

# The Link between Schools' Organizational Health and Teachers' Commitment in Government Secondary Schools of Ethiopia

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## Abstract

*This study explored the link between schools' organizational health and teachers' commitment in government secondary schools of Ethiopia using a combination of descriptive survey and correlational research designs. A total of 445 teachers and 65 principals were selected through stratified random and simple random sampling techniques from 26 secondary schools and participated in the study. Data was collected using two standardized questionnaires and analyzed using both descriptive and inferential statistics. Finally, the study unveiled a moderate, positive and significant correlation between the overall schools' organizational health and teachers' organizational commitment. Furthermore, there were weak, positive, and significant correlation between affective commitment sub-scale and organizational health dimensions. The study also came up with moderate, positive and significant correlations between continuance commitment sub-scale and organizational health dimensions. Besides, the study revealed a moderate, positive, and significant correlations between the normative commitment sub-scale and organizational health dimensions. The result of regression analysis also revealed that school health predicts teachers' organizational commitment. Based on the findings it is concluded that school organizational health should be tenable to boost teachers' commitment. Policy implications are also provided at the end of the study.*

**Key terms:** organizational commitment, organizational health, secondary schools, teacher's commitment, school health

## Introduction

In education sector, school health is a useful structure used to depict the mutual relationships of teachers, principals, and students and eloquent tool to assess the school climate (Hoy et.al. 1991). According to these authors, organizational health of a school refers to teachers' perceptions of their work environment and is influenced by formal and informal relationships, personalities of participants and organizational leadership. Literatures further reveal that organizational health of a school is associated with and/or predictive of school success, student learning and academic achievement, increased student graduation rates, healthy social interactions, and teacher commitment (Raman, et.al., 2015; Thapa, et al, 2013; and Hoy et.al. 1991).

Allen and Meyer (1996) argue that teachers' organizational commitment refers to teachers' belief and acceptance of the goals and values of the school, teachers' efforts for actualization of those goals and values, and teachers' strong desires to keep up membership in the school.

Many scholars have asserted that organizational health contributes a lot to organizational commitment. According to Yuceler, et.al. (2013), organization health must be enhanced in order to retain the human resources, which have extremely important value for the organizations. In this context, organizational health secures the organizational commitment of employees and as a result increases organizational performance. Highlighting on educational institutions, Hoy, et.al. (1991) reveal that schools that protect their teachers from unnecessary interference; schools that are led by principals who provide structure, resources, consideration, and useful influence; and schools that are places where teachers like each other and hold high expectations for themselves and their students' settings that elicit teacher commitment.

According to Noordin, et al (2010), organizational commitment of teachers is attached to organizational health and is crucial to the effectiveness of schools. Similarly, Hoy, et.al. (1991) assert that effective teachers need high organization commitment and students' high academic achievements in turn need dedicated teachers. Furthermore, other researchers stress that teachers with high commitment will result in high students' performance in all aspects especially in academics and they perform their teaching job voluntarily (Raman, et.al., 2015).

Globally, scholars such as Omoyemiju & Adediwura (2011) and Akbaba (1999) conducted researches on organizational health of schools. A study conducted by Omoyemiju & Adediwura (2011) examined private school teachers' and public secondary school teachers' perception of organizational health in Osun state, Nigeria. The study found that public secondary school teachers had a higher perception towards school organizational health than their private counterpart. The other research conducted by Akbaba (1999), examined the perception of principals and teachers on organizational health of secondary schools in Turkey. The results of the study showed significant differences between opinions of teachers and principals related to organizational leadership, organizational integrity, environmental interaction, and organizational products.

Owens (2015) study examined the perception of principals' and teachers on instructional behaviors of principals and organizational health of secondary schools. The result of the study showed statistically significant relationships between principals' and teachers' perceptions of instructional leadership behaviors and significant relationship between the principals' and the teachers' perception of the organizational health of the schools as well. A study by Korkmaz's (2007) examined the effects of leadership styles on organizational health and job satisfaction in high schools of Ankara. The findings of the study showed that transformational leadership had a profound impact on teachers' job satisfaction, while the transformational leadership of the principal directly and, through teachers' job satisfaction, indirectly affects the school health.

A study by Ismail (2012) examined the relationship between educators' organizational commitment and job satisfaction among staff of higher learning educational institutions in Kelantan, Malaysia. The findings revealed that employees' commitment did not affect the level of staff's job satisfaction. A study by Jacobs (2010) addressed the relationship between distributed leadership and organizational commitment of teachers in Georgia elementary, middle, and a high school. The results of the study revealed statistically significant, moderate

and positive relationship between the practice of distributed leadership and affective commitment for each of the different groups of teachers, elementary, middle and high schools.

Similar studies have also been conducted on the relationship between organizational health of schools and teachers' commitment at different levels of schools with different variables. For instance, Douglas (2010) has examined the relationship between school climate and teacher commitment in elementary schools of Alabama. The findings showed that collegial leadership, professional teacher behavior and achievement were good predictors of teacher commitment. On the other hand, institutional vulnerability was the only variable that showed no significant relationship to teacher commitment.

Sezgin (2009) on his part investigated the relationships between teachers' perception on organizational commitment and school health in primary schools of Ankara, and unveiled that different school health dimensions were significantly related to different components of teacher commitment. Institutional integrity, professional leadership, and morale were the significant variables predicting both compliance and internalization, whereas only professional leadership was found significant in predicting identification.

Likewise, Tsui and Cheng (1999) conducted research on school organizational health and teachers' commitment in primary schools of Hong Kong and showed that the three dimensions of school organizational health such as morale, consideration and institutional integrity were related to teacher commitment.

In a nut shell, while some of these studies were limited to examine the perception of teachers on organizational health of schools (Omoyemiju & Adediwura, 2011; and Akbaba, 1999) others focused on the relationship between organizational health variables and instructional leadership behavior of principals (Owens, 2015) and leadership styles, job satisfaction and organizational health (Kormaz, 2007). Still other studies accentuated on the relationship between organizational commitment and other variables such as organizational commitment and job satisfaction (Ismail, 2012) and leadership style and organizational commitment (Jacobs, 2010). Among very few of studies in the education sector include studies on the relationship between school climate and teacher commitment in elementary schools of Alabama (Douglas, 2010); the relationships between teachers' perceptions of organizational commitment and school health in Turkish primary school by Sezgin (2009) and the relationship between school organizational health and teacher commitment in primary schools of Hong Kong by Tsui and Cheng (1999) are few to site. Yet, most of the studies on organizational health and /or organizational commitment were conducted in developed countries. For instance, the analysis of the review of related literature on organizational commitment of 46 publications which covered a total of 17 countries from 1988 to 2011 showed that all studies were conducted in developed countries particularly, 36.9% of published articles were attributable to the USA (Iqbal, et al., 2012). This implies that, there is a dearth of research on organizational health and organizational commitment in developing countries including Ethiopia.

In general, if education is considered instrumental for the development of any country, then maintaining school organizational health and teachers' organizational commitment

should get due attention by governments to improve quality of education. Thus, the study of organizational health and teachers' organizational commitment is undisputable topic of importance and great interest for researchers. Hence, this study is conducted to explore the relationship between school health and teachers' organizational commitment in government secondary schools of Ethiopia with particular focus in Oromia regional state.

## **Description of the study area**

The Federal Democratic Republic of Ethiopia is administratively structured into nine regional states and two city administrations. One of these regions is Oromia which is found at the central part of the country. Oromia regional state shares boundaries with all regions except Tigray. According to the Central Statistical Agency Population Projections for Ethiopia (2013), in 2017 Oromia region has the size of 284,538 square kilometers, with a population of 35,466,785 (17,788,033 male and 17,687,752 female) making the region the largest state in population and area in the country. Of this population about 30,113,045(84.9%) are rural population. About 12,973,338 (36.58 %) of the population are between the age of 5-24 years which demand more schools at different levels (kindergarten to tertiary levels). In the region, the provision of education for citizens is under different modalities (preprimary education, primary education, secondary education, colleges of teachers' education, technical and vocational education and universities). There are also other modalities such as alternative basic education (ABE) and integrated functional adult education (IFAE). In all educational institutions except the universities, the provision, management and financing of education are mostly carried out by regional state.

According to Oromia Education Bureau (OEB,2015) Education Statistics Annual Abstract, in the academic year of 2014/15 in the region, there were 12,102 pre- primary schools with the total of 723, 852 children and 5,926 teachers within these schools. In addition, there were 13,346 primary schools (grades 1 to 8) with the total enrollment of 6, 841,930 students and 128,934 teachers. Also, there were 1156 secondary schools of which 861 are first cycle secondary schools (grades 9 to 10) with the total enrolment of about half a million (559,814) students and 20,712 teachers. The rest are 295 second cycle secondary schools (grades 11 to 12) with a total enrollment of 11, 6195 students and 5512 teachers (OEB, 2015). Of these secondary schools (grades 9 to 12) the majority 92% are owned by the government while the rest are owned by the private sector.

## **Statement of the Problem**

In the past three decades or more, Ethiopia has been implementing a number of educational reforms within the framework of the 1994 Education and Training policy (ETP) to improve different educational problems. Although remarkable achievements have been registered in addressing access to education at all levels, still challenges remain to realize quality education, high student achievement, reduce teachers' attrition and improve educational efficiency at all levels of the education sector (MoE,2010).

For effective implementations of the educational reforms set and to address the

above challenges schools need to be healthy and there should be committed teachers to their profession. This implies that the existence of healthy school climate and teachers' organizational commitments are very essential to achieve school goals. However, in Ethiopian context the organizational health of secondary schools seems under question. For example, MoE (2010) reported that leadership and management capacities at institutional level remain weak. There is limited availability of teaching-learning materials, lack of qualified teachers in secondary schools, and deteriorating trends in student achievement at different levels are the main challenges in the schools in the country. Similarly, as reported in Oromia education bureau annual abstract (OEB, 2015), there was a problem of educational efficiency in secondary schools of the region. The document revealed that the repetition rate for first cycle of secondary school (grades 9 to 10) was 10.1%, and the dropout rate for grades 9 and 11 were 20.8%, and 10.9% respectively (OEB,2013/14). Similarly, among students who sat for 10<sup>th</sup> grade national examination, only 38.9 % of them were promoted to grade 11(OEB 2015). The above problems show weak leadership capacities of principals, poor academic achievement and unsatisfactory provision of resources in the schools which are the facets of school health. Another challenge that aggravate the problem is teacher's commitment to stay in their profession. As some reports indicate, in the academic year of 2014/15 alone, the attrition rate of teachers in Ethiopian secondary schools and Oromia regional state were about 6% (4759 teachers) and 6% (1687) respectively (MoE, 2015).

Locally, there are few studies conducted on the relationship between school climate and different variables. Among few of these studies for example, research by Miressa (2014) examined the relationship between school climate and leadership practices in four selected secondary schools of East Hararge zone, one of the zones in the region. Another study by Garedew (2015) examined the effect of school climate on teachers' job satisfaction in ten selected secondary schools of East Arsi zone, another zone in the region. A study conducted by Nebiyu (2015), assessed the relationship between teachers' motivation and school climate in twelve selected secondary schools of East Arsi zone.

Similarly, few studies have been conducted to examine staffs' commitment with other variables. To mention few, a study by Getahun (2013) examined the relationship between principals' leadership styles and teachers' organizational commitment in selected secondary schools of Bale zone, still another zone in the region. Desta's (2014) also focused on teachers' job satisfaction and commitment in selected secondary schools of Hadiya zone, a zone in another regional state while Teferi, et.al. (2016), conducted research on teacher's job satisfaction and its relationship with organizational commitment in selected primary schools of Bonga town. Although, there is an assumption that organizational health is an indicator to teachers' organizational commitment , and teachers are found at first front line for the attainment of school goals and objectives, there is a dearth of empirical studies on school organizational health and teachers' organizational commitment in secondary schools of Ethiopia in general and in Oromia regional state in particular. As stated from the aforesaid studies, there is a scarcity of studies that address schools' organizational health and teachers' organizational commitment in secondary schools of Oromia regional state. The purpose of this study, is therefore, to explore if there are linkages between schools' organizational health and

teacher's commitment in government secondary schools in Ethiopia taking Oromia regional state as a case.

## Basic questions

This study was guided by the following three key questions:

1. What is the current status of organizational health in government secondary schools of Ethiopia, Oromia regional state?
2. What is the current status of teachers' commitment in government secondary schools of Ethiopia, Oromia regional state?
3. Is there statistically significant relationship between school organizational health and teachers' organizational commitment in secondary schools of Ethiopia with particular reference to Oromia regional state?

## Review of the Literature

### *The Concept of Schools' Organizational Health*

The concept of school health is not new. According to Miles (1965:17), healthy organization is one that "not only survives in its environment, but also continues to cope adequately over the long haul, and continuously develops and extends its surviving and coping abilities". Organizational health is a broad term that currently exists in the literature to describe aspects of the working environment of employees in organizations. According to Omoyemiju and Adediwura (2011), organizational health is conceptualized as an organization's ability to function effectively, to cope adequately, to change appropriately, and to grow from within. According to Yuceler, et.al (2013) organizational health refers to the capabilities possessed by an organization to adapt to its environment successfully, create cooperation between its members and achieve its targets. Hoy, et.al (1996) explained the organizational health of a school as interpersonal dynamics of students, teachers, and principals in a school and is the climate of the school. They described school climate as a set of internal characteristics that distinguishes one school from another and influences the behavior of its members. In their analysis, the school climate is seen from the perspective of health.

As it can be understood from different definitions, organizational health of a school is a useful sign of interpersonal relations among individuals in schools (teachers- teachers, teachers to students, teachers to principals, students to principals and others). Schools need the support of their environment to protect their organizational structure. Moreover, healthy schools adapt themselves to the environment successfully and promote common values in their staff (Korkmaz, 2007). The overall level of school health is viewed and assessed from components and dimensions of school health.

### *Dimensions of Organization Health*

There are different dimensions of organizational health of schools introduced by different scholars. However, the two most widely used dimensions are the one developed by Miles and the other developed by Hoy and colleagues.

**Miles Model:** was first mentioned by Miles (1965) to explain the health climate of schools. Miles developed and introduced ten components of organizational health that are grouped under three categories (task needs of a social system; maintenance needs; and organization's needs for growth and change). These characteristics of organizational health are produced within the framework of the organization as an open social system (Akbaba, 1999 ; Hoy, et.al. ,1991; and Yüceler, et.al, 2013). The ten components of organizational health introduced by Miles (1965) are: goal focus, communication adequacy, optimal power equalization, resource utilization, cohesiveness, morale, innovativeness, autonomy, adaptation, and problem-solving adequacy.

**Hoy and Colleagues Model:** based on Miles' model of organizational health dimensions, Hoy and Feldman (1987) and Hoy, et.al. (1991) introduced seven dimensions to conceptualize and measure organizational health of school. Hoy, et.al. (1991) grouped these seven dimensions of school health in to three levels: the institutional, managerial and technical level. The institutional level consists of the institutional integrity dimension. Other dimensions such as principal influence, consideration, initiating structure, and resource support are categorized under the managerial level. Finally, moral and academic emphasis dimensions are the indices of school health at the technical level. The seven dimensions of school health described above measure different aspects of school health.

Institutional integrity dimension of school health measures the organizational health of school at the institutional level. According to Hoy and Feldman (1987), the institutional level connects the school with its environment. Hoy, et.al. (1991) state that institutional integrity is the school's 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. The school has the support of the community and there is no outside pressure or influence on school principals and teachers. According to Tsui and Cheng (2010), institutional integrity describes a school that has integrity in its educational program and is able to cope successfully with destructive outside forces.

According to Hoy, et.al. (1991), the next four dimensions (principal influence, consideration, and initiating structure and resource support) are indicators of administrative or managerial level that measure school principal's ability to influence his/ her boss, support teachers, provision of resources for teaching and learning in schools. Principal influence dimension deals with principal's ability to influence the actions of superiors. Being able to persuade superiors, to get additional consideration, and to be unimpeded by the hierarchy are important aspects of school administration. Consideration dimension is related to principal's behavior that is friendly, supportive, open, and collegial and it represents a genuine concern on the part of the principal for the welfare of the teachers. It is where principal leadership behavior supports harmonious interpersonal relationships. According to Yukl (2010) in consideration dimension (people- oriented) leadership behavior, leaders give due emphasis for workers in the organization. In initiating structure dimension, principals emphasize on both task- and achievement. Work expectations, standards of performance, and procedures are clearly articulated by the principal. Scholars such as Tsui and Cheng (2010) and Yukl (2010) describe the initiating structure as a leadership behavior that gives due emphasis for

task and goal attainment of the organization. In resource support dimension of school health, school principals ensure the availability of necessary classroom supplies. It is about the school' adequate classroom supplies and the availability of instructional materials and extra materials are readily supplied if requested. According to Forsyth, et.al. (2015), healthy schools are committed to teaching and learning; they set high, but achievable, academic goals and mobilize their resources to attain those ends.

Teachers' morale and academic emphasis dimensions are the indices of school health at the technical level (Hoy and Feldman ,1987). This level is concerned with the teaching and learning within the school and its purpose is to produce qualified citizens. The morale dimension of school health refers to a collective sense of friendliness, openness, enthusiasm, and trust among teaching staff (Hoy and Feldman ,1987). Teachers with high moral 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. According to scholars, teachers' morale is a sense of friendliness and strong affiliation with the school. Teachers feel good about each other, their job, and their students. These scholars further stated that teachers are committed to both their students and their colleagues and accomplish their jobs with enthusiasm and pride in their school (Hoy, et.al,1996; and Forsyth, et.al., 2015). Academic dimension of school health emphasizes about the extent to which the school is driven by a quest for academic excellence. In this dimension, 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. When there is a strong emphasis on learning, there is a strong press for academic excellence (Hoy, et.al., 1991; Hoy, et.al. ,1996).

According to Parsons (cited in Korkmaz, 2007), in a healthy school technical, managerial and institutional levels are in harmony, the school is able to meet its basic needs, and the energy is directed to the school's mission. As Cheng, cited in Korkmaz (2007) states, the conceptualization of a school's organizational health may be justified by two reasons. First, school is regarded as a social system where school principals, teachers and students play great roles. Hence, organizational health should reflect the social interaction between these key agents. And second, it is necessary for a healthy school to be effective in actualizing certain functions (Korkmaz, 2007). Other scholars state that, a healthy school is a school which shows strong performance in terms of these seven dimensions (Tsui & Cheng, 1999). According to Khademfar and Idris (2012), these seven dimensions of organizational health are used to gain an accurate picture of the health of school climate. For Forsyth, et.al. (2015), organizational health of a school is a set of collective variables namely: institutional integrity, initiating structure, consideration, principal influence, resource support, academic emphasis, and morale that determine the health of interactions in schools.

## The Concept of Organizational Commitment

The concept of organizational commitment has been defined differently by different scholars (Yuceler, et.al, 2013; Allen and Meyer ,1990; Mowday, et.al,1982). For instance, Mowday, et.al. (1982) found ten distinct definitions in different studies on organizational commitment. Many definitions relate organizational commitment with attitudinal or behavioral conceptualizations (Iqbal, 2010; Allen and Meyer ,1990; Mowday, et.al.,1982). There are different definitions for the term organizational commitment in the literature, however, the two most widely used definitions are given by Mowday, et.al. (1979) and Allen and Meyer (1990) and discussed below.

Mowday, et.al. (1979) define organizational commitment as a multidimensional structure and it is the relative strength of an individual's identification with and involvement in a particular organization and characterized by at least three factors: 1) the extent to which an employee demonstrates a strong desire to remain a member of the organization; 2) the degree of willingness to exert high levels of effort for the organization; and 3) belief in and acceptance of the major values and goals of the organization (Mowday, et.al. 1979; Mowday, et.al., 1982). Organizational commitment as explained by the authors, represents something beyond simple passive loyalty to an organization. It involves an active relationship with the organization such that individuals are willing to give something of themselves in order to contribute to the organization's well-being. They also describe that organizational commitment is not only a predictor of employee retention but may also be a predictor of employee effort and performance (Mowday, et.al. 1979, Mowday, et.al, 1982).

According to Allen and Meyer (1990), organizational commitment refers to a psychological link between the employee and his or her organization that makes it less likely that the employee will voluntarily leave the organization. These scholars describe organizational commitment from three different perspectives: affective, continuance, and normative commitment. According to Allen and Meyer (1990;1996), employees with a strong affective commitment remain with the organization because they want to do so (desire); those with strong normative commitment stay because they feel they ought to (moral obligation); and those with strong continuance commitment stay because they have to do so (recognition of the costs), otherwise they have to deal with the consequences associated with leaving the organization.

Celep (2000) has defined teachers' commitment to school as teachers' belief and acceptance of the goals and values of the school, teachers' efforts for actualization those goals and values, and teachers' strong desires to keep up membership in the school. According to this scholar, factors such as the exertion of effort on behalf of the school; having a proper pride to belong to such a school; the motivation of the school for better working situations; to be interested in the future of the school; and the perception of the school as the best one among the other schools should be considered to examine teachers' organizational commitment.

According to Carbonneau (as cited in Mart,2013), teaching is a complex and demanding profession that entails strong dedication. Teacher commitment is the emotional attachment

between the teacher and the school (Mart, 2013). Teachers play a crucial role in achieving school goals and objectives. According to Mart (2013), teachers with low levels of commitment are less loyal to the organization.

## Organizational Commitment Models

**Mowday, Porter and Steers Commitment Model:** consider employees commitment (attitudinal commitment), to an organization involves three components: (a) a strong belief in and acceptance of organizational goals and values, (b) a willingness to exert considerable effort for the wellbeing and prosperity of the organization, and (c) a strong desire to maintain membership in and serve the organization with loyalty (Mowday, et.al,1979; and Mowday, et.al, 1982).

As Mowday, et.al (1982) explain, organizations composed of highly committed members are more likely to be effective. Increased organizational effectiveness is manifested from the results of the increased effort members put forth in pursuit of the organization's goals and lower levels of turnover, absenteeism, and tardiness. In addition, organizations composed of highly committed members may be more attractive to individuals outside the organization. This may enhance the organization's ability to recruit and hire high-quality employees. According to Mowday, et.al. (1979), the attitudinal commitment is a situation in which employees identify with their organization and its goals, and desire to maintain membership in order to accomplish these goals. This definition is similar to Allen and Meyer (1996) definition for affective commitment which refers to identification with, involvement in, and emotional attachment to the organization. Tayyab (2007) also stated that an examination of the definitions of commitment by Mowday, et.al. (1982) and the definition for affective commitment by Allen and Meyer (1996) are the same. Thus, an instrument developed by Mowday, et.al. (1982) and affective commitment scale developed by Allen and Meyer (1990) measures employees' commitment in their organizations.

**Meyer and Allen's Commitment Model:** Allen and Meyer (1996) defined organizational commitment as a psychological link between the employee and his or her organization that makes it less likely that the employee will voluntarily leave the organization. Allen and Meyer (1990; 1996) viewed organizational commitment as a multidimensional concept and developed three-component model in an attempt to integrate existing uni-dimensional conceptualizations of organizational commitment. The three components in their model include: Affective commitment (AC), continuance commitment (CC), and normative commitment (NC). The three components of commitment would develop in different ways and have different implications for job behavior. The components of organizational commitment developed by Allen and Meyer are explained here under.

**Affective Commitment (Emotional):** affective commitment is seen as the employee's emotional attachment to the organization (Khan, et al., 2013). It is also explained as the affective bond an individual feels toward the organization, characterized by identification and involvement with the organization as well as enjoyment in being a member of the organization (Allen and Meyer, 1990). This commitment denotes an emotional attachment to, identification

with, and involvement in the organization (Meyer, et.al., 2002). Thus, employees with strong affective commitment remain with the organization because they want to do so (Allen and Meyer, 1996). Meyer and Allen (1996) also explain that employees with strong affective commitment would be motivated to higher levels of performance and make more meaningful contributions than employees who expressed continuance or normative commitment. According to Sezgin (2009), the affective commitment is conceptualized as internalization commitment, both have similar concept and share similar characteristics of commitment.

**Continuance Commitment (Cost-benefit):** is the extent to which a person needs to stay with the organization, due to the costs associated with leaving the organization (Meyer, et.al., 2002). It is a commitment based on the employee's recognition of the costs associated with leaving the organization. According to Khan, et.al. (2013) continuance commitment or cost-benefit commitment is the material benefits gained from being with the organization. Employees with strong continuance commitment, then, remain with the organization because they have to do so (Allen and Meyer, 1996). In terms of continuance commitment, an individual who is committed to an organization remains in that organization due to the reluctance to lose personal investments made during his or her tenure or to a lack of employment alternatives (Cohen, 1995). According to this scholar, these investments are related to close relations of an employee with fellow workers, pension benefits, seniority, career and special competencies gained by working in an organization for a long time. Employees have the fear of losing these investments in case of leaving the organization. Furthermore, Allen and Meyer (1990) revealed that pensions and employment alternatives predict this dimension. Continuance commitment or cost-benefit commitment is an effect of the assumption of benefit, associated by means of staying in and the assumption of cost associated by quitting an organization (Khan, et.al. 2013). According to these scholars, if an employee distinguishes that the cost of quitting is much more than the benefits of continuance in the organization, then the particular employee will plan to stay rather than to quit the organization. According to Sezgin (2009), continuance commitment has similar concept with compliance commitment because both share similar characteristics of commitment.

**Normative Commitment:** Allen and Meyer (1990) developed the third dimension (the normative or ethical) in addition to the affective and continuance commitment dimensions. Sezgin (2009) conceptualized normative commitment as identification commitment, because both have similar characteristics of commitment. According to Allen and Meyer (1990), normative commitment is the employee's sense of obligation; and defined as the individual's bond with the organization due to an obligation on the part of the individual. Employees with strong normative commitment remain because they feel they ought to do so (Allen & Meyer, 1996). Normative commitment has to do with feeling of obligations to the organization based on one's personal norms and values (Noor and Noor, 2006). An individual who is normatively committed believes that people ought to be loyal to their employers and are obliged to remain with them. Normative or ethical commitment differs from affective commitment in that the individual regards working in the organization as a duty for himself/herself and feels that showing commitment to the organization is right. Normative commitment differs from the continuance commitment in that it is not affected by calculation of the losses to result from

quitting the organization (Yücel, et.al.,2013). All the three types of commitments have in common the existence of a bond between the individual and the organization that reduces the likelihood of quitting the organization. However, the motive to stay in organization is different among the three components. Accordingly, in the affective, the motive of staying in the organization is based on willingness, in the continuance, on necessity, and in the normative, on obligation (Yücel, et.al.,2013).

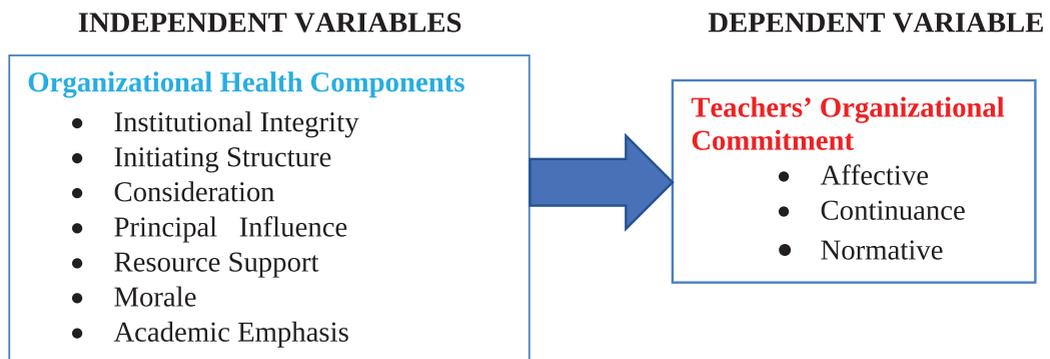
## Operational Definition

**School Health:** in this study refers to the current status of school health and rated by respondents using Organizational Health Inventory for Secondary School developed by Hoy et al. (1991). **Teachers' Commitment:** refers to the level of teachers' commitment in their schools as rated by study participants using an organizational commitment survey developed by Meyer & Allen (1997).

## Conceptual framework

In this study, the independent variable is a school health with seven of its dimensions including Institutional Integrity, Initiating Structure, Consideration, Principal Influence, Resource Support, Morale and Academic Emphasis. On the other hand, the dependent variables are teachers' organizational commitment which has three distinct sub-scales (Affective, Continuance and Normative). The study examined if there is statistically significant relationship between school health and teacher's organizational commitment in government secondary schools.

**Figure.1: Conceptual framework of the study**



## Research Methodology

### Research Design

In this study, a combination of descriptive and correlational research design is used. Descriptive survey design used since the study aims to describe behaviors and gather people's perceptions, opinions, attitudes, and beliefs about a current issue in education (Lodisco, et.al.,2010, Singh, 2006) while correlational research design is used to examine if there is significant relationship between the dependent and independent variables of the study.

### *Sampling techniques*

The population of the study is comprised of 26, 224 teachers and 1579 principals (principals and vice principals) in 1041 government secondary schools of Oromia regional state. Out of these, four hundred forty-five teachers and sixty-five principals and vice principals were selected using stratified random, simple random sampling and multi-stage sampling technique. The sample size is determined based on Krejcie and Morgan's table of sample size determination cited in Cohen et al (2000). According to Krejcie and Morgan's table of sample size, for the corresponding population of 26,000 at sampling error of 0.05 alpha with a confidence level of 95%, the sample size is about 377 respondents.

### *Data Gathering Tools*

In this study two adapted standardized questionnaires were used as data gathering instruments. These instruments are the Organizational Health Inventory for Secondary School (OHI-S), and the Organizational Commitment Questionnaire (OCQ). So, the questionnaire used in this study had three parts: part one on bio data of respondents, part two OHI-S and part three OCQ. Part one of the questionnaire dealt with participants' background information such as sex, age, marital status, education level, and work experiences.

Part two of the questionnaire is the Organizational Health Inventory for Secondary School (OHI-S) developed by Hoy et al. (1991). This part was used to collect data from school principals and teachers on organizational health of schools. According to Hoy & Forsyth (1986) the OHI-S is a 44-item survey utilizing a Likert rating scale to measure organizational health of secondary schools. Adaptations were made from a 4 Likert –type rating scale to 5 Likert –type rating scale and on some items based on suggestions elicited from the colleagues and the pilot test to easily understand the questions. Accordingly, respondents rated organizational health of schools along a 5-point scale from 1= very rarely occurs, 2=Rarely occurs, 3= sometimes occurs, 4= often occurs, and 5 = very frequently occurs. The 44 items of OHI-S are grouped into seven dimensions (sub scales) (Hoy, et.al., 1991).

The third part of the survey instrument was Organizational Commitment Questionnaire (OCQ) developed by Meyer & Allen's (1997). The employee commitment survey measures three forms of employee commitment to an organization. The survey included three well-validated scales, Affective Commitment Scale (ACS), Continuance Commitment Scale (CCS) and Normative Commitment Scale (NCS) and each commitment scale contains six items. And each commitment was scored separately and used to identify the commitment profile of teachers within a school. The instrument used a 5-point Likert- scale ranging from 1 (strongly disagree) to 5 (strongly agree). Then, an average score for each item was computed by averaging the item responses across all respondents as a group for the three-commitment scale separately and for organizational commitment as whole

The reliability of the instrument was checked using Cronbach's coefficient alpha. Accordingly, the coefficients of reliability of subscales measuring all variables of organizational health and organizational commitment were found between Cronbach's alpha, (r) 0.65 to 0.75 and

(r) 0.68 to 0.79 respectively. As Wiersma and Jurs (2009) state, although the reliability is affected by a number of factors, it is desirable to obtain reliability coefficient as close to 1.0 but acceptable if greater than 0.60. The scales were, therefore, found to have good ground to be used in gathering the relevant data for the study.

## Data analysis

The data was entered and analyzed using the Statistical Package for Social Science (SPSS) 23.0 version. Both descriptive and inferential statistics were used in the data analysis. Descriptive statistics such as percentages, frequencies, mean and standard derivation were used to obtain information on the participants' demographic characteristics and levels of school health and level of teachers' organizational commitment.

From the inferential statistics a one sample t- test was computed to examine if there is a significant difference between the expected mean and the calculated mean on organizational health and organizational commitment. Furthermore, Pearson's r coefficient was computed to see the relationship between school health dimensions and teachers' organizational commitment. The correlation test that is conducted among variables was used to show the direction and strength of the association between the variables involved in the study (Best & Kahn ,2006; and Gay, et.al ,2012). A multiple regression is also used to investigate the contribution of each independent variable in predicting the dependent variable.

The statistical assumptions of multiple regression analysis such as normality, linearity, and others which indicates the variables frequency distribution of values were checked and found to be normally distributed. On top of this, tolerance and Variance Inflation Factor (VIF) were checked. Tolerance values is accepted or considered as not a problem in this study if the tolerance value is .01 or less as suggested by Meyers et.al (as cited in Befekadu, 2013). In this study the tolerance and VIF values were well within normal bounds, suggesting that multicollinearity was not present among the independent variables.

## Result and Discussions

Out of the 445 sample teachers and sixty-five principals to whom the questionnaire is distributed, 429 (96.4%) of teachers and 62 (95.38%) principals had correctly filled in and returned and used for analysis. Out of these study participants, the large majority of teachers and almost all principals were males. In terms of level of education, the majority (80.9%) of teachers and (58.1%) of the principals had first degrees, the rest (15.5%) of teachers and (5.9 %) principals had MA/MSc degree and very few (3.5%) teachers had diplomas. The ages of respondents' range between 21 and 59 years for teachers with a mean of 32.9 years. Similarly, the minimum, the maximum and mean age of the principals was 26, 45 and 33.6 years respectively. Concerning the work experiences of the respondents, the minimum, maximum and mean years of work experiences for teachers were 21, 59 and 32.9 respectively. Similarly, the minimum, maximum and the mean of years of work experience for principals were 2 years, 22 years and 10.7 years respectively.

The Status of Organizational Health in Secondary Schools as Perceived by Study Participants

**Table 1: Mean, standard deviation and one sample t- test and level of organizational health as perceived by Respondents**

OH Dimensions	Expect-mean	Calcula mean	Std. Dev.	t	Df	Sig.(2 tailed)	Mean differe	95% Confidence Interval of the Difference		level OH
								Lower	Upper	
OH	132	138.61	20.793	6.587	490	.000	6.613	4.639	8.586	High
Institutional integrity	21	21.27	4.153	1.383	490	.167	.277	-.116	.671	Moderate
Initiating structure	15	16.87	4.045	9.618	490	.000	1.878	1.494	2.262	High
Consideration	15	16.30	4.113	6.562	490	.000	1.303	.9127	1.693	High
Principal influence	15	15.30	2.745	2.286	490	.023	.303	.042	.563	High
Resource support	15	14.56	4.281	-2.097	490	.037	-.433	-.839	-.027	Low
Moral	27	29.53	5.400	9.728	490	.000	2.53	2.023	3.048	High
Academic emphasis	24	24.74	5.618	2.758	490	.006	.7482	.2151	1.281	High

The mean difference is significant at the .05 level

As can be seen in table 1, the one sample t-test result revealed that the calculated mean for the overall organizational health ( $M=138.613$ ,  $SD=20.793$ ) was significantly greater than the expected mean of overall organizational health (132), since, ( $t=6.587$ ,  $df=428$ ,  $p<0.05$ ). This specifies that respondents perceived an overall schools' organizational health is high. As shown in the table, the result of one sample t-test indicated that the organizational health dimensions including the initiating structure sample mean ( $M=16.878$ ,  $SD.= 4.0457$ ) is significantly ( $t= 9.618$ ,  $df=428$ ,  $p< 0.05$ ) greater than its expected mean (15), the consideration sample mean ( $M=16.303$ ,  $Sd.=4.113$ ) is significantly ( $t=6.562,df=428$ ,  $p<0.05$ ) greater than its expected mean (15), the moral sample mean ( $M=29.536,Sd.=5.4000$ ) is also significantly ( $t=9.728,df=428$ ,  $p<0.05$ ) greater than its expected mean (27),the sample mean of principal influence ( $M=15.303$ ,  $Sd.=2.7456$ ) is significantly ( $t=2.286,df=428$ ,  $p<0.05$ ) greater than its expected mean (15) and the sample mean of academic emphasis ( $M=24.748$ ,  $Sd.=5.6184$ ) is significantly ( $t=2.758,df=428$ ,  $p<0.05$ ) greater than its expected mean (24).

The results of one sample t-test suggest that the schools' organizational health dimensions including the initiating structure, consideration, moral, principal influences and academic emphasis were perceived as high. On the other hand, the result of one sample t-test displays that respondents perceived the healthy level of institutional integrity dimension is moderate, since the sample mean ( $M=21.277$ ,  $SD.=153$ ) was not significantly different ( $t=1.383,df=428$ ,  $p>0.05$ ) from the expected mean (21).

The result of one sample t-test further revealed that the sample mean ( $M=14.56$ ,  $SD.=4.28$ ) of resource support dimension was significantly ( $t=-2.097$ ,  $df=428$ ,  $p< 0.05$ ) less than its expected mean (15). The data revealed that respondents perceived the health level of resource support dimension is low in secondary schools of the study area.

The above discussions proved that the level of overall organizational health of secondary schools in the region was rated high by respondents. The study result was in line with the findings of (Omoyemiju, 2011; Gemaloglu, 2007 and Alqarin, 2016). Omoyemiju (2011) study found that that the level of organizational health in Osun State schools is high. The research findings by Alqarin (2016) showed that the level of organizational health in secondary schools of Jeddah was high with a mean of (3.72). Gemaloglu (2007) also found that the level of Organizational Health in primary schools of Turkey was quite high. However, the results of this study were inconsistent with the findings of Khademfar and Idris, (2012) and Hayat, et.al (2015) and Faraji (2015) that revealed the organizational health of secondary schools in Iran was moderate.

Concerning the level of organizational health dimensions, this study revealed that except institutional integrity and resource support dimensions the remaining health dimensions were also rated high. The study conducted by Hayat, et.al. (2015) showed that there was moderate level for overall organizational health in general and in an institutional integrity, resource support, consideration, moral, and academic emphasis. Whereas, the initiating structure and principal influence dimensions were at lower level. The findings from this study corroborates Alqarin (2016)'s finding that all seven dimensions have high levels of occurrence indicating that the initiating structure was ranked first, with a mean of (4.07), and resource support was

the least with a mean of (3.51).

In this study it was found that the health level of institutional integrity and resource support dimensions were found moderate and low respectively. The moderate level of health of institutional integrity dimension implies that the relations the schools have with external environment particularly with parents and community need to be improved because, unnecessary external pressure from parents and the community reduce when the schools have good relationship with external environment. The finding of low level of health of resource support was evidenced with the data obtained from the Oromia education bureau annual abstract of 2014/15 supports this finding. The annual abstract revealed that of the total first cycle secondary schools (grade 9 to grade 10) of the region about 30.55%, 30.89%, 36%, 16.5% and 27.06% schools were functioning without laboratories, libraries, water, toilet, and electric power respectively. Similarly, of the total second cycle of secondary school (grade 11 to 12) found in the region about 27.46%, 25.76%, 29.5%, 18.3% and 14.58% were without availability of laboratories, libraries, water, toilet and electric power respectively (OEB, 2015). Resource support dimension is about the school' adequate classroom supplies and the availability of instructional materials and extra materials are readily supplied if requested for teaching and learning activities.

### The Status of Teachers Commitment in Secondary Schools as Perceived by Study Participants

**Table 2: Mean and Standards Deviations, one sample t-test, and level of teachers' organizational commitment and its sub scales as perceived by respondents**

OC and Dimension	No item	Expect mean	Calcul mean	Std. Dev.	t	Df	Sig. (2) tailed	Mean difference	95% Confidence Interv. Difference		level OC
									Lower	Upper	
overall OC	18	54	56.04	8.456	4.99	490	.000	2.0396	1.237	2.842	High
AC	6	18	18.96	3.562	5.68	490	.000	.9637	.628	1.272	High
CC	6	18	18.34	4.17	1.70	490	.090	.3226	-.053	.738	Moderate
NC	6	18	18.73	3.687	4.14	490	.000	.7366	.386	1.086	High

The mean difference is significant at the .05 level

The descriptive results showed that the overall organizational commitment was rated high ( $M=56.04$ ,  $SD=8.456$ ) and the three commitment sub-scale including affective commitment with the highest mean ( $M =18.96 / 3.16$ ,  $SD =3.501$ ) followed by normative commitment ( $M =18.74 / 3.12$ ,  $SD =3.687$ ) and continuance commitment ( $M =18.342 / 3.06$ ,  $SD =4.170$ ) respectively.

As can be seen in table 2, the result of one sample t-test showed that the calculated sample mean (56.04) of an overall teachers' organizational commitment was significantly ( $t=4.996$ ,  $df=428$ ,  $p<0.01$ ) greater than the expected mean (54.0) of teachers' organizational commitment.

As one could observe from data in table 2, the results of one sample t-test revealed that the sample mean ( $M=18.96$ ) for affective commitment of teachers was significantly ( $t=5.68$ ,  $df=428$ ,  $p<0.01$ ) greater than the expected mean ( $M= 18$ ). This result indicates that teachers perceived their affective commitment level is high. In the same table, the result of one sample t- test showed that the sample mean ( $M=18.34$ ) of continuance commitment of teachers was not significantly ( $t=1.70$ ,  $df=428$ ,  $p>0.01$ ) different from the expected mean ( $M= 18$ ) of CC of teachers. The result shows that teachers perceived their level of continuance commitment sub-scale is moderate.

The results of one sample t- test again revealed that the sample mean ( $M=18.73$ ) for normative commitment was significantly ( $t=5.68$ ,  $df=428$ ,  $p<0.01$ ) greater than the expected mean ( $M= 18$ ). The result indicates that teachers perceived their level of normative commitment sub-scale is high.

In a nut shell, the results from this study found a high level of overall organizational commitment of teachers. The study also found that there was a high level of organizational commitment of teachers in two of the three disaggregated organizational commitment sub-scales (affective, and normative) and moderate level in continuance commitment sub-scale. The findings of this study corroborate Getahun, et.al. (2016) findings that indicate the level of teachers' organizational commitment in primary schools of Bonga town was high. However, the findings of the current study was different from Noordi,et.al. (2010) which found that the level of overall teachers' organizational commitment in Malaysia was at moderate level. In a similar vein, the finding of this study was different from Kassaw and Golga's (2019) findings that found a moderate level of academic staff commitment in overall organizational commitment and for each of the three disaggregated organizational commitment dimensions of affective, continuance and normative at Haramaya University.

### **Relationship between organizational health and teacher's commitment in Secondary Schools**

The study explored the relationship between the overall organizational health dimensions (institutional integrity, initiating structure, consideration, principal influences, resource support, morale and academic emphasis) and overall organizational commitment components (affective, continuance, and normative). Person's correlation coefficient was used to examine relationships between school organizational health and teachers' commitment.

**Table 3: Summary of Correlation Coefficients of organizational health and teachers' organizational commitment**

Variable	II	IS	C	PI	RS	M	AE	AC	CC	NC	OH	OC
Institutional integrity (II)	1											
Initiating structure (IS)	-.148**	1										
Consideration (C)	-.228**	.782**	1									
Principal influence (PI)	-.245**	.475**	.563**	1								
Resource support (RS)	-.350**	.568**	.606**	.531**	1							
Morale (M)	.016	.680**	.587**	.380**	.432**	1						
Academic Emphasis(AE)	-.257**	.671**	.664**	.509**	.686**	.618**	1					
Affec. commitment(AC)	.164**	.209**	.210**	.184**	.054	.301**	.218**	1				
Conti. Commitment (CC)	-.351**	.395**	.388**	.347**	.380**	.315**	.475**	.075	1			
Norm. Commitment (NC)	-.182**	.390**	.403**	.305**	.335**	.347**	.460**	.300**	.595**	1		
organization. health (OH)	-.044	.857**	.836**	.633**	.734**	.817**	.850**	.287**	.418**	.443**	1	
Organ. commitment (OC)	-.184**	.452**	.454**	.380**	.356**	.432**	.525**	.582**	.784**	.854**	.518**	1

\*\*\*. Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed). N=429

As indicated in table 3, the correlation coefficient results show a moderate, significant and positive relationship between an overall organizational health of school and an overall teachers' organizational commitment ( $r = .518$   $p < .01$ ) and a moderate, significant and positive relationship between the overall of organizational health and organizational commitment sub scales- normative commitment ( $r = 0.443$  (and  $p < .01$ ), continuance commitment ( $r = 0.418$  ( $p < .01$ ), and weak, positive and significant correlation with affective commitment ( $r = 0.287$  ( $p < .01$ ) in order of their strength of relationship from high to low respectively.

Different scholars have argued that organizational health contributes for the existence of organizational commitment. Yuceler, et al (2013) claimed that organizational health must be enhanced in order to retain the human resources, which are extremely important values for the organizations. In this context, organizational health secures the organizational commitment of employees and as a result increases organizational performance.

Noordin, et al (2010) also found that organizational commitment of teachers is attached to organizational health and among other factors, is crucial to the effectiveness of schools. Similarly, Hoyet.al. (1991) asserted that effective schools need high organization commitment and in the same way students' high academic achievements needs dedicated teachers.

The findings of this study were also supported by other previous researches (Hoyet.al.1991; Tsui and Cheng,1999; Shirali, et.al., 2013; Yuceler, et.al.,2013) that indicate organizational health is a useful predictor of teachers' organizational commitment. Thus, the findings of this study were in line with the theoretical foundations that schools' organizational health is a predictor for organizational commitment of teachers.

On top of this, the current study found significant and positive correlations between organizational health dimensions including moral ( $r = .301$  ( $p < .01$ ), academic emphasis ( $r = .218$  ( $p < .01$ ), consideration ( $r = .210$  ( $p < .01$ ), initiating structure ( $r = .209$  ( $p < .01$ ), principal influence ( $r = .184$  ( $p < .01$ ), and institutional integrity ( $r = .164$ ), and affective commitment in order of their strength of relationship respectively. This implies that most of the organizational health dimensions had relationship with affective commitment of teachers. In other words, teachers' emotional attachment to, identification with, and involvement in the school was associated with organizational health dimensions.

The correlation results further showed that there was a moderate, significant and positive correlations between organizational health dimensions including academic emphasis ( $r = .475$  ( $p < .01$ ), initiating structure ( $r = .395$  ( $p < .01$ ), consideration ( $r = .388$  ( $p < .01$ ), resource support ( $r = .380$  ( $p < .01$ ), principal influence ( $r = .347$  ( $p < .01$ ), and morale ( $r = .315$ ) ( $p < .01$ ) with continuance commitment sub- scale in order of their strength respectively.

The current study further indicated a moderate, significant and positive correlation between organizational health dimensions: academic emphasis ( $r = .460$  ( $p < .01$ ), consideration ( $r = .403$  ( $p < .01$ ), initiating structure ( $r = .390$  ( $p < .01$ ), morale ( $r = .347$  ( $p < .01$ ), and resource support ( $r = .335$  ( $p < .01$ ) with normative commitment sub-scale in order of their strength respectively. The findings of this study corroborate (Shirali, et.al., 2013; Bahramian and Saeidian, 2013, and Hayat, et al 2015) findings that there was a correlation between school

health dimensions and teachers' organizational commitment. This indicates the existence of school health would enhances teaches' retention in schools. According to Yuceler, et.al. (2013) organizational health must be enhanced in order to retain the human resources, which are an extremely important value for organizations.

The effect of organizational health dimensions on organizational commitment components (affective, continuance and normative) have been displayed in table 4. Below. As can be seen from this table, the result of multiple regressions disclosed that 15.2% of the variance (R-Square, .152) shows the impact of organizational health on affective commitment of teachers, which was very low. This value of coefficient correlation revealed that there was a moderate relationship between organizational health dimensions and affective commitment sub-scale (R=.390). This implies that organizational health dimensions together can affect teachers' affective commitment sub-scale by 15.2%.

**Table 4: Model Summary of regression of OH components and Affective commitment**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.390 <sup>a</sup>	.152	.138	3.25050

<sup>a</sup> Predictors: (Constant), Academic emphasis, institutional integrity, morale, Initiating structure, resource support, principal influence, consideration, b. dependent variable: Affective commitment

A multiple regression analysis is also used to investigate the contribution of each independent variable in predicting the dependent variable. The standardized coefficient result explains that among the schools' organizational health dimensions- morale ( $\beta = 0.196$ ), institutional integrity ( $\beta = 0.188$ ), resource support ( $\beta = -0.188$ ), academic emphasis ( $\beta = 0.168$ ), and principal influence ( $\beta = 0.134$ ) could establish affective commitment sub scale. However, the direction of correlation coefficient for resource support was negative. This implies that, the less the availability of resource support in the schools, there would be less affective commitment of teachers. In contrast, moral, institutional integrity, academic emphasis, and principal influence of health dimensions had a direct relationship with affective commitment. It means that, as moral, institutional integrity, academic emphasis, and principal influence are more practiced affective commitment of teachers could also be maximized.

**Table 5: Model Summary of regression of OH dimensions and Affective Commitment**

Model		Unstandardized Coefficients		Stand-Coeff.	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	8.124	1.477		5.500	.000	5.220	11.027
	Institutional integrity	.158	.042	.188	3.773	.000	.076	.241
	Initiating structure	-.037	.071	-.042	-.518	.605	-.176	.103
	Consideration	.082	.068	.096	1.204	.229	-.052	.215
	Principal influence	.171	.073	.134	2.351	.019	.028	.315
	Resource support	-.152	.055	-.186	-2.757	.006	-.261	-.044
	Morale	.127	.043	.196	2.960	.003	.043	.212
	Academic Emphasis	.105	.047	.168	2.248	.025	.013	.197

a. Dependent Variable: Affective commitment

In table 6 below the result of multiple regression showed that all of the predictors together explained 30.0% of the variance (R-Square, .300) in the dependent variable i.e. continues commitment). This implies that organizational health can affect teachers' continuance commitment component by 30%.

**Table 6: Model Summary of multiple regressions of OH dimensions and Continuance commitment**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.548 <sup>a</sup>	.300	.289	3.51714

<sup>a</sup> Predictors: (Constant), Academic emphasis, institutional integrity, moral, Initiating structure, resource support, principal influence, consideration, b. dependent variable: Continuance commitment

A multiple regression analysis showed that in the independent variables of organizational health: academic emphasis ( $\beta = 0.211$ ,  $P < 0.05$ ) and institutional integrity ( $\beta = -.254$ ,  $P < 0.05$ ) significantly predict the dependent variable (continuance commitment) of teachers (table 7 below). This finding was supported by the finding of Sezgin (2009) that revealed institutional integrity dimension of school health significantly predicts continuance commitment of teachers in primary schools of Turkey. However, the direction of coefficient of institutional integrity was negative, which implies as unwanted external factors that decrease the continuance commitment of teachers. In contrast, academic emphasis had a direct relationship with continuance commitment of teachers. This implies that as academic emphasis is more practiced in schools, continuance commitment of teachers also increases. For Sezgin (2009) the morale dimension of school health significantly and positively predicts continuance commitment of teachers in primary schools of Turkey.

**Table 7: Model Summary of Multiple Regression of OH Dimension and Continuance Commitment**

Model		Unstandard. Coefficients		Stand-Coef.	T	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	13.92	1.598		8.709	.000	10.778	17.061
	Institutional integrity	-.254	.045	-.253	-5.608	.000	-.344	-.165
	Initiating structure	.120	.077	.116	1.565	.118	-.031	.271
	Consideration	-.009	.074	-.009	-.120	.904	-.153	.136
	Principal influence	.135	.079	.089	1.710	.088	-.020	.290
	Resource support	-.033	.060	-.034	-.552	.581	-.150	.084
	Morale	.039	.046	.089	.832	.406	-.053	.130
	Academic emphasis	.211	.050	.285	4.189	.000	.112	.311

a. Dependent Variable: Continuance commitment

As signposted in data from table 8, the result of multiple regression displayed that all of the predictors (independent variables) together explained 23.8% of the variance (R-Square, .238) in the dependent variable (Normative commitment). This implies that an organizational health could affect teachers' organizational commitment by 23.8%.

**Table 8: Model Summary of multiple regression of OH components and Normative commitment**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.488 <sup>a</sup>	.238	.225	3.24618

<sup>a</sup> Predictors: (Constant), Academic emphasis, institutional integrity, morale, initiating structure, resource support, principal influence, consideration.

b. dependent variable: Normative commitment.

As one could infer from data in table 9, the regression result showed only academic emphasis ( $\beta = 0.301$ ) predict the normative commitment sub-scale. It means that as academic emphasis gets due attention and more practiced in schools, teachers' normative commitment sub-scale could increase.

**Table 9: Model Summary of multiple regressions for OH components and Normative commitment**

Model B		Unstandardiz Coefficients		Standar Coeffi	T	Sig. Lower Bound	95.0% Confidence Interval for B	
		Std. Er-ror	Beta				Upper Bound	
1	(Constant)	11.237	1.475		7.618	.000	8.337	14.136
	Institutional integrity	-.070	.042	-.079	-1.670	.096	-.152	.012
	Initiating structure	.047	.071	.052	.668	.505	-.092	.186
	Consideration	.095	.068	.106	1.405	.161	-.038	.229
	Principal influence	.065	.073	.048	.887	.376	-.079	.208
	Resource support	-.041	.055	-.048	-.743	.458	-.149	.067
	Morale	.046	.043	.067	1.071	.285	-.038	.130
	Academic emphasis	.198	.047	.301	4.241	.000	.106	.289
a. Dependent Variable: Normative commitment								

## Conclusion

The purpose of assessing the schools' organizational health is not only to disclose the situation, but also to initiate a plan for improvement of school health. Improving students' academic achievement and quality of education is challenging unless school organizational health and teachers' organizational commitment are promising. This study found that organizational health of schools predicts organizational commitment of teachers. Organizational health is one of the most important variables, which can be associated with teachers' organizational commitment. School health is manifested through reducing undesirable external influences, enhancing its staff morale, providing necessary resources for effective teaching and learning, giving due considerations to its staff and school tasks, giving emphasis for academic excellence of students and the suggestions and comments of school principals should be considered by superiors.

In healthy schools, there is permanence and commitment of teachers on their job and their schools. In other words, the existence of organizational health enhances the retention of human resources which is an extremely important value for schools. The organizational health has an effect on teachers' organizational commitment in general and on organizational commitment components (affective, continuance and normative) in particular.

## Recommendation

In today's world where competition is increasingly exacerbating, it has become highly important for school principals to manage employees' attitudes and behaviors regarding work in a proper and healthy manner. The focus on school organizational health will increase commitment of staff in schools. Hence, the school community including principals, teachers, administrative personnel, students' parents, district education offices, zone education offices and regional education bureau should deliberately participate in improving schools' organizational health

which in turn will improve teacher's commitment.

Further research should also be made to incorporate the responses of parents, students and other stakeholders in order to explore organizational health of schools.

The study of school health and organizational commitment beyond government secondary schools of Oromia Regional state in other regions and other sub sectors like primary school and higher institutions should also be explored for the generalizability of the findings.

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