A Study on the Relationship Between Schools’ Health and Teachers’ Organizational Commitment

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Abstract

Background: Organizational commitment is one of the most popular work attitudes, studied by the researchers. The high levels of employee commitment lead to several important outcomes at individual and organizational levels. Therefore, it is crucial to identify the factors that influence organizational commitment, with special reference to organizational health.

Objectives: The purpose of this study is to examine the relationship between schools’ organizational health and teachers’ organizational commitment in Shiraz high schools.

Patients and Methods: The statistical population consisted of Shiraz secondary school male teachers. The multistage cluster random sampling method was used to select 250 subjects based on Kersjie and Morgans’ table (1978). The organizational health inventory (OHI) was used to measure the health of secondary schools. An organizational commitment scale was then utilized to measure teachers’ organizational commitment. One-Sample T-test, Pearson correlation and multiple regression tests were used for data analysis.

Results: The findings indicated that schools’ organizational health and its dimensions including institutional integrity, consideration, resource support, morale and academic emphasis were at moderate level, but the initiating structure and principal influence were at low level. Also, teacher’s commitment and its dimensions (emotional commitment and continuance commitment) were at moderate level and normative commitment was at high level. The results showed that the correlation between schools’ organizational health and teachers’ commitment was 0.64, and the correlation coefficients between teachers’ commitment and institutional integrity, initiating structure, consideration, principal influence, resource support, morale and academic emphasis were 0.56, 0.44, 0.42, 0.22, 0.26, 0.16 and 0.65, respectively. The results indicated that the correlation between schools’ organizational health and emotional commitment, continuance commitment, and normative commitment were 0.62, 0.32, and 0.66, respectively. Finally, five dimensions of school health- institutional integrity, initiating structure, resource support, morale and academic emphasis positively predicted teacher commitment.

Conclusions: The results of the present study are discussed with regard to developing the organizational health of schools and improving the organizational commitment of teachers. In other words, it can be concluded that teachers in a healthy school are committed to teaching and learning.

Keywords: School, Health, Teachers

1. Background

Teachers are the ultimate key players in school’s effectiveness and improvement (1). Also, they are key constituents of education quality (2). The quality of education is directly associated with the quality of teaching and learning (3). For this reason, comprehensive attention must be given to teacher behavior in the organizational environment of schools (4), since the actual education reform process occurs in the classroom, which means that the responsibilities of improving the quality standard falls on teachers. Hence, in this context, it is believed that teachers’ dedication and commitment are vital in quality education. In this sense, teachers’ organizational commitment has been ratified as one of the most crucial factors contributing to the future success of educational system and schools (1).

Organizational commitment is one of the most popular work attitudes, studied by the researchers (5-7). However, most of the research on organizational commitment has been done within industrial organizational and occupational settings. Very little research on organizational commitment has been conducted within educational settings. In the past several decades, an impressive body of literature has been dedicated to understanding the nature, antecedents, and consequences of organizational commitment (8). Organizational commitment is important, for high levels of commitment will result in several impor-
tant outcomes at individual and organizational levels (8-11). Studies indicate that commitment is negatively related to turnover (8, 12-14), burnout (15-17), stress (10), absenteeism, low levels of morale (16), and counterproductive behavior (18) and positively related to job satisfaction (6-8, 19-22), well-being (23), strategies of conflict resolution (24), team effectiveness (25), motivation (13), job performance (8, 26-28), effectiveness (4), student achievement (5, 9), sustained employee's physical health (10), and organizational citizenship behavior (29, 30). Organizational commitment is referred to as a multidimensional concept. They introduced a three-component model, including: affective, continuance, and normative commitment (26, 32, 33). Effective commitment as employee's emotional attachment to, identification with, and involvement in the organization reflected as positive feelings or emotions toward the organization has been defined (8). Employees with high affective commitment keep on working voluntarily and eagerly (31). Continuance commitment refers to an individual's awareness of the costs of breaking away from the organization. An employee with a high level of continuance commitment remains a member of the organization owing to a need to do so. Normative commitment is the feeling of obligation to stay employed by the organization. Employees with a high level of normative commitment believe they should remain as members of the organization, sometimes because of pressure on the part of other employees (31). Virtually, a great deal of studies has been done to determine factors contributing to the development of organizational commitment (10). Researchers place these factors into different groups. For example, Charles Schwenk mentioned that these factors were demographic features, previous experiences, situational, and organizational factors (34). In this context, organizational health has been identified as one of the most important factors influencing organizational commitment (3, 27, 31, 35-37).

Organizational health is a general term that refers to teachers' perceptions of their work environment (38) and personal attachment to the school (39). Also, organizational health refers to the interpersonal relations of students, teachers, and administrators in a school (37). Organizational health is defined as the ability of the organization how to deal with the tensions of competing and diverse values (40). Also, this concept has been considered a meaningful construct for getting to understand teacher behavior because a school's environmental properties can hardly affect teachers' perceptions and attitudes. The construct of organizational health offers an integrating framework for exploring the individual and organization levels influences on outcomes essential for effectiveness (31). As an indicator of a school's psycho-social status, organizational health affects the behaviors of teachers, including the attitudes related to organizational commitment (4, 16, 31, 35-37). Teachers working in healthy schools are committed to teaching and learning activities. They set high expectations associated with student performance goals, seek to gain high standards, and create a serious learning environment. Thus, students try hard and are encouraged to attain high levels (27).

Healthy schools draw out organizational commitment because teachers are safeguarded from unwarranted interference; principals develop structures, resources, consideration, and positive reinforcement, subsequently teachers get along well with each other and set high but attainable academic standards for students (27). Such schools are also characterized by successful professional practice, high levels of student achievement (31, 41), low stress for teachers, and job satisfaction (31, 39, 42, 43), more positive perceptions of students (39), lower burnout (41) and effective teaching and learning (31). As a result, healthy schools put a lot of effort into improving and fostering the mechanisms necessary to develop and maintain teacher organizational commitment. In this regard we can say that teachers in a healthy school are committed to teaching and learning activities and believe that every student will be able academic standards for students (27). Such schools get along well with each other and set high but attainable academic standards for students (27). Such schools are also characterized by successful professional practice, high levels of student achievement (31, 41), low stress for teachers, and job satisfaction (31, 39, 42, 43), more positive perceptions of students (39), lower burnout (41) and effective teaching and learning (31). As a result, healthy schools put a lot of effort into improving and fostering the mechanisms necessary to develop and maintain teacher organizational commitment. In this regard we can say that teachers in a healthy school are committed to teaching and learning activities and believe that every student will be successful when they try hard and acknowledge the academic efforts of their peers (31).

Celep and Mete examined how organizational health and teacher commitment are interrelated. They reported
that teachers' affective and normative kinds of commitment had a positive correlation with school organizational health, but unrelated to continuance commitment (31). In a study on the relationships between teachers’ perceived organizational commitment and school health in Turkish primary schools, Sezgin reported that teacher compliance commitment had a negative relationship to both identification and internalization. Three components of schools’ organizational health, that is, morale, institutional integrity, and principal influence negatively predicted teacher commitment (31).

The relationship between organizational health and organizational commitment has been investigated in Ahvaz university of medical sciences and a significant positive relationship has been found between organizational health and organizational commitment. Also, a positively significant relationship was observed between dimensions of organizational health including support resources, principal influence, morale and academic emphasis and organizational commitment (37).

Bahramian and Saeidian investigated the relationship between organizational health, teachers’ organizational commitment and their perception of elementary schools principals. The findings indicated that there was a significantly positive relationship between the organizational health and the teachers’ perception of the managers’ performance, as well as between the organizational health and teachers’ organizational commitment (37).

Lin and Lin studied a multilevel model of organizational health culture and the effectiveness of health promotion, and indicated that organizational health culture had a significant effect on the planning effectiveness and production of health promotion. Also, results showed that the effects of organizational health culture on three components of staff effectiveness were completely mediated by health behavior (44).

Hicks in his study discovered that effective and appropriate communication styles can promote organizational health (45).

Bevans et al. investigated the Staff- and school-level predictors of school organizational health and showed that both school- and staff-level characteristics could predict school organizational health (43).

Hussein in his study discovered that relationship between participants’ perception of organizational health and the predictors of the quality of patient care were positive and significant (46).

Dudek-Shriber in his study discovered that organizational health from point of views both director and faculty respondents were at the high level. Also, the relationship between leadership and organizational health was significant and strong (47).

2. Objectives

This study aimed to determine the relationship between teacher organizational commitment and school organizational health in a sample of Iranian secondary schools, in relation to the following objectives:

1. Determining the status of teacher organizational commitment and school organizational health
2. Studying the relationship between teacher organizational commitment and dimensions of school organizational health
3. Establishing the contribution of each dimensions of school organizational health in predicting the teachers' organizational commitment

3. Patients and Methods

The current study was a field and descriptive study of correlational type. The statistical population consisted of secondary school male teachers in the city of Shiraz, comprising 250 subjects selected by multi-stages cluster random sampling method and Kersji and Morgans’ table. Data were analyzed using SPSS Version 16.0. Descriptive analysis representing mean scores, and inferential statistics including correlation analysis were run to examine the relationship between two variables. Multiple linear regression analysis was also used to test the contribution of each dimensions of school organizational health in predicting the teacher organizational commitment.

3.1. Organizational Health Inventory (OHI)

In order to measure secondary schools health, we administered the organizational health inventory (OHI). This inventory was first designed and developed to measure the health of secondary schools (31). Organizational health inventory has 44 items rated on a 5-point Likert scale. The scores on this inventory are in the range of 44 to 220. Hoy and Feldman examined organizational health in seven dimensions, including Institutional integrity, initiating structure, consideration, principal influence, resource support, morale and academic emphasis (31, 37). Some other studies have tested the validity and reliability of OHI (27, 31). Nevertheless in our research a pilot study (involving 40 teachers) was conducted to measure internal consistency with Cronbach alpha 0.83.

3.2. Teachers’ Organizational Commitment

In the second part, an organizational commitment scale was used to measure the levels of organizational commitment of teachers. There are different classifications of
organizational commitment (48), of which the most frequently used is that of Allen and Meyer (1990). This classification is widely used in recent years and subjected to new conceptualizations and evaluation studies (43, 48, 49). Organizational commitment scale has 24 items rated on a 5-point Likert scale. The scores on this scale are in the range of 24 to 120. It includes three sub-dimensions including emotional commitment, continuance commitment and normative commitment (26, 50, 51). Some other studies have tested this scale in terms of validity and reliability (8, 37). Nevertheless in our research a pilot study (involving 40 teachers) was conducted to measure internal consistency with Cronbach alpha 0.78.

4. Results

We run one sample t-test to examine the status quo of teachers’ organizational commitment. Hence, three classes including low status: 1 – 2.33, moderate status: 2.34 – 3.67 and high status: 3.68 – 5 were distinguished by applying the following formula (Equation 1):

\[
\text{status quo} = \frac{\text{Highest possible score} - \text{Lowest possible score}}{\text{Categories}}
\]

\[
= \frac{5 - 1}{3} = 1.33 \quad (38).
\]

The results of t-test showed that organizational commitment and all its dimensions among teachers was at moderate level, except normative commitment which was at highest level (Table 1).

As presented in Table 2, Schools’ organizational health and its dimensions are at the moderate level. But only initiating structure and principal influence are at low level.

The primary goal of this investigation was to assess the relationship between schools’ organizational health and teachers’ organizational commitment. As shown in Table 3, there was a significant and positive relationship between schools’ organizational health and teachers’ organizational commitment.

The findings showed a significant correlation coefficient of organizational health and its components (Institutional Integrity, Initiating Structure, Consideration, Principal Influence, Resource Support, Morale and Academic Emphasis) with organizational commitment of teachers.

As shown in Table 4, there was a significant and positive relationship between teachers’ organizational commitment and its components (emotional commitment, continuance commitment and normative commitment) with schools’ organizational health.

Considering the highly significant correlations, a multiple regression analysis was performed to determine the contribution of each independent variable in predicting the dependent variable. The result of regression showed that among the schools’ organizational health dimensions- institutional integrity (\( \beta = 0.130 \)), initiating structure (\( \beta = 0.180 \)), resource support (\( \beta = 0.33 \)), morale (\( \beta = 0.37 \)) and academic emphasis (\( \beta = 0.58 \)) could predict school teachers’ organizational commitment.

5. Discussion

According to our findings, teachers’ organizational commitment and all its dimensions, except normative commitment which was at a high level, were at a moderate level. Also, results showed that schools’ organizational health and its dimensions were at a moderate level. But only initiating structure and principal influence were at low level.

The results of Pearson correlation indicated that there was a significant, high and positive correlation between schools’ organizational health and teachers’ organizational commitment, which was in agreement with those of previous studies. These studies have linked organizational health to organizational commitment (27, 31, 35-37). In other word, the findings of this study are consistent with the study concerning the fact that organizational health is a predictor of organizational commitment (37). A positive and significant relationship has been indicated between organizational health and teacher commitment (31), the investigation by Bahramian and Saeidian showing positive and significant relationship between organizational health and teachers’ organizational commitment (37), the findings of Zahed Babelan indicating the levels of organizational health as predictors of organizational commitment (52), and the study conducted by Nabipour suggesting the relationship between organizational health and organizational commitment (35).

Organizational health must be enhanced to retain the human resources, which are of highest value to the employers. The managers should make efforts toward enhancing organizational health of the enterprises to increase commitment of employees and maintain the low turnover rate of the personnel.

Results indicated that different school health dimensions were significantly related to teachers’ commitment. Institutional integrity, initiating structure, consideration, principal influence, resource support, morale and academic emphasis were significantly and positively related to teachers’ commitment. Also the results indicated that school health was significantly related to three dimensions of teachers’ organizational commitment including emotional, continuance and normative variables.
In this study, school health dimensions as the predictors of organizational commitment showed that school organizational health is a meaningful construct for understanding and explaining teacher organizational commitment. The results showed that different school health dimensions were significantly associated with teacher commitment. Institutional integrity, initiating structure, resource support, morale and academic emphasis were essential variables to predict teachers’ commitment. However, results indicated that two school health dimensions including consideration and principal influence were not significant predictors of teacher commitment. This is not consistent with the findings of some earlier studies (31). Such discrepancies may be related to the nature of study population or sample selection.

It is important to note that our results are limited to secondary school teachers in Shiraz and cannot be extrapolated to other populations, unless further studies are carried out using larger samples of teachers from different provinces. Also, due to the lack of access to female teachers, the survey was conducted exclusively by male teachers. Because of this limitation, the future studies should be carried out to incorporate both male and female teachers. Despite these limitations, the findings of present study are important, because they indicate that fostering school health could promote the teachers’ organizational commitment.
Table 5. Model Summary

| Model | R   | R Square | Adjusted R | Std. Error | F    | Sig |
|-------|-----|----------|------------|------------|------|-----|
| 1     | 0.74| 0.56     | 0.55       | 0.28       | 37.94| 0.000 |

Table 6. Results of Multiple Regression to Predict the Contribution of Each Dimensions of School Organizational Health in Teacher Organizational Commitment

| Model           | Non-Standardized Coefficients | Standardized Coefficients | T    | Sig  |
|-----------------|-------------------------------|---------------------------|------|------|
|                 | B                             | Std. Error                | Beta |      |
| Constant        | 0.84                          | 0.184                     |      | 4.56 | 0.000 |
| Institutional integrity | 0.115                     | 0.056                     | 0.110| 2.05 | 0.041 |
| Initiating structure    | 0.179                     | 0.052                     | 0.180| 3.43 | 0.001 |
| Consideration       | 0.098                          | 0.060                    | 0.094| 1.67 | 0.096 |
| Principal influence  | 0.087                          | 0.056                    | 0.077| 1.54 | 0.123 |
| Resource support    | 0.343                          | 0.099                    | 0.335| 3.45 | 0.001 |
| Morale             | 0.284                          | 0.068                    | 0.379| 4.193| 0.000 |
| Academic emphasis  | 0.568                          | 0.069                    | 0.589| 8.374| 0.000 |

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