The Link between Perceptions of Human Resource Management Practices and Employee Well-being at Work

Sónia P. Gonçalves and José Neves

Abstract – **The literature review shows that little is known about the relationship between how organizations are managed through human resource management practices and employee well-being at work. What is known is also inconclusive and inconsistent. In order to contribute to this field, this research focuses on the study of the relationship between perceptions of human resource management practices and well-being at work. 856 police officers were questioned through a survey to measure their perceptions of five human resource management practices (training, communication, performance appraisal, health promotion, and opportunity to participate) and well-being at work based on Warr's perspective (1990). The results reveal, on the one hand, a significant positive correlation between HRM practices, comfort, enthusiasm, affective well-being at work, and overall work satisfaction. On the other hand, the results show a significant negative correlation between perceptions of HRM practices, depression, and anxiety. Perceived training and communication practices predict affective well-being, satisfaction at work, and enthusiasm. This study reinforces the assumption that the organizational variables have a potential impact on, and should be included in, the models of well-being and interventions at work. In practice, this study points to a number of aspects that are amenable to intervention to promote well-being at work.**

Index Terms—**human resource management practices, well-being, police**

I. INTRODUCTION

THE working world has been facing challenges and demands at a fast pace. These require a new dynamic approach to management in which human resources are an integral and key factor in the maintenance of competitiveness and high organizational results. This reality has led research to look into the human resource management (HRM) practices that are associated with a better organizational performance (e.g., [1]). Although organizational performance is an important outcome of management practices, there are other aspects that research may have overlooked, namely the impact on employees [2]. Literature in the field of occupational health psychology focuses primarily on the individual characteristics of workers and jobs. Models and studies tend to disregard the characteristics of the organization, the way it is managed or its practices. Thus, there are two fields of research that have hardly been related and, when they actually are, the results are inclusive and contradictory. Consequently, with the purpose of minimizing this gap, the current research aims to integrate these two fields of research by analyzing the relationship between perceptions of HRM practices and well-being at work, and the role of perceptions of HRM practices as predictors of well-being at work.

A. Human Resource Management Practices

Human resource management plays a key role in the strategic management of the organizations. However, it was not always like that. At first, the term in use was "*personnel administration*", which was later replaced by "*personnel management*". Not only does this reflect a change in terminology but also a changing management paradigm. Guest [3] elucidates well the differences between Personnel Management and Human Resource Management based on different practices and policies. For example, Personnel Management tends to assume a short-term and reactive perspective of time and planning, whereas Human Resource Management assumes a long-term and proactive perspective.

The very passage from the term "*personnel*" to "*human resources*" presents an evolution through which the concepts of "administration", "costs", "training" and "collective negotiation" are being replaced by concepts such as "management", "individual negotiation" and "teamwork". This transformation demonstrates the importance of human resources as a strategic competitive advantage to the organization.

Thus, the term "Human Resource Management" is the result and reflection of the changes that have been taking place in organizations. One of the first points that stand out in this area is the little consensus on the definition of HRM ([4] [5]).

Additionally, there is no consensus on which practices constitute a coherent HRM system ([6]). For instance, Peccei [2] adopts a comprehensive perspective by defining HRM systems "as comprising a wide range of practices covering all

Sónia P. Gonçalves is professor at Instituto Piaget and researcher at Centro de Investigação e Intervenção Social (CIS/ISCTE-IUL). Address: Praça Projectada à Av. Das Forças Armadas, n.º 3, 3.º E, 1600-313 Lisboa, phone: +351217903076; fax: +351217903962; e-mail: sonia.goncalves@iscte.pt, goncalves.sonia@gmail.com, sgoncalves@almada.ipiaget.org.

José Neves is professor at Instituto Universitário de Lisboa (ISCTE-IUL); e-mail: jose.neves@iscte.pt.

main aspects of the management of people in organizations including, for example, policies and practices in the areas of recruitment and selection, training and development, job design, pay and rewards, numerical flexibility, communications and employee welfare" (p.2).

It is difficult to conceptually define human resource management practices in terms of their dimensions, for there is little consensus and scarce information on existing research. Research has, however, made genuine efforts to identify the *best* HRM practices in the current organizational context (e.g. [7] [1] [8] [9]).

The distinction between operational and strategic human resource management practices has equally received much attention from the literature (e.g., [10]): at the *operational* level human resource management practices refer to routine practices, whereas at a *strategic* level they refer to practices that have a long-term impact.

In addition to the debate over the definition, conceptualization and content of HRM practices, the literature has also discussed the importance of *objective* human resources management and the *perceptions* of them. In spite of recognizing the importance of *objective* practices, some authors (e.g., [11]) have even reported that employees' individual perceptions of human resource management may have more impact on performance than policies formerly and objectively documented, thus showing them to be better predictors of behavior performance at work (e.g., [12] [13] [14]). There is empirical evidence suggesting that employees' outlook on HRM practices is the best predictor of the outcomes associated with these practices [15].

B. Well-being at Work

The interest in well-being and health in the work context dates back to the first empirical research in industrial and organizational psychology. Special emphasis was given to Hawthorne's studies in the 1920s. These studies led to the first wave of the human relations school, for they revealed the role played by socio-affective variables and also by workers' satisfaction with their own performance.

While recognizing the multiplicity of existing conceptualizations and dimensions, this study conceptualizes well-being at work as a multidimensional approach with two main dimensions, affective and cognitive, and relies on Warr's study given its theoretical and empirical systematization.

Affective well-being at work has been identified as an indicator of psychological well-being and work-related mental health [16].

According to Warr [17], affective well-being at work can be conceptualized based on two orthogonal dimensions (Fig. 1): pleasure and activation ("arousal" or "activation") associated with work, that is, "we may describe a person's well-being in terms of its location relative to these two dimensions (representing the *content* of feelings) and its distance from the mid-point of the figure (such that a more distant location indicates a greater *intensity*)" (p.3). Thus, a certain degree of pleasure/ displeasure or satisfaction/ dissatisfaction (horizontal dimension) may be accompanied by

high or low levels of activation (vertical dimension), and these levels of activation – "state of readiness for action or energy expenditure" (p.156) [18] – may be accompanied by different levels of pleasure.

Four quadrants can be defined from the combination of the axis of pleasure – (1a) pleasure / (1b) displeasure – with the activation level: anxiety (high activation and low pleasure), enthusiasm (high activation and high pleasure), depression (low activation and low pleasure), and comfort (low activation and high pleasure). These quadrants consequently form two orthogonal axes: (2a) anxiety / (2b) comfort and (3a) depression / (3b) enthusiasm. In the literature, empirical studies tend to elaborate on axis 1 of general work satisfaction, which is normally operationalized with general satisfaction regarding work [19].
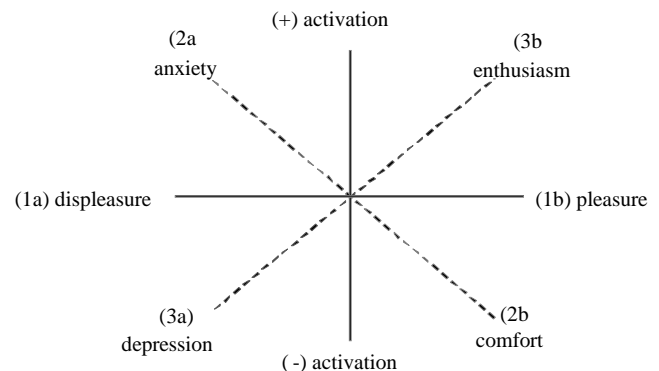

Fig. 1. Conceptualization of affective well-being. Source: Warr (1990)

C. Human Resource Management Practices and Well-being

Human resource management practices reveal important goals, as well as the behaviors that the organization wants its workers to display. These practices can also be seen as signs that workers can interpret individually [20]. Interpretations can differ from worker to worker in view of their differing experiences, values and/or preferences, and can lead to different results. Hence the importance of perceptions of the human resource management practices previously cited [13].

As mentioned, it is assumed in the literature that little attention has been given to the relationship between human resource management practices and workers' well-being. "There is (…) some research (Guest, 2002; Kersley et al., 2006; Peccei, 2004) conducted on HRM practices and well-being of the workforce. Nevertheless, research within this area remains relatively untapped" ([21] p.287). Peccei [2] does not disregard the importance of studies on organizational performance and defines that relationship as the challenge of HRM:

"Now issues about organisational performance and about the link between HRM and performance are clearly important. Arguably, though, this is a rather one-sided approach to the analysis of HRM, one that tends to ignore the human factor, the very people that HRM presumably is all about. In particular, it ignores the impact that HR practices, or more generally, HR

systems actually have on employees' quality of working life, on their experienced sense of satisfaction and well-being at work. To put it another way, the real challenge in the field of HRM is not just to understand how HR policies and practices in the areas, for example, of employee selection, training, job design and rewards can help to maximize the productivity and financial performance of the organization. But rather, it is also to understand how different policies and practices in these key areas actually affect the people most directly involved, namely, workers on the shop floor, the so called 'human resources' of Human Resource Management" (p2).

This author [2] explains the need of studying the impact of HRM on employees' well-being based on two reasons: firstly, well-being and job satisfaction have shown to be important outcomes in the literature of social sciences – namely organizational behavior, industrial, organizational and occupational psychology and sociology – when related to other variables; secondly, some authors suggest that workers' attitudes, behaviors and feelings seem to mediate the relationship between HRM practices and organizational performance, thus playing a central role in the explanatory models of this relationship. Thereby, Peccei stresses that the more is known about the relationship between HRM practices and well-being, the greater the contribution to the debates on the relationship between HRM practices and organizational performance.

The literature revision on the link between HRM practices and well-being at work led to a series of studies ([2] [21] [22] [23]). Relevant points can be highlighted from these studies. The results usually point to positive correlations between HRM practices and well-being at work (e.g., [21] [22]). However, studies also show that correlations vary according to different practices and indicators of well-being, and the predictor role of HRM practices is not consensual or stable. Sometimes theses practices do not prove to be significant predictors [21], whereas at other times they seem to be important predictors; indeed the explained variance ranges between 2 % [23] and 78 % [2]. The complexity underlying this relationship is reflected in the inconclusive and little robust results revealed by the studies. This situation could be due to the variety of measures and conceptualization of HRM practices and well-being at work, in addition to the variety of statistical techniques and control variables that are used in the studies. This context makes it difficult to compare studies, and that is why the diffusion of knowledge is very slow and expressive. This research field is therefore still taking its first steps in the search of knowledge and explanations.

Despite the conflicting findings in the literature and conceptualization in the light of the Job Demands-Resources Model [24] and perceptions of [good] HRM practices as resources, it is expected that:

H1a: perceptions of human resource management practices are positively associated with comfort, enthusiasm, affective well-being, and work satisfaction, i.e., the more the respondents perceive human resource management practices as good, the higher the comfort, enthusiasm, affective well-being, and work satisfaction levels;

H1b: perceptions of human resource management practices are negatively associated with anxiety and depression, i.e., the more the respondents perceive human resource management practices as good, the lower the comfort, enthusiasm, affective well-being, and work satisfaction levels;

H2: the perceptions of HRM practices are significant predictors of well-being at work.

II. METHOD

A. Sample

The sample includes 856 police officers from seven police institutions of which 91.5 % are men. Participants' mean age was 37 years (SD = 8.85). When it comes to years of service, the participants' mean was 13 years (SD = 8.59). More than 57.2 % of the participants have completed twelve years of education.

B. Procedure

The data were collected through a questionnaire. Telephone contacts were established with the managers, and both the study and the procedure for collecting the data were explained to them. The questionnaire was distributed and, after a period of approximately four weeks, we collected the questionnaires that had already been completed, either in person or via internal mail. The response rate was approximately 53 %. The data collection took place from November 2010 to January 2011 in seven police institutions.

C. Measures

Perceptions of human resources management practices (predictor variables)

The perceptions of human resources management practices were measured based on 25 items organized in five dimensions that reflect five operational HRM practices: *communication and access to information practices*, which encompass six items (based on Hargie & Tourish [25]) related to sharing and accessing information and also to the communication process between supervisors and colleagues (e.g., "We are encouraged to share information with colleagues"; α=0.89); *development-oriented assessment practices*, which incorporate six items (based on Neves [26]) that address the criteria for performance evaluation and the feedback process (e.g., "I know the criteria by which my performance is evaluated"; α=0.87); *health promotion practices*, which integrate five items (based on Mazzola & Spector [27]) that translate good practices for promoting physical and psychological health (e.g., "The institution provides the conditions for physical exercise and healthy meals"; α=0.89); *opportunities for participation*, which include four items (based on Esteves [28]) related to participation in decision-making (e.g., "Police officers are involved in setting their work objectives"; α=0.88); *training and development practices*, which are based on four items

(from Neves [26]) regarding the usefulness and applicability of training to the job (e.g., "We can understand how training contributes to improving our job performance", α=0.64). Items were answered on a six-point Likert scale (1=Never to 6=All the time, and 1=Strongly disagree to 6=Strongly agree; the scales of the original authors' responses were maintained). Consistency values show reasonable internal consistency for performing the analysis.

Well-being at work (criterion variable)

As previously mentioned we theorize well-being at work based on Peter Warr's [17] perspective. So we use the indicator of well-being at work as developed by this author, that is the IWP Multi-Affect Indicator, which is formed by 12 items measured on a 6-point Likert scale (1=Never to 6=All the time). Based on previous analyses (e.g., [29]) we chose to use the latent variables represented in these structures and obtained through the mean of the corresponding items: anxiety (α= 0.89), comfort (α= 0.87), depression (α= 0.90), enthusiasm (α= 0.91), and affective well-being (α= 0.65). Higher levels of affective well-being translate higher well-being. One single item was also used to measure work satisfaction ("Overall, and considering all aspects of your work, you would say that you are ...", which was answered on a five-point Likert scale [1 = not at all satisfied to 5 = very satisfied]).

Control variables

Participants have also responded to a set of socio-demographic variables through the scale of perceived occupational self-efficacy (Occupational Self-Efficacy Scale of Rigotti, Schyns & Mohr [30]). It is composed of six items answered on a five-point Likert scale where 1=Strongly disagree and 6=Strongly agree (e.g. "Normally, I deal fine with any obstacle that arises in my work", α=0.89). Participants have also responded to an item that aims to assess overall perceived work stress ("In general, to what extent do you think your work causes anxiety, discomfort or stress?"). It was answered on a five-point Likert scale where 1 means "Nothing generates stress" and 5 means "It generates extreme stress" (adapted from Marques Pinto [31]).

These variables were included in the analysis of the prediction of well-being as control variables, given their relevance in previous studies in predicting well-being (e.g., [17] [36] [37]) and in allowing for an incremental approach to understand the contribution of HRM practices.

III. RESULTS

A. Descriptive Statistics, Correlations and Internal Consistency

In a previous phase the Harman's test was performed to ensure the dimensionality of all the variables and the resistance to the effects of the common method [32].

Table I presents the means, correlations and internal consistency (measured through the Cronbach's Alpha) of the variables comprised in the study.

The analysis of the results brings out moderate levels of comfort (mean = 3.20), enthusiasm (mean = 3.23), affective well-being (mean = 3.64) and work satisfaction (mean = 2.77) as well as low levels of depression (mean = 2.51). The results show that participants have high levels of perceived stress (mean = 3.73) and self-efficacy (mean = 4.1). HRM practices present very low values. However, training and development practices (mean = 3.618) are the ones with the highest values while health promotion practices present the lowest values (mean = 2.10).

The general pattern of correlations between HRM practices and well-being reveals positive associations with positive indicators of well-being (comfort, enthusiasm, affective well-being, and work satisfaction) and negative associations with negative indicators (anxiety and depression). The strongest correlations are found between the perceptions of HRM practices, work satisfaction and enthusiasm. That said, hypotheses 1a and 1b are confirmed. The highest correlation is between performance evaluation practices and work satisfaction (r =. 42, *p* <0.01). The pattern of results between practices, depression and anxiety revealed negative correlations especially concerning the relationship between training and development practices and depression (r =-. 22, *p* <.001). There were no significant correlations between these two dimensions of well-being and health promotion practices. The perceived self-efficacy reveals positive correlations with comfort, enthusiasm, affective well-being, work satisfaction, and also with the five HRM practices, and negative associations with perceived stress, anxiety and depression. The perceived stress reveals a pattern of results opposite to self-efficacy.

B. Analysis of the Predictor Role of Human Resource Management Practices

After validating the regression model assumptions, hierarchical regression analyses were carried out so as to test the relationship between five variables (communication and information access practices, development-oriented performance practices, opportunities for participation, health promotion practices, and training and development practices) and the criterion variables (well-being at work and their dimensions). In the regression equation, socio-demographic variables, perceived self-efficacy and perceived occupational stress were controlled.

The five predictor variables and the control variables entered separately into the hierarchical regression equation so as to allow the individual analysis of each contribution to explain employee well-being at work.

Six regression equations were performed, one for each available criterion. The results are summarized in Table II.

TABLE I
DESCRIPTIVE ANALYSIS, CORRELATIONS AND INTERNAL CONSISTENCY OF THE VARIABLES UNDER STUDY

	1	2	3	4	5	6	7	8	9	10	11	12	13
1.Anxiety[a]	(.89)												
2.Comfort[a]	-.33**	(.87)											
3.Depression[a]	.65**	-.29**	(.90)										
4.Enthusiasm[a]	-.28**	.62*	-.30**	(.91)									
5. Affective well-being[a]	-.77**	.76**	-.73**	.71**	(.66)								
6. Overall work satisfaction[b]	-.33**	.28**	-.34**	.45**	.46**	(n.a.)							
7.Perceived self-efficacy[b]	-.12**	.18**	-.25**	.18**	.24**	.22**	(.89)						
8.Perceived occupational stress[b]	.42**	-.28**	.31**	-.26**	-.44**	-.23**	-.04	(n.a.)					
9.Training and development practices[a]	-.16**	.22**	-.22**	.28**	.28**	.35**	.29**	-.08*	(.64)				
10.Communication practices[a]	-.15**	.12**	-.17**	.29**	.22**	.42**	.10**	-.09**	.34**	(.89)			
11.Participation practices[a]	-.09*	.16**	-.05	.35**	.21**	.37**	.16**	-.17**	.32**	.47**	(.88)		
12.Health promotion practices	-.05	.16**	.03	.26**	.15**	.31**	.09**	-.14**	.26**	.32**	.52**	(.89)	
13.Performance evaluation practices	-.08*	.17**	-.10**	.32**	.21**	.42**	.13**	-.16**	.36**	.48**	.61**	.46**	(.87)
Mean	3.12	3.20	2.51	3.23	3.64	2.77	4.13	3.73	3.618	2.99	2.52	2.10	2.57
Standard deviation	1.08	1.06	1.20	1.19	.69	.83	.86	.96	.91	.89	1.11	1.08	.83

Note. [a]Response scales from 1 to 6; [b]Response scales from 1 to 5; **$p<0.01$; *$p<0.05$; n.a. = not applicable; on the diagonal in parentheses, Cronbach's Alpha presents good internal consistency.

The analysis of model 1 for each regression indicates that perceived self-efficacy and perceived occupational stress are significant predictors of the five criterion variables. They contribute extensively to the explained variance of criterion variables (see lines corresponding to the betas of these variables and to R^2 Adjust. of model 1).

In contrast, the observation of model 2 reveals that the inclusion of perceptions of human resources management practices in the regression equation contributes, though modestly, to explaining variance in criterion variables (see ΔR^2 and ΔF lines of model 2).

In the case of anxiety, the inclusion of predictor variables increases 3 % of the explained variance. Perceptions of both training and development practices (β=-.14, $p<.01$) and communication practices (β= -.11, $p<.01$) are responsible for this increase and are significant predictors of this indicator.

As far as depression is concerned, three predictors were considered to explain the 7 % increase of the total variance. The stronger predictor is the perception of communication practices (β=-.19, $p<.01$) followed by training and development practices (β=-.16, $p<.01$). Participation practices (β=.12, $p<.05$) and health promotion practices (β=.12, $p<.05$) are also significant predictors but with positive signal.

As regards enthusiasm, results indicate that from model 1 (composed of the control variables) to model 2 (which includes the predictors), there was a significant increase in explained variance of approximately 12 %. The results show that the perception of training and development practices (β =. 12, $p<.01$) is the strongest predictor, followed by communication practices and access to information (β =. 13, $p<.01$) and, finally, the opportunity for participation practices (β =. 11, $p<.05$).

Concerning affective well-being at work there was a significant increase in explained variance of about 6 %. The results show that the perception of training and development practices is the best predictor of well-being (β = .14, $p<.01$), followed by the perception of communication practices (β = .190, $p<.01$).

Finally, in relation to work satisfaction results show that from model 1 (composed of the control variables) to model 2 (which includes the predictors, i.e., HRM practices), there was a significant increase in explained variance of work satisfaction of approximately 20 %. Perception of communication practices and access to information (β = .244, $p<.01$) are the strongest predictor, followed by practical training and development (β =. 149, $p<.01$), the development-oriented performance appraisal practices (β = .130, $p<.05$), and finally the practices of health promotion (β = .085, $p<.05$).

In order to systematize the regressions, findings are presented in Table III. The training and development practices are significant and consistent predictors of well-being at work, whereas communication practices and access to information failed to significantly predict comfort. Performance evaluation practices seem to be relevant in terms of a more cognitive dimension of well-being. Health promotion practices show an asymmetric behavior in the prediction of two dimensions of well-being at work. On the one hand, they are a positive predictor of depression, and on the other they are a negative predictor of work satisfaction. The same happens with the opportunity to share practices, which positively predict depression and enthusiasm.

TABLE II

PREDICTION OF WELL-BEING AT WORK

		Anxiety	Depression	Comfort	Enthusiasm	Affective well-being	Overall work satisfaction
		Beta	*Beta*	*Beta*	*Beta*	*Beta*	*Beta*
Model 1	Gender (1=man)	.02	.04	.07	.07	.03	.03
	Age	.032	.03	-.09	.04	-.05	.05
	Tenure	.01	.04	.08	.06	.03	.02
	Work organization	-.05	.00	.02	.15**	.06	.07
	Perceived occupational self-efficacy	-.06	-.21**	.18**	.21**	.20**	.18**
	Perceived occupational stress	.46**	.31**	-.30**	-.26**	-.45**	-.25**
	R^2 Ajust.	.22	.15	.13	.12	.25	.10
	ΔR^2	.22	.16	.14	.13	.26	.10
	ΔF	32.63**	20.81**	17.96**	17.23**	39.50**	12.99**
Model 2	Gender (1=man)	.01	.04	.07	.05	.02	.01
	Age	.08	.08	-.12	.01	-.11	.00
	Tenure	-.02	.00	.08	.02	.04	-.01
	Work organization	-.069	.00	.03	**.13****	.07	.05
	Perceived occupational self-efficacy	-.04	**-.18****	**.15****	**.14****	**.15****	**.11***
	Perceived occupational stress	**.45****	**.30****	**-.27****	**-.19****	**-.42****	**-.17****
	Training and development practices[a]	**-.14****	**-.16****	**.12***	**.14****	**.19****	**.15****
	Communication practices[a]	**-.11****	**-.19****	.04	**.13****	**.14***	**.24****
	Participation practices[a]	.06	**.12***	-.01	**.11***	-.03	.02
	Health promotion practices[a]	.02	**.12***	.07	.06	.00	**.08***
	Performance evaluation practices[a]	.06	-.00	.02	.06	.00	**.13***
	R^2 Ajust.	.24	.21	.15	.24	.31	.30
	ΔR^2	.03	.07	.03	.12	.06	.20
	ΔF	5.15**	11.81**	4.50**	22.21**	11.97**	38.61**

Note. **p<.01; *p<.05; predictor variables with significant effect are marked in bold.

TABLE III

SUMMARY OF THE RESULTS OF THE PREDICTION OF WELL-BEING AT WORK

	Anxiety	Depression	Comfort	Enthusiasm	Affective well-being	Overall work satisfaction
Training and development practices	X	X	X	X	X	X
Communication practices	X	X		X	X	X
Participation practices		X		X		
Health promotion practices		X				X
Performance evaluation practices						X

Note. X= practice is a significant predictor

IV. DISCUSSION OF RESULTS AND CONCLUSIONS

Studies on the relationship between HRM practices and well-being at work are still scarce compared to other outcomes of HRM practices and other predictors of well-being at work that have been object of study. In order to help minimize these shortcomings the present research aimed to study the relationship between perceptions of HRM practices and well-being at work. To achieve this goal, the data on the variables involved were collected via a survey of police officers.

The descriptive statistics analysis confirms the path to follow to promote workers' well-being and positive HRM practices, since the results of this study indicate moderate values of well-being at work and low values in the perceptions of good human resources management practices.

Regarding employees' perceptions of human resources management practices, results indicate that the best practices are not yet present in this activity sector. Thereby, they are emphasized as critical dimensions given their lower values in terms of health promotion practices, development-oriented performance evaluation practices, and opportunities for participation. Apparently, the most developed dimension seems to be the training practices as well as communication and access to information practices, despite their lower expression levels. It should be noted that previous studies with

foreign police organizations reported the performance evaluation practices to be a critical point [33]. This sector of activity seems to still have a long way to go in relation to the improvement of its perceived practices. Consequently, results indicate that there may be a gap between what is prescribed by law and what is actually implemented or, at least, perceived by human resources. In this field, it would make sense in the future a more thorough analysis of the practices prescribed in legislation, those intentionally implemented by the organizations and the way they are perceived by professionals, as well as the congruence between these views and their implications.

The results of this study confirm hypothesis 1a which is related to the positive relationship between HRM practices and positive indicators of well-being at work (comfort, enthusiasm and work satisfaction), as well as hypothesis 1b, which is linked to the negative relationship between HRM and negative indicators of well-being at work (anxiety and depression). Hence, the more employees understand the usefulness and applicability of training to the work and perceive the communicational process as clear, encouraged and shared, the lower their levels of anxiety and the greater their enthusiasm, affective well-being and work satisfaction. The more the police officers participate in decision-making and associate performance evaluation practices with development, the greater the comfort, enthusiasm, affective well-being, and work satisfaction. This outcome is consistent with previous studies [21] [22] and with theoretical approaches that argue that those who perceive more resources (for instance, in terms of organizational processes) tend to feel better and report more positive attitudinal and affective outcomes [24].

Despite these relations, it should be noted that the predictor role of hypothesis 2 was only partially supported, because perceptions of HRM practices have a distinctive role with regard to each indicator of well-being at work. Therefore, results partially support the second hypothesis on the predictive role of perceptions of HRM practices. Indeed, perceptions of the practices seem to contribute to a positive and significant increase of affective well-being at work. Simultaneously, they enhance the consistency of the role of perceptions of training practices that are conducive to development and task performance and to both shared and transparent reporting practices. In other studies [34] communication practices have also proved to be one of the best predictors of individual and organizational outcomes.

Contributions in explained variance vary between 3 % and 20 %. This shows moderate but significant contributions which reinforce previous studies [23].

An unexpected result to be explored in future research is the positive predictor role of opportunities for participation and health promotion practices in predicting depression. This result may be associated with an expectation of increased responsibility, as hypothesized by Delerye and Shaw [35]. There are practices that may be likely to place pressure on employees resulting from their increased participation in decision-making, increased responsibility, and greater ambiguity of role, thus causing negative effects on their health and well-being.

The results also support the literature on the important role of self-efficacy [36] and stress [37] in well-being at work, as well as the notion that perceived stress is one of the best predictors of well-being [37].

The results underline once again Warr's assumption [19] in connection with the multidimensional view of well-being at work, for its dimensions present different patterns of predictors.

In the future, the relationship between perceptions of HRM practices and well-being at work should be explored in terms of potential mediating variables. The literature offers some tips that may be interesting in the context of this relationship, i.e., mediating variables that have shown the relationship between perceptions of HRM practices and workers' attitudes and behaviors. For example, individual-organization adjustment proved to be a partial mediator in the relationship between perceptions of HRM practices and organizational commitment, and organizational citizenship behavior [38]. Individual's job adjustment also revealed to be a partial mediator in the relationship between perceptions of HRM practices and both the intent to leave the organization and work satisfaction [38]. Even affective commitment proved to be a mediator in the relationship between perceptions of HRM practices and workers' behaviors, such as spontaneous behaviors towards the organization and behaviors to support colleagues and the quality of work [28].

Thus, future research should be devoted to the study of possible mediators to improve knowledge about the process through which perceptions of HRM practices influence well-being at work. Can perceived self-efficacy be a mediator? For example, can good training be seen as a tool to improve perceived self-efficacy and consequently well-being?

Future research could use more complex data collection methodologies (e.g., longitudinal designs) and data analysis (e.g., multi-level) to provide more insight into this issue. In addition, studies should be more conscious of the conceptualization of well-being at work, using actual measures of well-being instead of indicators of other constructs, as we did in this study.

Although the results of this research will help clarify the relationship between perceptions of HRM practices and well-being at work, more research is still needed. The results must be interpreted and generalized with caution. Although during the preparation and conduction of the study we followed the methodological procedures recommended in terms of the construction and application of the instrument, this research is co-relational and cross-sectional. As such it is subject to various constraints inherent in such studies, given the effects of the common method [30], but also the fact that it is a self-report study. It may therefore be associated with some biases deriving from social desirability, random answers, forgery, and response style. The results should be read in light of the context in which the study was conducted, thus taking into account that it is a convenience sample. It will be important to replicate the study in other sectors, in order to improve any specific area of the activity sector.

In practical terms, this study shows that police institutions still have a long way to go in terms of their HRM practices and

how to communicate and implement them, as well as in terms of promotion of well-being among its employees. In addition, this research highlights the importance of monitoring the practices implemented in order to monitor the perceptions of human resources, which are not always congruent with the practices prescribed, and the impact this implementation can have on well-being. It may have opposite effects to those expected, since the results seem to indicate the negative relationship between the creation of opportunities for participation and well-being at work.

This work contributes to the literature of health organizations and strengthens the fact that organizational variables have a potential impact on, and should be included in, the models of well-being and interventions at work. In practice, this study points to a number of aspects that are amenable to intervention and promotion of well-being at work. The results of this study reinforce the idea, already present in the literature, that to tackle the negative dimensions does not mean to promote the positive aspects of well-being and vice versa.

This work is expected to have contributed to an important move towards the establishment of the relationship between perceptions of HRM practices and well-being at work.

V. References

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Sónia P. Gonçalves received her Ph.D. in Work and Organizational Psychology from ISCTE-IUL, Portugal in 2011. She is Professor at Instituto Piaget and researcher at Centro de Investigação e Intervenção Social (CIS-ISCTE-IUL). The central theme of her research is the area of occupational health psychology including stress and well-being at work and also the role of organizational context variables, i.e., organizational culture and human resource management. She is also a fellow of the European Association of Work and Organizational Psychology (EAWOP) and Society for Industrial and Organizational Psychology (SIOP). She has several national and international publications on work-related stress and well-being, burnout, posttraumatic stress disorders related with work accidents, organizational culture and human resource management practices.

José Neves is Associate Professor at ISCTE-IUL. He teaches and investigates issues related to organizational psychology and organizational behavior. Climate and organizational culture, organizational effectiveness, social responsibility, occupational well-being and quality of service are his main areas of interest. Some books and articles published in a variety of magazines and language demonstrate his scientific and technical production.