

## Organizational Health of Public and Private Sector Academic Institutions: A Comparative Analysis

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### **Abstract**

*Organizational Health research identifies it as an important key to institutional growth and development and emphasizes its relevance in enhancing productivity and performance of an institution. This study measures the organizational health of an institution and also delineates significant contributing factors which are responsible for transforming into healthy organization. Research in the area of Task, Maintenance and Growth and Development need was used to develop a framework for integrating different elements of organizational health. Within this framework, the task need was assessed by goal focus, communication adequacy and optimal power equalization; maintenance need was assessed by resource utilization, cohesiveness and morale; and Growth and Development need was assessed by innovativeness, adaptation and problem solving adequacy. Organizational Health was investigated within the framework using structured schedule from a sample of total 500 respondents – 250 from public academic institutions and 250 from private academic institutions in National Capital Region. It was found that Organizational Health prevailing in public institution was perceived significantly higher than that prevailing in private institution and that is largely because of the perception of the teaching staff of the public institution. It was further researched that the institutional authority in public institution needs to embrace reasonable flexibility to maintain a good health of their organization. The private institution should work on its institutional cohesiveness and adaptation.*

**Key words:** *organizational health, goal focus, communication adequacy, optimal power equalization, institutional cohesiveness, adaptation.*

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## **Introduction**

A healthy organization can be describe as one which succeeds in concentrating exterior disruptive influences and keeping the organization directed towards achieving its proposed objectives (Hoy & Miskel, 1996). Organizational Health refers to an organization's ability to achieve its goals based on an environment that seeks to improve organizational performance and support employee well-being. While these two perspectives are very different, a nexus between them means issues in one affect the other. Improving organizational performance involves applying a systems thinking approach at organization, process, and role levels, and supporting employee well-being involves addressing both employee satisfaction and employee health (physical, mental, and social). It is an organization's ability to function effectively, to cope adequately, to change appropriately, and to grow from within. Within the frame of academic institutions, one of the best perspectives for analyzing the nature of the workplace is organizational health. Organizational Health (OH) is a concept that has been developed to reflect the effectiveness of an organization in various environments and how the organization reacts to "changes in circumstances (Janice, 2000).

A healthy organization is one that not only survives in its environment, but continues to grow and prosper over the long term. An organization on any given day may be effective or ineffective, but healthy organizations avoid persistent ineffectiveness.

Organizational health of an institute has three major components:

- (a) Task Need such as goal focus, communication adequacy and optimal power equalization.
- (b) Maintenance Need such as resource utilization, cohesiveness and morale.
- (c) Growth and Development Need such as innovativeness, adaptation and problem solving adequacy.

The concepts of these three components of organizational health are as under:

### **(A) Task Needs**

Task may be defined as a piece of work requiring effort, resources and having a concrete outcome (a deliverable). Tasks are also called activity. They take place over a period of time and generally consume resources. Task may be more clearly conceived in terms of its three parameters such as:

#### **(1) Goal Focus**

Healthy organizations have a goal focus. Participants understand the goals of the organization and accept them as realistic ends. Moreover, the goals must also be appropriating, that is, consistent with the demands of the environment; in fact, appropriateness may be the most critical feature.

## **(2) Communication Adequacy**

Since organizations are typically much more complex than small groups, the communication of information is essential to the well being of the system. Communication adequacy is critical in healthy organizations. Information needs to travel reasonably well. The system must be relatively distortion free with members easily receiving the information they need to function efficiently. Such an efficient communication system enables the organization to sense internal strain and conflict and then promptly deal with them.

## **(3) Optimal Power Equalization**

In healthy organizations there is optimal power equalization. That is, the distribution of power and influence is equitable. Subordinates exert influence upward and they perceive that their superiors can do likewise. The exertion of influence, however, rests on competence and knowledge rather than position, charisma, or other factors not related to the problem at hand. Collaboration rather than coercion imbue the healthy organization.

### **(B) Maintenance Needs**

The maintenance needs in the context of the education system would mean taking into consideration imparting of new knowledge and skills to employees, development of capabilities to manage both, the internal and external environment and helping employees acquire self-confidence and motivation for service to the society. Therefore the institutions should effectively address the challenges related to maintenance needs, which has three important parameters, such as:

#### **(1) Resource utilization**

Healthy organizations use their resources, especially their personnel, effectively (resource utilization). There is minimal internal strain; the people are neither overloaded nor idle. The fit between the personal needs of participants and the role demands of the organization is good. People in healthy organizations like their jobs and have a positive sense that they are learning and growing as they contribute to the organization.

#### **(2) Cohesiveness**

Cohesiveness refers to a clear sense of identity participants have with the organization. Healthy organizations have members who are attracted to the organization, take pride in their membership, and wish to remain. They are influenced by the organization and exert their influence in a collaborative fashion. In brief, they are proud of the organization and glad they are part of it.

#### **(3) Morale**

Morale is a group concept. It is the sum of individual sentiments, centered on feelings of well-being and satisfaction as contrasted with feelings of discomfort and dissatisfaction.

### **(C) Growth and Development Needs**

It refers to the methods, programs, tools, techniques, and assessment systems that support human development at the individual level in organizations.

Personal growth and development is an individual responsibility. It is a continuous process that ends in death. It is an indisputable fact that maturity does not go along with age. There are three clear symptoms of growth and development- innovativeness, adaptation and problem solving adequacy.

#### **(1) Innovativeness**

Healthy organizations invent new procedures when confronted with problems, procedures that enable them to move toward new objectives, produce new products, and diversify themselves. Such systems grow, develop, and change rather than remain formalized and standardized. Innovativeness is the organization's ability to invent new procedures, move to new goals and objectives, and become more differentiated over time.

#### **(2) Adaptation**

Healthy organizations have effective contact with their surroundings. When environmental forces do not match organizational objectives, a problem solving and restructuring strategy emerges to cope with the issue. In short, the organization has the ability to bring about corrective changes in it.

#### **(3) Problem Solving Adequacy:**

All organizations, indeed all social systems, have problems and strains. Healthy organizations, just as healthy people, have troubles. Problem-solving adequacy describes the way organizations handle their difficulties. It suggested that effective systems solve their problems with minimal difficulty, and once solved, they stay solved. In the process, problem-solving mechanisms are not weakened but rather strengthened

With the above mentioned concepts of organizational health in mind, the present study was designed to investigate the relationship between organizational health and institutional performance as they exists in the public and private sector academic institutions of NCR region of Delhi.

The specific objectives of the study were:

1. To measure the organizational health of the institutions.
2. To delineate significant contributing factors responsible for organizational health.

## **Research Methodology:**

### **Locale of the study:**

The population for this research consists of teaching and non teaching members of some selected private and public academic institutions situated in National Capital Region. The National Capital Region of Delhi comprises of whole of Delhi state and part of Haryana and Uttar Pradesh states adjoining the Delhi state territory. This region has around 511 academic institutions. A great majority of these institutions are privately managed (termed as non-government institutions) and the remaining managed by government or government funded autonomous bodies (termed as public institutions). Out of these two broad categories of academic institutions- 10 private and 10 government institutions were randomly selected by draw of lots for the present study.

### **The Sample:**

Sample of respondents for the study was drawn from the teaching and non-teaching staff of the above mentioned 20 academic institutions- 10 private and 10 public, selected for the study. Teaching staff in these institutions included Professors, Associate Professors, Assistant Professors, Lecturers and non-teaching staff included Office Assistants, Lab Assistants, Librarians, Technical hands, Accounts Assistants, Training and Placement staff.

From each of the selected institutions twelve or thirteen(12 or 13) from the teaching cadre and another twelve or thirteen(12 or 13) from non-teaching cadre staff were randomly selected out of the total staff strength of the two cadres in a way, that, twenty five(25) respondents in all were selected from each of the selected institutes. The total size of the sample five hundred (500) – two hundreds and fifty (250) from private and two hundreds and fifty (250) from public institutions. It may be further mentioned that the respondents were selected in a fashion that equal number of them fell in the four response categories i.e. (i) Public institute teaching staff, (ii) Public institute non-teaching staff, (iii) Private institute teaching staff, and (iv) private institute non-teaching staff. One hundred and twenty five (125) respondents in all were selected under each of the four respondent categories making the total size of sample to five hundreds (500). A well structured questionnaire was sent to the sample respondents and the selected respondents were personally interviewed with the help of a structured schedule prepared for data collection for the study.

### **Data Collection:**

For collection of data the interview schedule was prepared. The researcher visited each of the 20 selected institutions and contacted appropriate authority to build rapport and seek permission to collect data from their teaching and non-teaching staff. A list of their teaching and non-teaching staff was collected and from their list 25 respondents were randomly selected in a way that the number of respondents from the two categories- teaching and non-teaching remains equal in total sample. The data were then personally collected from the selected respondents with the help of the structured schedule. For this several visits were made to each of the selected institutions.

### **Measurement:**

In order to measure the organizational health of an institution perceived by respondents of present investigation, an instrument is devised. A Likert-type rating scale was developed to measure organizational health. For this a large number of statements were framed which reflected various aspects of organizational health for employees of educational institutions. A pool of fifty(50) such statements were presented to a group of thirty(30) teaching and non-teaching staff working in some educational institutions other than those included in the present investigation. Based on the above analysis some statements were discarded and the best twenty seven (27) statements were selected to constitute the organizational health measurement scale. This scale was then administered to the four groups of respondents included in the study.

### **Results:**

#### **Organizational Health of the Institutions: Descriptive Analysis**

The data of organizational health collected with the help of scale mentioned above were analyzed to portray the organizational health of the institutions under study. For this range, mean and standard deviation of the scores obtained by the respondents were worked out. The data are being presented in tabular form for public and private institutions separately in tables 1.1 and 1.2 respectively.

**Table 1.1**

Organizational Health Score obtained by teaching and non-teaching staff of Public Institutions (N=250)			
Respondents	Range	Mean	Standard deviation
Teaching	38- 11	171.25	16.446
Non-teaching	26- 99	58.90	16.184
<b>Total</b>	26- 111	65.06	17.454

**Organizational Health Scores Distribution**

Teaching		Non-teaching		
Frequency	%	Frequency	%	
M±1SD	81	64.8	84	67.2
<M-1SD	21	16.8	21	16.8
>M+1SD	23	18.4	20	16

On the organizational health scale the minimum obtainable score is twenty seven (27) and maximum obtainable score is one hundred thirty five (135). In both groups of respondents the obtained scores are much below the obtainable scores and in view of this the standard deviation appears to be quite high which indicate that the interpersonal variations in the scores obtained by the individuals are quite high.

The distribution clearly shows that the teaching and non-teaching staffs of public group of institutions are not exactly but closely identical with each other in their perception of organizational health prevailing in the institute. However the teaching staff perceived the organizational health of the institute little better than their non-teaching counter parts as indicated by higher mean scores obtained by them (71.25 as against 58.90).

**Table 1.2**

Organizational Health Score obtained by teaching and non-teaching staff of Private Institutions (N=250)			
Respondents	Range	Mean	Standard Deviation
Teaching	39- 90	64.60	11.122
Non-teaching	31- 82	57.00	9.534
<b>Total</b>	31-90	60.82	11.002

**Organizational Health Scores Distribution**

Teaching		Non-teaching		
Frequency	%	Frequency	%	
M± 1SD	86	68.8	86	68.8
<M-1SD	20	16	20	16
>M+1SD	19	15.2	19	15.2

The perception of organizational health by the respondents of private group of institutions is towards lower side as evident from obtained mean scores which are much less than the obtainable mean score of 81.

The distribution of the scores as given at the bottom of the table is quite interesting. The distribution of the scores indicates that the teaching and non-teaching staffs of private group of institutions are similar to each other in their perception of organizational health in the institutions. The frequency of the distribution further indicates that they are evenly distributed between high and low perception of prevalence of organizational health in the institutions.

**Organizational Health in the Institutions: Comparative Analysis**

In order to make a comparative analysis of the organizational health scores obtained by the four groups of respondents, their obtained mean scores were subjected to t-test analysis to find out the significance of differences between them. The analyzed data are presented in table 1.3

**Table 1.3**

**Mean Organizational Health score as perceived by the respondents**

	Total staff N=250	Teaching staff N=250	Non-teaching staff N=125	P value significance level
<b>Public Institutions</b>	65.08	71.25	58.9	**
<b>Private Institutions</b>	60.8	64.6	57	**
<b>P value significance level</b>	**	**	NS	

\*\* significant at .01 level of Probability

NS- Non significant

The data of organizational health as perceived by the respondents of academic institutions under study are reported in Table 1.3. The mean values and significance level of P values reported in the table makes the following revelations:

1. The mean scores obtained by the respondents of public institutions were found to be significantly greater than the mean score obtained by the respondents of private institutions.
2. This difference in perception can be attributed to the teaching staff of both the institutions since only in their case the mean score differences was found to be highly significant. On the other hand, in case of non-teaching staff of the two groups of institutions the obtained scores were not found to be significantly different.
3. In case of both the groups of institutions, teaching staff were found to have significantly higher mean score than those of the non-teaching staff.

The above discussions bring forth the clear conclusion that the organizational health of public institutions were perceived significantly better than the organizational health of private institutions and this was largely because of the teaching staff of public



institutions. In other words, public institutions were found to have better organizational health and that is due to their teaching faculty.

Further, for the past decade, the various researches had been conducted and working with companies on the topic of organizational health indicates that the health of an organization is based on the ability to align around a clear vision, strategy, and culture; to execute with excellence; and to renew the organization's focus over time by responding to market trends. Health also has a hard edge: indeed, we've come to define it as the capacity to deliver—over the long term—superior financial and operating performance. It has been found that the linkage between health and performance, at both the corporate and subunit level, is much clearer and much larger than previously thought. In short, it is becoming more convincing that sustained organizational health is one of the most powerful assets institutions can build.

The organizational health data of the public and private group of institutions are graphically reported in Fig. 1.1

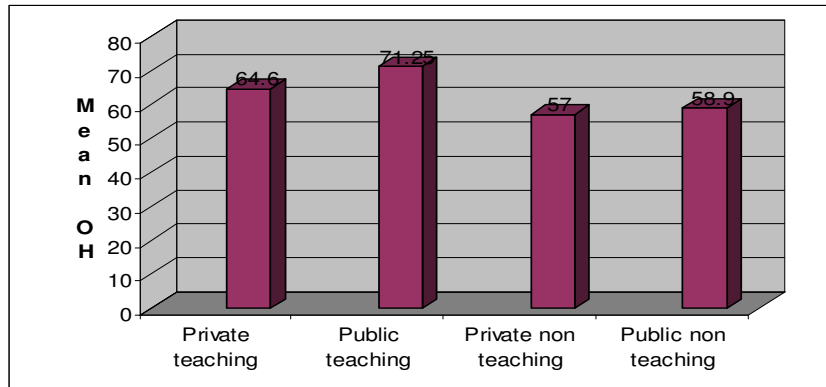


Fig. 1.1 Organizational health of the institutions

### Summary of the findings:

The findings reported in this study may be summarized as under:

1. The perceived organizational health of the institutions under study were found much lower than their expectations since the obtained mean score values in case of all four groups of respondents were below the theoretically obtainable mean score value (81).

2. The distribution of organizational health scores in case of all four groups of respondents were found closely following the normal distribution curve which indicates that the respondents are evenly distributed through out the range of scores obtained by them.

3. There was a significant inter-group difference in perception of the organizational health in the institutions. The teaching staff of public institutions perceived their organizational health to be much higher than the non-teaching staff of same institutions and teaching as well as non-teaching staff of private institutions. Thus, the organizational health prevailing in public institutions was perceived significantly higher than that prevailing in private institutions and that is largely because of the perception of the teaching staff of the public institutions.

One way of recognizing why attention should be given to addressing organizational health is to consider characteristics of unhealthy organizations. Unhealthy organizations can reflect, for example, lack of direction and accountability; misalignment of priorities; and poor coordination in and between systems and processes causing both costly inefficiencies and ineffectiveness. Unhealthy organizations can also demonstrate low employee commitment and disengagement as reflected in the costs of dissatisfaction, damaging conflicts, suppressed resentment, unnecessary absence, turnover, and absenteeism. In a healthy institute, the staff members are highly motivated, have high morale, high job satisfaction, high job commitment, low rate of employee turnover, low rate of absenteeism and gives high level of productivity. Thus it is mandatory to improve the organizational health to enhance the productivity and performance of any institutions.

The contribution of various ingredients to the obtained score of organizational health of both public and private groups of institutions requires to be critically looked into. The related data of organizational health are reported in table 1.4

**Tab1.4**

Percentage contribution of the constituent variables to the Organizational Health scores

Constituent Variables	Public teaching N=125 (Percentage)	Private teaching N=125 (Percentage)	Public Non teaching N=125 (Percentage)	Private Non teaching N=125 (Percentage)
<b>A. TASK NEED</b>				
Goal focus	10	40	8	20
Communication Adequacy	60	32	65	44
Optimal Power Equalization	30	28	27	36
<b>B. MAINTENANCE NEED</b>				
Resource Utilization	32	55	35	44
Cohesiveness	45	13	52	35
Morale	23	32	13	21
<b>C. GROWTH AND DEVELOPMENT NEED</b>				
Innovativeness	22	52	22	17
Adaptation	62	18	50	35
Problem Solving Adequacy	16	30	28	48

A perusal of the data reported in Table 1.4 makes the following startling revelations:

1. The goal focus was found to be extremely weak in case of public group of staff- both teaching as well as non-teaching but it was found reasonably good in case of private group of institutions. Hence special efforts need to be made particularly in public group of institutions to create awareness among them about the goal of the institution, to help them to integrate their personal goal with the institutional goals and create in them reasonable commitment for realization of these goals. This can be achieved through exposing the teaching as well as non-teaching staff of public institutions to training programs especially designed for the purpose.

2. Another weak spot for the public group of institutions is problem solving adequacy. The institute need to develop an effective problem solving mechanism by creating necessary infrastructure facilities providing resources necessary for efficient functioning and avoiding postponement of problems faced by the teaching as well as non-teaching functionaries.

3. Sense of innovativeness was also found quite inadequate in case of public group of institutions. The work procedure adopted by the institution become obsolete after some time with change in environment etc. but in case of public institutions there is a tendency to continue with the same procedure. This rigidity requires to be shed and necessary change with innovative ideas should be made and accepted with open mind. This level of innovativeness must be allowed and practiced for continuous

growth of the institutions.

4. The sense of flexibility is also important for morale of the staff which is another weak spot in the organizational health of public sector institutions. Necessary amount of flexibility in the rules and regulations of the institutions may provide satisfaction with the job and creates a sense of well-being in the functionaries. Therefore the institutional authority in public institution needs to embrace reasonable flexibility to maintain a good health of their organization.

In case of private group of institutions cohesiveness and adaptation are seriously weak. The institute authority therefore should take care that

1. Staff members feel freedom to work for self as well as the institute so that they may enjoy working in the institute and feel reluctant to move out in search of better job opportunity.

2. The institute must make itself prone to change with changing environment. For example, they should readily accept the recommendations made by reform committees constituted by the government or other appropriate body and should try to accommodate the aspirations of its functionaries. They should also not hesitate to accept new technologies meant for enhancing work efficiency of its employees. Since organizational health is the key to institutional growth and development, the institute authority and all the functionaries must do everything possible to keep the organization healthy.

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