

A Survey of the Organizational Health Status of Male High Schools in Ardabil Province

A. Zahed Babelan, M. Askarian, M. Behrangi and E. Naderi
Faculty of Education and Psychology, University of Tarbiat-e Moallem, Tehran, Iran

Abstract: Approach to organizational health from the view point of schools' dynamism and survey for their improvement have marked scientific advantages. Then the present study has executed to survey organizational health status of male high schools in Ardabil province. The organizational health was conceptualized on the basis of Hoy. Conceptualization as a construct consisting seven dimensions including institutional integrity, principal influence, consideration, initiating structure, resource support, morale and academic emphasis. The Statistical population of current study composed of all male teachers of public high schools of Ardabil province in the academic year 2006-2007. The number of teachers was 1935 in 359 high schools in the 19 educational districts. From among these, the statistical sample of 350 public high school male teachers was selected according to multi-stage sampling on the basis of Cochran formula and Kregcie-Morgan table. The research method is descriptive and OHI-S questionnaire has been used to collect data. The result of data analysis indicates that the mean of organizational health, tripe levels and its seven dimensions are significantly higher than conceptual mean (mean that is acquirable in questionnaire). However, when the school was selected as analysis unit the organizational health was yet lower than conceptual mean among 34% of high schools and health of seven dimensions were lower than conceptual mean among 34-49% of high schools too (as is explained in the results). Also, comparison of standard scores' mean showed that there is significant difference between high schools with high and low health in the seven dimensions of organizational health and organizational health profile of these 2 groups is locating above and under the mean line.

Key words: Organizational health, school health, organizational climate, high school, Ardabil province

INTRODUCTION

Numerous scientific efforts have been executed to define, explain and assay social climate of schools within recent decades. Result of these efforts was advantageous scientific structures for organizational climate assay (Hoy and Miskel, 2005). Of these methods can indicate to Organizational Climate Description Questionnaire (OCDQ), climate as social strain (OCD), Profile of School (POS) and organizational health (OHi) (Lester *et al.*, 2001; Hoy, Tarter and Kottcamp, 2000). One of known advantageous theoretical structures for conceptualization of school general climate is the organizational health. In the researchers' opinion teachers' perception about actors of school, is a precise component for reflecting their work's quality, appropriate index for efficacy of school and indicator of their socio-psychological status (Hoy *et al.*, 2000; Tsui and Cheng, 1999). Scholars have named this "organizational health" and have used it in the study of relationship between school environment and teachers' function. Thinking of complete or positive health of school interests us about facilitator factors of

school's growth and prosperity or its complete dynamism obstacles (Miles, 1969). Probably perception of health status of an organization can help us in management method and appropriate leadership choice for its effectiveness (Alagheband, 1990) the term "Organizational health" first was proposed by Miles (1969) to examine the climate of schools' (Korkmaz, 2006, 2007; Tsui and Cheng, 1999; Tsui *et al.*, 1994). According to Miles (1969) a healthy organization was not only an organization surviving in its environment but also a structure constantly using its abilities to cope with difficulties and surviving in the long run. Originally used to explain the continuity of organizational life, the term organizational health was reconsidered by Hoy *et al.* (1991) and Hoy and Miskel (2005), it is the ability of the organization to successfully adapt to its environment, creat solidarity among its members and reach its objectives (Korkmaz, 2006, 2007; Tsui and Cheng, 1999). The conceptualization of school organizational health may be based on two considerations, Firs the school is considered as a social system, in which people take the roles of administrators, teachers, students and so forth therefore,

school organizational health should reflect social interactions among these key players in school (Tsui and Cheng, 1999; Tsui *et al.*, 1994). Second, a healthy school should be effective in performing its various school four fundamental functions (AGIL); Adaptation, Goal Attainment, Integration and Latency (Scott, 2002). From prospect of Parson's healthy school is a school that which in technical, managerial and institutional levels accord with each other and organization fulfill the expressive and institutional needs and treat successfully with environmental forces and guide their forces for main goals of organization (Hoy and Miskel, 2005). Conceptualization of Miles is regarded as an exploratory construct for thinking framework about organizational health of school. Primary efforts for its using in schools haven't been so successful. Tools that have constructed using 10 dimensions of organizational health have had problems from the viewpoint psychometric definition. Then Hoy *et al.* (2000) introduced new conceptualization and assay tool for organizational health with using theoretical analysis of Parson and Etzioni and also with using findings of Brookover *et al.* (1987), Narrated by Alagheband (1999) and Korkmaz (2007). In new structure (OHi-S) organizational health of school is defined by 7 dimensions that altogether comprise patterns of behavior and special internal coordination of the school. Organizational health principles and its triple levels are expressed.

- Institutional level is about the school-environment relationship.
- Institutional integrity is the schools' ability to cope with its environment in a way that maintains the educational integrity of its programs. Teachers are protected from unreasonable community and parental demands.
- Managerial level is about the internal coordination of the school.
- Principal influence is the principal's ability to influence the actions of superiors. Being able to persuade superiors, to get additional consideration and to proceed unimpeded by the hierarchy are important aspects of school administration.
- Consideration is principal's behavior that is friendly, supportive, open and collegial; it represents a genuine concern in the part of the principal for the welfare for the teachers.
- Initiating structure is principal behavior that is both task- and achievement-oriented. Work expectations, standards of performance and procedures are articulated clearly by the principal.

- Resource support refers to a school where adequate classroom supplies and instructional materials are available and extra materials are readily supplied if required.
- Technical level is about teaching and learning mission in the school.
- Morale is a collective sense of friendliness, openness, enthusiasm and trust among faculty members. Where teachers like each other, like their jobs and help each other and they are proud of their school and feel a sense of accomplishment in their jobs.
- Academic emphasis is the extent to which the school is driven by a quest for academic excellence. High but achievable academic goals are set for students; the learning environment is orderly and serious; teachers believe in their students' ability to achieve; and students work hard and respect those who do well academically.

Many researchers between conceptualization of Miles (1969) and tool making of Hoy *et al.* (2000) tried to beside providing tool assay study organizational health of schools and educational centers to show present condition and need to changes. Rose (1999) in assay of Schools' evolution from the viewpoint of organizational health found out that in 6 of 7 dimensions of organizational health improvement has been occurred and only in one dimension; resource support reduction is seen. Akbaba (1999) showed in the study of organizational health of high schools of Turkey that organizational health of these Schools is moderate and teachers and principals has evaluated their schools' organizational health different, also regarding different variables like sex, level education, service record, employment experiment and discipline different evaluation of organizational health dimensions is revealed. Licata and Harper (1999) discovered positive significant correlation between teachers' perception about organizational health and school's power when School is robust and healthy its academic emphasis increase. Smith (2002) in its survey has concluded forceful correlation between academic emphasis and scholar achievement. On the basis of report of Hoy *et al.* (2000) that has resulted from several studies of Hoy *et al.* (2000) significant relationships between organizational climate and organizational health has been observed. It is expectable that the more organizational dynamism is healthier the more confidence of teachers in principal, their associate and organization will be. There is correlation between climate openness and organizational health of Schools; healthy schools have high influence

and dynamism, high morale and low strangeness. Briefly open Schools tend to be healthy and healthy schools tend to openness.

Also, organizational health has related to teachers' commitment toward their school. Healthy schools have more committed teachers. Also, organizational health has positive correlation with students function in school, human climate of School, teachers' contribution in decisions, robust school culture and criterion of School's efficacy. Ghanbari (1998) in the survey of organizational health status of high schools in teachers' opinion (Private and Public high schools of Shiraz City) founded that morale and resource support are at highest and lowest levels of organizational health, respectively. Among triple levels of organizational health institutional level and technical level were at highest and lowest levels of organizational health, respectively. Alimoradi (2000), Khodaei (2002) and Zaki (2001) have founded out that organizational health is higher than mean in their survey of organizational health of high schools of Baft, Zanjan and Shahreza cities, respectively. As Wallace (1992) says, one of the fundamental needs of schools is the educational evaluation for improvement of schools' quality. Scales of organizational health are advantageous tools that have been used by many researchers for assay of quality, efficacy and climate of schools in high schools. On the basis of above logic and regarding that no research has been executed about organizational health of Ardabil's high schools, this study has been executed to survey organizational health of Ardabil's high schools (perceived by teachers) for respond to following 3 questions:

- How is organizational health status of Ardabil's high schools from the viewpoint of triple levels and seven dimensions?
- How is the profile of high schools with high and low health from the viewpoint of organizational health?
- Is there difference between high schools with high and low health status from the viewpoint of seven dimensions of organizational health?

MATERIALS AND METHODS

Statistical society of current study has been comprised of all male teachers of public high schools of Ardabil province within 2006-2007 that was 1935 teachers of 359 high schools of 19 educational districts of Ardabil province. Of this number a sample with 350 persons was selected through multi-stage sampling on the basis of Cochran formula and Kregcie-Morgan table. Cohen *et al.* (2001) believe that this sampling method is a type of

cluster sampling which in researcher can use either simple random or cluster sampling method in different stages of cluster or group selection according to need. Then statistical sample of this survey has resulted from 3 stages of sampling:

- Dividing province to four non-overlapped relatively similar poles that was apportioning 19 educational districts and selecting 6 educational districts according to volume of educational regions exist in four educational poles (in the proportional stratified form).
- Selecting 35 schools among schools of 6 educational districts that were member of sample in the first stage (in the proportional stratified form).
- Randomly selection of 350 teachers among teachers of 35 schools that were member of sample in the second stage (simple sampling method in each school form).

Data collection was executed in individual form and in the workplace of subjects (high school) by experts that have been trained for data collection as first demographic characteristics and then organizational health questionnaire were been completed. Organizational health questionnaire had following characteristics.

School organizational health questionnaire of Hoy and Tarter (1997) for high schools has 44 items. And assay seven dimensions of organizational health; institutional integrity, principal influence, consideration, initiating structure, resource support, morale and academic emphasis. Teachers present their agreeable with 44 items in four-degree spectrum like Linker's one (Always 4, Frequently 3, Sometimes 2 and Rarely 1 for positive items and its reverse for negative items). In this questionnaire seven dimensions have had items in following numbers: institutional integrity 7 items, initiating structure 5 items, consideration 5 items, principal influence 5 items, resource support 5 items, morale 9 items and academic emphasis 8 items. Reliability coefficient of each of dimensions has been achieved in the studies as is mentioned below; institutional integrity 0.91, initiating structure 0.89, consideration 0.90, principal influence 0.87, resource support 0.95, morale 0.92 and academic emphasis 0.93 (Hoy *et al.*, 2000). Reliability coefficient of this questionnaire in pilot study on 30 teachers of province's high schools was achieved 0.90 in the Cronbach's Alpha method for organizational health and it was 0.88 in split-half method. Also, reliability coefficient of institutional integrity, initiating structure, consideration, principal influence, resource support, morale and academic emphasis was 0.69, 0.63, 0.79, 0.67, 0.65, 0.80, 0.75,

reliability coefficient of school organizational health questionnaire (ohi-s) in final study was achieved 0.93 in the Cronbach's alpha method for organizational health and it was 0.89 in spit-half metod. Also, reliability coefficient of 7 dimensions with above order was 0.71, 0.67, 0.80, 0.70, 0.68, 0.87 and 0.82, respectively. To obtain and improve nominal and conceptual validity of questionnaire specialist's opinion was used. In this research we tried to report "what exists" or "present status" without interference or conceptual deduction or study about present conditions or relations, beliefs, viewpoints, insights and beliefs of people toward processes and courses (Cohen, 2001). According to data collection method survey's method was descriptive type. To analyze data descriptive statistic method was used; calculating numbers of mean, standard deviation, standard score, setting the frequency tables, graphs and t-test.

RESULTS

Characteristics of sample like age, teaching record, teaching on-the- job record, level of education and marital status has noted in the Table 1. Data of this table show that in the sample age mean of teachers is 38.33 years, their teaching record mean is 15 years and average of teaching on-the-job is 743 h. Most of teachers have Bachelor's degree (76%) and are married (90.5%).

On the basis of findings of Table 2 mean of organizational health of high schools are 2.92 of receivable 4 maximum or 128.63 of possible 176 maximum that is higher than conceptual mean as 2.5 of maximum 4 or 110 of possible 176 maximum. Then organizational health of high schools higher than mean is conceptual and among seven dimensions initiating structure (3.13) and morale (3.09) have highest organizational health respectively and principal influence (2.69) and resource support (2.80) have lowest health, respectively. Among levels of organizational health most level was in the technical level (2.94) and lowest was in the institutional level (2.92). Mean of 7 dimensions of organizational health and its triple levels all were higher than conceptual average.

As is seen in the Table 2, mean of organizational health and its 7 dimensions is higher than conceptual average however if the analysis unit is the school on the basis of results of Table 3 organizational health among 34% of high schools is lower than average and institutional integrity, initiating structure, consideration, principal influence, resource support, morale and academic emphasis had health lower than mean in 34, 34, 34, 37, 43, 43 and 49%, respectively. Among dimensions of the health, academic emphasis is lower than average in more numbers of schools (17 schools).

Table 1: Characteristics of teachers of sample

Variables	Mean	S.D	Minimum	Maximum
Age	38.33	6	25	54
Teaching record	15	6.80	1	30
On-the-job training	743	319.22	15	1800
Variables	Categories	Frequency	(%)	Total
Level of education	Associate	30	9	329
	Bachelor of science	250	76	
	Master of science	49	15	
Marital status	Married	298	90.5	329
	Single	31	9.5	

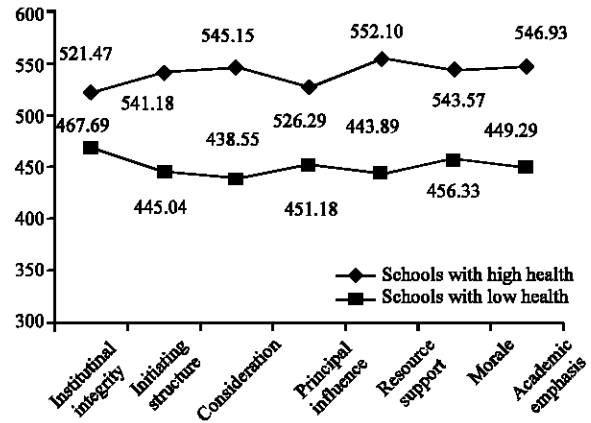


Fig. 1: Organizational health profile of high schools with high and low organizational health

To exhibit a clear picture of high schools with high and low health in 4 dimensions of organizational health, profile of organizational health of these 2 groups has drawn in Fig. 1. For chart drawing analysis unit of school was selected it means that scores of organizational health and its dimensions were calculated firstly on the basis of high school (35 high schools) and then according to advices of Hoy *et al.* (2000) were transformed to standard score with mean of 500 and standard of 100 (Sds) and then 30% of high standard scores (10 schools) were separated as high schools with high organizational health and 30% of low standard scores (10 schools) were separated as high schools with low organizational health and were regarded as base of setting Table 4 and Fig. 1.

On the basis of findings of Table 4 standard scores of high schools with high and low organizational health have significant difference for independent groups in seven dimensions in the 2-tailed t test. As is seen in the Table 4 highest means of groups with high organizational health belong to resource support (552.10), academic emphasis (546.93) and lowest means belong to institutional integrity (521.47) and principal influence (526.29). While, highest means of high schools with low organizational health belong to institutional integrity (467.69) and principal influence (451.18) and lowest means belong to consideration (438.55) and resource support

Table 2: Mean, standard deviation, minimum and maximum of scores of organizational health, its dimensions and levels

Variables	Mean	S.D	Minimum score of sample	Maximum score of sample	Maximum receivable score	t-value
Organizational health	128.63(2.92)	20.57(0.46)	69(1.57)	172(3.91)	176(4)	*16.68
institutional integrity	20.38(2.91)	3.11(0.46)	10(1.43)	28(4)	28(4)	*16.84
initiating structure	15.63(3.13)	3.21(0.64)	6(1.20)	20(4)	20(4)	*17.68
Consideration	15.23(3.05)	3.48(0.70)	5(1)	20(4)	20(4)	*14.22
Principal influence	13.47(2.69)	2.78(0.56)	5(1)	20(4)	20(4)	*633
Resource support	14.00(2.80)	3.85(0.77)	5(1)	20(4)	20(4)	*7.08
Morale	27.78(3.09)	5.13(0.57)	11(1.22)	36(4)	36(4)	*18.65
Academic emphasis	22.14(2.77)	4.73(0.59)	8(1)	32(4)	32(4)	*8.20
Institutional level	20.38(2.91)	3.10(0.44)	10(1.43)	28(4)	28(4)	*16.83
Managerial level	58.33(2.92)	11.47(0.57)	28(1.40)	80(4)	80(4)	*13.18
Technical level	49.92(2.94)	8.65(0.51)	20(1.18)	68(4)	68(4)	*15.55

*2 tailed significance: p<0.001

Table 3: Levels of organizational health and its dimensions' health among high schools of sample in frequency and numbers

Variables	Rate					
	Low		Moderate		High	
	Frequency	(%)	Frequency	(%)	Frequency	(%)
Organizational health	12	34	4	12	19	54
Institutional integrity	12	34	8	23	15	43
Initiating structure	12	34	6	17	17	49
Consideration	12	34	4	12	19	54
Principal influence	13	37	8	23	14	40
Resource support	15	43	6	17	14	40
Morale	15	43	5	14	15	43
Academic emphasis	17	49	5	14	13	37

Table 4: Comparison of standard scores of organizational health of high schools with high and low organizational health

Dimensions of organizational health	Sds of high schools with high organizational health		Sds of high schools with low organizational health		Difference of means	t-value
	Mean	S.D	Mean	S.D		
Institutional integrity	521.47	95.06	467.69	96.11	53.78	3.79*
Initiating structure	541.18	75.89	445.04	107.63	96.15	7.00*
Consideration	545.15	69.01	428.55	109.01	106.60	7.93*
Principal influence	526.29	93.39	451.18	100.2	75.11	5.23*
Resource support	552.10	72.35	443.89	102.2	108.20	8.24*
Morale	543.57	80.15	456.33	113.02	87.25	6.04*
Academic emphasis	546.93	80.52	449.29	93.71	97.63	7.55*

*2 tailed significance: p<0.001, Sds = 100z + 500

(443.89) it means that dimension that are regarded as forte of group with high organizational health in the group of low organizational health are the failing and vice versa. Also, the most difference or distance belongs to consideration dimension and the least are at the institutional integrity on the basis of findings of Table 4 standard scores of high schools with high a d dimension.

DISCUSSION

Improvement of school's quality and students' achievement is of growing chapters of schools' organizational health literature. One of the essential characteristics of school leader is educational assessment in order to improve the quality of schooling and raise level of student achievement (Wallace, 1992). Childers (1985) claims that school principals are responsible for

enhancing "the organizational health and productivity of their schools". Improvement of organizational health is possible by systematic recognition and programmed interference. By this principals can put their schools in the optimum health status and youthfulness. Analysis of findings showed that organizational health among high schools of sample was higher than average (2.92). Also, high schools are significantly higher than conceptual mean (receivable mean of organizational health questionnaire) in the seven dimensions of organizational health. This finding accord with results of research of Hoy *et al.* (2000), Tsui and Cheng (1999), Tsui *et al.* (1994), Korkmaz (2006), Akbaba (1999), Ghanbari Kohanjani (1998), Zakki (2001), Khodae (2002) and Alimoradi (2000). Also, on the basis of findings, initiating structure (3.13) and morale (3.09) have highest health and principal influence (2.69) and resource support (2.80) have

the lowest health. This finding, too, accord with findings of Tsui *et al.* (1994), Tsui and Cheng (1999), Ghanbari Kohanjani (1998), Zaki (2001) and Khodae (2002). Health mean of three levels of institutional, managerial and technical were higher than average in this study. And among them technical level have had highest health than other two levels (Managerial and institutional). This finding, too, accords with findings of Tsui *et al.* (1994), Tsui and Cheng (1999) and Ghanbari Kohanjani (1998). Although, mean of organizational health perceived by teachers and its seven dimensions were significantly higher than conceptual mean (as t-values of Table 2) however, with selecting school as analysis unit it was observed that 37% of high schools of sample have had health lower than average and health of seven dimensions were lower than average in the 34-49% of these schools, too (as is shown in Table 3). Results of Table 4 shows significant difference between scores of seven dimensions of organizational health among high schools with high and low organizational health and Fig. 1 shows this finding pictorial. This finding accords with results of survey of Tsui *et al.* (1994).

CONCLUSION

As the findings of this study show some schools to have low scores on some of the dimensions, these schools might be observed to triangulate the indications of the quantitative and qualitative data. School that has low health scores may then develop improvement plans and apply them.

These findings mention serious responsibility of principals in more precise recognition of issue and programming for reforms to improve school's health on the basis of Childers' advice (1985). Childers (1985) claims that school principals are responsible for enhancing "the organizational health and productivity of their schools". For access above mentioned goal it is suggested that principals should take following steps:

- Reexamining their role and function in order to enhance the health of their school.
- Examining the current professional skills of their staff by applying an inventory to make sure that their staff has necessary skills.
- Reexamining the definition of the seven dimensions of organizational health. Identifying 2 strong and 2 weak dimensions of their schools.
- Observe and record the organizational health that supports their beliefs about the strength and weakness of the schools they select. Spending time to this.

- If their recording suggests that the organizational health doesn't need improvement, then share this observation with the educational of those buildings and encourage them to continue providing such effective leadership.
- Scheduling a conference to confer with the educational leaders to those buildings and determining if they, too, think that the organizational health concept needs further consideration.
- Collecting organizational health data by using the organizational inventory (OHI) to provide feedback.
- Analyzing this data and interpreting it with building leaders.
- Determining organizational problems and solving them.

REFERENCES

- Akbaba, S., 1999. Organizational health of secondary school in Turkey and changes needs. Presented at the Annual meeting of American Association of Behavioral and Social Science. (2nd, Las Vegas, Nevada). [Http://www.eric.ed.gov](http://www.eric.ed.gov).
- Alagheband, A., 1999. Schools organizational health. *Quart. Edu. Training Manag.*, 21: 14-33.
- Alimoradi, R.H., 2000. Survey of organizational health and its related factors of high schools of Baft City. Dissertation of MSc. Bahonar University of Kerman.
- Childers, J.H., 1985. Organizational health: How to measure a school's level of health and take remedial action. *J. Edu. Pub. Relat.*, 2: 4-7.
- Cohen, L., Manion, L. and Morris, F., 2001. *Research method in education*, Routledge Flamer.
- Ghanbari, K.F., 1998. Survey of organizational health status of high schools of Shiraz City teachers' viewpoint. Dissertation of MSc. Shiraz University.
- Hoy, W.K. and C.G. Miskel, 2005. *Educational Administration: Theory, Research and Practice*. 7th Edn. New York: McGraw-Hill.
- Hoy, W.K., C.J. Tarter and R.B. Kottkamp, 2000. *Open Schools/Healthy schools: Measurement organizational climate*. E book has republished by Arlington writers, Ltd. [Http://www.coe.ohio.state.edu/whoy/on-line](http://www.coe.ohio.state.edu/whoy/on-line).
- Khodae, H., 2002. Assay of organizational health and its comparison between schools of one and two regions of Zanjan City within 2001-2002. Dissertation of MSc. Government management training center of Zanjan.
- Korkamz, M., 2006. The effect of Leadership style on organizational health. *Edu. Res. Quart.*, 3: 22-54.

- Korkmaz, M., 2007. The relationship between organizational health and Robust school vision in elementary schools. *Edu. Res. Quart.*, 1: 14-36.
- Lester, P.E., L.K. Bishop and P.A. Lancaster, 2001. *Handbook of tests and measurement in the education and the social science*. Thechomic Publishing Company.
- Licata, J.W. and G.W. Harper, 1999. Healthy schools, Robust Schools and academic emphasis as an organizational theme. *J. Edu. Administ.*, 5: 463-475.
- Miles, M.B., 1969. Planned Change and Organizational Health: Figure and Ground. In: Craver, F.D. and T.J. Sergiovani (Eds.). *Org. Human Behav.*, pp: 375-391.
- Scott, W.R., 2002. *Organizations: Rational, Natural and Open System*. 5th Edn. Prectice Hall.
- Smith, P.A., 2002. The organizational health of High schools and students proficiency. *The Int. J. Edu. Manage.*, 2: 98-104.
- Tsui, K.T. and Y.C. Cheng, 1999. Schol organizational health and teacher commitment: A Contingency study with multi-level analysis. *Edu. Res. Edu.*, 3: 249-268.
- Tsui, K.T., T.W. Leung, Y.S. Chung, H.T. Mok and W.S. Ho, 1994. The relationship of teachers' organizational commitment to their perceived organizational health and personal characteristics in primary schools. *J. Primary Edu.*, 2: 27.
- Wallace, R.C., 1992. Leadership in Schools. In: Thomson, S.D. (Ed.). *School Leadership: A Blue Print for Change*, P(11). New bury Park, CA: SAGE Publication Company.
- Zaki, M.A., 2001. A Survey of Shiraz high schools organizational health. *Mesbah Quart.*, 38: 71-87.