## CONTENTS

<table>
<thead>
<tr>
<th>Review of Literature</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Introduction</td>
<td>43</td>
</tr>
<tr>
<td>2.2 Organizational health Overview</td>
<td>43</td>
</tr>
<tr>
<td>2.3 Research Papers</td>
<td>44</td>
</tr>
<tr>
<td>2.4 Internet Reference</td>
<td>51</td>
</tr>
<tr>
<td>2.5 summary</td>
<td>58</td>
</tr>
</tbody>
</table>
2.1 Introduction:

Review of Literature discusses techniques and equipment that are appropriate for investigating topic. And, the Review of Literature summarizes the theory behind research experiment. Science fair judges like to study that researcher understand why our experiment turns out the way it does. Researcher do library and Internet research so that it can make a prediction of what will occur in your experiment, and then whether that prediction is right or wrong, which will have the knowledge to understand what caused the behavior have been observed.

Literature reviews also provide a solid background for a research investigation. Comprehensive knowledge of the literature of the field is essential in most of the research. So this chapter highlights the researcher efforts.

2.2 Organizational Health Overview:

Many psychologists believed that the studies of organizational progress are basically of organizational health, because the main objectives of the studies of organizational progress are to improve the efficiency of the organizational climate that is way it can be said that the history of organizational health has started around 1954. An institution named “The California State Personnel Board” had introduced a concept of organizational development in 1975. In this direction, Main studies were further carried out by Argyles in 1957, Linkert in 1961, Benish in 1966 and Fordiss and well in 1971.

Some related studies carried out by various investigators in India and abroad have been presented. Studies have been divided into two parts; studies in India and studies in abroad.

In the past, industrial researches were conducted by taking the ideas of organizational heath and organizational climate as similar ones. And therefore past researches could not be found with the headings. “Organizational Health” However, it is definite that the concept of organizational health was raised from the idea of organizational climate.
In the present era, the concept of organizational health is understood to be different from organizational climate and organizational development. Miles and Screen in 1973, Benish in 1966, have gone through noticeable researches of organizational health, Sayeed in 1980, Parik and Rao in 1983, Sayeed in 1991, Patel in 1993 are Indian contributors.

2.3 Research Papers:

2.3.1 STUDY 1

Dr. Alireza Jamshidnejad (2002) from Islamic Azad University of DeZful conducted research on “The Job Stress of Principals and Organizational Health in Secondary Schools”. Two separate samples were included in the data collection process. Second group was a stratified randomly selected sample of 275 formal teachers. The Researcher found that most high schools had sick or unhealthy organizations. Clearly in such unhealthy working place, the principal’s job factors could create significant stress for them.

2.3.2 STUDY – 2

Hasan Zarei Matin, Gholamreza Jandaghi, Hossein Khanifar and Faezeh Heydari 2009 “Designing a competent organizational culture model for customer oriented companies” stated that the most effective factor in enhanced performance of organizations is culture. The tendency towards customer is a form of organizational culture which leads organizations towards being responsive to customers and devising customer-oriented strategies. The study also needs an adoptive and responsive organizational culture against changes taking place. Hence, the structure and organizational culture of high performance companies are shaped in a way to consider the highest value for customer and attract his/her satisfaction. Owing to the fact that establishing a proper culture is the most important issue in attaining customers, this research is to find that what should be the cultural dimensions and components of customer-oriented organizations in order to perform their missions well and what is a suitable model for organizational culture in customer-oriented companies? A survey with management professors and certain experts in the field revealed that there are certain dimensions and
components of competent organizational culture. This article proposed a revised conceptual model on the basis of these dimensions/components. A questionnaire was then designed to examine this model in customer-oriented companies and then it was implemented in target organizations after confirming its validity and reliability. According to results, the emotional and trust-building leadership dimensions are in undesirable conditions on studied organizations. So, major recommendation is to improve competent organizational culture in customer-oriented companies. [1]

2.3.3 STUDY – 3

Nirmal Kumar Roy, Anirban Sarkar and Gautam Bandhopadyay 2008 “Organizational Health Monitoring Model: Implementation of E-Governance” explain that in recent years e-Governance has become an important area of research for the academicians and IT professionals. At present, e-Governance has been implemented in most of the developed countries. Developing countries, on the other hand are struggling to achieve their due share by implementing it. Several studies show that implementation of e-Governance in developing countries are in slower pace. Implementation of e-Governance needs bold political will, bureaucratic reorganization, and citizen active participation. In this paper, one model has been presented to study the quality of employees firstly, and then quality and health of organization investigating capability indexes such as Attitude, Skill and Knowledge (ASK) of employees which are prime indicators for designing and rolling out of e-Governance successfully. Using the simulation program of the model, one case study has also been presented to validate the model in this paper which will be used as a health checker of an organization for any period such as weekly, fortnightly, monthly or yearly. It will be an effective tool for monitoring of health of an organization. [2]

2.3.4 STUDY – 4

Kaijun Guo, Maurice Yolles,) and Paul Iles 2006 “Organizational Fitness: from the Viable Systems Model to Organizational Patterning “stated that the only approach able to explore organizational fitness using their Viable System Model (VSM). More recently, however, a new approach that comes
out of a related stream of theory has also appeared called Organizational Patterning (OP) which is able to complement the use of VSM. The primary distinction method the two approaches is that the VSM is qualitative exploring structural faults, while OP is concerned with exploring the coherence and pathologies of an organization and is quantitative in nature. The case application for OP being adopted is the banking sector in China. Major problems have arisen for China’s state-owned commercial banks since the country has joined the World Trade Organization. To be able to respond fully they first need to be able to determine their degree of coherence and the nature of their pathologies. Such ill-conditions will influence the ability of the banks to change. The approach adopted in developing OP comes from a relatively new Viable Systems paradigm called knowledge cybernetics. [3]

2.3.4.1 The Chinese Context

China is currently passing through two imperatives for change. One is from globalization that it is experiencing through its membership of the World Trade Organization, and the other is information, as information technology takes hold and pushes forward new ways of working and connecting with potential customers. While the latter has produced a very large number of studies on the impact of new technology within the last decade, particularly with the rise of the Internet, the interest in this paper lies more with the globalizing imperative that constitutes a drive for change and therefore viability within a new competitive and regulative environment. This environment can be identified by distinguishing the imperative in three different types of effect, phenomenal, nominal, and existential.

2.3.5 STUDY – 5

Dr. Abdulkadir Kırmızı, and Orkun Deniz, 2005, “THE ORGANIZATIONAL COMMITMENT OF IT PROFESSIONALS IN PRIVATE BANKS “ This study explores the different aspects of organizational commitment and its determinants for Information Technology (IT) professionals. IT dependent companies should consider the determinants of organizational commitment and ensure that these issues are properly addressed in their human resource
strategies. The study employs Meyer and Allen’s approach to develop a new instrument to measure organizational commitment and its determinants. Meyer and Allen defined organizational commitment with three dimensions: affective commitment, continuance commitment and normative commitment. An original questionnaire was prepared by the researchers and was applied to the IT professionals working in 10 Turkish private banks. The results showed that affective commitment is higher among IT professionals than the other types of commitment. Normative commitment is at the lowest level. IT professionals are working in organizations because they want to, rather than they need to or being compelled to by a morale obligation. [4]

2.3.6 STUDY – 6:

Lowe GS, Shannon HS, Schellenberg G, 2003, Correlates employees’ perceptions of a healthy work environment. And worked on “How Employees View Healthy Workplaces”, it stated that workers are the best judges of whether or not their workplace is healthy. The following picture emerges when they use workers’ perceptions of their workplaces. Based on the 2000 CPRN-EKOS Changing Employment Relationships Survey, which is representative of the Canadian labour force, some 15.6% of employees surveyed disagreed or strongly disagreed that their “work environment is healthy.” In contrast, 18.3% strongly agreed with this statement, 56% agreed, and 10.2% were neutral.

Specific job characteristics are closely associated with employees’ perceptions of whether their work environment is healthy. The patterns in these relationships are strikingly consistent. This suggests that trust, respect, a safe work environment, good co-worker communication, work-family balance, job security, good supervision, job autonomy, and friendly and helpful co-workers are highly correlated with perceptions of a healthy work environment. Practically speaking, in the absence of any of these conditions, a workplace will be perceived by employees to be less healthy. These factors need to be addressed in healthy organization strategies. [5]
Sayeed, 2001, has worked on “A study of organizational health, job-satisfaction and work value of Bank employees.” 240 Clerks 240 Officers from Nationalized and co-operative Banks were randomly selected. Organizational health scale prepared by Miles was used by researcher. Here researcher had used analysis method i.e. sequential range test. Researcher found that there was a significant difference found between organizational health and work value among the employees of Banks. Employees showing high organizational health have more Job-satisfaction than the lower one. Improvement in organizational health was directly related to work value of employees. [6]

2.3.8 STUDY – 8:

Joseph W. Licata (2001) had worked on “Organizational health and robust school vision”. This article reports a significant positive relationship between teachers’ perceptions of organizational health and the relative robustness of their school vision. Subsequently regression analysis indicated that academic emphasis and institutional integrity were the school health themes that characterized the overall association with robust school vision. [7]
2.3.9 STUDY – 9:

Kumari Dodiya Geeta R. student of Saurashtra University has carried out a dissertation work to find “employees’ attitudes towards organizational commitment and organizational health in the IPCL Industries of Rajkot". For this study researcher had selected 136 employees randomly out of 340 employees from IPCL Industries of Rajkot. Field workers and Office employees were included. The sample concerned only Male employees. For data collection, the researcher used Organizational health scale prepared by Miles M.B. and Organizational commitment scale prepared by Mavede. Researcher found that there is significant difference between organizational health and organizational commitment. The level of organizational commitment is more than the health of the organizations. There is significant difference between tasks centered dimensions of organizational health and organizational commitment of employees. There is significant difference between maintenance needs dimensions of organizational commitment.

2.3.10 STUDY – 10:

John Tarter, Wayne. K. Hoy and Robert B. Kottkamp(1999) in their study in the school of New Jersey had formulated hypothesis as: Each element of School Health is positively related to the teacher’s organizational Commitment. Together the elements of organizational health will make contributions to a liner composite that is significantly related to the teacher’s organizational commitment. The hypothesis in this study was tested with a sample of 72 Secondary Schools in New Jersey. School health was measured by the organizational health inventory. Researchers found that the inventory is an index of the school's success in meeting the instrumental needs of adaptation and goal achievement and the expressive needs of social and normative interaction. Co-relational and regression analysis of responses from 1083 teachers in 72 schools supported the hypothesis of the study: Elements of school health, both individually and together, are positively related to teacher’s commitment. The result of the study shows positive co-relations between the general index of the school health and organizational commitment. [8]
2.3.11 STUDY – 11:

Wayne K. Hoy, John A. Fetlman (1987) in Rutgers University have defined the concept of the organizational Health of School and conceptualized using the theoretical foundation of Talcott Persons in 1987. An organization health inventory was developed to measure the health of school along 7 dimensions of teacher - teacher, - teacher - students and teacher administrator interactions. The instrument was devised and refined in a pilot study and then the 44 organizational health inventory was tested and the stability of its factor structure and its validity were evaluated with “Sample of 78 secondary schools.” Researcher found that at the technical level, the faculty morale and the academic presses of the school are seen as critical ingredients of good school health. At the Managerial level, the leadership and the support of the principal in terms of considerations, initiating structure, influence with superiors, and resource support are key element finally, healthy school have institutional integrity.

2.3.12 STUDY – 12:

T.Parsons, R.F. Bales, and E.A. Shils (1953) have worked on “organizational health in higher secondary schools in new York”. They have given three levels in the organization i.e. Technical, Administrative and Institutional. They have considered 7 dimensions tool. Researchers found that Healthy School reaches to the goals according to the circumstances. It maintains the internal solidarity in any problem. There is a significant relation between the Technical Level and the teaching- learning process. Institutional level is directly related to the organization climate

2.3.13 STUDY – 13:

Shaomin Huang, Lewis-Clark and Gerald W. Ramey had worked on “ORGANIZATIONAL HEALTH ASSESSMENT: A ROMANIA FIRM CASE STUDY”. It indicates that other than measuring units of output or profit to evaluate organization performance, this research develops a new assessment concept, i.e organizational health. The survey of Work Environment Scale as
the foundation data for the System-wide Interpretation of Health and Quality was used in this case study on a Romania firm. Structural measurement on organization effectiveness, leadership, and term work efficiency was conducted and further explained by three dimensional graphs with a weighted least squares method. The system-wide assessment shows multiple causalities among the endogenous variables. [9]

2.3.14 STUDY – 14:

Jochen Gurt & Gabriele Elke has research paper on “Health Promoting Leadership: The Mediating Role of an Organizational Health Culture”. This study identifies the effects of leadership on an organizational health culture and strain. The importance of leadership for the development of a corporate health culture is demonstrated as well as the positive effect of health culture on employee strain level. Empirical data from a longitudinal study in the German tax administration is presented. Leadership has a positive impact on the development of a corporate health culture, which in turn reduces employees’ strain level. Discussion addresses the similarities of health and safety leadership regarding effects and mediating processes. [10]

2.3.15 STUDY – 15:

Gerald W. Harper has studied the relation between organizational health and organizational effectiveness in a medium Scale industry. 72 employees of a Medium Scale Industry were selected with random method. Researcher used Organizational Health Scale prepared by Miles, M.B. and Organizational effectiveness tool. For the analysis of the study critical ratio has been find out. Researchers concluded that some dimensions of organizational were found related with organizational effectiveness. There was significant relationship found in between organizational health and organizational effectiveness.

2.4 Internet References:

2.4.1 STUDY – 16:

There is a competitive advantage out there, arguably more powerful than any other. Is it superior strategy? Faster innovation? Smarter employees? No, *New York Times* best-selling author, Patrick Lencioni, argues that the similar difference between successful companies and mediocre ones has little to do with what they know and how smart they are and more to do with how healthy they are. In this book, Lencioni brings together his vast experience and many of the themes cultivated in his other best-selling books and deliver a first: a cohesive and comprehensive exploration of the unique advantage organizational health provides.

Simply put, an organization is healthy when it is whole, consistent and complete, when its management, operations and culture are unified. Healthy organizations outperform their counterparts, are free of politics and confusion and provide an environment where star performers never want to leave. Lencioni’s first non-fiction book provides leaders with a groundbreaking, approachable model for achieving organizational health—complete with stories, tips and anecdotes from his experiences consulting to some of the nation’s leading organizations. In this age of informational ubiquity and nano-second change, it is no longer enough to build a competitive advantage based on intelligence alone. *The Advantage* provides a foundational construct for conducting business in a new way—one that maximizes human potential and aligns the organization around a common set of principles.

2.4.2 STUDY – 17:

**The Advantage: Why Organizational Health Trumps Everything Else** In Business (Apr.) (*Publishers Weekly*, 1/16/12)

Consulting executive Lencioni (The Five Dysfunctions of a Team) has an answer for floundering businesses—aim for organizational health. In other words, businesses that is whole, consistent, and complete, with complementary management, operations, strategy, and culture. Today, the vast majority of organizations have more than enough intelligence, experience, and knowledge to be successful. Organizational health is neither sexy nor quantifiable, which is why more people don’t take advantage. However, improved health will not only create a competitive advantage and better bottom line, it will boost morale. Lencioni covers four steps to health: build a cohesive leadership team, create clarity, over communicate clarity,
and reinforce clarity. Through examples of his own experiences and others', he addresses the behaviors of a cohesive team, peer-to-peer accountability, office politics and bureaucracy and strategy, and how all organizations should strive to make people's lives better. This smart, pithy, and practical guide is a must-read for executives and other businesspeople who need to get their proverbial ducks back in a row.

2.4.3 STUDY – 18:

Gerald D. Hill (2003) “Organizational health: using an assessment tool to diagnose internal conditions and relationships before writing a prescription to School Administrator”

This multi-perspective approach conveyed a shared responsibility for developing solutions and, by emphasizing issues rather than the personalities, resulted in a productive, issues-driven improvement process.

Based on what they learned from the organizational health instrument data focused on district and school goals, a committee of teachers, working with the principal, developed action plans for improvement that were implemented through the remainder of the year.

For example, because the preliminary research had revealed a lack of focus on the district's goals and mission, goal focus was one of the dimensions targeted at the district and school levels. Staff worked together to develop strategies for creating a more defined focus on the district's and schools' goal of providing a quality education. Some schools also focused on cohesiveness and others on communication. Each school developed its own goals for improvement based on the results of the inventory at the school level as well as the overall district goals. [11]

2.4.4 STUDY – 19:

Organizational Learning and Organizational Health
(www.framework.org.uk)

This study relates organization learning and organization health relates to the work pressures faced by NGO staff and the constraints these place on even the most passionate supporters of organizational learning. The result is that
spending time on learning at individual, team and organizational levels is often seen as an extra burden or even an unachievable luxury in many NGOs.

The conventional time-management response to statements like 'I don't have the time to devote to learning' is to re-cast lack of time in terms of priority — 'What you're really saying is that you don't put aside time for learning because you choose to attach greater importance to other activities'. Whilst this is undoubtedly true, this rather unhelpful response does little to acknowledge the very real work overload faced by large numbers of NGO staff. Although it is frustrating to admit it, NGO staff don't allocate time to a particular area of interest — organizational learning — not simply because they are unwilling to give it adequate priority but often because they are simply unable to. Their managers and even their NGO's culture appear to under-value any activities except those which are believed to be directly and obviously performance-related. For as long as this is the case, time spent on reflection and learning will compete with time spent on other activities and merely add to the often overwhelming pressures experienced by over-stretched NGO staff.

Instead of simply arguing, yet again, for managers to re-assess the importance they attach to organizational learning in their list of organizational priorities, I have recently begun to examine the wider concern of what the pressure of overwork means in terms of an indication of organizational health or, more accurately, organizational ill-health. Until this issue is better understood, organizational learning and other functions that are seen by many managers as desirable — but not essential — to organizational effectiveness will continue to remain low on the priority list of many NGOs.

2.4.5 STUDY – 20:
Health Canada, Workplace Health Strategies Bureau, has developed number of guidelines for creating healthy organization e.g. developing a comprehensive health policy, why and how? A guide for the work place .there are eight point indicators which are very crucial for developing organizational health which are mentioned as under.

1. Supportive culture and values: Creating and maintaining a healthy workplace requires a supportive culture that clearly values employees
and is trust-based. Ideally, the process of creating a healthy workplace should be designed to strengthen trust.

2. Leadership: Commitment from top management is critical, and must take the form of visible leadership on health issues. Employees judge commitment by the actions of the CEO and the executive team. Leadership must also be exercised throughout the organization, especially by line managers.

3. Use a broad definition of health: Good mental and physical health means more than the absence of illness, injury and disease. It also means leading a balanced life, developing one’s potential, making a meaningful contribution to the organization, and having a say in workplace decisions.

4. Participative team approach: Implementing a healthy workplace strategy requires an integrated approach, guided by teams that include representatives from management, health and safety, human resources, employees, and unions. This is not just a health issue. Direct employee involvement in all stages is especially critical to success.

5. Customized plan: Collaboratively develop a workplace health policy and action plan with clear goals. The policy and plan must be tailored to the business context, workforce characteristics, and documented gaps in the work environment. Learn from each change introduced and refine the plan accordingly.

6. Link to strategic goals: Clearly link health issues and outcomes to the organization’s strategic goals. Integrate health and well-being objectives into the organization’s business planning process, so that over time, all management decisions take health into account.

7. Ongoing support: Allocate resources that ensure continuity to healthy workplace actions. Provide training, especially to managers at all levels, to sustain the initiative and embed health into how the organization operates.
8. Evaluate and communicate: Open and continuous communication is a key success factor in any organizational change initiative, and health is no different. Consistently evaluate outcomes and keep top management informed about the impact of healthy workplace issues on business results. [12][13]

2.4.6 STUDY – 21:

Enabling Conditions For Healthy Workplaces:

Based on an analysis of documents available from the Canadian labour and Business Centre’s (www.clbc.ca/Research and Reports/Case Studies.asp) and the Wellness Councils of America’s (www.welcoa.org/wellworkplace/platinum/actual.php). It gives a better understanding of the factors that enable successful healthy workplace strategies by examining fifteen well-documented cases from Canada and the US. Nine are from the Canadian labour and Business Centre’s study of organizations with successful employee health and wellness programs. Six cases received the Wellness Councils of America’s Platinum designation for healthy workplace achievements. The available documentation provides some information (more than available in other published sources) on the processes and tactics used. Factors that enabled healthy workplace changes cluster around several key themes. The most common enabling conditions are linked to business strategies and a people-oriented management style. Incorporating employee health and wellness into corporate business plans, values and missions, and ‘employer of choice’ strategies increases the level of leadership support, resources, and commitment throughout the organization needed to succeed. It also is interesting that problem identification – widely viewed by health promotion experts as an early step in workplace health promotion – is less common as an enabler of change.

Action Model for Creating Healthy Organizations

Greater clarity is needed on the steps, strategies and processes that deliver positive results for employees and the organization, as well as the barriers that must be overcome for any change to occur. The action model below
shows how enabling conditions and change processes contribute to improved results. This is the ‘causal logic’ that underlines the concept of a healthy organization.

**Figure-2.2 Action Model for Creating Healthy Organization**

The model views healthy organizations in terms of the enabling conditions and processes that target interventions at all organizational systems, thereby contributing to overall results. Strong leadership – vision and behavioral consistency – by senior managers sets the stage for building and sustaining a healthy organization. The values of the organization must signal a clear commitment to employees, contractors, and customers or clients. The culture of the organization must be trust-based. Otherwise, employees, unions and other internal stakeholders will be suspicious and cynical about change initiatives.

Participation and learning energize the actual process of planning and implementing change, monitoring and making continuous improvements. The
focus of change must, ideally, include all major components: job design and work content, staffing, human resource policies and practices, incentives and rewards, how work is organized, relationships, and the work environment. Aligning all these components will contribute to positive outcomes for individual employees, customers and clients, and society.

All this must be situated in the larger environment, especially regulatory frameworks (e.g., occupational health and safety laws, workers’ compensation, employment standards, industrial relations). Workplaces also contribute to societal goals regarding health and well-being. In this way, a healthy organization generates a ‘vicious circle’ where causes and effects are mutually supporting.

In combination, these features define a truly healthy organization. [14]

### 2.5 Summary:

Many research studies have been conducted on Organizational Health. Most of the researches have done in the field of education, social organization sector and in industrial sector. But no research has been carried out directly on Commercial Banks.

In the present scenario, the banking sectors are facing many problems. Many banks in sector have winded up, so, now investigators have started emphasizing on the health of different existing commercial banking organization.

No research has been done particularly on the title" Organizational health- A study on the employees of the Commercial banks of Bhavnagar city with special reference to AMAR Approach". Such study is also not carried out by Bhavnagar University or in Bhavnagar District.

The unique things of this study is that is reveals the levels of the organizational health of commercial Banks of Bhavnagar city with considering all dimensions of the organizational health as well as the variables related to the organizational health such as employee sex, age, designation and experience.
References:

[1] Hasan Zarei Matin, Gholamreza Jandaghi, Hossein Khanifar and Faezeh Heydari 2009 Faculty of management, University of Tehran, Qom Campus, Iran.


[3] Kaijun Guo (goukj@yahoo.com), Maurice Yolles, (m.yolles@livjm.ac.uk) and Paul Iles (paul.iles@tees.ac.uk) March 2006 had published a paper on “Organizational Fitness: from the Viable Systems Model to Organizational Patterning “

[4] Dr. Abdulkadir Kırmızı, Institute of Social Sciences, Yeditepe University, Turkey, akirmizi2001@yahoo.com and Orkun Deniz, Institute of Social Sciences, Management Ph. D. Program, Yeditepe University, Turkey, orkun_deniz@yahoo.com had published a paper on “THE ORGANIZATIONAL COMMITMENT OF IT PROFESSIONALS IN PRIVATE BANKS “ IN 2005 and the review is as under.


[8] John Tarter from St. John's University, Wayne. K. Hoy from Rutgers University and Robert B. Kottkamp from Wofstru University (1999) in their study in the school of New Jersey had formulated hypothesis as:
Each element of School Health is positively related to the teacher’s organizational Commitment.

[9] Shaomin Huang, Lewis-Clark State College, Lewiston, Idaho 83501. U.S.A. shuang@lcsc.edu and Gerald W. Ramey, Eastern Oregon University, La Grande, Oregon 97850, U.S.A. gramey@eou.edu had published paper on “ORGANIZATIONAL HEALTH ASSESSMENT: A ROMANIA FIRM CASE STUDY”

[10] Jochen Gurt & Gabriele Elke Ruhr-University at Bochum, University, 150, 44780 Bochum, Germany. Phone: +49-234-32-24608 {Jochen Gurt} jg@auo.psy.rub.de have published the paper on “Health Promoting Leadership: The Mediating Role of an Organizational Health Culture”


