Woo, 1997). Therefore, contact employees' service encounters with customers are part of their daily work, requiring these employees to make considerable emotional effort. Since Hochschild (1983) first mentioned the implications that emotional labor might have for service employees, a large number of studies have concentrated on emotional labor and its links to burnout. More specifically, surface acting, understood as faking emotions in order to display emotions required by the organization, was the emotion regulation strategy with the highest impact on burnout (Mesmer-Magnus, DeChurch, & Wax, 2012). Therefore, one of the challenges of the research in this area is to identify individual-level variables or organizational factors that can help to understand this relationship between surface acting and employee burnout (e.g., Xanthopoulou, Bakker, & Fischbach, 2013).

The current study contributes to previous knowledge by introducing eudaimonia beliefs as moderators in the link from surface acting to burnout (operationalized here as exhaustion). In recent decades, eudaimonia has become one of the central topics in research related to wellbeing and happiness. However, different approaches exist, leading to ambiguity in its conceptualization (Kashdan, Biswas-Diener, & King, 2008). Some authors have considered eudaimonia as a motive for activities intended to develop the best in oneself (Huta & Ryan, 2010) or as motives for emotion regulation (Tamir, 2016). By contrast, others have defined it as a way of behaving (such as a willingness to change and pursue long-term goals) (Straume & Vittersø, 2015), as types of behavior (Steger, Kashdan, & Oishi, 2008), or as a mindset for action when people focus more on the activity than on the results (Fowers, Mollica, & Procacci, 2010). In turn, McMahan and Estes (2011) referred to eudaimonia as a system of beliefs about the nature and experience of wellbeing. Accordingly, eudaimonia explains the way a person sees the world and what wellbeing means to him/her. In the current research study, we opted for eudaimonia beliefs because, as we describe later, the way people interpret the meaning of wellbeing

can play a role in the impact of emotion regulation strategies (i.e., surface acting) on exhaustion.

When referring to the way lay people define their eudaimonic wellbeing beliefs, two dimensions have been identified, contribution-to-others and self-development McMahan and Estes (2011). Additionally, eudaimonia has been largely related and compared to hedonism (Ryan & Deci, 2001). Hedonic beliefs consist of defining wellbeing in terms of seeking pleasant experiences and avoiding unpleasant ones (McMahan & Estes, 2011). In this study, we aim to test, in a real organizational context (services for individuals with intellectual disability), how individual differences in beliefs about the contribution-to-others and self-development moderate the positive relationship between surface acting and exhaustion in workplaces, when controlling for hedonism.

### **Surface acting and exhaustion**

The current research study focuses on the central feature of burnout: exhaustion, which refers to a lack of energy and emotional resources (Maslach, 1982) resulting from workplace stressors (Cropanzano, Rupp, & Byrne, 2003). Exhaustion often occurs in service industries because employees have to deal with customer demands (Wright & Cropanzano, 1998). Employees' efforts include surface acting as a regulation strategy that involves managing one's outward expression in order to show appropriate emotions (Hülshager & Schewe, 2011), which leads to exhaustion (Abraham, 1999; Brotheridge & Grandey, 2002; Grandey, 2003; Martínez-Iñigo, Totterdell, Alcover, & Holman, 2007). This link from surface acting to exhaustion has been confirmed at the meta-analytic level (Hülshager & Schewe, 2011; Mesmer-Magnus, DeChurch, & Wax, 2012), and the Job-Demand Resources Model (Bakker & Demerouti, 2013) helps to explain this connection. Surface acting is considered a conscious effort involving an energy investment that may exhaust employees' resources (Prentice, 2013). We replicate this link in our sample:

*Hypothesis 1. Surface acting will be positively associated with exhaustion.*

### **The weakening role of self-development beliefs**

Although, broadly speaking, surface acting is positively related to burnout (Hülshager & Schewe, 2011), some scholars have identified positive effects on wellbeing. Employees who are able to display the expected emotions in different situations deliver good, predictable service (Ashforth & Humphrey, 1993), with potential positive effects

on professional development. For example, amplifying positive emotions in interactions with customers increases job satisfaction (Côté & Morgan, 2002) and employees' sense of personal accomplishment (Zapf & Holz, 2006). All these positive effects can be explained by employees' need for recognition (Xanthopoulou et al., 2013; Zapf, 2002), an argument closely related to self-development beliefs. Employees who interpret that wellbeing at work is based on self-development can perceive that complex emotional demands (including surface acting) are necessary and even an opportunity to develop their skills and competencies.

Thus, self-development beliefs can be viewed as personal resources of contact employees. Personal resources are facets of the self that allow successful control over and impact on the environment (Hobfoll, Johnson, Ennis, & Jackson, 2003). According to the Conservation of Resources Theory (COR) (Hobfoll, 1989), personal resources help individuals to control their environment by coping with demanding situations (Xanthopoulou et al., 2013). Furthermore, the Job Demands–Resources Model (JD-R) (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) proposes that high emotional demands combined with limited personal resources will lead the person to experience a higher level of exhaustion in the workplace. Self-development beliefs describe a personal resource because people who define wellbeing at work as personal growth can perceive surface acting as a challenge that stimulates self-actualization. By contrast, people who are low in self-development beliefs interpret surface acting as a constraint and a potential threat to their wellbeing. Based on these arguments, we propose that:

*Hypothesis 2. Self-development beliefs will moderate the relationship between surface acting and exhaustion, in such a way that this relationship is weaker for employees high in self-development beliefs about wellbeing than for employees' low in self-development beliefs, when controlling for hedonism.*

### **The strengthening role of contribution-to-others beliefs**

Whereas self-development emphasizes employees' internal personal growth, contribution-to-others focuses on external actors (e.g., customers). Employees who strongly believe that their wellbeing is based on supporting and helping others are probably more able to understand another person's experiences (Eisenberg & Miller, 1987; Stocks, Lishner, & Decker, 2009). This sensitivity toward others creates problems when employees have to deal with surface acting in their interactions with customers. It



is reasonable to assume that employees who are high in contribution-to-others beliefs experience the negative effects of cognitive dissonance when they are forced to perform surface acting. Cognitive dissonance refers to the tension produced by two inconsistent cognitions, for example, when individuals act in a way that is contrary to their attitudes (Festinger, 1957; Myers, 2010). In our case, the inconsistency occurs because employees who are high in contribution-to-others show strong beliefs oriented toward helping others, but they have to falsify their emotions in service encounters. Murray, Wood, and Lilienfeld (2012) observed – using a classic cognitive dissonance paradigm – that participants high in empathy exhibited dissonance effects when they were instructed to lie, whereas individuals low in empathy did not. Similarly, it is difficult to reconcile the simulation of emotions in relationships with customers and personal beliefs leading toward genuinely helping others in health care organizations. Therefore, we hypothesize that:

*Hypothesis 3. Contribution-to-others beliefs will moderate the relationship between surface acting and exhaustion, in such a way that this relationship is stronger for employees high in contribution-to-others beliefs than for employees low in contribution-to-others beliefs, when controlling for hedonism.*

## **Method**

### **Procedure and participants**

The sample for this study consisted of 817 workers randomly selected from 118 small centers, each affiliated with a Non-Governmental Organization for Persons with Intellectual Disabilities (“Plena Inclusión”, Spain). Researchers contacted 140 centers, all of them affiliated with “Plena Inclusión” (Spain), but 22 declined to participate in the current study. Participation of centers and workers was confidential and voluntary. Employees in each center were chosen randomly. Researchers trained one employee per center to carry out the random selection (assigning codes to employees) and perform the data collection (response rate 95%). To be surveyed, an employee had to have contact with people with intellectual disability as part of his/her job. Most of the employees were primary health care workers, psychologists, occupational therapists, social workers, and physiotherapists. Centers differed in the number of employees, but following the criteria

by Liden, Erdogan, Wayne and Sparrowe (2006), each center had to achieve the participation of at least 60 % of the members under the supervision of the manager of the center. Participants were asked to answer sincerely, and they were assured of the confidentiality and anonymity of the responses, in order to reduce evaluation apprehension, social desirability bias, and leniency (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Four types of centers participated in the study: a) day-care centers delivering therapeutic, educational, and social-leisure services ( $N = 182$ ); b) occupational centers with therapeutic objectives and facilitating the transition to jobs of people with intellectual disability ( $N = 382$ ); c) residences ( $N = 145$ ); and d) other types of centers ( $N = 108$ ) also offering therapeutic and/or educational services. In this sample, 75 % were women and 25 % men, and mean age was 37.45, ranging from 20 to 64 years old. About 50% of the participants were university educated. The study received ethical approval from the University's Human and Social Sciences Ethics Committee, and standard good practice ethical protocols were followed. The current research study was one of the steps in a larger cooperation project between the University of the corresponding author and "Plena Inclusión". This is a long-term, multi-stage project where different aspects of wellbeing and quality of life are considered. One of them is the subject of the current study. Participants were informed about the rationale of the general project. Centers participating in one specific stage of the project received feedback about the stage in question, considering answers at an aggregated level and respecting the anonymity of individual participants.

## **Instruments**

*Surface acting* was measured using the Emotional Labor Scale developed by Brotheridge and Lee (2003). The Likert scale on Surface Acting included 3 items ranging from 1 (*rarely*) to 5 (*very often*), where high levels indicate high frequency of using surface acting as an emotion regulation strategy in interactions with individuals with intellectual disability. An example of an item would be: "I intend to express emotions that I really do not feel". The Cronbach alpha of the scale was  $\alpha = .77$ .

*Eudaimonia* was measured using the "Beliefs about Wellbeing Scale" by McMahan and Estes (McMahan & Estes, 2011), adapted to the workplace. To focus the attention on wellbeing at work, respondents were asked to indicate their opinion about the contribution of each facet (item) to the wellbeing in the workplace. Contribution-to-

others beliefs were assessed using 4 items, with responses scored on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). A sample item includes: “Working in a way that benefits others”. Cronbach’s alpha for the scale was  $\alpha = .82$ . Self-development beliefs were measured using the same format. We used a 4-item scale with responses ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). A sample item was: “Working to achieve one’s true potential”. Cronbach’s alpha for the scale was  $\alpha = .83$ .

*Hedonic* beliefs were introduced in this model as a control variable due to its correlation with the two dimensions of eudaimonia reported by McMahan and Estes during the development of the wellbeing beliefs scale (McMahan & Estes, 2011). These beliefs include two dimensions: *experience of pleasure* and *lack of unpleasant experiences*. Adapting the instrument by McMahan and Estes (2011) to the work context, participants were asked to report their opinion about the contribution of each facet (item) to the wellbeing in their workplace. Each of the two dimensions was evaluated with a 4-item scale, using a 7-point rating scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). An example item for the experience of pleasure is “The experience of wellbeing and the good life necessarily involves: A large amount of pleasurable experience at work”. Cronbach’s alpha for the scale was  $\alpha = .88$ . An example of item for the dimension of lack of unpleasant experiences is “The experience of wellbeing and the good life necessarily involves: Not experiencing hassles at work.” Cronbach’s alpha for the scale was  $\alpha = .84$ .

*Exhaustion*, as the central feature of burnout, was measured with the Spanish adapted version of the Maslach-Burnout Inventory-General Survey (Schaufeli, Martínez, Marques-Pinto, Salanova, & Bakker, 2002). Exhaustion was assessed using 5 items, and participants had to indicate how often they experienced what was described in each item using a 7-point rating scale (from 0 *never* to 6 *every day*). A sample item was: “At the end of the day I feel tired”. Cronbach’s alpha for the scale was  $\alpha = .84$ .

### **Other Control Variables**

In addition to hedonic beliefs, age, sex, educational level, and type of center were introduced as control variables, due to their possible influence on the results. Age was considered as a control variable because older employees are expected to be more able to control their emotions and display appropriate emotions (Hochschild, 1983; Kruml & Geddes, 2000; Springer, Pudrovská, & Hauser, 2011). Gender (women = 1; men = 0) was

also controlled because surface acting is more highly correlated with low emotional burnout in females than in males (Johnson & Spector, 2007). Moreover, female employees seem to find surface acting more draining than male employees (Walsh, Bartikowski, & Walsh, 2013). Educational level was introduced as another control variable, assuming that the educational level reported by employees might be related to differential requirements of the emotion regulation strategy. Educational level has been measured at four levels: no studies, primary school, secondary school, and university. To introduce them into the regression analysis, we created three dummy variables, where the “no studies” level was the reference group. Finally, possible differences in the type of daily activity of each type of center (occupational centers, day-care service, residences, and others) might affect the results; therefore, we also controlled for type of center by creating three dummy variables where “other type of centers” served as the reference group.

## Results

### Preliminary results

Means, standard deviations and Cronbach’s alpha coefficients are displayed in Table 1. Values corresponding to Cronbach’s alpha were above .70 for all the study measures.

*Table 1.* Mean, Standard Deviation and Internal Consistencies, Cronbach’s alpha of the scale

Construct	M	SD	$\alpha$
1. Experience of pleasure <sup>b</sup>	5.21	1.15	.88
2. Avoidance negative experience <sup>c</sup>	5.41	1.17	.82
3. Surface Acting	2.36	.81	.77
4. Contribution-to-others <sup>d</sup>	6.38	.60	.82
5. Self-development <sup>e</sup>	6.23	.68	.83
6. Exhaustion	1.99	1.19	.84

*Note:*  $N = 817$

Correlations are displayed in Table 2. As expected, there was a significant positive relationship between surface acting and exhaustion. In addition, the eudaimonic dimension of contribution-to-others was negatively correlated with exhaustion.

Table 2. Inter-Correlations of the scales used

Construct	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Experience of pleasure <sup>a</sup>	—													
2. Avoidance of negative experience <sup>b</sup>	.51**	—												
3. Surface Acting	-.01	.0	—											
4. Contribution-to-others <sup>c</sup>	.37**	.33**	-.05	—										
5. Self-development <sup>d</sup>	.41**	.35**	-.04	.74**	—									
6. Exhaustion	-.02	-.00	.25**	-.08*	-.04	—								
7. Age <sup>f</sup>	.00	.02	-.07*	.04	.04	-.17**	—							
8. Gender	.00	-.02	.09**	-.08*	-.06	-.01	.04	—						
9. Dummy Type of center (day care)	.03	.07	-.02	.00	.00	.05	-.08*	-.02	—					
10. Dummy Type of center (occupational)	-.07	.07	.05	-.09*	-.06	-.01	.09*	.11**	-.50**	—				
11. Dummy Type of center (residency)	.05*	-.11**	.01	.02	.01	-.00	-.07	-.02	-.25**	-.43*	—			
12. Dummy Education (primary)	.06	.06	-.03	.01	-.00	-.17**	.27**	-.00	-.07	-.05	.08*	—		
13. Dummy Education (secondary)	.07*	-.05	-.02	.00	.00	-.03	.05	.05	.03	-.11**	.09**	-.27**	—	
14. Dummy Education (university)	-.11**	.09*	.04	-.01	.01	.13**	-.23**	-.05	.00	.15**	-.14**	-.36**	-.79**	—

Note: N = 817, \* p < .05, \*\* p < .01, a & b = hedonistic wellbeing beliefs, c & d = eudaimonic wellbeing beliefs, f = age range from 18 to 65.

## Hypothesis testing

A regression analysis was carried out using the Process Macro for SPSS (Hayes, 2013) to test the hypotheses of the current research study. To do so, the control variables (age, gender, educational level, type of center, and the two dimensions of hedonism), direct relationships between eudaimonia beliefs and exhaustion, and the two proposed interactions were simultaneously considered (see Table 3), predicting 12% of the exhaustion variance. All the variables introduced in this model were mean centered, and the simple slopes were calculated at one Standard Deviation above and below the mean. The results showed that surface acting has a significant and positive direct relationship with exhaustion. Thus, H1 was confirmed.

Results also showed no direct significant relationships between any of the wellbeing beliefs and exhaustion. However, both proposed interactions were statistically significant. The interaction of surface acting with self-development beliefs explained 1% of the variance in exhaustion ( $F_{(1, 735)} = 6,22, p < .005, \Delta R^2 = .01, p < .05$ ), whereas the interaction between surface acting and contribution-to-others explained a 1 % increase in the variance in exhaustion ( $F_{(1, 735)} = 6.57, \Delta R^2 = .01, p < .05$ ).

As expected (H2), the graphical representation of the first interaction (Figure 1) showed that there is a weakening role of self-development beliefs in the relationship between surface acting and exhaustion. By contrast, the contribution-to-others beliefs had a strengthening role in this relation (see Figure 2), confirming H3.

Table 3. Summary of Regression Analyses

Predictor	Exhaustion			$\Delta R^2$
	B	SE	T	
Age	-.01**	.00	-2.78	
Gender	.06	.09	.64	
Type of Center (dummy – day care)	.09	.15	.64	
Type of Center (dummy – occupational)	-.06	.13	-.47	
Type of Center (dummy – residence)	-.03	.15	-.22	
Educational level (dummy – secondary)	-.31	.49	-.63	
Educational level (dummy – medium)	.03	.48	.07	
Educational level (dummy – university)	.18	.49	.38	
Experience of pleasure	.03	.04	.74	
Avoidance negative experience	-.01	.04	-.24	
Surface acting	.32**	.05	6.06	
Self-development	.06	.08	.65	
Contribution-to-others	-.20	.10	-1.86	
Surface Acting x Self-development	-.28*	.11	-2.49	.01*
Surface Acting x Contribution-to-others	.32*	.12	2.56	.01*

$p < .05$ . \*\* $p < .01$

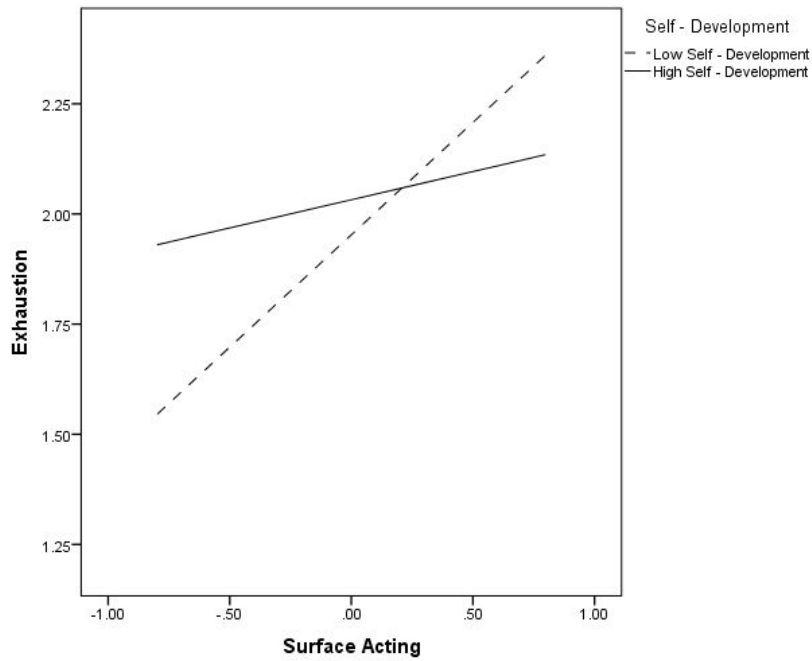


Figure 1. Moderation of self-development beliefs in the relation between surface acting and exhaustion.

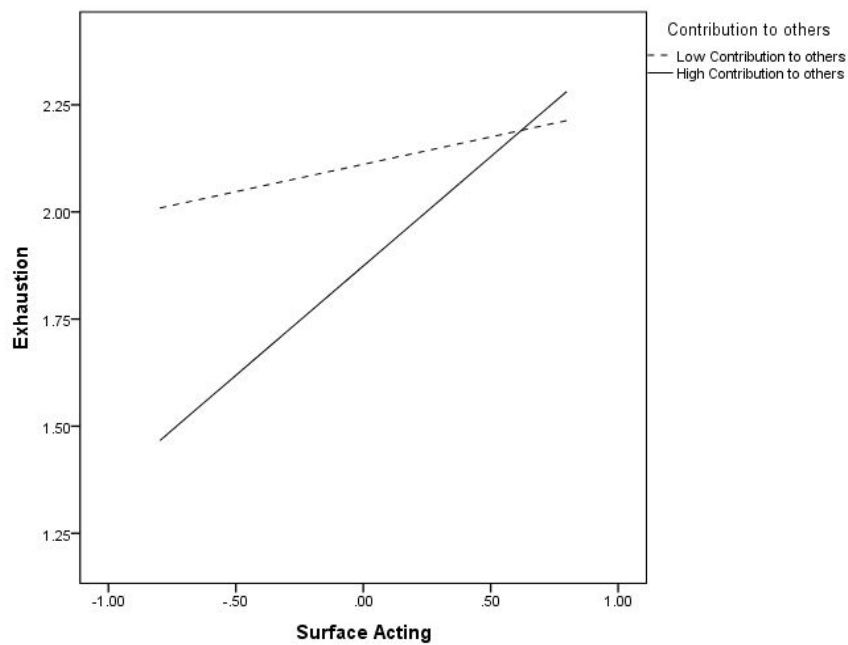


Figure 2. Moderation of contribution-to-others beliefs in the relation between surface acting and exhaustion.



## Discussion

The present study has two main goals. First, we replicated the testing of the link from surface acting to wellbeing. Coinciding with previous research studies (Brotheridge & Grandey, 2002; Brotheridge & Lee, 2003b), our results show that people who regulate their emotions in “bad faith” (Rafaeli & Sutton, 1987), making the conscious effort of “faking” the expression of their true emotions in order to satisfy requirements at work, are more likely to report a higher level of exhaustion. This finding is congruent with the Job-Demand Resources model (Bakker & Demerouti, 2013). Surface acting describes an investment of resources that is positively related to exhaustion experienced by workers. However, we are aware that this link is complex, and other factors can have an influence on the direction and magnitude of this relationship. Accordingly, our second goal was to delimit the moderating role of wellbeing beliefs in this connection. To this end, we focused on eudaimonic dimensions of self-development and contribution-to-others beliefs. This is our main contribution because this moderation allows us to confirm that worker reactions to surface acting depend on the meaning they attribute to wellbeing. Interestingly, self-development vs. contribution-to-others beliefs presented different patterns of results. High self-development beliefs protect one from the negative effects of surface acting, whereas high contribution-to-others beliefs accentuate the negative relationship between surface acting and exhaustion. Each of these moderations is addressed more specifically below.

High self-development beliefs have a weakening effect, maintaining the same level of exhaustion even when the surface acting level is high. People who believe that wellbeing in the workplace is related to self-development are less likely to be exhausted when they have to act superficially and display emotions other than the ones they actually feel. Considering self-development beliefs as personal resources that enable people to work optimally in demanding emotional environments, our results are congruent with both the COR Theory (Hobfoll, 1989) and the Job Demands–Resources Model (JD-R) (Demerouti et al., 2001). Surface acting is seen as a necessary regulation effort that should be performed in order to achieve personal growth in the workplace. Given the complexity of service encounters, it is quite difficult for workers to display genuine emotions in every situation. Thus, surface acting is required. For people with high self-development wellbeing beliefs, this emotion regulation is necessary for an adequate performance,

increasing personal accomplishment (Zapf & Holz, 2006), which is congruent with their beliefs.

By contrast, the second moderation indicates that people who define wellbeing in the workplace in terms of “contribution-to-others” are especially sensitive to the negative effects of surface acting. Their exhaustion increases when they are forced to simulate their emotions. For workers high in contribution-to-others wellbeing beliefs, surface acting produces cognitive dissonance because they experience two inconsistent cognitions (Festinger, 1957; Myers, 2010). On the one hand, in their interpretation of wellbeing at work, they give special importance to helping others. On the other hand, in some situations they have to fake their emotions in their social interactions to satisfy organizational requirements. This dissonance in workers with high contribution-to-others beliefs who have to simulate their emotional display in service encounters leads to exhaustion.

In general, our results add to a growing body of research demonstrating the need for and existence of psychological constructs that can mitigate the effect of having to simulate emotions in the workplace on employee wellbeing. In this regard, we have shown that two dimensions (self-development and contribution-to-others) of one construct (eudaimonia beliefs in the workplace) might play different roles in the relationship between emotion regulation and exhaustion. Additionally, we advance the study of beliefs of wellbeing, providing empirical evidence that conceptions of wellbeing have an impact on the way other factors (e.g. surface acting) might increase or decrease the wellbeing experienced. Moreover, we add to the scarce research on eudaimonia in work settings, as eudaimonia is normally studied in general life settings, with little research conducted in work settings (Straume & Vittersø, 2015).

Another important contribution of the study has to do with the practical implications, as the results offer information that can enable organizations to create policies and programs to minimize exhaustion and promote wellbeing among their employees. Because the two belief factors are independent (although related), specific interventions to support self-development might be encouraged, without reducing the potential positive aspects related to contribution-to-others beliefs. For example, training programs could aim to make employees aware of the importance of personal growth and

the need for emotion regulation at work in delivering adequate service and developing competencies and skills.

### **Limitations and future research**

The present study extends prior knowledge on the moderators between surface emotion regulation and exhaustion by considering wellbeing beliefs in the workplace. However, there are several limitations that should be considered, as well as possible paths for future research. First, this is a cross-sectional study, and, therefore, definitive causal relationships cannot be determined. Although our findings are congruent with well-consolidated theoretical approaches, such as COR, JD-R, and cognitive dissonance, future studies can investigate how emotional reactions evolve over time as a function of surface acting requirements. Longitudinal designs and diary studies (e.g. Hülshager, Lang, Schewe, & Zijlstra, 2015) can be very helpful in delimiting this dynamic. Second, the observations used in this study are based on self-reports, using employees as informants. This is the traditional way to measure concepts such as exhaustion, but other complementary measures, in addition to self-reports, can offer a richer test of our hypotheses. For example, cardiovascular responses to surface acting demands can be assessed to register automatic worker reactions. Finally, data used in this study were collected from a sample of employees in centers for people with intellectual disabilities. These centers share a number of characteristics with other health care services. One of these common issues is the complex social interaction between workers and customers, where emotional demands play a prominent role. However, testing our hypotheses in other samples will help to verify the generalizability of our findings.

In spite of the limitations of the study, our findings represent a step forward in the study of emotion regulation strategies and their relationship with exhaustion and wellbeing beliefs. Despite its potential negative effects on wellbeing, surface acting is often necessary in order to deliver good service to customers, a critical aspect in health services. Interpreting wellbeing at work as self-development acts as a protector for workers when they have to deal with situations that require complex emotion regulation.

## ARTICLE 2

### **Organizational Performance Focused on Users' Quality of Life: The Role of Service Climate and "Contribution-to-Others" Wellbeing Beliefs**

Pătraș, L., Martínez-Tur, V., Estreder, Y., Gracia, E., Moliner, C., Peiró, J.M. (2018) Organizational performance focused on users' quality of life: The role of service climate and "contribution-to- others" wellbeing beliefs. *Research of Developmental Disabilities*. <https://doi.org/10.1016/j.ridd.2018.04.016>

## **Abstract**

The investigation of organizational factors as precursors of the quality of life (QoL) of service users in organizations for individuals with intellectual disability has been relatively neglected. With this in mind, this study tests the mediation of service climate between employee's "contribution-to-others" wellbeing beliefs (COWBs) and organizational performance focused on the QoL of individuals with intellectual disability. A total of 104 organizations participated in the study. Data were collected from 885 employees and 809 family members of individuals with intellectual disability. The results of the multilevel mediation model supported the hypotheses. When employees believe that their own wellbeing depends on helping others (COWBs) service climate reported by employees is stimulated. Service climate in turn was associated with organizational performance focused on QoL of people with intellectual disability, assessed by family members. The manuscript concludes with theoretical and practical implications of the study.

*Key words:* eudaimonia, contribution-to-others, service climate, quality of life

Progress in modern societies has led to an increasing interest in service organizations for individuals with intellectual disability. Specialized services have evolved toward inclusive settings where individuals with intellectual disability are considered active and autonomous people and their quality of life (QoL) is the main goal of the service (see Harbour & Maulik, 2010). Therefore, QoL of service users has become a critical objective for organizations (Reinders & Schalock, 2014). To this end, the role of employees is quite relevant because of their day-to-day interactions with service users. Achieving satisfactory life conditions for individuals with intellectual disability means that employees have to deliver QoL-oriented services based on values and beliefs that emphasize “helping others” as meaningful job motivation. However, few studies focus on the links from the characteristics of service providers to the QoL of service users, although some exceptions indicate that contact employees’ service performance can play a significant role in other similar contexts (Wu, Mak, & Wan, 2007). In the current manuscript, we focus on two relevant service-setting antecedents of the QoL of individuals with intellectual disability: organizational service climate and employee’s beliefs about the degree to which their wellbeing is based on helping others.

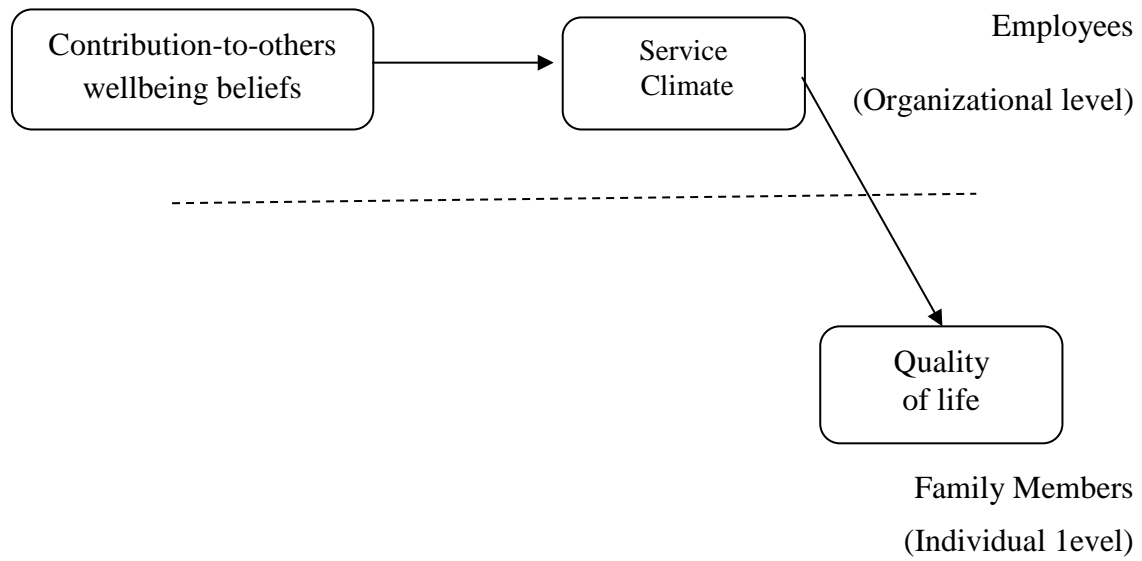
Schneider, White, and Paul (1998) defined service climate as “employee perceptions of the practices, procedures, and behaviors that get rewarded, supported, and expected with regard to customer service and customer service quality” (p. 151). Accordingly, high service climate indicates that employees perceive that their organization is actively involved in user service. Traditionally, service climate has been viewed as a competitive advantage related to organizational outcomes such as service quality, user satisfaction, and loyalty intentions (Hong et al., 2013). Previous studies have focused on service climate as a path to financial gains in different sectors such as the banking industry (Ehrhart et al., 2011) or restaurants and hotels (Gracia et al., 2010). However, in services for individuals with intellectual disability, the consequences of service climate go beyond financial gains and have a more social nature. Following the terminology by Mintzberg (1989), these organizations have characteristics of missionary configurations, where ideology plays a relevant role. More specifically, the QoL of service users is in itself the desirable end, producing better life conditions for service users. In this context, service climate provides a framework for stimulating users’ QoL because user concerns become critical in organizations with high service climate

perceptions. Thus, we extend the investigation of service climate as a strategic climate in organizations for people with intellectual disability, connecting it to the QoL of the users.

Organizational climate in general and service climate in particular emerge from a deeper core of the culture, that is, employees' fundamental ideologies, assumptions, and values (Yagil, 2014). In services for individuals with intellectual disability, genuine user orientation should be based on a facet of the culture that focuses on beliefs that define "helping others" as valuable and meaningful. Accordingly, the current study focuses on "contribution-to-others" wellbeing beliefs (COWBs), understood as the degree to which lay people define their own wellbeing based on supporting and helping others (McMahan & Estes, 2011). These beliefs are also present in the workplace, describing the degree to which employees believe that their own wellbeing at work is based on serving others (Pătraș, Martínez-Tur, Gracia, & Moliner, 2017). Considering the nature of these beliefs, we propose that, when employees believe that their own wellbeing depends on helping others, user-oriented procedures and practices are more likely.

Therefore, we examine the relationships among COWBs, organizational service climate, and QoL of individuals with intellectual disability. More specifically, we test whether COWBs are related to organizational performance focused on the QoL of service users through the mediation of service climate. Employees reported their beliefs and climate perceptions at the organizational level, whereas family members assessed organizational performance focused on QoL, reported at the individual level. Consequently, we propose a cross-level mediation with two informants: employees and family members (Figure 1).

Figure 1. Proposed model



The present study makes at least two relevant contributions to the existing literature. First, it considers the link from COWBs, as a critical facet of organizational culture, to service climate. Because climate is the operationalization of cultural beliefs in daily work (Morgan, Rapp, Glenn Richey, & Ellinger, 2014), COWBs are considered as the *breeding ground* for a high service climate where the service user is the priority. Second, it investigates the link from these beliefs and climate to organizational performance focused on QoL assessed by family members of people with intellectual disability. Although the impact of internal organizational processes on external performance assessment is critical in understanding the achievement of objectives, there is still a gap in the research about the links from culture-climate aspects to user evaluations (Wolf, Dulmus, Maguin, & Cristalli, 2014). Specifically, research on service climate has focused mainly on user perceptions of customer experiences, such as service quality, customer satisfaction, and customer loyalty (see Bowen & Schneider, 2013), which are relevant when financial profit is the organization's main goal. However, when the organization pursues social goals, other service performance indicators are relevant, such as users' QoL (Moliner et al., 2013). Hence, we propose service climate as the link connecting employees' beliefs to organizational performance focused on the QoL of individuals with intellectual disability.



### **“Contribution-to-others” wellbeing beliefs (COWBs)**

Concern about the wellbeing of employees is already a traditional topic of interest for researchers and practitioners (e.g., Ayala, Peiró, Tordera, Lorente, & Yeves, 2016). In recent years, wellbeing has been associated with eudaimonia, a concept that has a long tradition in philosophy and, more recently, in other disciplines. Eudaimonia is an Aristotelian concept that focuses on the factors underlying human happiness, based on people’s capacity to fulfill their potential. Self-Determination Theory (SDT) considers that eudaimonic wellbeing is attained through the satisfaction of three human psychological needs: relatedness, autonomy, and competence (Ryan & Deci, 2001). However, the Model of Psychological Wellbeing proposed by Ryff (2013) argues that eudaimonic wellbeing consists of six constructs: relatedness, autonomy, personal growth, self-acceptance, purpose in life, and environmental mastery (Ryff, 2013). Both theories reveal that human development and growth, as well as relations with the community and with others, are an important part of wellbeing. For instance, people report greater happiness and life satisfaction when they experience relatedness (e.g., belongingness, Baumeister & Leary, 1995) or positive relationships (Myers, 2000). In this vein, McMahan and Estes (2011) focused on the conception of wellbeing or the way individuals define their own wellbeing. They conceptualized eudaimonic wellbeing beliefs through two dimensions: self-development and contribution-to-others; and they propose that when lay people are asked to define their own eudaimonic wellbeing, they respond in terms of these two dimensions. In sum, although there is ambiguity in the conceptualization and operationalization of eudaimonia (Kashdan, Biswas-Diener, & King, 2008), supporting and helping others (COWBs) is consistently included in the definition of eudaimonic wellbeing (e.g., Baumeister, Vohs, Aaker, & Garbinsky, 2013).

Eudaimonic wellbeing beliefs can be investigated in relation to specific contexts such as the workplace, examining the way employees define or think about their own wellbeing at work (Pătraș et al., 2017). In fact, according to these authors, COWBs are of special interest in specific contexts such as services for individuals with intellectual disability (Pătraș et al., 2017). In these types of organizations, which focus on helping others and the QoL of their service users, employees would be characterized by their profound commitment to providing high quality care (West et al., 2014). Consequently, it is reasonable to believe that employees in this sector consider helping others to be a relevant aspect in conceptualizing their own wellbeing in the workplace as a facet of the

culture of the organization. Traditionally, scholars define organizational culture as a complex system of values and beliefs that guide employee actions and help to create identity (Cooke & Rousseau, 1988; O'Reilly, Chatman, & Caldwell, 1991; Schein, 1992). When these beliefs are shared, an organizational culture emerges across people, describing implicit norms (Ostroff et al., 2003). Depending on aspects such as type of organization, leadership, historical trajectory, and strategic goals, different cultures are promoted. For instance, in sectors where technology obsolescence is rapid and new technological solutions are critical for survival, a culture supporting innovation and knowledge management may be reinforced (see Baloh, Uthicke, & Moon, 2008, for an example in the mobile phone industry). It is reasonable to expect that, in organizations providing services to individuals with intellectual disability, the facet of the culture that promotes helping others as a source of personal wellbeing becomes essential in stimulating the QoL of service users.

Different mechanisms can explain the emergence of the “contribution-to-others” facet of culture. The well-known Attraction-Selection-Attrition (Schneider, 1987) model (ASA) helps to explain the homogeneity of employees’ beliefs through three processes: attraction – as a self-selection process through which employees choose an organization whose values are similar to their own–; selection – describing how employees are chosen who share the organization’s values –; and attrition – referring to individuals who leave because they do not fit the organization. Therefore, the ASA model focuses attention on the fit between the original values and beliefs of the person and those of the organization, proposing that homogeneity increases over time through processes of attraction, selection, and attrition. In addition, other processes such as leadership, communication, and socialization (West et al., 2014) also play a significant role in explaining the homogeneity of beliefs (González-Romá & Peiró, 2014). Leaders communicate desired beliefs and values in order to facilitate change in employees and lead them toward the organizational culture.

These processes facilitate the emergence of COWBs as a facet of culture in organizations for individuals with intellectual disability. Because of their missionary characteristics (Mintzberg, 1989) – reflected in QoL as the main goal – it is likely that these types of organizations are attractive to individuals who define their own wellbeing based on helping others. In addition, communication and socialization processes can

change employees' beliefs, increasing the importance of helping others as a meaningful source of wellbeing at work.

### **Organizational service climate**

If organizational culture defines “why” certain things happen in an organization, the organizational climate is about experiential descriptions and “what” happens in the organization (Schein, 1992) or “how we do things around here” (Schneider, Macey, & Young, 2006). Organizational culture leads to practices that reflect the organization's underlying values and intended strategic goals, which are then integrated by employees. The shared perception of practices, policies, and procedures in the workplace has been conceptualized as organizational climate. Compared to organizational culture, climate's focus is on the “situation” and its link to employees' perceptions, feelings, and behaviors, and it resides within individuals in their perceptions of the organizational context (Ostroff, Kinicki, & Muhammad, 2013). However, since Schneider (1990) suggested that climate must be focused in order to be useful, research has explored different strategic or specific climates. It is assumed that important facets of the organization create different climates (Dietz, Pugh, & Wiley, 2004), and their evaluation makes it possible to obtain stronger relationships with specific performance indicators.

In the services sector, a critical specific climate is service climate (Schneider, White, & Paul, 1998). High service climate indicates that organizations attribute high importance to service quality and users. It is the message employees receive about how important user service is in their organization, and it has been considered a critical link between the organization's internal management and its performance (Schneider et al., 1998). Service climate has provided a useful indicator that helps organizations to measure whether their core values and beliefs about service are present at the base (Horwitz & Neville, 1996), and it consists of more empirically accessible elements such as behavioral and attitudinal characteristics (Moran & Volkwein, 1992).

According to the model of organizational culture and climate in health care organizations proposed by West, Topakas, and Dawson (2014), organizational culture is based on the values promoted by the organization (e.g., through leadership, socialization) and on the external context of the organization (e.g. international factors, professional

associations). The values and beliefs promoted in this type of organization focus on quality care and the QoL of users, and a strong commitment to these values is expected across organizations and their employees (West, et al. 2014). By contrast, the climate in this model refers to values transmitted through actions and frontline processes. In other words, climate is the translation of culture into everyday work. As mentioned above, organizations for people with intellectual disability have missionary characteristics (see Mintzberg, 1989), and the QoL of the service users is the objective that gives meaning to the organization's existence. COWBs are precursors of service climate because organizational members interpret that their own wellbeing is based on helping others, and this culture is likely to be translated into a service climate where the user is the priority when implementing procedures and practices. Hence, we hypothesize the following:

*Hypothesis 1. COWBs are positively related to service climate.*

### **Organizational Performance Focused on Quality of Life (QoL)**

The investigation of the links from culture and climate to service performance has been somewhat neglected (Wolf, et al. 2014). The service climate construct was proposed to predict user service quality perceptions as a way to retain users and be competitive (Schneider, et al. 1998). However, what is the role of service climate when economic profitability is not the main objective? In services for individuals with intellectual disability, where financial gains are usually secondary, the role of service climate can be expanded, helping to understand other types of service performance. As mentioned above, COWBs, as a facet of organizational culture, lead to a service climate where the user is the priority. However, the procedures and practices do not pursue users' loyalty, but rather the QoL of service users.

QoL was defined by the World Health Organization (WHO) ) as "individuals' perceptions of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns" (Group, 1998, p. 1). Moreover, QoL is influenced by personal characteristics and environmental factors (Schalock et al., 2011). Nowadays, there is an increasing interest in the role of the environment or context and, more specifically, the investigation of service settings. Wu et al. (2007) found significant relationships between the design of

services and QoL. The interest in service organizations as precursors of QoL is also present in the study by Moliner, Gracia, Lorente, and Martínez-Tur (2013). These authors developed and validated a contextualized measure that considers organizational performance focused on the QoL of individuals with intellectual disability (Moliner et al., 2013).

The importance of the service environment in users' QoL is especially relevant in services for individuals with intellectual disability. In addition to considering QoL as a main goal, these services have specific characteristics that facilitate the connection between service climate and users' evaluations of organizational performance. These types of services are highly customized, they are extended in time, and employees and service users are physically and psychologically close (Parkington & Schneider, 1979). Thus, the service users are highly sensitive to procedures and practices underlying a service climate where the user is the priority. Therefore, service climate places the user at the center of the daily work, especially in a service context (organizations for individuals with intellectual disability), where the interaction between contact employees and users facilitates the translation of procedures and practices into users' evaluations of organizational performance focused on QoL. Accordingly, we propose the following hypothesis:

*Hypothesis 2. Service climate is positively related to organizational performance focused on the QoL of people with intellectual disability*

### **The mediation role of service climate**

The previous hypotheses allow us to propose a model where service climate mediates the link from COWBs to organizational performance focused on QoL. According to Reinders and Schalock (2014), QoL occurs when organizations encourage and support people in order to develop their human capabilities, and it is an internal organizational process that primarily serves current service users and their families. In services for individuals with intellectual disability, shared beliefs that support helping others as a meaningful source of wellbeing (COWBs) facilitate the emergence of procedures and practices oriented toward the user. This service climate, in turn, is related to organizational performance focused on users' QoL. The source of data for COWBs

and service climate is the contact employee, and data are aggregated at the organizational level because it is assumed that beliefs and climate perceptions are shared among employees who work together. By contrast, family members assess organizational performance focused on the QoL of their relatives with intellectual disability. Data from family members are considered at the individual level because of the highly personalized service in this sector. Thus, we propose a cross-level mediation model with two informants (contact employees and family members), where we hypothesize the following:

*Hypothesis 3: Service climate mediates the relationship between COWBs and organizational performance focused on the QoL of individuals with intellectual disability.*

## **Method**

### **Procedure and participants**

To test our hypotheses, we contacted 140 small organizations affiliated with “Plena Inclusion”, a Spanish nongovernmental organization offering services to people with intellectual disability. Of them, 22 organizations declined to participate in the current study. Each participating organization provided a written informed consent and agreed to follow the guidelines for random sampling and informed consent of all the individual participants. Before answering the questionnaire, each individual received an informed consent notifying him/her that participation was voluntary and results would be confidential. Participants in each organization (employees and families) were chosen randomly. Researchers trained one employee per organization to carry out the random selection and perform the data collection. This training included topics such as the meaning of random selection and procedure, informed consent, definition of service climate and wellbeing beliefs, and communication with the research team. We organized several training sessions. In each session, a small group of employees who were responsible for data collection participated. These employees did not answer the questionnaire. This sampling plan resulted in high response rates for employees (95%) and families (96%).

To be surveyed, contact employees had to have contact with people with intellectual disability as part of their job. Most of the employees were primary health care

workers, psychologists, occupational therapists, social workers, and physiotherapists. Organizations differed in the number of employees, but following the criteria by Liden, Erdogan, Wayne and Sparrowe (2006), each organization had to achieve the participation of at least 60 % of its members, under the direct supervision of its manager.

Each organization randomly selected at least three families. From each family, the participating member who reported data about organizational performance focused on QoL was the one who had frequent contact with the employees in the organization and direct knowledge about the activities and services received by his/her relative with intellectual disability. The study received ethical approval from the University Ethics Committee of the corresponding author, and standard good practice ethical protocols were followed. Each participant was informed about the objective of this study. Participants were asked to answer sincerely, and, as mentioned above, confidentiality and anonymity of their responses were assured in order to reduce evaluation apprehension, social desirability bias, and leniency (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003).

Only organizations with at least 3 usable surveys from both employees and families were considered in the final sample for the empirical study. After deleting missing data, our final sample was composed of 104 organizations spread across Spain, with 885 contact employees and 809 family members. Participating organizations ranged from 3 to 23 employees in size. Only front-line employees who were in contact with the service users on a daily basis (monitors, psychologists, teachers, nurses) were considered, as well as 3 to 11 family members (parents, siblings, or other close relatives) who were also the legal guardians of the people with intellectual disabilities. The average age of employees was 37.39 years ( $SD = 9.33$ ), ranging from 20 to 64; 75.8% were women, and 24.2% were men. About 50 % of the employees in the study were university educated. The average age of family members was 57.58 years ( $SD = 11.51$ ), ranging from 20 to 90. Of them, 66.80% were women, and 33.20 % were men.

## **Instruments**

*COWBs* were measured using the “Beliefs about Wellbeing Scale” by McMahan and Estes (2011), adapted to the workplace (Pătraș et al., 2017). To focus on wellbeing at work, respondents were asked to indicate their opinion about the contribution of each facet (item) to their own wellbeing in the workplace. *COWBs* were assessed using 4 items, with responses scored on a 7-point scale ranging from 1 (strongly disagree) to 7

(strongly agree). A sample item includes: “Working in a way that benefits others”. In the sample used in this study, the Cronbach’s alpha for the COWB scale was  $\alpha = .82$ . In order to check the construct validity, we also ran a Confirmatory Factor Analysis (CFA) using the data collected from the sample in the current study. Indicators of model fit were assessed according to cutoffs recommended by Hu and Bentler (1999), including the chi-square statistic, a comparative fit index (CFI) near .95 or greater, a root-mean-square error of approximation (RMSEA) close to .06 or less, and a standardized root mean residual (SRMR) close to .08 or less. The results of a one-factor model for the COWB indicate a good model fit ( $\chi^2 = 9.37$ ,  $df = 2$ ,  $p < .01$ ; RMSEA = .065; CFI = .994).

*Service climate* was measured using the reduced version of the Service Climate Scale (Potočník, Tordera, Martínez-Tur, Peiró, & Ramos, 2011) based on the instrument developed by Schneider et al. (1998). A specific effort was made to adapt the scale by Schneider et al. (1998) to the context of services for individuals with intellectual disability. To do so, a group of researchers from the university of the corresponding author and practitioners from the sector of organizations for individuals with intellectual disability met to revise and adapt the scale. During the group discussion, content analysis and the wording of the items were considered, following two main principles: respect the content and adapt it to services for individuals with intellectual disability. The final version of the scale included 16 items, scored on a 7-point rating scale ranging from 1 (completely agree) to 7 (completely disagree). A sample item includes: “The decisions made always take the person with intellectual disability into consideration”. Cronbach’s alpha for the scale in this study was  $\alpha = .92$ . Moreover, we ran a CFA using the data collected from the sample of the current study. Results of a one-factor model showed a good fit to the data ( $\chi^2 = 581.88$ ,  $df = 90$ ,  $p < .01$ ; RMSEA = .079; CFI = .945).

In order to verify that the employees were able to differentiate between COWBs and Service Climate, we ran an additional CFA. To this end, we compared a model that differentiated between the two proposed constructs and a single-factor model that forced all items to load into one general dimension. The results of the two-factor model provided a better fit to the data ( $\chi^2 = 699.98$ ,  $df = 155$ ,  $p < .01$ ; RMSEA = .063; CFI = .947) than the single-factor model ( $\chi^2 = 1818.69$ ,  $df = 156$ ,  $p < .01$ ; RMSEA = .110; CFI = .838).

*Organizational performance focused on QoL* was assessed by considering the degree to which the services provided by the organization help to stimulate the QoL of



people with intellectual disability, as perceived by family members. To do so, we used the overall QoL scale by Moliner et al. (2013), consisting of 4 items scored on a 7-point Likert scale, with options ranging from 1 (strongly disagree) to 7 (strongly agree). This is a contextualized organizational performance measure that focuses on the QoL of people with intellectual disabilities due to the actions and activities of organizations delivering services in this sector. Traditionally, service performance indicators in profit-oriented organizations are customer satisfaction and service quality. However, non-profit organizations for individuals with intellectual disability require a contextualized measure where the attention is on a social objective, QoL (Moliner et al., 2013). Although QoL could include different facets, our measure referred to an overall evaluation by family members. Scholars have indicated that individuals are able to distinguish facets of constructs, but it is the overall judgement that guides behavior of people (see for an example Ambrose & Schminke, 2009). In our case, the overall judgement reflects a social objective in terms of the degree to which QoL improves thanks to the actions of the organization. Therefore, the focus of the scale was the organization's performance oriented toward the QoL of individuals with intellectual disability, measured using family members' evaluations. An example of an item used here is "The center develops planned actions that improve the QoL of the person with intellectual disabilities for whom I am responsible". The alpha coefficient of this scale in our sample was .86. In order to check the construct validity of this scale, we ran a CFA using the data collected from the sample of the current research study, and the results of a single-factor showed an excellent fit ( $\chi^2 = .156$ ,  $df = 2$ ,  $p > .01$ ;  $RMSEA = .00$ ;  $CFI = 1.00$ ).

### **Data aggregation**

Although culture and climate are typically considered at the organizational level, statistical support should also be provided to justify the aggregation of both COWBs and service climate. In order to empirically examine the appropriateness of working with aggregated data, we followed two complementary approaches proposed by Kozlowski and Klein (2000): a consensus-based approach (average deviation index,  $AD_{M(J)}$ ) and a consistency-based approach (interclass correlation coefficient,  $ICC(1)$ ). The cut-off value for the  $AD_{M(J)}$  was below 1.17 for 7-point scales (Dunlap, Burke and Smith-Crowe (2003)). We computed one-way ANOVAs to determine whether there was between-unit discrimination among organizations in the studied variables (Chan, 1998). Finally, we

calculated the interrater agreement index ( $r_{wg}$ ) (James, Demaree, & Wolf, 1993), one of the most common indicators of within-unit agreement, with a cut-off value above .70.

Results showed that, for COWBs, the mean value on the average deviation index  $AD_{M(J)}$  was .60 (SD = .18), on interrater agreement index ( $r_{wg}$ ), it was .72, and ICC(1) was .05, whereas for service climate the mean  $AD_{M(J)}$ ,  $r_{wg}$ , and  $ICC(1)$  values were .73 (SD = .26), .77 and .28, respectively. The ANOVA results showed a significant degree of between-organizations discrimination for both COWBs ( $F_{(101, 731)} = 1.39, p < .01$ ) and service climate ( $F_{(101, 731)} = 3.78, p < .01$ ). The aggregation of individual scores at the organizational level was justified, and we proceeded to aggregate these variables using the averages corresponding to each participating organization.

### **Statistical plan for hypothesis testing**

The statistical analyses were conducted using the Mplus analytic software with observations nested within working units (organizations) and using maximum likelihood estimation with robust standard errors (MLR). Results are presented for a 2-2-1 multilevel mediation model.

## **Results**

Means, standard deviations, and interclass correlations are displayed in Table 1. As expected, there was a significant positive relationship between COWBs and service climate ( $r = .21, p < .01$ ) and a significant positive link from service climate to performance focused on QoL ( $r = .15, p < .01$ ). The relationship between COWBs and performance focused on QoL was not significant.

Table 1. Means, Standard Deviations, and Correlations Among Study Variables.

Construct	M	SD	1	2	3
1. Contribution-to-others <sup>a</sup>	6.33	.27	—		
2. Service Climate <sup>a</sup>	5.54	.58	.21**	—	
3. Quality of Life	6.23	.88	.04	.15**	—

Note. N = 793 legal tutors. M = mean, SD = standard deviation, \*  $p < .05$ , \*\*  $p < .01$

<sup>a</sup> Aggregated to organizational level variables

After running the proposed model as a 2-2-1 multilevel mediation, indicators showed a good model fit:  $\chi^2 = 16.96$ ,  $df = 3$ ,  $p < .01$ , RMSEA = .00, CFI = 1.00, TLI = 1.00 and SRMR between = .01 and SRMR within = .00. Table 2 shows the estimated results of the path analysis. COWBs, considered at the organizational level, have a positive significant relationship with service climate ( $\beta = .49$ ,  $p < .01$ ), confirming H1. Supporting H2, service climate has a positive significant relationship with organizational performance focused on QoL ( $\beta = .23$ ,  $p < .01$ ). There is no significant direct relationship between COWBs reported by employees at the organizational level and performance focused on QoL reported by family members at the individual level ( $\beta = .02$ ,  $p = n.s.$ ). More importantly, results showed that COWBs have a significant relationship with performance focused on QoL through service climate ( $z = .11$ ,  $p < .05$ ). The significance of the indirect relationship was calculated using the Monte Carlo method (Preacher & Selig, 2012), showing that the indirect relationship underlying the mediation is distributed in a confidence interval between 0.02 and 0.24. Therefore, service climate fully mediates the relationship between COWBs and organizational performance focused on QoL, supporting Hypothesis 3.

Table 2. Overview of Significant Effects

	<i>Estimate</i>	<i>s.e.</i>	<i>Est/s.e.</i>	<i>95 % CI</i>		<i>p</i>
<b>Within – unit variance</b>						
Quality of Life	.69	.07	9.85	.577	.809	<i>p</i> < .01
<b>Between – unit variance</b>						
Path A	.49	.18	2.63	.018	.791	<i>p</i> < .01
Path B	.23	.07	3.50	.124	.344	<i>p</i> < .01
Path C	.02	.14	.17	-.213	.263	<i>p</i> > .05
Indirect effect	.11	.06	2.05	.022	.205	<i>p</i> < .05

N Level 2 = 104 work units (885 employees aggregated scores); N Level 1 = 809 family members  
 Path A: “Contribution-to-Others” Wellbeing Beliefs – Service Climate  
 Path B: Service Climate – Quality of Life (Cross-level)  
 Path C: “Contribution-to-Others” Wellbeing Beliefs – Quality of Life (Cross-level)

## Discussion

The goal of the current study was to examine the mediating role of service climate between COWBs and organizational performance focused on the QoL of individuals with intellectual disability. We tested these relationships in a multi-informant design that considered both employees’ ratings and evaluations by family members. Each family member rated the performance of organizations focused on the QoL of his/her relative with intellectual disability. Moreover, we propose a cross-level study, considering the variables reported by employees (COWBs and service climate) at the organizational level, whereas the performance ratings of the family members were considered at the individual level.

Our results confirmed H1, which proposed that COWBs are positively and significantly related to service climate perceptions. Therefore, one relevant contribution of the current study is the consideration of COWBs as a facet of the organizational culture, and their implications for the emergence of procedures and practices (service climate) that place the individual with intellectual disability at the center of the daily work. Although the general public still lacks an understanding of individuals with intellectual

disability (Siperstein, Norins, Corbin, & Shriver, 2003), there is a trend toward extending health, educational, leisure, and other services to these individuals in our societies. Organizations that promote procedures and practices oriented toward the service users require a culture where helping and supporting others is meaningful and part of organizational members' beliefs (COWBs). The importance employees attribute to helping others as a source of their own wellbeing at work is translated into a service climate that places the service user at the core of everyday procedures and practices (service climate). In other words, when employees believe that their own wellbeing depends on helping others, specific user-oriented actions are implemented. Beliefs are able to predict what is done on a daily basis in the work environment, coinciding with general models of culture and climate (e.g., González-Romá & Peiró, 2004; Ostroff et al., 2013) and specific approaches in the health care industry (West et al., 2014). Accordingly, cultural beliefs about personal wellbeing are translated into everyday actions and processes that make the service user a priority for the organization.

Regarding H2, our results supported the cross-level link from service climate to organizational performance focused on QoL. When the individual with intellectual disability is the priority in the procedures and practices (service climate), family members perceive better performance oriented toward stimulating QoL. As Wolf et al. (2014) argued, there is a need to extend customer outcomes associated with the culture and climate of the organization. To do so, we followed a contextualist approach to knowledge (McGuire, 1983) that is increasingly recognized in organization research (Johns, 2006; Molan, Martínez-Tur, Peñarroja, Moliner, & Gracia, 2017). According to this meta-theoretical approach, science not only advances by establishing general laws, but also by delimiting the particularities of organizational contexts. In this vein, Schneider and White (2004) recommended that organizations should determine their priorities according to the type of industry. We extrapolate this recommendation to our organizational setting, paying attention to a critical outcome in organizations for individuals with intellectual disability: organizational performance focused on QoL. As mentioned above, this type of organization has missionary characteristics (Mintzberg, 1989) related to achieving a better life for individuals with intellectual disability.

Therefore, the consideration of organizational performance focused on QoL as an outcome of service climate contributes to contextualized knowledge that fits the characteristics of services for individuals with intellectual disability. Previous efforts in

the investigation of service climate mainly concentrated on predicting user service quality perceptions. This research focused on sectors where financial profitability is the predominant concern. The situation is different in services for individuals with intellectual disability. Following the proposal by Price and Arnould (1999), this is a service where there is a close emotional interaction between employees and users. In addition, the main goal of this interaction is to improve the QoL of the service user. The reason for putting people with intellectual disability at the center of the procedures and practices (service climate) is not to achieve greater financial benefits or remain competitive, but rather to achieve a better life for them. In this specific context, our results confirmed that service climate is related to organizational performance focused on the QoL of service users. These findings are congruent with the argument that the extent to which services actually contribute to the QoL of the users depends in large part on designing service systems and organizational strategies oriented toward QoL (Reinders & Schalock, 2014).

Our findings also supported H3. Service climate mediated the relationship between COWBs and organizational performance focused on the QoL of individuals with intellectual disability. By corroborating this mediation, the study makes a contribution to knowledge itself. Research usually concentrates on examining the relationship between two variables. As Hayes (2013) argued, this perspective is quite limited because scholars are not able to establish the specific mechanisms that describe the process leading from one variable to another. The investigation of mediations helps to overcome this limitation because the attention is specifically placed on testing the process, thus increasing the maturity of science (Hayes, 2013). In our case, COWBs lead to organizational performance focused on QoL through service climate.

Apart from the theoretical contributions of this study, it is also possible to glimpse practical implications to better support both employees' performance and service users' QoL. The employee hiring process may consider COWBs in the analysis of the fit between the organization and the potential employee. Socialization, communication, and leadership processes can also encourage the facet of culture related to COWBs while aligning this emerging culture with the policies, activities, and behaviors that are supported and rewarded (service climate). Furthermore, the role of managers and supervisors is quite useful for linking organizational demands and employee expectations. In this case, service climate should be highly supported by the organization by managing

a work context that favors basic employee conditions for service-delivery and acknowledging high organizational performance oriented toward QoL. Finally, specific interventions can be recommended to stimulate awareness of the importance of beliefs and service climate and their impact on users' QoL. For instance, survey feedback methodologies can help to show contact employees data about culture, climate, and performance focused on the QoL of service users. This information could help to reinforce COWBs and propose specific actions, if needed.

### **Limitations, strengths, and future research**

One of the main limitations of this study is related to the cross-sectional nature of the data collected, which keeps us from determining definitive causal relationships between the variables in the model. Although our hypotheses are based on well-established approaches linking culture-climate-performance, future studies should address this issue by using longitudinal designs. Another limitation is related to the fact that family members reported the performance focused on the QoL of their relatives with intellectual disability. Although this strategy makes it possible to have evaluators other than the employees, objective indicators of QoL could be incorporated in future efforts. In addition, it would be advisable to include reports of people with intellectual disabilities on the improvement in their QoL, thus offering a direct evaluation by service users. To do so, researchers have to design accessible instruments that can be adapted to the different levels of severity of the intellectual disability. Finally, although it is well-known that QoL is composed of several dimensions (Jenaro et al., 2005; Schalock et al., 2005; Schalock & Verdugo, 2012), we concentrated on organizational performance focused on overall QoL. Our overall measure is helpful as an initial step, but future studies could improve our understanding by examining the possible differential role of COWBs and service climate in explaining organizational performance related to more specific facets of QoL.

In spite of its limitations, the current study presents some relevant strengths. First, the sample size of both informants, employees and family members, has allowed us to study cross-level relationships between the proposed variables, using more than 100 organizations. Second, by using two informants, employees and family members, we reduced the effects of self-report measures and, consequently, the negative effects of

common method variance. In our case, we measure the organizational performance focused on QoL, using external user evaluations. This strategy adds more reliability to our results. Moreover, when using collective constructs such as COWBs and service climate, mono-method bias becomes a less egregious inflation threat because the aggregation of individual perceptions helps to mitigate perception-perception inflation (Liao & Chuang, 2004). Finally, to ensure that the correct protocol was followed for data collection and to avoid sample mortality, we organized training sessions on the data collection process. All these strategies support the robustness of the results.

## **Conclusion**

Overall, this study represents an initial step in understanding the role of COWBs and service climate in organizations for individuals with intellectual disability. As in other facets of human life, employee wellbeing at work can be conceived as helping and supporting others. According to our results, this belief about wellbeing plays a critical role in organizational performance focused on the QoL of service users. When employees believe that helping others is good for their own wellbeing at work, then adequate service conditions are created to improve the lives of individuals with intellectual disability.



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**ARTICLE 3**

**Why Do People Spend Money to Help Vulnerable People?**

## **Abstract**

Prosocial spending has been linked to positive benefits for individuals and societies. However, little is known about the precursors of prosocial spending directed to vulnerable people. We experimentally tested the effect of a first exposure to a prosocial donation decision on subsequent prosocial spending. We also examined the direct links from eudaimonic well-being beliefs (contribution-to-others and self-development) to prosocial spending, as well as the interaction between these beliefs and autonomy in predicting the money given. In a sample of 200 participants, analysis of variance showed that, compared to two control groups (“totally self-focused” and “no first-exposure”), an initial exposure to a prosocial donation decision increases subsequent prosocial spending. In addition, we observed an anchoring bias from the initial prosocial donation to subsequent prosocial spending. Regression analyses also confirmed the existence of a positive significant relationship between contribution-to-others beliefs and prosocial spending. Finally, we observed a significant interaction between autonomy and self-development well-being beliefs, such that autonomy strengthens the link from self-development beliefs to prosocial spending. In general, our results confirmed the significant role of exposure, anchoring, autonomy, and well-being beliefs in predicting the money spent to help vulnerable people.

Self-interest, or the maximization of utility, has been a consolidated economic assumption for at least a century (Friedman & Savage, 1948). It is also present in psychological approaches such as the pleasure principle, proposed by Freud (Freud, 1900), or social learning theories that emphasize positive reinforcement from the environment (Bandura, 1977). However, human behavior cannot be restricted to individual self-interest. Humans have been able to create complex interactions and societies where the maximization of one's interests is combined with moral bonds (Joyce, 2006) and motivations such as solidarity and cooperation (Hodgson, 2014). In fact, prosocial behaviors are present in human evolutionary history (Darwin, 1982). The research by Kelly (Kelly, 2005) examining hominids during the 2.9-million-year Paleolithic time span demonstrated that help and cooperation allowed human groups to flourish in different regions of the globe. Prosocial behaviors are also observed in children and chimpanzees (Warneken & Tomasello, 2006), indicating that these behaviors are part of human nature and, probably, also a characteristic of other living beings.

Prosocial behavior is a general concept that refers to different types of actions to benefit others (Dovidio. et al., 2006). Prosocial behaviors include both small helping actions and more formalized prosocial behaviors, such as volunteering, donating blood, or giving to charity (11). There is a research tradition that focuses on the measurement of prosocial behavior and altruism and their antecedents. The use of the Dictator Game as a measure of altruism is especially noteworthy (Brañas-Garza, Capraro, & Rascón-Ramírez, 2018; Klimecki, Mayer, Jusyte, Scheeff, & Schönenberg, 2016). The literature has also identified personal characteristics underlying cooperation and altruism, such as benevolence (Capraro, Smyth, Mylona, & Niblo, 2014), empathy (Klimecki et al., 2016), and intuition (Rand, Brescoll, Everett, Capraro, & Barcelo, 2016). In addition, the social value orientation literature proposes the existence of dispositional characteristics that, transcending self-interest, help to distinguish between three types of people: prosocials (they are motivated to balance and/or maximize joint outcomes); individualists (maximize their own outcomes, regardless of the outcomes of the other party); and competitors (they are motivated to maximize the relative difference between their own outcomes and the outcomes of the other party) (McClintock & Allison, 1989; Pletzer, Balliet, Joireman, & Kuhlman, 2018; Van Lange, 1999). Prosocial behavior has often been used interchangeably with altruism. However, they are distinct concepts (Capraro, Jordan, &

Rand, 2014). Whereas altruism is considered the motivation to help others out of absolute regard for others' needs, prosocial behavior refers to a pattern of activity to help others, regardless of the helper's motivation (Snyder & Dwyer, 2013).

The concept of prosocial spending was introduced as a specific form of prosocial behavior, and it is defined as spending money on others as opposed to on oneself, usually in the form of gift giving or charitable donations (Dunn et al., 2008). Spending money on others has important benefits for communities and society at large by building strong local communities, promoting bonds of trust among neighbors (Brooks, 2007), and sustaining entities that provide critical education, health, arts, environmental protection, and disaster relief services. In 2015, individual donations as a percentage of gross domestic product hovered around 2.1 % in the U.S. (Indiana University Lilly Family School of Philanthropy, 2016). The proportion of people giving to charity has also grown across European countries in 2014 and 2015 (38%) (European Fundraising Association, 2016). Donations focus on causes such as helping children and young people, healthcare, poverty reduction, international cooperation, and community and social aid. Prosocial spending is also beneficial at the individual level, not only for the receiver, but also for the giver. From the giver's perspective, prosocial spending contributes to his/her happiness and well-being (Aknin, Barrington-Leigh, et al., 2013; Dunn et al., 2008; Dunn, Aknin, & Norton, 2014; Nelson et al., 2016) and increases positive emotions (Nelson et al., 2016). These benefits for the giver have been observed in different countries and cultures, to the extent that the "warm glow of prosocial spending" has been proposed as a psychological universal (Aknin, Barrington-Leigh, et al., 2013).

Due to the positive benefits of prosocial spending for both individuals (giver and receiver) and society in general, it is relevant to diagnose the factors predicting prosocial spending. Previous research efforts have concentrated on constructs such as compassion and religious beliefs, with somewhat contradictory results (Decety et al., 2015; Saslow et al., 2013). The current research study focuses on aspects that are closer to the specific prosocial spending behavior: Does prosocial spending increase when people have been induced to make donations on previous occasions? Does prosocial spending increase when people have felt free or autonomous to donate on previous occasions and to decide on the amount of money to give? Is there an anchoring bias from an initial prosocial donation to subsequent prosocial spending? Does prosocial spending increase when people believe that helping others and being a better person is good for their own

happiness?

With these questions in mind, the current research study has five main objectives that can contribute to the previous literature on prosocial spending. First, we propose that inducing prosocial spending affects subsequent behaviors. According to mere exposure research (28–30), exposure to prosocial donation facilitates subsequent prosocial spending. By contrast, dedicating the money for personal use and the absence of previous exposure to prosocial donation would both inhibit prosocial spending. Second, it is reasonable to expect that the effect of inducing prosocial spending is especially relevant when the individual has participated freely and decided on the amount. Based on self-determination theory (Ryan & Deci, 2000), freedom in prosocial spending would satisfy psychological needs (e.g., autonomy), thus facilitating helping others because this behavior is volitional. However, compulsory donations would inhibit subsequent prosocial spending. Third, the anchoring bias could play a role (Epley & Gilovich, 2001). It is common for charitable organizations and NGOs to establish a fixed amount for people's donations. This could lead to subsequent prosocial spending that is biased toward the initial donation. Fourth, individual differences might also make a difference (Myslinski, 2014). More specifically, we expect individuals who are high in eudaimonic happiness beliefs to spend more money in a prosocial way. Eudaimonia is an Aristotelian concept that has become a central topic in research related to well-being and happiness (Steger et al., 2008). Eudaimonic well-being beliefs are understood here as lay people's conceptions of what their own well-being means (contribution-to-others and self-development) (McMahan & Estes, 2011b). It is reasonable to expect that when people base their own happiness on helping others (contribution-to-others beliefs) and being a better person (self-development), they are more predisposed to spending money to help others. By contrast, hedonic beliefs, which define personal well-being as the experience of positive emotions and the avoidance of negative experience (prosocial spending may produce negative experiences associated with deception or naivety, thus inhibiting donation), will inhibit prosocial spending directed to helping others. Finally, we also expect autonomy in the donation decision to moderate the relationship between eudaimonic well-being beliefs and prosocial spending. The disposition towards prosocial spending in people with high eudaimonic well-being beliefs is especially reinforced when they have autonomy in the money to be given. Autonomy in decision-making describes an environment with a sense of choice and initiative (Nelson et al., 2014), which seems

to be the adequate context in which to translate eudaimonic beliefs into specific spending behaviors.

### **Mere exposure, autonomy, and anchoring bias**

The effects of prosocial behavior in general have been extensively researched (Aknin, Barrington-Leigh, et al., 2013). In addition to the positive effects for receivers and for society as a whole, these behaviors are linked to different individual emotional and health benefits for givers, such as momentary and long-lasting well-being (Kurtz & Lyubomirsky, 2008; Lyubomirsky, Sheldon, & Schkade, 2005) and fewer depressive symptoms (Strazdins & Broom, 2007). More specifically, prosocial spending promotes positive emotions and greater happiness (Dunn et al., 2008; Dunn, Ashton-James, Hanson, & Aknin, 2010). In addition, results show that people experience emotional benefits from prosocial spending in both highly developed countries (North America and Europe) and developing countries, where the possibility of prosocial spending is reduced (e.g., some regions in Africa and Asia) (Aknin, Barrington-Leigh, et al., 2013). Other benefits of prosocial spending are related to health and reducing cortisol levels (Dunn et al., 2010).

All these positive effects of prosocial spending are incongruent with another strong human motivation: self-interest. Paradoxically, maximizing their own interests inhibits the benefits people can achieve through helping others selflessly. Therefore, it is relevant to investigate the factors that stimulate and inhibit prosocial spending. One mechanism that could be relevant is previous exposure to situations where the person displays this type of behavior. According to the mere exposure research, people are more likely to react positively to known stimuli than to novel ones (Jones, Young, & Claypool, 2011; Moreland & Beach, 1992; Zajonc, 1968). It has been proposed that previous exposure to a stimulus reduces the threat (Bornstein & D'Agostino, 1994) and arousal (Zajonc, 1968) associated with novel stimuli and could facilitate fluent processing (Bornstein & D'Agostino, 1994). In the specific case of prosocial spending, it could be proposed that the person who has been exposed to displaying this type of helping behavior will be more willing to spend money in a prosocial way on future occasions. Therefore, we propose the following hypothesis:

*Hypothesis 1: People spend more money on helping vulnerable people if they have been exposed to a prosocial donation situation than if they have not had this exposure.*

Autonomy can also play a role in the degree to which people are inclined to spend money on others in the future. Recently, prosocial spending has been related to control over the decision to help others. For instance, people experience greater well-being when the act of spending money on others is autonomous (Weinstein & Ryan, 2010). Using an experimental design, studies have shown that prosocial behavior that is autonomously motivated leads to relatively greater well-being for the helper, as well as for the recipient (Nelson et al., 2014; Weinstein & Ryan, 2010). From the Self-Determination Theory (Richard M Ryan & Deci, 2000) perspective, autonomy is a basic psychological need of humans. Autonomy (having decision-making power when performing an activity) is especially related to the positive effects of prosocial spending because individuals feel that this behavior is a consequence of their own choices (Gagne, 2003; Nelson et al., 2014, 2016; Weinstein & Ryan, 2010).

The role of autonomy can also be critical to the prediction of prosocial behavior in general (Gagne, 2003). In the specific case of prosocial spending, the amount to be given can be compulsory (rules or other external factors force individuals to give a certain amount) or voluntary (the individual can decide whether to donate or not, and the amount of the donation). Autonomy describes an environment where individuals' decisions are based on their own initiative. As Nelson and colleagues (Nelson et al., 2014) pointed out, according to self-determination theory (Richard M Ryan & Deci, 2000), autonomy in prosocial behavior satisfies three psychological needs. First, it is self-evident that *autonomy* needs are satisfied because an environment is created that stimulates a sense of choice and volition. Second, the autonomy to select the behavior satisfies the need for *competence* because the individual is capable of managing his/her own prosocial behavior. Finally, *connectedness* is also satisfied because the individual establishes a positive bond with the recipients of the aid. A situation where individuals feel free to participate in prosocial spending and decide what amount to give to help others describes a favorable environment for involvement in prosocial spending. Autonomy means that individuals' decisions correspond to their preferences, and it facilitates positive bonds with the recipients and the prosocial spending behavior. Because autonomy is inextricably connected to intrinsic motivation (Deci et al., 2001; Gagne, 2003), the prosocial spending is likely to continue after an initial exposure to a donation decision where there is autonomy in helping others. By contrast, forcing individuals to participate in prosocial activities could be counterproductive because they do not enjoy an activity chosen by



others, which reduces their intrinsic motivation (van Schie, Guntert, Oostlander, & Wehler, 2015). For example, compulsory programs for adolescents to stimulate their altruistic inclinations have effects that are contrary to expectations because participants are not intrinsically motivated (Sobus, 1995; Stukas, Snyder, & Clary, 1999). Similarly, forcing individuals to spend an amount describes a less favorable environment for prosocial spending. In a compulsory donation, a positive and intrinsic bond is not stimulated in the initial exposure a donating decision, thus affecting subsequent prosocial spending. Based on these arguments, we propose the following hypothesis:

*Hypothesis 2: People spend more money on helping vulnerable people after being exposed to an autonomous donation situation than after being forced to donate a certain amount to others.*

Sometimes charitable organizations and NGOs establish fixed amounts (e.g., monthly fees) to be given by members and citizens. Fixed donations can be helpful in achieving resources to help vulnerable people, but this policy could create an anchoring bias. The anchoring bias refers to estimations that individuals make based on an initial value or information that is adjusted to yield a final decision (Epley & Gilovich, 2001). In their classical experiment, Tversky and Kahneman (1974) observed the existence of this anchoring bias. Participants estimated the percentage of countries from Africa in the United Nations after receiving initial arbitrary numbers. Those who received 10 and 65 as arbitrary initial numbers estimated 25% and 45% of African countries on average, respectively. The anchoring bias has been confirmed in different contexts, such as negotiation (Schaerer, Swaab, & Galinsky, 2015), self-efficacy (Cervone & Peake, 1986), performance (Switzer & Sniezek, 1991), and service quality evaluations (Martínez-Tur, González, Juan, Molina, & Peñarroja, 2018). This bias demonstrates that individuals usually make decisions that are in consonance with previous information existing in the context. Regarding prosocial spending, the existence of fixed amounts or fees can provoke an anchoring bias that affects subsequent prosocial decisions. Accordingly, we propose the following hypothesis:

*Hypothesis 3: Initial prosocial spending characterized by a compulsory fixed amount biases subsequent voluntary prosocial donations.*

## **Well-being beliefs and prosocial spending**

Prosocial spending also depends on people's personal beliefs about what well-being means to them. More specifically, the duality between hedonic vs. eudaimonic well-being beliefs can help to understand prosocial spending (McMahan & Estes, 2011b). Hedonic beliefs, including the dimensions of "experience of pleasure" and "avoidance of negative experiences", equate well-being with personal pleasure. When people base their own well-being mainly on pleasure, it is unlikely that they will spend money on others because they think this behavior will reduce their own positive emotions (e.g., the benefit is for others) and increase negative ones (e.g., naivety feelings). By contrast, the eudaimonic perspective defines well-being in terms of living virtuously and contributing to a greater good (McMahan & Renken, 2011). People with a high eudaimonic conception of their well-being are more willing to spend money on others. Although the role of hedonism is pervasive, eudaimonic beliefs are increasingly important in today's societies. In fact, "modernization is evolving into a process of human development" (Inglehart & Welzel, 2005), which emphasizes human autonomy, creativity, and self-expression. Compared to other periods in our history, we now live in a highly civilized society (Pinker, 2011) where an increasing number of people are economically secure, characterized by a shift from giving priority to economic and physical security to emphasizing self-expression and quality of life. The change in values and beliefs highlights personal self-development and empathy toward others, making people more aware of others and more willing to help those in need (Inglehart & Welze, 2005). In this context, where life has reached a higher meaning than merely acquiring material possessions, eudaimonic well-being beliefs have become very relevant.

Eudaimonia is a philosophical concept introduced by Aristotle (Aristotle. Irwin, 1985) that refers to a life lived to its fullest potential (Ryan & Deci, 2001). According to McMahan and Estes (2011b), eudaimonia helps to understand the beliefs that lay people have about the definition of their own well-being. These authors differentiate between two types of eudaimonic well-being beliefs: self-development beliefs (degree to which individuals believe that their own well-being is based on personal growth and being a better person) and "contribution-to-others" beliefs (degree to which individuals believe that their own well-being is based on helping others).

The well-being beliefs perspective (McMahan & Estes, 2011b) is especially relevant for the current research study because it refers to individual differences that can guide prosocial spending behaviors. Personal beliefs, in general, reflect stable views about the reality that activate motivational goals (Radkiewicz, Skarzynska, & Hamer, 2013) and act as a cognition that filters information-processing and has an impact on subsequent behaviors (Huesmann & Guerra, 1997). Individuals orient their behaviors and the search for aspects in their environments based on their beliefs. Transferring this argument to the *eudaimonic way of life* (Steger et al., 2008), individuals who are high in eudaimonic well-being beliefs are likely to display behaviors that allow *doing good* (Cahn, 1990). When individuals believe that their happiness is based on helping others (contribution-to-others beliefs), personal growth, and being a better person (self-development beliefs), they are willing to display behaviors that help others, including prosocial spending directed to helping vulnerable people. The connection between contribution-to-others beliefs and prosocial spending is evident. When individuals interpret that living a purposeful life involves helping others, greater prosocial spending is likely. Similar endeavors have shown that benevolence, as an individual factor, is causally related to cooperation with others (Capraro, Smyth, et al., 2014), or that empathy induction increases helping behavior (Klimecki et al., 2016). Regarding self-development beliefs, it is difficult to imagine that a person can fulfill his/her potential and achieve a virtuous life without showing concern for the problems of other people, especially those who are vulnerable. Based on these arguments, we propose the following hypothesis:

*Hypothesis 4: Eudaimonic well-being beliefs (contribution-to-others and self-development) are positively related to prosocial spending.*

### **The moderation role of autonomy**

According to person x situation interactionism (Mendoza-Denton et al., 2001) the interaction between stable individual differences and situational factors allows a better understanding of human behavior. Some situations are favorable to certain personal characteristics, stimulating behaviors that are congruent with these relatively stable traits (e.g., people high in extraversion enjoying social activities). This rationale can also be useful in predicting prosocial spending. As described above, individuals with high eudaimonic well-being beliefs are likely to spend more money on vulnerable people than

individuals with low beliefs. In addition, the existence of an autonomy-supportive context seems to be the optimal *breeding ground* for prosocial spending behavior in people with high eudaimonic well-being beliefs. Autonomy matches the predisposition of these individuals to help others. Taking into account the postulates of self-determination theory (Nelson et al., 2014; Ryan & Deci, 2000), it is reasonable to expect that individuals high in eudaimonic beliefs would be especially sensitive to the satisfaction of needs provided by autonomy: they would take the initiative to help others in a way that is congruent with their eudaimonic beliefs (autonomy); they would manage the desired prosocial behavior themselves (competence); and they would achieve a positive bond with the recipients of the help, facilitating the expected virtuous life (connectedness). After a first exposure to a donation decision involving autonomy, individuals high in eudaimonic beliefs will be especially willing to spend money on others on future occasions. Therefore, we propose the following hypothesis:

*Hypothesis 5: Autonomy moderates the relationship between eudaimonic well-being beliefs and prosocial spending, such that this relationship is stronger after an autonomous donation situation than after individuals are forced to donate a fixed amount to others.*

## **Methodology**

### **Ethics statement**

The study was conducted in accordance with the Declaration of Helsinki and it was evaluated and approved by the Ethical Committee of the University of Valencia. All participants were briefed about the objectives of the study and gave their written and informed consent on the experimental procedure where anonymity and confidentiality were guaranteed by the researchers. In addition, participants were informed that they were free to leave the study at any time or prevent the use of the data they provided.

### **Participants and procedure**

To determine sample size, we followed the rule suggested by Sekaran and Bougie (Sekaran & Bougie, 2010). Accordingly, we considered more than 10 individuals for each variable (see Table 1) included in the research study. We tested the statistical power of

the sample with G\*Power software. Based on the  $R^2$ , a sample size of 200 participants, an alpha error probability of .05, and 7 predictors (control variables, predictors, and interaction), the results showed a power greater than .95, indicating excellent predictive power for the sample size.

A total of 200 undergraduate university students were randomly distributed into five groups. In the total sample, 74.1 % of the participants were male and 24 % female, and the mean age was 22.07 years ( $SD = 5.45$ ). There were three experimental groups where the focus was on a first exposure to prosocial spending directed to helping vulnerable persons through an NGO. For the first experimental group (“compulsory fixed donation”  $N = 40$ ), the donation was compulsory, and the amount of money was fixed. For the second experimental group, the donation was compulsory, but there was no fixed amount (“compulsory donation”  $N = 40$ ). Finally, participants in the third experimental group (“autonomous donation”,  $N = 40$ ), were free to donate or not, and they chose the amount to be given. After participants had been welcomed, they signed an informed consent document to participate in the study. In the second step, participants were asked to complete a questionnaire about their well-being beliefs and provide information about age and sex. In the third step, and after answering the questionnaire, participants received a voucher with a value equivalent to 10 euros as compensation for their participation in the study. Participants never received actual physical money, but instead they were given a voucher for personal use. Participants in the first experimental condition (“compulsory fixed donation”) were informed that, compulsorily, two of the 10 euros (20%) would go to an NGO to help vulnerable people. This amount (two euros) was determined because it is a significant but not extremely large amount, and it simulated NGOs’ usual fee policies to some extent. The rest of the money (8 euros, 80%) would be for personal use, and each participant could spend it on any product from the university store (pencils, notebooks, etc.). Participants in the second experimental condition (“compulsory donation”) were informed that part of the 10 euros *must* go to an NGO to help vulnerable people, but the amount was chosen by the participants. The rest of the money would be for personal use, and each participant could spend it on any product from the university store (pencils, notebooks, etc.). Finally, participants in the third experimental group (“autonomous donation”) were informed that they could freely decide whether to donate or not, and they could choose what part of the 10 euros, if any, they wanted to give to the NGO. The donation could vary from 0 to 10 euros. They also decided on the amount for

personal use. The fourth step consisted of a 10-minute break. After this break, the fifth and final step involved the participants' final decision about the 10 euros they received for participating in the study. They were informed that "participants have received different instructions during the process, and the research team's plan is to offer the same final options to all of them for the definitive distribution of the 10 euros". Therefore, all participants received a total of 10 euros (voucher). All of them were free to redistribute the 10 euros in another way. To do so, they had three alternatives: a) personal use at the university store; b) personal use at the cafeteria; and c) a donation to the NGO. Each of the three amounts could vary from 0 to 10 euros, but in all, it had to add up to 10 euros. Participants were informed that their decision would be respected, and that the money they decided on would be sent to the NGO that helps vulnerable persons.

There were two control groups. Participants in the first control group ("totally self-focused", N = 40) followed the same scheme designed for the experimental groups. The only difference was in the third step (first exposure). In this step, participants received a 10-euro voucher as compensation for their participation in the study. They were informed that this amount was for personal use, and each participant could spend it on any product from the university store (pencils, notebooks, etc.). Therefore, participants in the first control group could not donate any amount to the NGO in the third step. In fact, they did not receive any information about NGOs. The second control group ("no first-exposure", N = 40) followed the same scheme as the experimental groups, but the third step (first exposure) was omitted, and they went directly to the break (information about the voucher was omitted and it only appeared at the final decision). In the last step (final decision), participants in the second control group also received a 10-euro voucher as compensation for their participation in the study, and they decided on the distribution of the amount using the same instructions as the other participants in the study: a) personal use at the university store; b) personal use at the cafeteria; and c) a donation to the NGO. We used this format with these three alternatives in the last step for all the participants because it was different from any of the previous formats (new to everyone), but it still contained the option of donating to an NGO. See Table 1 for an overview of the control and experimental groups and their first exposure situation and subsequent donation behaviors.

## Variables

Eudaimonic well-being beliefs were measured by using the “Beliefs about Well-being Scale” by McMahan and Estes (McMahan & Estes, 2011b). To focus the attention on well-being beliefs, respondents were asked to indicate their level of agreement about the contribution of each facet (item) to well-being in their own lives: “The experience of well-being and the good life necessarily involves...”. *Contribution-to-others* beliefs were assessed using 4 items, with responses scored on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). A sample item includes “Living in a way that benefits others”. Cronbach’s alpha for the scale was  $\alpha = .85$ . *Self-development* well-being beliefs were measured using 4 items, with responses ranging from 1 (strongly disagree) to 7 (strongly agree). A sample item was “Working to achieve one’s true potential”. Cronbach’s alpha for the scale was  $\alpha = .75$ .

Table 1. Control/experimental groups, steps in the procedure, and instructions

	Control 1 (C1) “Totally focused”	Control 2 (C2) “No exposure”	Experimental 1 (E1) “Compulsory donation”	Experimental 2 (E2) “Compulsory donation”	Experimental 3 (E3) “Autonomous donation”
Step 1	Welcome and signing of the informed consent document				
Step 2	Completing the questionnaire				
Step 3	Voucher Self-focused. Information about NGO was omitted	No voucher This step was omitted (no exposure)	Compulsory donation to the NGO (two euros)	Compulsory donation to the NGO, but no amount specified	Freedom to donate to the NGO
Step 4	10’-break				
Step 5	Final decision. Independently of the previous option, all participants were asked to distribute the 10 euros (voucher value) among the three options: a) Personal use at the university store b) Personal use at the cafeteria c) Donation to an NGO				



We also measured hedonic well-being beliefs. McMahan and Estes (2011b) proposed these beliefs to capture the other way individuals interpret their own well-being. According to hedonic beliefs, well-being is equivalent to personal pleasure. We controlled for hedonic beliefs in order to have a more solid test of the specific or differential role of eudaimonic beliefs in predicting prosocial spending. Hedonic beliefs were measured using the “Beliefs about Well-being Scale” by McMahan and Estes (2011b). Again, respondents were asked to indicate their opinion about the contribution of each facet (item) to well-being in their own lives. *Experience of pleasure* was measured using 4 items, with responses ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). A sample item was: “Experience euphoria and pleasure”. Cronbach’s alpha for the scale was  $\alpha = .81$ . The second hedonic dimension, *avoidance of negative experience*, was assessed using 4 items, with responses ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). A sample item was: “Not experience hassles”. Cronbach’s alpha for the scale was  $\alpha = .85$ .

*Prosocial spending* was assessed considering the participants’ final decision (fifth step). Therefore, prosocial spending was operationalized as the number of euros given to the NGO to help vulnerable persons. As mentioned above, in this final decision all participants should distribute the 10 euros they received for participating in the experiment among three purposes: a) personal use at the university store; b) personal use at the cafeteria; and c) donation to the NGO. The total amount had to correspond to 10 euros. Our measure reflects the real money given to the NGO.

Because both gender (Brañas-Garza et al., 2018) and age (Matsumoto, Yamagishi, Li, & Kiyonari, 2016) have been shown to have a possible effect on the degree to which people behave in a prosocial manner, we have included them as control variables.

Table 2. Means, Standard Deviations, Inter-Correlations, and Cronbach's alpha of the scale (between parentheses)

Construct	M	SD	1	2	3	4	5	6	7
1. Sex			—						
2. Age	22.07	5.45	.09	—					
3. Experience of pleasure	5.38	.90	-.27	-.20**	—	(.83)			
4. Avoidance of negative experience	3.83	1.42	-.05	.03	.11	—	(.85)		
5. Contribution-to-others	5.33	.95	.043	.08	.17*	.00	—	(.85)	
6. Self-development	5.90	.83	-.01	.07	.37**	-.07	.38**	—	(.75)
7. Prosocial spending	3.90	3.88	.00	1.12	-.10	-.29**	.17**	.20**	—

Note: N Listwise = 192, \*  $p < .05$ , \*\*  $p < .01$

## Results

### Preliminary results

Means, standard deviations, Cronbach's alpha coefficients, and the correlations among the study variables are displayed in Table 2. Values corresponding to Cronbach's alphas were above .75 for all the study measures. As expected, there was a significant positive relationship between contribution-to-others and self-development well-being beliefs. Moreover, these eudaimonic well-being beliefs, measured before manipulation, were positively related to the final prosocial spending (number of euros given to the NGO in the last step). By contrast, the significant link from avoidance of negative experiences (hedonic beliefs) to prosocial spending was negative, whereas the relationship between experience of pleasure (hedonic belief) and prosocial spending was not significant. Finally, there were significant positive links from experience of pleasure to both dimensions of eudaimonic well-being beliefs ("contribution-to-others" and self-development).

### Hypothesis testing

To determine whether baseline condition differences existed prior to the manipulation, a multivariate analysis of variance was performed. As expected, the five groups did not differ on their contribution-to-others well-being belief levels ( $F_{(4, 195)} = 1.48, p > .05$ ), or on their self-development beliefs ( $F_{(4, 195)} = 1.17, p > .05$ ).

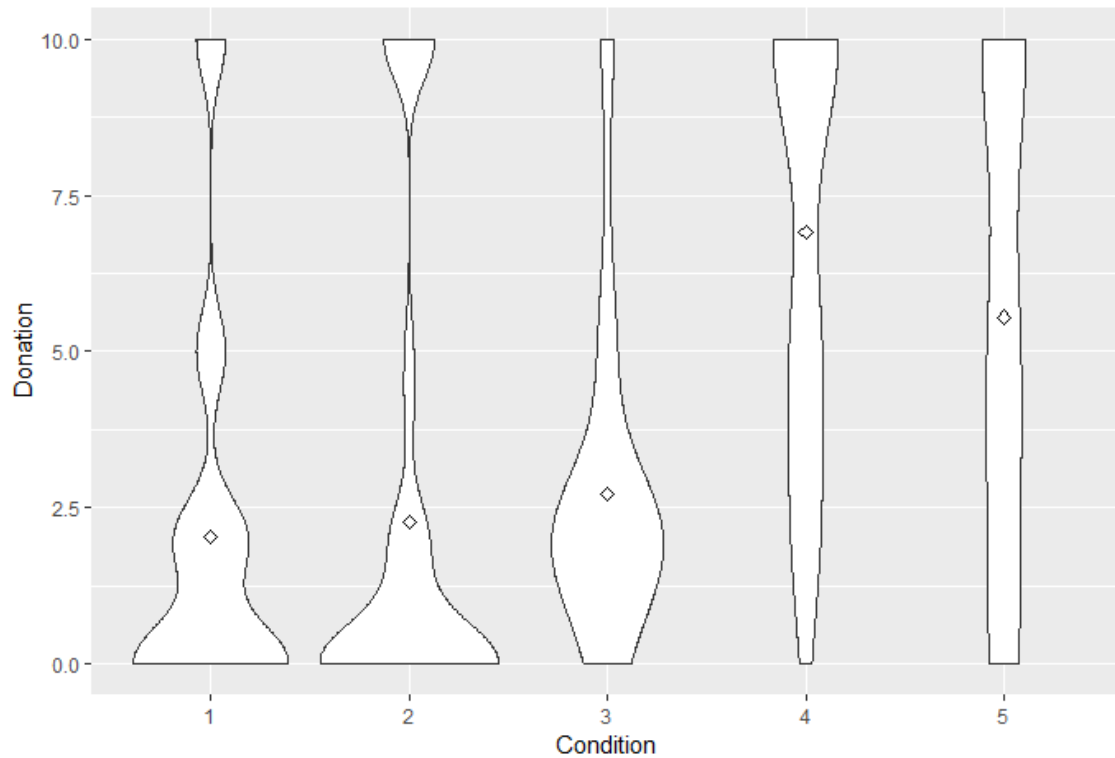
Before testing the differences between the groups' means on donation, we tested the three assumptions of one-way analysis of variance. In our case, both the assumption of normal distribution and heterogeneity of variance were violated. Therefore, we used the non-parametric test for independent groups: the Kruskal-Wallis test. The results revealed significant differences in the amount of prosocial spending across the five groups  $\chi^2(4) = 56.87, s.e = 12.58, p < .001$ . Furthermore, post-hoc analyses were performed, and Bonferroni correction for multiple tests was applied, adjusting significance. The results showed that the amounts of money corresponding to both the "compulsory donation" (E2) and "autonomous decision" (E3) conditions were significantly higher than those corresponding to the other three conditions: the two control groups ("self-focused"-C1 and "no exposure"-C2) and the "compulsory fixed donation" group (E1) (see Figure 1).

To test H1 (the effect of previous exposure), we examined the differences between the two control groups (“self-focused”-C1 and “no exposure”-C2), on the one hand, and E2 (“compulsory donation”) and E3 (“autonomous donation”), on the other. The amounts of money donated by participants who were not exposed to a previous donation situation (C1 and C2) were significantly lower than for those who were previously exposed to both E2 ( $\chi^2 = -55.28, p < .05$ ;  $\chi^2 = -54.17, p < .05$ , respectively) and E3 ( $\chi^2 = -75.80, p < .05$ ;  $\chi^2 = -74.58, p < .05$ , respectively). Therefore, H1 was supported.

Regarding H2 (effect of autonomy), we paid attention to the comparison of E2 (“compulsory donation”) and E3 (“autonomous donation”), which did not reveal significant differences ( $\chi^2 = -20.41, p > .05$ ). Accordingly, the effect of autonomy was not significant, and H2 was not supported.

Our H3 tests the anchoring bias. To do so, we focused on the comparison of the two experimental groups where compulsory donation existed: E1 (where an anchor of 2 euros was used) and E2 (donation was compulsory, but without a fixed amount or anchor). The donated amount was higher for E2 than for E1 ( $\chi^2 = -52.14, p < .05$ ). The anchor limited the amount of money donated in the final decision, confirming H3 (see Figure 1).

Figure 1. Distribution differences in prosocial spending



Note: N group = 40; 1 = “totally self-focused” ( $M = 2.03$ ,  $s.e. = .49$ ), 2 = “no first-exposure” ( $M = 2.28$ ,  $s.e. = .59$ ), 3 = “compulsory fixed donation” ( $M = 2.73$ ,  $s.e. = .40$ ), 4 = “compulsory donation” ( $M = 6.90$ ,  $s.e. = .54$ ), 5 = “autonomous donation” ( $M = 5.55$ ,  $s.e. = .60$ )

To test H4 and H5, we computed a hierarchical regression analysis (Table 3). The variables were mean centered before introduced in the regression. In the first step, the control variables were introduced and they explained 9% ( $\Delta R^2 = .09$ ,  $p < .01$ ) of the total variance of prosocial spending. In the second step, the two eudaimonic wellbeing beliefs and the experimental condition were added as predictors, and they explained a significant increase of 9.4 % ( $R^2 = .18$ ,  $\Delta R^2 = .09$ ,  $p < .01$ ) of the total variance of prosocial spending. In the third step, we introduced the two interaction terms, between contribution-to-others and “autonomous donation”, and self-development and “autonomous donation”. Both interactions accounted for a significant proportion of the variance in prosocial spending ( $R^2 = .22$ ,  $\Delta R^2 = .03$ ,  $p < .05$ ).

Therefore, H4 was confirmed, but only for contribution-to-others beliefs. Contribution-to-others beliefs had a positive and significant direct link to prosocial spending ( $\beta = .48, s.e. = .29, p < .05$ ). However, this link was not significant for self-development ( $\beta = .42, s.e. = .31, p > .05$ ). Interestingly, the results also showed that both experience of pleasure ( $\beta = -.59, s.e. = .28, p < .05$ ) and avoidance of negative experiences ( $\beta = -.98, s.e. = .25, p < .05$ ) (hedonic well-being beliefs) had a significant negative relationship with prosocial spending. The strong association between avoidance of negative experiences and prosocial spending is especially noteworthy (see Table 3).

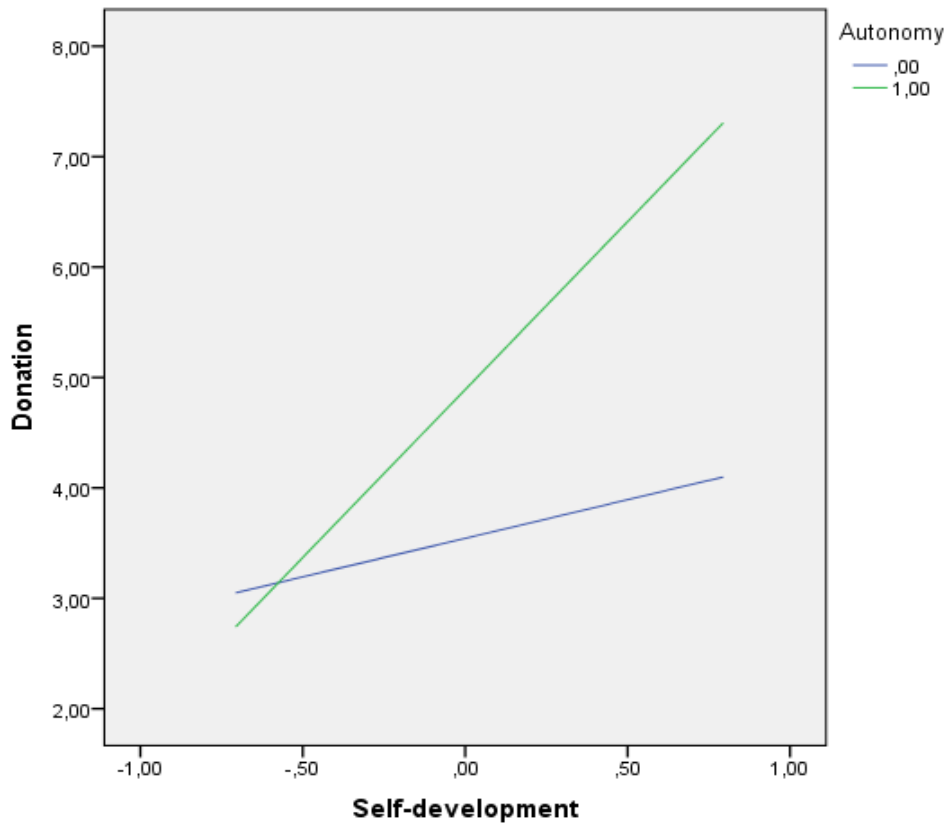
The moderation role of autonomy in the relationship between eudaimonic beliefs and prosocial spending (H5) was confirmed, but only for self-development beliefs (see Table 3). Because the moderator variable we propose in this model (autonomy) is dichotomous, we created a dummy variable where 1 was assigned to participants who had autonomy in the first exposure (E5) and 0 was assigned to the rest of the participants. The graphical representation of the interaction confirmed that autonomy strengthened the positive relationship between self-development and prosocial spending (see Figure 2).

Table 3. Summary of Regression Analysis

<i>Variable</i>	$\beta$	<i>s.e.</i>
Constant	4.79**	3.83
Age	-.04	-1.02
Sex	-.12	-.20
Experience of pleasure	-.59*	-2.09
Avoidance negative experience	-.98**	-3.86
Contribution-to-others	.48*	1.66
Self-development	.42	1.34
Autonomy	1.34*	2.07
Contribution-to-others x Autonomous decision	-.53	-.67
Self-development x Autonomous decision	2.14**	2.61
<i>RMSE</i>	3.51	

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\* $p < .05$ . \*\* $p < .01$  (one tailed)



*Figure. 2.* Moderation of autonomy in the relationship between self-development beliefs and prosocial spending

## Discussion

The current experimental study had five main goals. First, we examined the prosocial spending decision after participants had been exposed to a donation to an NGO. In this regard, we compared the amount of money donated by participants in two experimental conditions (“compulsory donation” vs. “autonomous donation”) vs. two control conditions (“no first-exposure” and “totally self-focused”). Our results confirmed the hypothesis that exposing individuals to prosocial spending affects subsequent behaviors: individuals who participated in “compulsory donation” and “autonomous donation” gave more money to the NGO than participants in the two control groups. Second, we examined whether autonomy in decision making stimulates prosocial spending. Our results showed that autonomy in decision-making does not influence prosocial spending. In fact, money given by participants in the “autonomous donation” group was not statistically different from the money given by individuals in the



“compulsory donation” group. Third, we explored the existence of an anchoring bias. According to our findings, the anchoring bias exists in prosocial spending. Participants in the “compulsory fixed donation” group made a final decision that is biased toward an initial compulsory and fixed amount, limiting their prosocial spending. Fourth, we investigated the role of eudaimonia well-being beliefs, observing the existence of a significant positive direct link from contribution-to-others beliefs (measured before manipulation) to the final NGO donation decision. Finally, we investigated how autonomy in prosocial spending decisions moderates the relationship between eudaimonic well-being beliefs and money donated to the NGO. Our findings indicate that autonomy strengthens the link from self-development well-being beliefs to the donation decision.

These findings make a series of contributions that expand the knowledge about prosocial spending behavior. The positive outcomes of prosocial spending have been widely investigated (Aknin, Barrington-Leigh, et al., 2013; Dunn et al., 2008, 2014; Nelson et al., 2016; Weinstein & Ryan, 2010). However, little is known about the factors explaining this behavior. According to our results, there is a strong mere exposure effect. It is well-known that mere exposure to a stimulus (i.e., prosocial spending) tends to create positive reactions to this familiar stimulus on subsequent occasions (Jones et al., 2011; Moreland & Beach, 1992; Zajonc, 1968). The current research study confirmed that this effect also appears in prosocial spending. In addition, this mere exposure effect was quite consistent because it was observed not only in autonomous decisions (“autonomous donation”), but also when participants were forced to donate to an NGO in the first exposure (“compulsory donation”). Therefore, autonomy was not a direct significant precursor of prosocial spending. The possible supportive context of autonomy associated with prosocial spending was not confirmed. In other words, mere exposure to prosocial spending facilitates subsequent donations to an NGO, even if individuals are forced to donate an amount in the initial decision. By contrast, the anchoring bias (Epley & Gilovich, 2001) was able to change the amount donated to an NGO in those who were exposed to a fixed amount of prosocial spending (“compulsory fixed donation”). We established an initial small compulsory amount (2 euros) that biased the subsequent free decision and significantly reduced the amount given to the NGO (see Figure 1). In fact, in their final decision, these people gave less than half the money donated by other

participants who were also initially exposed to prosocial spending but without a fixed amount (“autonomous donation” and “compulsory donation”).

Eudaimonic well-being beliefs have an additional role in predicting prosocial spending. Individuals differ in the degree to which they interpret that their own well-being is based on helping others (“contribution-to-others”), personal growth, and being a better person (self-development) (McMahan & Estes, 2011b). Although hedonism (maximization of pleasure and avoidance of negative experiences) is a strong motivator of behavior, humans have been able to create complex bonds and interactions in our societies, where solidarity and helping others are present (Hodgson, 2014). Individuals are also capable of defining their well-being as a virtuous way of life where efforts to improve self-development and be a good person are necessary. Our findings revealed that eudaimonic contribution-to-others beliefs are positively related to prosocial spending directed to an NGO to help vulnerable persons. These beliefs reflect a cognition where one’s own happiness is associated with helping others, facilitating behaviors of spending money on others. Interestingly, one of the hedonic beliefs (avoidance of negative experiences) had a strong significant relationship with prosocial spending, but in the opposite direction. That is, individuals who defined their own well-being as the avoidance of negative emotions tended to reduce prosocial spending. A tentative explanation for this result would be the association between avoidance of negative emotions and conservative behavior that avoids possible deceptions, overconfidence, or naivety related to spending on others. This issue should be investigated in future studies. In any case, although it was not our main focus, this negative relationship between avoidance of negative experiences and prosocial spending is quite relevant due to the negative bias in human behavior. In their reviews, Baumeister, Bratslavski, Finkenauer, and Vohs (Roy F Baumeister et al., 2001), Rozin and Royzman (Rozin & Royzman, 2001) very clearly confirmed that bad events have greater and more lasting effects on human behaviors than good ones in different contexts. Baumeister and colleagues (Roy F Baumeister et al., 2001) interpreted this negative bias as an adaptive mechanism because it allows humans to avoid terrible events that could threaten survival. Transferring this argument to the aforementioned result, defining one’s own well-being as avoidance of negative experiences could inhibit prosocial spending because the focus could be on possible negative experiences of this behavior (e.g., feeling naïve).

According to person x situation interactionism (Mendoza-Denton et al., 2001), we observed a significant interaction between self-development well-being beliefs and autonomy of decision-making in predicting prosocial spending. Individuals who define their own well-being based on personal growth and being a better person are willing to spend money on the ONG, but this is especially evident when they are in a context that supports autonomy. Consistent with Self-Determination Theory (Nelson et al., 2014; Richard M Ryan & Deci, 2000), this autonomy allows these individuals to take the initiative to help others, reflecting a sense of choice and volition that is congruent with their eudaimonic beliefs, which facilitates well-being as personal growth and a virtuous life. Unexpectedly, the interaction was not significant for the other dimension of eudaimonic beliefs: contribution-to-others. It is possible that this difference between the two dimensions of eudaimonic well-being beliefs (one of them moderates and the other does not) is based on their somewhat distinct nature. As Pătraș, Martínez-Tur, Gracia, and Moliner argued, contribution-to-others beliefs are cognitions oriented towards other people. In the current study, this orientation towards others is achieved through prosocial spending. The main focus is on helping others, regardless of the existing level of autonomy. By contrast, self-development beliefs orient cognition toward internal personal growth (Pătraș et al., 2017). This personal self-development cannot be achieved if the individual is forced to act in a pre-established direction and does not have the feeling that his/her decision is based on personal initiative and choice. Of course, this is a tentative hypothesis that could be confirmed in future research studies.

Our findings also have practical implications in at least three ways. First, exposure to prosocial spending seems to be a very good strategy, even if giving economic aid is not compulsory. There are different contexts where citizens could be exposed to opportunities for prosocial spending (e.g., schools, workplaces, associations). Second, the practice of establishing fixed donations (e.g., monthly fees) to NGOs can ensure incomes for vulnerable people and other initiatives, but the anchoring bias should also be considered. Fixed amounts could create a reference that remains stable, in terms of the money the person will donate over time. Third, if we assume that prosocial spending is positive for individuals (for both givers and receivers) and for society in general, our results advise against social communication that could facilitate a hedonic interpretation of happiness. The messages that are sent to citizens, for example through the media (television, internet,

etc.), usually equate well-being and happiness exclusively with hedonism. However, other messages are possible where happiness is based on eudaimonic beliefs.

Although this study makes a number of theoretical and practical contributions to the research in the area, it also has limitations that can be reduced in future investigations. First, participants in the current study were students in controlled settings. In order to achieve a richer picture, we suggest that further research also consider real settings, for example, by using a sample of members of NGOs to answer the research questions. Second, people playing different roles in society (e.g., offering human services vs. commercial activities) can also have distinct beliefs and respond to autonomy contexts in a very different way. Therefore, these differences should also be considered in further research. Third, based on the research study by Vohs and colleagues (Vohs, Mead, & Goode, 2006) it is reasonable to expect that priming people with the idea of money will make them less likely to help others in need or donate to charity. Although our participants received a voucher rather than physical money, future studies could examine the possible differential effects of using physical money vs other types of compensation. Fourth, although the way we provided autonomy and forced the donations was objective and clear, the measurement of perceptions could be considered in future studies. Assessing perceptions of autonomy and donation obligation can have at least two important functions: a) to test how participants interpret the manipulation and whether it is transferred to the decision-making; and b) to check whether the manipulation works in terms of participant perceptions. Fifth, it is possible that participants have shown behaviors to help an NGO in the past, which could influence their decisions during the experiment. Future studies could clarify and control the role of this previous experience. Sixth, the social distance between the giver and the receiver might influence the quantity of the money donated (Aknin, Dunn, et al., 2013). Therefore, the fact that the receiver of the prosocial spending in our experiment (NGO) was an intermediary organization, and not the people in a vulnerable situation directly, might reduce the extent of the donation. Accordingly, we propose that further studies could consider both NGOs and direct recipients of the prosocial spending. Finally, another limitation of this study might be related to the limited temporal perspective. Even though we are using an experimental study design, and well-being beliefs tend to be stable over time, we suggest an experience-sampling design for further research, in order to closely study prosocial spending behavior and its variations over time.

In spite of these limitations, the current research study contributes to knowledge by exploring critical factors that explain money spent on NGOs. Both contextual and individual differences play a role. On the one hand, the exposure to prosocial spending and the anchoring bias reflect conditions that stimulate and/or inhibit donations. On the other hand, when individuals define their own well-being based on helping others, they are more willing to spend money on NGOs. These findings offer insights about how to achieve a society with greater solidarity by promoting prosocial spending in the different contexts and a change in well-being beliefs beyond hedonism.

## **CHAPTER IV: GENERAL DISCUSSION**

## General Discussion

In the general introduction and in the three articles of the present Doctoral Thesis, the underlying concepts for the studies and their results have been commented in detail. This last chapter, with an overarching approach, integrates the most important findings, draws main theoretical and practical implications, highlights the limitations of the present research, as the bases for new possible research question, and emphasises the overall conclusions.

The general objective of this thesis was to contribute to further understanding of eudaimonia, as one's conception of wellbeing. Specifically, we explored what are the implications of laymen eudaimonia beliefs of wellbeing on employee's wellbeing; how can these beliefs create a culture in given work context which aim at increasing organizational performance focused on quality of life; and, finally, how eudaimonia wellbeing beliefs can impact prosocial spending behaviours.

In order to add to the current knowledge on eudaimonia wellbeing beliefs and to respond to the objective of this Doctoral Thesis, we designed a series of studies that answered to each of the proposed objectives. Firstly, we proposed that eudaimonia wellbeing beliefs play a moderator role in the positive relation between surface acting and exhaustion in organizations for individuals with intellectual disability. Secondly, we considered contribution-to-others as a critical part of the culture in organizations for individuals with intellectual disability, which is able to predict organizational performance focused on quality of life through the mediation of service climate. Thirdly, we conducted an experimental study, where we contributed to the knowledge about the role of eudaimonia wellbeing beliefs as possible antecedent of the prosocial behaviour, and we examined the role of autonomy of decision in this relationship.

The **Study 1** empirically tested the role of eudaimonia wellbeing beliefs on employees' wellbeing at workplace. Specifically, we analysed its moderating role in the well-established positive relation between surface acting and exhaustion. To do so, we considered the two dimensions of eudaimonia wellbeing beliefs: self-development and contribution to others. Interestingly, the findings showed that they have a different role, such that self-development beliefs have a weakening effect, maintaining the same level of exhaustion even when the surface acting is high. In other words, when people define their wellbeing at workplace as personal self-development they are less likely to be

exhausted when they have to act superficially and display emotions other than the ones they actually feel. By contrast, contribution-to-others beliefs has a boosting effect, accentuating the positive relation between surface acting and exhaustion. Said differently, people who define wellbeing in the workplace in terms of “contribution-to-others” are especially sensitive to the negative effects of surface acting. Their exhaustion increases when they are forced to simulate their emotions.

This study responds to the need of understanding the role that the conceptions of wellbeing of the employees are affecting their wellbeing at workplace, especially in those industries and types of services where the emotional demands are high and there is a high rate of reported exhaustion among employees. Moreover, it shows that it is not enough to consider eudaimonia wellbeing beliefs overall, but that the two dimensions of the same concept play a differential role.

The **Study 2** goes further. In a multi-informant multilevel design study, contribution-to-others wellbeing beliefs, as an emerging culture of helping others, is related to organizational performance focused on quality of life through the mediation of service climate. In the first place, the findings of this article showed that contribution-to-others wellbeing beliefs can be considered a facet of organizational culture, especially in those organizations whose strategical aim is related to providing services to people with intellectual disabilities. We showed that when employees define their own wellbeing in terms of helping others, specific user-oriented actions are implemented. Hence, the contribution-to-other wellbeing beliefs are positively linked with the service climate as perceived by the employees and aggregated at organizational level. Therefore, a culture of contribution-to-others enhances a service climate where the service user is in the core of the organizational practices. In the third place, our findings confirmed that service climate is related to organizational performance focused on the QoL of service users. This goes in line with the argument that the extent to which services actually contribute to the performance focused on QoL of the users depends in large part on designing service systems and organizational strategies oriented toward QoL (Reinders & Schalock, 2014).

The **Study 3** provide experimental evidence on the importance of “priming” people with the desired behavior. In this sense, our results show that people, who were previously exposed to a donation situation, independently of having the autonomy of decision or not, would donate higher amount of money than people who were not



previously exposed to the donation. We therefore, draw the attention to the mere exposure effect on prosocial spending, as it facilitates subsequent donations to an NGO, even if individuals are forced to donate an amount in the initial decision. Additionally, in this study we also confirm the existence of a strong anchoring bias. By exposing the participants to a small fixed amount of donation as prosocial spending, we confirmed that their subsequent donation amount was less than half the money donated by other participants who were also initially exposed to prosocial spending but without a fixed amount. Furthermore, we analyzed the predictive role of eudaimonia wellbeing beliefs on prosocial spending, and the role of autonomy in this relation. The findings revealed that contribution-to-others beliefs have a high, positive and stable effect on the prosocial spending, while self-development beliefs are not related to it. In other words, when people define their wellbeing in terms of contribution-to-others, they are more likely to donate more money to help others. What is more, we have analyzed the role of autonomy of decision as a moderator in these relations. Our finding shows that autonomy has no effect on the positive relation between the contribution-to-other and prosocial spending, but it has a strengthening role on the link from self-development wellbeing beliefs to the prosocial behavior. Therefore, in the first case, contribution-to-others are cognitions oriented towards helping people, and this is achieved through donation, regardless of the existing level of autonomy. In the second case, self-development beliefs are cognitions that refer to personal growth, thus when people are forced to act prosocial, they do not have the feeling of growth, as the act was not based on personal choice.

Eudaimonia wellbeing beliefs are intertwined with hedonic wellbeing beliefs, therefore in **Study 1** and **Study 3** we consider the hedonic wellbeing beliefs as possible confounding variables in the proposed relationship. As previous studies have shown that hedonic wellbeing beliefs can affect the relationship between eudaimonia and different outcomes at workplace (Turban & Yan, 2016), in our studies we controlled for their possible effect. Specifically, in **Study 1**, we controlled for hedonic wellbeing beliefs, although the findings did not show any significant relationship between hedonic beliefs and exhaustion, as an indicator of wellbeing. However, in **Study 3**, when controlling for the effect of hedonic beliefs, the results show a negative significant relationship between the two dimensions of hedonic wellbeing beliefs: “Experience of Pleasure” and “Avoidance of Negative Emotions” and the prosocial spending. In other words, the results show that when people conceive their wellbeing as searching for pleasurable experiences

and not having negative emotions, they tend to reduce prosocial spending directed to vulnerable people. Overall, it is highlighted the importance of considering also hedonic wellbeing beliefs, although they do not hold the central role in this thesis.

### **Theoretical Implications**

The study the implications of eudaimonia wellbeing beliefs on the employee's wellbeing; on organizational performance focused on quality of life; and on prosocial spending behavior, has provided new interesting insights for research in the area of work and organizational psychology. These new possibilities translate into some clear theoretical implications of the present doctoral thesis.

First, the Study 1 broadens the existing knowledge on the relation between surface acting and its negative effect on the wellbeing, by adding another individual characteristic that can mitigate this effect. This implication is highly valuable both for individuals and for organizations as it has been shown that in certain type of organizations, where the emotional effort is high, the repercussion both on the employees wellbeing and their performance are costly for the organizations. Therefore, the need to identify those personal characteristics or factors that can enable employees to diminish the negative implications of surface acting are considered important. In this sense, we show that the self-development beliefs, as personal resources enable people to work optimally in highly emotional demanding environments, where the emotional regulation is necessary for an adequate performance. Our findings are congruent with both COR theory (Hobfoll, 1989) and JD-R (Demerouti et al., 2001).

By contrast, according to our results, people who define their wellbeing in terms of contribution-to-others are more sensitive to the negative effect of surface acting, and their exhaustion increases when they are forced to simulate emotions in the service interaction. When people report high levels of wellbeing beliefs focused on helping others and they have to fake emotions in their social interaction to satisfy organizational requirements, they experience cognitive dissonance (Festinger, 1957; Myers, 2010), and this leads to exhaustion. These findings confirm our hypotheses and grow the body of research on personal characteristics that, when in dissonance, potentiate the negative effect on the wellbeing.

Second, we expand the knowledge on the implications on wellbeing beliefs, showing that the conceptions of wellbeing, eudaimonia in this case, can have an impact on the experience wellbeing, both directly and affecting the extension of the impact of another factors. In the same line, we advance in the understanding of wellbeing beliefs by showing that two dimensions of the same construct can have a different effect on the relationship between the strategies used for emotional regulation and emotional exhaustion on the workplace. Further research should take into consideration this difference between the dimensions and analyze their impact on employees' wellbeing in different type of organizations, and in relation with different other concepts.

Third, the Study 2 shows that in the organizations whose strategic goals relate to help others, a culture of wellbeing as contribution-to-others can emerge at organizational level. Therefore, eudaimonia wellbeing beliefs are considered, for the first time in this area of research, at organizational level, as a bases for creating a helping others culture. This study creates the foundation for further studies, which should consider both eudaimonic and hedonic beliefs as an emerging culture at organizational level, and their impact on other organizational outcomes. Furthermore, it can be further investigate if the same culture of helping others as wellbeing at workplace can be created in other type of service organizations, not only services oriented to people with intellectual disabilities.

Fourth, we expand the service climate body of research, by considering it the process through which the culture created by the employees' beliefs are translated in terms of organizational performance. Thus, service climate is positively and directly related to organizational performance focused on enhancing QoL of service users, as a measure of organizational performance is social service sector, but it is also the link between to contribution-to-others culture and QoL. In other words, the effort to increase the quality of life of the service users creates a culture of helping others, which actually reflects, through climate, on performance focused on QoL increasing. This expands the existing framework of research two folds. On the one hand, it confirms the positive relationship between organizational culture and organizational climate, in this case service climate. It also brings evidence of the link between service climate and organizational performance, but, more importantly, it shows that employees beliefs can have an impact on organizational performance.

Fifth, the Study 3 contributes to the current literature on eudaimonia wellbeing beliefs by analyzing the impact of each of the two dimensions on prosocial behavior. As expected, contribution-to-others beliefs are positively related to helping others by donating money. Moreover, we also add to the body of knowledge of hedonia wellbeing beliefs by showing the negative relation of experience of pleasure and avoidance of negative emotions with prosocial spending. We suggest that further studies should test the relation of wellbeing beliefs with other types of prosocial behavior, such as organizational citizenship behavior.

Sixth, in the same line as previous implication, we advance in the knowledge of prosocial spending behavior, by bringing into attention potential factors that can increase it. In this sense, our findings showed a strong mere exposure effect for prosocial spending. When participants are exposed to previous similar situations, the extent of the subsequent donation is much higher than when participant were not exposed. This mere exposure effect is quite consistent, as it was observed even when participants were exposed to a required compulsory donation situation. Therefore, the autonomy of decision was shown to have no direct effect on the amount of money spend on helping others, as long as participant were previously exposed to the prosocial spending situation. What is more, we go further in identifying possible factors that affect prosocial spending and we confirm a strong anchoring bias. In this sense, our findings showed that exposing the participants to a certain (small) amount of money, it will affect the participants subsequent prosocial spending, to the extent that they donated less than half of money donated by other participants who were also initially exposed to prosocial spending without a fixed amount. Moreover, we show in this article how autonomy of decision for prosocial spending has a strengthening role between self-development beliefs and prosocial spending, but it has no effect on the latter when people define their wellbeing in terms of contribution-to-others. We, therefore, show the stability of the relation between eudaimonia wellbeing beliefs and prosocial behavior in experimental settings, considering the implications of the context people are exposed to.

### **Practical Implications**

Aside of the different theoretical implications this Doctoral Thesis brings to the field of knowledge, its findings have also different practical implications for employees and organizations. In service sector organizations, the emotional effort for the employees

is constant, and it has been shown that surface acting as emotional regulations strategy has negative implications on the employees wellbeing. However, in the Article 1, shows that there are some individual characteristics or beliefs that can buffer or, on the contrary, boost this relationship. Therefore, these findings enable organizations to create programs and implement interventions in order to minimise the emotional effort of employees and the negative impact on their wellbeing, through eudaimonia wellbeing beliefs. Because the two dimensions of eudaimonia beliefs have a different impact, specific interventions to support self-development might be encouraged, without reducing the potential positive aspects related to contribution-to-others beliefs. For example, training programs could aim to make employees aware of the importance of personal growth and the need for emotion regulation at work in delivering adequate service and developing competencies and skills. Moreover, interventions programs aiming at increase the service awareness and link the necessity of emotional regulation as part of helping others daily work that one has to do.

At organizational level, eudaimonia wellbeing beliefs positively reflects on the service climate and throughout it, has a positive impact on the quality of life of service users. Therefore, there is clear evidence that employee's wellbeing beliefs contribute to the creation of helping culture at organizational level and that it has a positive effect on the organizational performance. Hence, the fit between the person, whose conception of wellbeing is related to help others, and the strategic aims of organizations in social sector are critical in this case. Moreover, not only selection is important, but other organizational processes (e.g. socializations, communication) can support the emerging culture of helping others and align this culture with the daily activities related to the service provided to the users. Thus, service climate should be highly supported by the organization by managing a work context that favors basic employee conditions for service-delivery and acknowledging high organizational performance oriented toward service users where improving their quality of life is the main goal.

Going further, helping others in need through prosocial spending, it has positive implications for the donner, and the receiver, both in general and in organizational settings. Therefore, prosocial spending should be encouraged, and according to our findings, it can be done in several ways. For instance, mere exposure to prosocial spending situations will increase the amount of money donated. However, caution is necessary for the management and design of fixed amount, as we proved that there is a

strong anchoring bias. Moreover, in order to encourage people to spend for others, their eudaimonia wellbeing beliefs should be addressed specifically contribution-to-others beliefs, while the avoid addressing hedonic beliefs.

### **Final Conclusions**

In general, the following main contributions can be drawn from the three articles comprised in this thesis:

1. It underlines the importance of examining wellbeing beliefs at workplace.
2. It empirically shows the role of the two eudaimonia wellbeing beliefs (contribution-to-others and self-development) on the employee wellbeing.
3. It brings evidence of the existing “contribution-to-others” culture in service organizations.
4. It shows that employees “contribution-to-others” wellbeing beliefs have an indirect positive effect on organizational performance, as evaluated by family members.
5. It confirms that organizational performance focused on quality of life of people with intellectual disabilities, evaluated by family members, positively relates to the employees’ perception of organizational climate.
6. It underlines the positive implications of contribution-to-others eudaimonia wellbeing beliefs on the prosocial spending.
7. It experimentally demonstrates the importance of the mere exposure effect and anchoring bias regarding prosocial spending in subsequent behaviour.
8. It emphasis the difference between the two dimensions of wellbeing on the interaction with autonomy of decision, when predicting the extension of prosocial spending.
9. It highlights the importance of analysing eudaimonia wellbeing beliefs using different methodologies (observational and experimental) and levels (individual and organizational).

## **CHAPTER V: RESUMEN GLOBAL**

En este apartado se resaltan los objetivos de la presente tesis, la metodología utilizada y algunos de los resultados, así como las conclusiones generales que se pueden extraer en base a los estudios realizados.

## **INTRODUCCIÓN**

En una sociedad desarrollada como la nuestra, en la cual las necesidades básicas están cubiertas como nunca en nuestra historia, hay otros tipos de preocupaciones y preguntas que nos hacen reflexionar. La felicidad, ¿qué es?, ¿cómo la conseguimos? y ¿cuáles son sus implicaciones? Son preguntas que los filósofos se hacen desde hace siglos, pero que solo hace poco han entrado también en el ámbito de investigación científica tal y como hoy la conocemos. Eudaimonia es un concepto aristotélico que se refiere a la felicidad y al bienestar como la vida vivida al máximo potencial de uno, en acorde con su “*daimon*”. Sin embargo, dada la complejidad y el carácter multifacético del concepto, en el marco de la eudaimonia se han conceptualizado diferentes perspectivas como por ejemplo eudaimonia como proceso y maneras de vivir, o eudaimonia como metas y resultados de nuestras actividades. Estas diferentes perspectivas han llevado a una ambigüedad teórica alrededor del concepto y a diferentes marcos teóricos. Ryff (1989, 2008) propone el término de bienestar psicológico y describe seis características: auto-aceptación, relaciones positivas con otros, control ambiental, autonomía, propósito en la vida y crecimiento personal (Ryff & Singer, 2008). Richard Ryan y Edward Deci (Ryan & Deci, 2000) conciben la eudaimonia como una referencia a un modo de vivir, no a un estado o resultado psicológico. Según ellos, es una forma de vida que se centra en lo que es intrínsecamente útil para los seres humanos y enlazan la idea de eudaimonia a la autorrealización, como aspecto central en la definición del bienestar (teoría de la autodeterminación). La autorrealización se consigue cuando se cumplen las tres necesidades psicológicas de base: competencia, autonomía y relación. Además de estas perspectivas teóricas, se propone la eudaimonia como creencias de bienestar (McMahan & Estes, 2011), que se refieren a las percepciones que uno tiene sobre su bienestar, conceptualizadas como autodesarrollo y crecimiento personal, por un parte, y contribución a los otros, por otro lado. El estudio de las creencias es fundamental para entender la conducta individual, las relaciones sociales entre las personas, las dinámicas dentro de los grupos y las organizaciones en su conjunto.



En esta Tesis Doctoral nos hemos centrado en las creencias de bienestar, como hilo conductor común de tres estudios empíricos, para entender aspectos relevantes del comportamiento en las organizaciones dedicadas a prestar servicios dirigidos a personas con discapacidad intelectual. Más concretamente, se ha prestado atención a la predicción de dos constructos básicos en este tipo de organizaciones: el bienestar de los empleados y el desempeño de la organización entendida como consecución de su objetivo central (mejora de la calidad de vida de las personas con discapacidad intelectual). Las creencias de bienestar también nos han servido para comprender mejor los comportamientos prosociales de donación a través de ONGs, asumiendo que los ciudadanos no son sujetos pasivos, sino que pueden desempeñar un papel activo con comportamientos prosociales a través de ONGs.

## **OBJETIVOS**

El objetivo general de la presente Tesis doctoral consiste en estudiar las implicaciones que las creencias de bienestar eudaimónicas tienen sobre el bienestar de una persona en el ámbito laboral, sobre el desempeño organizacional centrado en la mejora de la calidad de vida de los usuarios y sobre el comportamiento de ayuda hacia otros. El contexto de investigación es el de organizaciones que atienden, con sus servicios, a personas y grupos vulnerables (centros para personas con discapacidad intelectual y ONGs). Este objetivo general se desglosa en tres objetivos que se corresponden con tres estudios incardinados a través de un hilo conductor común: las concepciones eudaimónicas de bienestar. Específicamente, los tres objetivos son los enumerados a continuación.

- 1. Objetivo de Investigación 1 (Estudio 1):** *Estudiar el papel de las creencias de bienestar eudaimónicas en la relación de la actuación superficial (“Surface acting”), como estrategia de regulación emocional, y el agotamiento en el trabajo como dimensión core del “burnout”.*
- 2. Objetivo de Investigación 2 (Estudio 2):** *Estudiar el impacto que las creencias eudaimónicas de ayuda a otros, como parte de la cultura organizacional, tienen sobre el clima de servicio y, a través de éste, sobre el desempeño organizacional orientado a la calidad de vida de los usuarios.*

- 3. Objetivo de Investigación 3 (Estudio 3):** *Estudiar la relación entre las creencias eudaimónicas de bienestar y el comportamiento prosocial a través de una ONG, y como la autonomía de la decisión puede afectar esta relación.*

## **METODOLOGIA**

En este apartado se describe el diseño de los estudios presentados en los artículos incluidos en esta tesis, la muestra utilizada para llevarlos a cabo, el procedimiento empleado, así como los análisis usados para obtener los resultados.

### **Diseño de los estudios**

Para lograr los objetivos de estudio propuestos en esta tesis, utilizamos diferentes tipos de diseño de investigación.

En el **Estudio 1** proponemos un estudio transversal para analizar el papel moderador de las dos dimensiones de las creencias eudaimónicas sobre la relación entre actuación de superficie, como estrategia de regulación emocional, y el agotamiento como la dimensión central del *burnout* en el lugar de trabajo. Para este estudio, utilizamos una amplia muestra de empleados de diferentes tipos de organizaciones de servicios sociales (centros de atención a personas con discapacidad intelectual).

En los entornos organizacionales, se cree que los individuos construyen un significado compartido basado en la construcción social de las realidades organizacionales. Por lo tanto, tiene lugar un proceso multinivel, que se mueve desde las diferencias individuales en las percepciones del entorno hasta la creación de un significado compartido entre las personas (Ostroff et al., 2003) En consecuencia, en el **Estudio 2** de la tesis proponemos un modelo de mediación multinivel donde tiene un papel muy relevante una parte de la cultura organización que ha de ver con las creencias eudaimónicas de bienestar. Se espera que esta cultura organizacional de creencias de bienestar eudaimónicas, reportadas por los empleados, y considerada a nivel organizacional, esté relacionada con el clima de servicio percibido por los mismos empleados y éste, a su vez, esté vinculado al desempeño organizacional centrado en la calidad de vida de los usuarios (evaluado por los familiares). Por lo tanto, se propone un modelo de mediación multinivel. Se pone a prueba este modelo en centros para personas

con discapacidad intelectual, donde la cultura de creencias de bienestar eudaimónicas debería tener un papel clave para entender el desempeño organizacional.

Además, una característica importante de los servicios es que el producto se presta y se usa al mismo tiempo (Larsson & Bowen, 1989). En otras palabras, el servicio es prestado por los empleados de contacto, al mismo tiempo que es utilizado por los usuarios del servicio, aunque ambas partes interactúan y participan. Por esta razón, medimos el desempeño organizacional a través de las evaluaciones que realizan los familiares de las personas con discapacidad, centrando la atención en el grado en que las acciones de las organizaciones mejoran la calidad de vida de las personas con discapacidad intelectual. Los familiares conocen a los trabajadores y los servicios que prestan porque acuden regularmente a los centros en una relación que suele alargarse en el tiempo. De hecho, los participantes en el estudio son aquellos que tienen contacto frecuente con los empleados de la organización y tienen conocimiento directo de las actividades y servicios recibidos. Por lo tanto, proponemos para el segundo artículo de la tesis un modelo multinivel con dos tipos de informantes: datos de los empleados a nivel organizacional informando sobre sus creencias de bienestar eudaimónicas y el clima de servicio, y datos de familiares a nivel individual, informando sobre el desempeño organizacional centrado en la mejora de la calidad de vida de las personas con discapacidad intelectual que usan el centro en cuestión al que acuden.

Para el tercer objetivo de esta tesis, utilizamos un diseño experimental de investigación. A diferencia de los dos anteriores, parte de una perspectiva diferente: en su relación con las organizaciones, los ciudadanos tienen un rol activo que puede traducirse en comportamiento de ayuda a personas vulnerables a través de ONGs. Uno de esos comportamientos es el de donar dinero. Se espera que las creencias de bienestar eudaimónico tengan un impacto sobre las donaciones prosociales dirigidas a una ONG y que la autonomía de decisión influirá en esta relación. La asignación aleatoria de la muestra a un grupo experimental frente a un grupo control se considera actualmente el mejor método disponible para construir un conocimiento sólido sobre las causas del comportamiento. Por lo tanto, el **Estudio 3** propone un diseño experimental con dos grupos de control y tres grupos experimentales, donde manipulamos la autonomía de los participantes en la situación de donación y analizamos el efecto predictivo del bienestar eudaimónico en la donación prosocial.

## **Muestra**

Para alcanzar los objetivos de investigación propuestos en la presente tesis, utilizamos una muestra diferente para cada uno de los artículos.

Para el Estudio1 y el Estudio2, utilizamos una muestra de organizaciones que prestan servicios a personas con discapacidad intelectual. Las muestras utilizadas en estos estudios son relevantes para los objetivos de investigación propuestos, debido a las principales características de las organizaciones en este subsector. Las organizaciones de servicios son diferentes a las organizaciones de producción ya que el servicio se caracteriza por algunas características específicas, como intangibilidad, simultaneidad de producción y consumo, participación del cliente, validez del servicio y heterogeneidad (Schneider & White, 2004). Además, las organizaciones de servicios en el sector social brindan un servicio altamente personalizado, ya que la interacción entre el proveedor de servicios y el usuario del servicio suele ocurrir a diario, y tiende a alargarse en el tiempo. Los objetivos estratégicos de estas organizaciones están relacionados con la integración social, aumentar la autodeterminación de los usuarios del servicio y mejorar su calidad de vida. En este sentido, la muestra es muy relevante para los estudios que proponemos, como se explica a continuación.

Las organizaciones que participan están afiliadas a Plena Inclusión, una federación de asociaciones cuyos servicios se centran en personas con discapacidad intelectual, y se distribuyeron a nivel nacional en España. Se trata, por norma general, de centros pequeños. Cuatro tipos de centros participan en el estudio: a) centros de día que ofrecen servicios terapéuticos, educativos y de esparcimiento social; b) centros ocupacionales con objetivos terapéuticos y que faciliten la transición a puestos de trabajo de personas con discapacidad intelectual; c) residencias; y d) otros tipos de centros, que también ofrecen servicios terapéuticos y/o educativos. Incluido en esta muestra solo a los empleados que están en contacto directo con los usuarios del servicio (trabajadores de atención primaria, psicólogos, terapeutas ocupacionales, trabajadores sociales y fisioterapeutas). En el Estudio 1, utilizamos una muestra de 817 empleados, con un rango de edad de 20 a 64 ( $M = 37.45$ ,  $dt = 9.26$ ), de los cuales 75 % eran mujeres y 25 % hombres. En el Estudio 2 utilizamos una muestra diferente, de 885 empleados y 806 familiares de personas con discapacidad intelectual. La media de edad de los empleados es de 37.39 ( $dt = 9.26$ ), desde 20 años a 64 años de edad. De ellos, 75,8 % son mujeres y 2,2 % hombres. Para

familiares, la media de edad es de 57.58 años ( $dt = 11.51$ ), desde 20 años a 90 años, de los cuales 66,80 % son mujeres y 33,20 % hombres.

Para el Estudio 3, utilizamos una muestra de estudiantes universitarios de grado. Los participantes que voluntariamente participan en el estudio experimental son de diferentes cursos de un año y diferentes facultades (por ejemplo, ciencias sociales, derecho, economía), asegurando una mayor diversidad de la muestra. Conseguimos una muestra de 200 estudiantes, con una edad media de 22.1 años ( $dt = 5.4$ ), de los cuales 24 % son mujeres y 74.1 % son hombres.

### **Procedimiento**

En la presente tesis utilizamos diferentes diseños de investigación y diferentes muestras, por lo tanto, el procedimiento de recolección de datos también es diferente.

Para **Estudio 1** y **Estudio 2** el procedimiento para la recopilación de datos comienza poniéndonos en contacto con responsables de Plena Inclusión, y obteniendo su aprobación para participar en el estudio de investigación. 140 centros afiliados fueron invitados a participar. De ellos, 22 centros se negaron a participar en el estudio. Los centros que aceptan participar eligen un empleado para ser la persona de contacto y el responsable de cada uno de los centros. Se organiza una sesión de formación para ellos, a fin de garantizar el correcto procedimiento de recopilación de datos. Por ejemplo, se entrena a las personas responsable en el centro sobre cómo seleccionar al azar a los empleados y los miembros de la familia que participan en el estudio, para cada uno de los centros.

Para el **Estudio 1**, solo se usan empleados como informantes. Para participar en el estudio, los empleados tienen que tener contacto diario con personas con discapacidad intelectual como parte de su trabajo. La mayoría de los empleados son trabajadores de atención primaria de salud, psicólogos, terapeutas ocupacionales, trabajadores sociales y fisioterapeutas. Los centros difieren en el número de empleados, pero según los criterios de Liden, Erdogan, Wayne y Sparrowe (2006), cada centro debe lograr la participación de al menos el 60% de los miembros bajo la supervisión directa del director del centro en cuestión.

Para el **Estudio 2**, además de los empleados, se utilizan como informantes los familiares o tutores legales. De cada familia seleccionada al azar, el miembro participante es la persona que tiene un contacto frecuente con los empleados de la organización y tiene conocimiento directo de las actividades y servicios recibidos por su familiar con discapacidad intelectual. Cada centro selecciona al azar al menos tres familias. Tanto los empleados como los miembros de las familias completan el cuestionario en papel. Al final de la recopilación de datos, después de la exploración inicial de los datos estadísticos, se envía un informe con los resultados descriptivos a cada uno de los centros participantes en los estudios.

Para el **Estudio 3**, el estudio experimental se realiza durante las clases, en colaboración con los profesores del Instituto de Investigación de Psicología del Personal, Desarrollo Organizacional y Calidad de Vida, de la Universidad de Valencia. Los participantes son informados en una clase previa por el profesor del curso, que habrá un estudio organizado como parte del curso, pero la participación es voluntaria. El procedimiento experimental se realiza según un protocolo escrito por los mismos investigadores, con el fin de estandarizar el procedimiento tanto como sea posible. Para ajustar la instrucción, el tiempo y el procedimiento, realizamos una prueba piloto con 30 participantes. Se realizan pequeños ajustes relacionados con las instrucciones del protocolo experimental y la versión final del experimento se realizan en diez grupos de la Universidad de Valencia, diferentes cursos y diferentes facultades. El estudio experimental implica la posible donación a una organización no gubernamental, por lo que al final del estudio se calcula el total de la donación y se hace una donación sustancial a la ONG.

## **Variables utilizadas y su operacionalización**

### ***Creencias de bienestar***

Para medir la percepción de las creencias de bienestar empleamos una adaptación del cuestionario creado por McMahan and Esthes (2011). El cuestionario está compuesto por 16 ítems, que se refieren a la concepción sobre el bienestar. La escala tiene cuatro dimensiones, dos para cada tipo de creencia de bienestar: eudaimónica vs. hedónica. Específicamente, para las creencias eudaimónicas de bienestar, las dos dimensiones son:

autodesarrollo y contribución a los otros. Para las creencias hedónicas de bienestar, las dos dimensiones son: búsqueda de placer y evitación experiencias negativas. Cada dimensión tiene 4 ítems con una escala de respuesta tipo Likert de 7 opciones con respuesta de 1 (*totalmente en desacuerdo*) a 7 (*totalmente de acuerdo*). Las alfas de Cronbach fueron adecuados para todas las dimensiones de la escala, en los dos estudios en los cuales se ha utilizado (Estudio1 y Estudio2), con valores entre .82 y .84 para las creencias eudaimonicas, y entre .84 y .88 para las creencias eudaimonicas. Algunos ejemplos de ítems son: “La experiencia de bienestar laboral implica necesariamente: identificar y cultivar las propias fortalezas individuales” (autodesarrollo), “La experiencia de bienestar laboral implica necesariamente: contribuir al grupo de trabajo (contribución a los otros), “La experiencia de bienestar laboral implica necesariamente: sentir experiencias placenteras” (búsqueda de placer), “La experiencia de bienestar laboral implica necesariamente: No experimentar molestias o disgustos en el trabajo” (evitar experiencias negativas).

#### ***Actuación superficial (“surface acting”)***

La actuación de superficie como estrategia de regulación emocional se mide utilizando la Escala de Trabajo Emocional, desarrollada por Brotheridge y Lee (2003). La escala incluye 3 ítems, con opciones de respuesta en escala Likert de 1 (*casi nunca*) a 5 (*muy a menudo*), donde los niveles más altos se refieren a la frecuencia con la cual se utiliza actuación de superficie como estrategia de regulación emocional en la interacción con las personas con discapacidad intelectual. Un ejemplo de ítem es “Intento expresar emociones que no siento de verdad”. El alfa de Cronbach es .77.

#### ***Agotamiento***

Agotamiento, como dimensión central del “*burnout*”, se mide utilizando la versión adaptada española del cuestionario de Maslach-Burnout Inventory (Schaufeli, Martínez, Marques-Pinto, Salanova, & Bakker, 2002). La escala contiene 5 ítems, con respuestas tipo Likert, con 7 opciones de respuesta, de 1 (*nunca*) a 6 (*cada día*). Un ejemplo de ítem es: “Al final del día me siento cansado”. El alfa de Chronbach es .84.

#### ***Clima de servicio***

La percepción compartida de clima de servicio se mide utilizando la escala reducida (Potočnik et al., 2011) basada en la escala de Clima de Servicio de Schneider et

al. (1998). La escala incluye 16 ítems, con opciones de respuesta de tipo Likert de 1 (*totalmente en desacuerdo*) a 7 (*totalmente de acuerdo*). Ejemplo de ítem es: “Las decisiones que se toman en este centro, toman siempre en consideración a las personas con discapacidad”. Con el fin de obtener la puntuación para las percepciones del clima de servicio se agregan los datos individuales (Ostroff et al., 2003) y se calcula el promedio a nivel de grupo (Lindell & Brandt, 2000) de la puntuación total de percepción de clima de servicio de los empleados individuales. Con el fin de examinar la agregación de los datos a nivel estadístico, previamente se calcula el Índice de Desviación Promedio (AD) (Burke, Finkelstein, & Dusig, 1999; Dunlap et al., 2003), el índice  $r_{wg}$  (James et al., 1993) y el Coeficiente Correlación Intraclase (ICC1) (James, 1982) y se lleva a cabo el análisis de varianza (ANOVA).

### ***Desempeño organizacional centrado en mejorar la calidad de vida***

Los familiares o tutores legales evaluaron el impacto de los servicios del centro en la calidad de vida de las personas con discapacidad intelectual, utilizando la escala de Desempeño Organizacional centrado en la Calidad de Vida General (Moliner et al., 2013). La escala está compuesta por 4 ítems con opciones de respuesta en escala Likert de 1 (*totalmente en desacuerdo*) a 7 (*totalmente de acuerdo*). Un ejemplo de ítem es “La calidad de vida de mi familiar con discapacidad intelectual ha mejorado gracias a este centro”. El coeficiente alfa es .86.

### ***Donación (prosocial spending)***

La donación final (*prosocial spending*) se operacionaliza como el número de euros que los participantes en el estudio experimental han decidido donar a la organización no-gubernamental. El rango de donación es de 0 euros a 10 euros. Se refiere a la decisión final de los participantes. Es totalmente voluntaria, es decir, pueden donar o no, y decidir también la cantidad donada.

### **Análisis**

En los análisis preliminares, se calculan los estadísticos descriptivos tales como media y desviación típica. También se obtienen los coeficientes de correlación de Pearson ( $r_{xy}$ ) para obtener información sobre la relación entre variables.



Con el fin de responder al Objetivo 1 (Estudio 1) de la tesis y analizar el papel modulador de las creencias eudaimónicas de bienestar en la relación de la actuación superficial con el agotamiento, se calculan las correlaciones y regresiones jerárquicas, utilizando el programa SPSS y el Macro Process (Hayes, 2013).

Para responder al Objetivo 2 (Estudio 2), en primer lugar, se calculan los índices de acuerdo ( $AD$ ,  $r_{wg}$ ,  $ICC$ ), para justificar la operación de agregación de puntuaciones individuales de la contribución a los otros y clima de servicio a nivel de organización. Luego, para poner a prueba el modelo propuesto de mediación multinivel 2-2-1, se utiliza el software MPlus y el ajuste del modelo se evalúa utilizando los índices de ajuste con estimación verosimilitud máxima.

Finalmente, para responder al Objetivo 3 (Estudio 3), se llevan a cabo Análisis Non Paramétricos Kruskal-Wallis, para mostrar las diferencias de dinero donado a la ONG según el grupo experimental / control. Para calcular el impacto de las creencias de bienestar sobre la donación final y el papel modulador de la condición experimental (haber estado expuesto previamente a la donación), se utilizan análisis de regresiones jerárquicas, con Process en SPSS.

A continuación, vamos a comentar las principales conclusiones obtenidas a partir de los resultados obtenidos con dichos análisis. Estas conclusiones son las que se derivan de los artículos que forman parte de la presente tesis.

## **Conclusiones**

El Estudio 1 proporciona nuevos avances en la investigación en el tema de las creencias eudaimónicas de bienestar en el trabajo y sus implicaciones sobre el bienestar en trabajo. Este estudio muestra que las dos dimensiones de las creencias eudaimónicas tienen un papel diferente en la relación positiva entre la actuación superficial, como estrategia de regulación emocional, y el agotamiento emocional. Específicamente, las creencias de contribución-a-otros tienen un rol potenciador en esta relación positiva, mientras que las creencias de autodesarrollo tienen un rol mitigador.

El Estudio 2 trata el tema de las creencias eudaimónicas de bienestar desde un punto de vista colectivo, destacando la dimensión de contribución a otros como faceta de cultura organizacional y su relación con otros variables organizacionales. Concretamente, el estudio analiza el papel de mediador del clima de servicio entre la cultura de ayuda a

otros, creada a partir de las creencias individuales de contribución a los otros, y el desempeño organizacional centrado en mejora de calidad de vida de los usuarios del servicio. Los resultados indican que la cultura de ayuda a los demás se relaciona positivamente con el clima de servicios, ambos constructos medidos a nivel de centro. El clima de servicio, a su vez, mantiene relaciones positivas con el desempeño organizacional orientado a la calidad de vida de las personas con discapacidad intelectual. El clima de servicio indica que los empleados perciben que su organización participa activamente en el servicio al usuario, es decir, en qué medida el usuario es la prioridad del servicio. En consecuencia, el clima de servicio proporciona un marco para estimular el desempeño dirigido a mejorar la calidad de vida de los usuarios. Esta orientación del usuario debe basarse en una faceta de la cultura que refuerce las creencias que definen "ayudar a los demás" como algo valioso y significativo para el bienestar de los trabajadores. Por lo tanto, los resultados confirman que el clima de servicio es el enlace que conecta las creencias de bienestar de los empleados, con el incremento de la calidad de vida de las personas con discapacidad intelectual a través del desempeño de la organización.

El Estudio 3 trata el tema de las creencias eudaimónicas de bienestar desde una perspectiva más general, en relación a los comportamientos de ayuda a otros en situación vulnerable, y el papel de la autonomía de decisión en esta relación. Además, se indaga sobre el efecto de otros factores sobre el comportamiento prosocial, específicamente el comportamiento de donación. Este estudio proporciona evidencia experimental sobre el impacto positivo de las creencias eudaimónicas de contribución a los otros sobre el comportamiento de donación. Se confirma que, para ayudar a los otros, las personas tienden a donar más dinero con fines sociales, porque ayudar a otros es parte de su concepción de bienestar. Asimismo, en el Estudio 3 analizamos el impacto del efecto de la exposición, el de anclaje y el de la autonomía de la decisión en comportamientos posteriores de ayuda a los otros (donación prosocial a través de una ONG). Los resultados en este sentido muestran que las personas que han sido previamente expuestas a situaciones de donación seguirán con el comportamiento de ayuda en comportamientos posteriores, independientemente si han sido expuesto a situaciones donde tenían la autonomía de decisión o no. Además, los resultados de este estudio nos muestran un fuerte efecto de anclaje, de tal manera que las personas que han tenido asignada una pequeña

cantidad de dinero obligatoria para donación, en comportamientos posteriores tenderán a repetir la misma cantidad.

A continuación, se indaga sobre cuál es el papel de la autonomía de la decisión en la relación de las creencias de bienestar eudaimónicas con el comportamiento de ayuda a otros a través de donaciones (a través de una ONG). De modo que, cuando las personas definen su bienestar como contribución a los otros, tienden a ayudar más, independientemente de si han estado expuestos previamente a situaciones de donación forzada o no. Sin embargo, cuando las personas tienen un nivel más alto de creencias de autodesarrollo, sus donaciones son más reducidas cuando han estado obligados a donar previamente que cuando han tenido la libertad de elegir. Esto nos indica que tiene que haber una congruencia entre las creencias personales de desarrollo personal como bienestar y el contexto en el cual la persona actúa de forma prosocial. Si el comportamiento de ayuda ha sido impuesto, la donación se inhibe entre las personas que puntúan alto en creencias eudaimónicas de autodesarrollo.

Las principales contribuciones que se pueden extraer de la presente tesis y los resultados incluidos en los tres artículos son las siguientes:

1. Subraya la importancia de examinar las creencias de bienestar en el lugar de trabajo.
2. Analiza empíricamente el papel de las dos creencias de bienestar eudaimónica (contribución a los demás y autodesarrollo) en el bienestar del empleado.
3. Presenta evidencia de la cultura existente de "contribución a los demás" en las organizaciones de servicios para personas con discapacidad intelectual.
4. Muestra que las creencias de bienestar de los empleados "contribución a los demás" tienen un efecto positivo indirecto en el desempeño de la organización orientado a la mejora de la calidad de vida de los usuarios.
5. Confirma que el desempeño organizacional orientado a la mejora de la calidad de vida de las personas con discapacidad intelectual se relaciona positivamente con la percepción que los empleados tienen del clima de servicio.

6. Subraya el efecto positivo de las creencias de contribución a los otros como bienestar sobre el comportamiento prosocial (donación).
7. Muestra de forma experimental la importancia del efecto de la exposición a situaciones de donación y del efecto de anclaje en comportamientos posteriores de donación.
8. Indica la existencia de diferencias entre las dos dimensiones de las creencias eudaimónicas de bienestar en la interacción con la autonomía de decisión de donación.
9. Destaca el análisis de las creencias de bienestar de eudaimonia utilizando diferentes metodologías (estudio de encuesta y experimentales) y niveles (individuales y organizacionales).

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## **ANEXE I. MEASUREMENT INSTRUMENTS**

## CREENCIAS DE BIENESTAR (WELLBEING BELIEFS)

Informante: empleados (Estudio 1, Estudio 2, Estudio 3) y estudiantes

Por favor, indique en qué grado cree que cada una de las cuestiones que se presentan a continuación son aspectos necesarios y requeridos para tener un alto grado de bienestar en el trabajo. Le pedimos su opinión personal.

Totalmente en desacuerdo	Bastante en desacuerdo	Algo en desacuerdo	Ni de acuerdo ni en desacuerdo	Algo de acuerdo	Bastante de acuerdo	Totalmente de acuerdo
1	2	3	4	5	6	7

La experiencia de bienestar laboral implica necesariamente:

Una gran cantidad de situaciones placenteras	1	2	3	4	5	6	7
Experimentar grandes deleites	1	2	3	4	5	6	7
Trabajar de forma que beneficie a los demás	1	2	3	4	5	6	7
No experimentar molestias o disgustos en el trabajo	1	2	3	4	5	6	7
Hacer del lugar de trabajo un lugar mejor	1	2	3	4	5	6	7
Trabajar para lograr el verdadero potencial de uno mismo	1	2	3	4	5	6	7
No sentir emociones negativas en el trabajo	1	2	3	4	5	6	7
Identificar y cultivar las propias fortalezas individuales	1	2	3	4	5	6	7
Experimentar euforia y placer	1	2	3	4	5	6	7
Ser una influencia positiva para el grupo de trabajo	1	2	3	4	5	6	7
Ejercer esfuerzos para enfrentarse a los desafíos que implica mi trabajo	1	2	3	4	5	6	7
Sentir experiencias placenteras	1	2	3	4	5	6	7
Contribuir al grupo de trabajo	1	2	3	4	5	6	7
La falta de experiencias desagradables en el día a día	1	2	3	4	5	6	7
Un alto grado de conocimiento de mí mismo y de mis competencias	1	2	3	4	5	6	7
La ausencia de experiencias “dolorosas” en el trabajo	1	2	3	4	5	6	7

### ACTUACIÓN SUPERFICIAL (SURFACE ACTING)

Informante: empleados (Estudio 1)

Es posible que su trabajo le exija expresar emociones que no siente o incluso no mostrar emociones que realmente siente. Indique con qué frecuencia lleva a cabo las siguientes conductas para realizar bien su trabajo:

Muy raramente / nunca	Raramente	A veces	A menudo	Muy a menudo
1	2	3	4	5

Me controlo para no expresar mis sentimientos reales	1	2	3	4	5
Aparento sentir emociones que realmente no siento	1	2	3	4	5
Oculto mis sentimientos reales sobre una determinada situación	1	2	3	4	5

### AGOTAMIENTO (EXHAUSTION)

Informante: empleados (Estudio 1)

Indique la frecuencia con la que le ocurre lo siguiente en el trabajo que lleva a cabo en este centro. Utilice para ello la escala que se le presenta a continuación:

Nunca	Alguna vez al año o menos	Una vez al mes o menos	Algunas veces al mes	Una vez por semana	Algunas veces por semana	Todos los días
0	1	2	3	4	5	6

Me siento emocionalmente agotado/a por mi trabajo	0	1	2	3	4	5	6
Me siento agotado/a al final de un día de trabajo	0	1	2	3	4	5	6
Me siento cansado/a cuando me levanto por las mañanas y tengo que enfrentarme a otro día en mi trabajo	0	1	2	3	4	5	6
Trabajar todo el día es verdaderamente una tensión para mí	0	1	2	3	4	5	6
Me siento "quemado/a" por el trabajo	0	1	2	3	4	5	6

**CLIMA DE SERVICIO (SERVICE CLIMATE)**

Informante: empleados (Estudio 2)

Por favor, indique su grado de acuerdo con las siguientes afirmaciones, en relación con el servicio que prestan en este CENTRO:

Totalmente en desacuerdo	Bastante en desacuerdo	Algo en desacuerdo	Ni de acuerdo ni en desacuerdo	Algo de acuerdo	Bastante de acuerdo	Totalmente de acuerdo
1	2	3	4	5	6	7

Los trabajadores de este centro tienen las habilidades necesarias para hacer un buen trabajo y ofrecer un servicio de excelente calidad	1	2	3	4	5	6	7
Se reconoce y aprecia el trabajo bien hecho y la prestación de un servicio de excelente calidad	1	2	3	4	5	6	7
El nivel de calidad de servicio que se ofrece es excelente	1	2	3	4	5	6	7
Los trabajadores de este centro cuentan con los recursos para hacer un buen trabajo y ofrecer un servicio de excelente calidad	1	2	3	4	5	6	7
Se pide la opinión de las personas con discapacidad intelectual y/o sus familias para evaluar la calidad de servicio	1	2	3	4	5	6	7
Los trabajadores de este centro están informados de las opiniones de las personas con discapacidad intelectual y/o sus familias con respecto al servicio	1	2	3	4	5	6	7
Los trabajadores de este centro están informados de las quejas de las personas con discapacidad intelectual y/o sus familias	1	2	3	4	5	6	7
Se tienen en cuenta las opiniones y/o quejas de las personas con discapacidad intelectual y/o sus familias para mejorar	1	2	3	4	5	6	7
Se toman las decisiones considerando siempre a las personas con discapacidad intelectual	1	2	3	4	5	6	7
Lo primero es satisfacer las necesidades y las demandas de las personas con discapacidad intelectual	1	2	3	4	5	6	7
En este centro, las necesidades de las personas con discapacidad intelectual son lo más importante	1	2	3	4	5	6	7
La dirección de este centro da más importancia a las necesidades de las personas con discapacidad intelectual que a cualquier otro factor	1	2	3	4	5	6	7

Mi jefe/a inmediato/a o coordinador/a reconoce y aprecia el trabajo bien hecho y el servicio excelente	1	2	3	4	5	6	7
Mi jefe/a inmediato/a o coordinador/a está muy comprometido con la mejora del trabajo y del servicio ofrecido en este centro	1	2	3	4	5	6	7
Mi jefe/a inmediato/a o coordinador/a nos motiva continuamente para realizar un buen trabajo y prestar un servicio excelente	1	2	3	4	5	6	7
Mi jefe/a inmediato/a o coordinador/a considera más importante prestar un servicio de excelente calidad que cualquier otra cosa	1	2	3	4	5	6	7

### **CALIDAD DE VIDA (QUALITY OF LIFE)**

Informante: familiares/tutores legales (Estudio 2)

Piense en cómo ha influido este centro, y sus trabajadores, en la calidad de vida de la PERSONA CON DISCAPACIDAD INTELECTUAL de la que usted es familiar/tutor. Por favor, indique su grado de acuerdo con cada una de ellas:

Totalmente en desacuerdo	Bastante en desacuerdo	Algo en desacuerdo	Ni de acuerdo ni en desacuerdo	Algo de acuerdo	Bastante de acuerdo	Totalmente de acuerdo
1	2	3	4	5	6	7

Desde este centro se nos ha consultado acerca de la calidad del servicio que ofrecen a mi familiar con discapacidad	1	2	3	4	5	6	7
Los programas o actividades de apoyo a familias con personas con discapacidad intelectual desarrollados en este centro han contribuido a mejorar la calidad de vida de mi familiar con discapacidad	1	2	3	4	5	6	7
La calidad de vida de mi familiar con discapacidad intelectual ha mejorado gracias a este centro	1	2	3	4	5	6	7
Considero que la calidad de vida de mi familiar con discapacidad intelectual ha mejorado gracias a este centro	1	2	3	4	5	6	7

## **ANEXE II. EXPERIMENTAL CONDITIONS**

## BONOS CONDICIONES EXPERIMENTALES

### Estudio 3

#### Condición control 1

Queremos agradecerle su colaboración en este estudio. Como seguramente sabe, muchas investigaciones dan un obsequio a los participantes por su colaboración, siguiendo normas de investigación internacionales. Así, antes de continuar queremos informarte de que al finalizar la cumplimentación de las siguientes escalas se le obsequiará con un crédito de 10 euros. Este crédito personal, lo tendrá que usar, necesariamente, para gastos en fotocopias y papelería para el desarrollo de sus estudios.



*10 euros*  
*en fotocopias*  
&  
*papelería*



## Condición Experimental 1

Queremos agradecerle tu colaboración en este estudio. Como seguramente sabe, muchas investigaciones dan un obsequio a los participantes por su colaboración, siguiendo normas de investigación internacionales. Así, antes de continuar queremos informarle de que al finalizar la cumplimentación de las siguientes escalas se le obsequiará con un crédito de 10 euros. Sin embargo, 2 de esos 10 euros que va a ganar al participar en este proyecto se van a destinar a una ONG que ofrece ayuda a colectivos en situación de vulnerabilidad, tanto en nuestro país como en el extranjero. Por tanto, la cantidad final de la que va a disponer es de 8 euros. Este crédito personal lo tendrá que usar, necesariamente, para gastos en fotocopias y papelería para el desarrollo de sus estudios.



*8 euros*  
*en fotocopias*  
*&*  
*2 euros para ONG*



Cantidad para usted para uso exclusivo en

fotocopias y material papelería

para desarrollo de tus estudios:

8 euros

Cantidad de su crédito que se aporta a la ONG:

2 euros

---

TOTAL: 10 euros



## Condición Experimental 2

Queremos agradecerle su colaboración en este estudio. Como seguramente sabe, muchas investigaciones dan un obsequio a los participantes por su colaboración, siguiendo normas de investigación internacionales. Así, antes de continuar queremos informarle de que al finalizar la cumplimentación de las siguientes escalas se le obsequiará con un crédito de 10 euros. De este crédito, tienes la OBLIGACIÓN de destinar una parte (a tu elección) a una ONG que ofrece ayuda a colectivos en situación de vulnerabilidad, tanto en nuestro país como en el extranjero.



*10 euros  
en fotocopias  
&  
Donación ONG*



Por favor señala cuantos euros de tu crédito dejarás a la ONG: \_\_\_\_\_ Euros

### Condición Experimental 3

Queremos agradecerle su colaboración en este estudio. Como seguramente sabe, muchas investigaciones dan un obsequio a los participantes por su colaboración, siguiendo normas de investigación internacionales. Así, antes de continuar queremos informarle de que al finalizar la cumplimentación de las siguientes escalas se le obsequiará con un crédito de 10 euros. Este crédito personal lo tendrá que usar, necesariamente, para gastos en fotocopias y papelería para el desarrollo de tus estudios. Parte (o la totalidad) de ese dinero lo puedes destinar a una ONG que ofrece ayuda a colectivos en situación de vulnerabilidad, tanto en nuestro país como en el extranjero. Por tanto, díganos a continuación cuánto de ese dinero lo quiere para usted y cuánto lo quiere destinar a esa ONG. El dinero destinado a la ONG puede variar de 0 a 10 euros. En todo caso, la suma de la cantidad que se queda y la que da a la ONG debe sumar un total de 10 euros. Ponga, antes de continuar, cuánto se queda y cuánto destina a la ONG:



**10 euros**  
**en fotocopias**  
**&**  
**ONG**  
**(opcional)**



De tus 10€ puedes donar X€ a una ONG

Por favor señala tu decisión final:

Cantidad final que te quedas para fotocopias: \_\_\_\_\_ Euros

Cantidad final donada a la ONG: \_\_\_\_\_ Euros

TOTAL:            10            Euros

## Decisión Final Donación

Por favor, indíquenos lo siguiente:

Durante el estudio, ha recibido una tarjeta de color \_\_\_\_\_.

En el caso de haberlo recibido, me gustaría cambiar de obsequio:

Sí

No

SOLO si ha elegido cambiar su obsequio, o NO HA RECIBIDO NINGUNO (tarjeta azul), por favor, especifique cuál de las siguientes opciones prefiere:

1. Bono para fotocopias y papelería en valor de 10 €
2. Bono para fotocopias y papelería en valor de los 10 € de los cuales donaré \_\_\_\_\_ € a una ONG
3. Bono para fotocopias y papelería en valor de 8 € para mi uso, más 2 € para una ONG.
4. Bono para tapas y bebidas no-alcohólicas en valor de 10 €