



Organizational health of elementary schools in Nonthaburi Province of Thailand*

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SUMMARY

This research was aimed to assess the three organizational levels of elementary schools in Nonthaburi Province of Thailand. The Organizational Health Inventory based on Hoy and Feldman's concept was used to evaluate three hierarchical levels and eight health dimensions, namely, the institutional level (with dimensions of goal setting, and institutional integrity), the managerial level (with dimensions of collegial leadership, instructional leadership, and communication), and the technical level (with dimensions of academic emphasis, teacher morale, and instructional activities). Each school was assessed and the percentages of schools with fully healthy, moderately healthy, and unhealthy levels for each school size were presented.

Abstract

The purpose of this research was to study organizational health levels of elementary schools as classified by school size in the early stage of education reform.

Data for this study were collected from all 99 elementary schools in Nonthaburi Province. All teachers in each school served as informants. The employed research instrument was the Elementary School Organizational Health Inventory based on Hoy and Feldman's concept. It was used to assess three hierarchical levels and eight health dimensions, namely, the institutional level (with dimensions of goal setting, and institutional integrity), the managerial level (with dimensions of collegial leadership, instructional leadership, and communication), and the technical level (with dimensions of academic emphasis, teacher morale, and instructional activities). The organizational health was classified into three levels: fully healthy, moderately healthy, and unhealthy. The employed statistics for data analysis were the percentage, percentile, mean, standard deviation, and standard score.

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Research findings were as follows:

(1) The overall and every dimension of organizational health of the total number of 99 schools comprising small, medium sized, and large schools were at the moderately healthy level.

(2) When the organizational health of each school was analyzed, the percentages of schools with fully healthy, moderately healthy, and unhealthy levels were as follows: 37, 39, and 25 for small schools; 12, 58, and 30 for medium sized schools; and 18, 64, and 18 for large schools, respectively.

(3) When each school's organizational health was analyzed by dimensions, it was found that more than 33 percent of small schools were unhealthy on the dimension of academic emphasis (technical level); above 30 percent of medium sized schools were unhealthy on the dimensions of goal setting, institutional integrity (institutional level), instructional leadership (managerial level) and teacher morale (technical level); forty percent of large schools were unhealthy on the dimension of collegial leadership (managerial level).

After this preliminary study, effects of each organizational health level and its dimensions on the educational quality will be analyzed and strategies on personnel development for each level will be developed to suit Nonthaburi situation.

Introduction

The National Education Act, B.E. 2542 (1999) and Amendments (Second National Education Act, B.E. 2545 (2002)) stipulates that educational authority shall be decentralized more to educational service areas and schools in order to increase administration efficiency leading to educational quality improvement. So, before undertaking education reform or in the early stage of education reform, the state should have information on each school in order to compare it with that after the education reform.

In organizational assessment, consideration should be given to all organization mechanisms including those at the institutional level, managerial level, and technical or practical level to find out whether or not all levels perform harmoniously; and whether or not and to what extent the performances at all levels promote, support and motivate that of each other level resulting in the survival of the organization in the fast changing society at present. One approach to analyze these matters is the study of organizational health, which is an assessment of school on its performance based on its function and responsibility to find out if it can cope with the four main functions of the social system, namely, adaptation, goal attainment, integration, and latency (Parsons, Bales, and Shils, 1953). The study will help equipped the school with readiness to endure properly amidst changing environment and conditions in the social system, and make it possible for the school to be improved or changed in order to progress continuously for a long time. The assessment of organizational health of the school is an assessment of the school in three levels, namely, the institutional



level, managerial level, and technical level in the dimensions of goals setting, institutional integrity, leadership, communications, work morale, and learner development (Hoy and others, 1991). If the school is assessed before and after the education reform, or in the early stage of education reform and after, the administrator will have information on existing conditions of the school which can be later used for comparison.

Research objectives

The general objective of this research was to study elementary schools in the early stage of education reform, in the B.E. 2547 (2004) academic year (October 2004-March 2005) with the following specific objectives:

2.1 To assess organizational health of elementary schools under the Offices of Nonthaburi Educational Service Area in the early stage of education reform.

2.2 To compare levels of organizational health of elementary schools classified by school size.

Research Hypotheses

3.1 The organizational health of elementary schools under the Offices of Nonthaburi Educational Service Area in the early stage of education reform was not lower than moderately healthy level.

3.2 Elementary schools of different sizes differ significantly in their levels of organizational health.

Conceptual Framework

This organizational health study was based on the conceptual framework of Hoy and Feldman (1987) and the social system theory of Parsons to be considered together with the National Education Act, B.E. 2542 (1999) and its Amendments (Second National Education Act, B.E. 2545 (2002)). The organizations were classified into three levels each of which having main features of organizational health as shown in Table 1, with the meaning of organizational health defined as follows:

Organizational health refers to work performance condition in the organization based on its function to cope with the social system's four main functions of adaptation, goal attainment, integration, and latency so that the organization is well prepared to remain firm under suffering without yielding, and has the opportunity to improve and change for survival, progress, and development on a continuous basis for a long period of time (Hoy and others, 1991: 67-68).

Table 1: Organizational Health Dimensions of Elementary Schools in Each Organizational Level

Organizational Level	Organizational Health Dimensions of Elementary School
1. Institutional Level	1. Goal Setting 2. Institutional Integrity
2. Managerial Level	3. Collegial Leadership 4. Instructional Leadership 5. Communication
3. Technical Level	6. Morale 7. Academic Emphasis 8. Instructional Activities

Goal setting refers to work performance condition that the school personnel collaboratively determine the vision and policy of the school which is given in a clear written form and appears in the school master plan in line with the educational philosophy, the National Education Act, the National Education Scheme, the National Education Development Plan, problems and needs conditions of the society, and policies of the superior organization. The goal is aimed at solving the school's problems and has undergone public relations to inform teachers, students, parents and the community thoroughly.

Institutional integrity refers to the capability of the institution to carry out its work freely and firmly, to have good relationship with the community, to be able to adjust and solve problems based on the community needs without intervention from concerned influential groups of people in the community.

Collegial leadership refers to the behaviors of the school administrator emphasizing the creation of good collegial and task relationships with teachers in school by behaving as a colleague so that he can set systematic work performance standards and encourage teachers to work cooperatively to attain the goals of the school.

Instructional leadership refers to leadership ability of the administrator on initiating collaboration between the administrator and teachers in management of school-based curriculum and organization of instructional activities with effective and efficient utilization of school resources and with application of educational innovations for the



purposes of enhancing and supporting academic function of the school to enable it to accomplish its main function effectively and efficiently with the aim to achieve academic excellence.

Communication refers to work performance of the administrator and teachers that shows interaction with each other in terms of exchanges of thinking, feelings, attitudes, emotions and actions leading to mutual understanding and cooperation in performing the functions of the school to attain the set goals.

Morale refers to the unified feeling of the school staff exhibiting friendliness, cordiality, open-mindedness, mutual trusts, enthusiasm for working together, and the pride to perform the assigned duties successfully.

Academic emphasis refers to the efforts of the school to achieve academic excellence by setting the goals of high but attainable standards of academic performance for students, systematic instructional management to enhance student learning, and commitment to students on the part of the teachers.

Instructional activities refers to the concerted efforts of the administrator, teachers, and school personnel to organize activities in support of instruction according to the education reform approach by provision of financial resource, appropriate instructional technology, and controlled services on buildings and facilities sufficient for the needs of teachers and students.

Research Methodology

1. Population

This study covered all elementary schools in Nonthaburi province in order to obtain basic information on schools in the first and second educational service areas of Nonthaburi to be subsequently used for comparison with counterpart information after education reform has been implemented for some period of time.



Table 2: Number of Elementary Schools in Nonthaburi Province Classified by School Size

School Size	Number of Schools
Small	49
Medium	33
Large	17
Total	99

2. Research Instrument

The employed research instrument was the Organizational Health Inventory (OHI) based on the conceptual framework of Hoy and Feldman. This instrument was a 5-scale rating descriptive questionnaire composed of eight subtests to measure each of the dimensions as well as the general health of the school. It was tried out with teachers in elementary schools in Pathum Thani province to investigate teachers' understanding of the wordings used in the present context. After the try out, some wordings were adjusted and then the instrument was tried out for the second time with teachers in 5 schools in Pathum Thani province. The overall reliability of the total 55-item inventory was found to be .95. This overall reliability coefficient and those of organizational health dimensions are shown in Table 3:

Table 3: Reliability Coefficients of the Organizational Health Inventory (OHI) for Elementary Schools

Organizational Health Dimension	Reliability
1. Goal Setting	.898
2. Institutional Integrity	.946
3. Collegial Leadership	.930
4. Instructional Leadership	.904
5. Communication	.964
6. Morale	.882
7. Academic Emphasis	.900
8. Instructional Activities	.942
Total	.950

3. Data Collection

Data for this study were collected from all Nonthaburi elementary schools' teachers in the B.E. 2547 (2004) academic year (October 2004-March 2005) by supervisors under the Offices of Nonthaburi Educational Service Areas 1 and 2. Before data collection, a meeting was held to present the research instrument and its use. Some wordings were adapted to be more suitable for the present educational context. In data collection, the purposes of data collection were presented to schools by the research team before data collection process.

4. Data Analysis

Schools were units of data analysis. The analysis was carried out for both the overall and each dimension of organizational health. The rating scores from each school were converted to standard scores (SDS) by the formula: $SDS = 500 + 100Z$, whereas $Z = (x - \bar{x}) / SD$.



Then the standard scores were compared with Nonthaburi norm to interpret the organizational health level of the school.

In interpretation of the organizational health level of elementary schools, the norm specifically developed for Nonthaburi Province was employed. The 75th percentile score was designated as the cutting point for the fully healthy level; and the 25th percentile for the unhealthy level. The scores between the 75th and 25th percentiles were designated as belonging to the moderately healthy level.

Research Findings

The overall organizational health as well as each of the eight organizational health dimensions of the schools were analyzed. All were at the moderately healthy level as shown in Table 4.

Table 4: Organizational Health Levels of Elementary Schools in Nonthaburi Province as Classified by School Size

Organizational Health Dimension	Organizational Health Level by School Size*		
	Small (N=49)	Medium (N=33)	Large (N=17)
1. Goal Setting	Moderate	Moderate	Moderate
2. Institutional Integrity	”	”	”
3. Collegial Leadership	”	”	”
4. Instructional Leadership	”	”	”
5. Communication	”	”	”
6. Morale	”	”	”
7. Academic Emphasis	”	”	”
8. Instructional Activities	”	”	”
Total	Moderate	Moderate	Moderate

* Small schools refer to the schools with student enrollment less than 300, medium sized schools refer to the schools with 301-900 student enrollment, and large schools refer to the schools with more than 900 student enrollment.

When overall organizational health levels of school of different sizes were compared, the results are shown in Table 5:

Table 5: and Organizational Health Level Number of Elementary Schools in Nonthaburi Province Classified by School Size

Organizational Health Level	School Size						Total	
	Small		Medium		Large			
	Numb er	Percenta ge	Numb er	Percenta ge	Numb er	Percenta ge	Numb er	Percenta ge
Fully Healthy	18	36.7	4	12.1	3	17.6	25	25.3
Moderately Healthy	19	38.8	19	57.6	11	64.7	49	49.5
Unhealthy	12	24.5	10	30.3	3	17.6	25	25.3
Total	49	100	33	100	17	100	99	100

As shown in Table 5 last column, for the whole population of elementary schools in Nonthaburi Province, 25.3 percent had overall organizational health at the fully healthy level, 49.5 percent were at the moderately healthy level, and 25.3 percent were at the unhealthy level.

When considered by school size the findings were as follows: Of the 49 small schools, 36.7, 38.8 and 24.5 percent had organizational health at the fully healthy, moderately healthy and unhealthy levels respectively; of the 33 medium sized schools, 12.1, 57.6 and 30.3 percent had organizational health at the fully healthy, moderately healthy and unhealthy levels; and of the 17 large schools, 3 or 17.6 percent had organizational health at the fully healthy level, 11 or 64.7 percent had organizational health at the moderately healthy level, and 3 or 17.6 percent had organizational health at the unhealthy level.



Discussion

Results of organizational health analysis of elementary schools in this study were based on percentile criteria to be interpreted specifically for schools in Nonthaburi Province. The interpretation and comparison were applied only to schools in Nonthaburi Province. If the national criteria exist and were employed, the research findings and conclusions could be differently interpreted.

Based on Nonthaburi norm, the overall organizational health of all elementary schools in the province was at the moderately healthy level. When considered for each organizational health level, about 25 percent of schools had organizational health at the fully healthy level, about 50 percent of schools had organizational health at the moderately healthy level, and about 25 percent had organizational health at the unhealthy level.

When considered by school size, interesting findings were as follows: The organizational health, both overall and by dimension, of schools of all sizes was at the moderately healthy level which confirm Hypothesis 3.1 which stated that in the early stage of education reform the organizational health of school was not lower than the moderately healthy level. However, Hypothesis 3.2 which stated that elementary schools of different sizes significantly differed in their levels of organizational health was not confirmed, since the overall organizational health level of each size of schools was at the same moderately healthy level. Nevertheless, when organizational health of each individual school was considered, its organizational health level was clearly identified, and it was found that the numbers and percentages of large, medium sized, and small schools with unhealthy organizational level were 12 (24.5 percent), 10 (30.3 percent), and 3 (17.6 percent) respectively.

The issues that require further research are the following: (1) Of schools with the same level of organizational health for all dimensions and those with different levels of organizational health for some dimensions, which category will achieve better work performance; for example, among schools with organizational health at the moderately healthy level for all dimensions, those with organizational health at the fully healthy level, and those with organizational health for the policy dimension at the fully healthy level but with organizational health for other dimension at the moderately healthy level, which of them will achieve better work performance? (2) Does organizational health affect the management efficiency, or the quality of educational provision, or student learning achievement? If so, which dimensions affect which performance outcome? Existing research findings on these issues at present cannot lead to clear conclusions. (3) If organizational health affects management efficiency, how can the school adjust itself so that it has organizational health at the appropriate level? This issue, of course, depends on the findings from the first and second issues. The findings on the three main issues will contribute to improvement of organizational management model based on the organizational health theory.



Recommendations

From the above findings and discussion, the national norm for organizational health of school in each level should be develop to make it possible for nationwide comparison among schools. Besides, there should be studies on relationships of organizational health with other variables such as management efficiency, and educational quality of school, etc. in order to point out clearly whether or not to manage schools based on the organizational health theory. Another recommendation is that there should be in-depth studies of schools with the same level of organizational health for the institutional, managerial, and technical level, and also, in-depth studies of schools with different level of organizational health for the institutional, managerial, and technical levels to find out which type of schools has more management efficiency. Such findings will lead to development of management model based on the organizational health theory.

Regarding utilization of findings from this research, both Offices of Nonthaburi Educational Service Area should utilize information from this research to conduct in-depth studies on schools with unhealthy organizational health in all dimensions, or on schools with unhealthy organizational health in main functions which in the specialized function of the school in order to provide assistance to those schools. Another study approach is to conduct follow-up studies of all schools after education reform has been implemented for some period of time to find out whether or not organizational health of the schools has changed and to what extent the changes have occurred.



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