Organizational Health:
A Requisite for Innovation?

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AMERICAN society demands much from the public school system. A review of both the educational and contemporary literature indicates that there are a multitude of critics and suggestions for change. The school, if it is to meet societal demands and critics' calls for change, must move toward an innovative school structure. What type of organization is most conducive to innovation?

Numerous characteristics of educational organizations have been identified which are believed to lead to or inhibit innovation. Examples include leadership styles, interaction processes, and organizational patterns. Also, there are indications of a polarization of approaches.[1] At one end of the continuum is the view that schools foster change by changing the individual; while at the other, it is said that change comes about by making organization and procedures more efficient. Perhaps it is not totally one or the other, but that the organization influences the thinking of the individual in the organization to the point that it inhibits or promotes his receptivity to innovation. Bushnell holds this view as he states that

Organizational norms, traditional role functions, vested interests, and sheer inertia represent a few of the barriers with which the aspiring change strategist must learn to cope. Organizations shape and mold the behavior of individuals as much as or more than those in the organization shape and mold the organization. Any comprehensive change strategy must be as ready to deal with institutional barriers as it is with the defenses of individuals.[2]

Miles has stressed that, while we have seen much attention given to change processes and to characteristics of the "change agent," ". . . there is an important, but often overlooked aspect of what is being said and done about planned change; the notion that any particular planned change effort is deeply conditioned by the state of the system in which it takes place."[3] He contends that successful efforts at planned change must

[1] Richard I. Miller. "Kinds of Change." *Educational Leadership* 27 (4): 331; January 1970.

[2] David S. Bushnell. "A Systematic Strategy for School Renewal." In: David S. Bushnell and Donald Rappaport, editors. *Planned Change in Education, A Systems Approach.* New York: Harcourt Brace Jovanovich, 1971. p. 7.

[3] Matthew B. Miles. "Planned Change and Organizational Health: Figure and Ground." *Change Processes in the Public Schools.* Eugene, Oregon: Center for the Advanced Study of Educational Administration, 1965. p. 11.

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take as a primary target the improvement of organizational health, that is, the internal dynamics of the school system. His position is summarized with the statement that ". . . attention to organizational health ought to be priority one for an administrator seriously concerned with innovativeness in today's educational environment." [4]

Miles lists 10 characteristics of a healthy organization.[5] A brief description of these follows:

1. *Goal focus*—the goals of the organization are reasonably clear to the organization members and reasonably well accepted by them.

2. *Communication adequacy*—there is relatively distortion-free communication across the organization and to and from the surrounding environment.

3. *Optimal power equalization*—the distribution of influence is relatively equitable.

4. *Resource utilization*—personnel are used effectively.

5. *Cohesiveness*—the organization knows "who it is."

6. *Morale*—a summated set of individual sentiments, centering around feelings of well-being, satisfaction, and pleasure.

7. *Innovativeness*—tends to invent new procedures, move toward new goals, produce new kinds of products, diversify itself, and become more rather than less differentiated over time.

8. *Autonomy*—would not respond passively to demands from the outside and would not respond destructively or rebelliously to perceived demands.

9. *Adaptation*—the system's ability to bring about corrective change in itself is faster than the change cycle in the surrounding environment.

10. *Problem-solving adequacy*—has well developed structure and procedures for sensing the existence of problems, for inventing possible solutions, for deciding on the solutions, for implementing them, and for evaluating their effectiveness.

The study reported here was an attempt

[4] *Ibid.*, p. 13.
[5] *Ibid.*, pp. 18-21.

to determine whether there is a relationship between organizational health and change or innovation in schools. Do faculty members view their school's organizational health more positively in buildings that are characterized as being innovative?

Procedure

The authors chose 11 design, program, organization, or curriculum innovations, recognizing that these represent, at best, an arbitrary measurement of innovativeness. The 11 innovations were:

1. Flexible/Modular Scheduling
2. Differentiated Staffing
3. Team Teaching
4. Central/Subject Area Resource Centers
5. Large Group/Small Group/Independent Study
6. Curriculum Alternatives
7. Interdisciplinary Programs
8. Learning Packages
9. Behavioral Objectives
10. Short-Term Courses
11. Career Education.

The total population for the study was the 150 secondary schools holding membership in the Twin Cities Metropolitan Area Educational Research and Development Council of Minneapolis-St. Paul. A preliminary questionnaire was sent to each building principal to determine which of the 11 innovations were employed in one or more subject areas in his school.

Number of Innovations	Number of Schools
0	5
1	7
2	9
3	17
4	17
5	15
6	17
7	9
8	7
9	9
10	3
11	2
Does not apply	1

Figure 1. Innovations Per School

Main Effect	Dfn	Dfd	F-Ratio	Significance
Sex	2	1130	31.829	*
Position	4	1126	15.004	*
Age	5	1124	14.851	*
Total experience	5	1124	13.551	*
Degree	4	1126	16.079	*

* Significant at the .01 level.

Figure 2. Significance Due to Main Effects for Differences Between More Innovative and Less Innovative Schools

Replies were received from 118 building principals, for a return rate of 79 percent. The distribution of innovations per school is shown in Figure 1.

Two categories were then formed. One (least innovative) contained the 21 schools with either 0, 1, or 2 innovations present. The other (most innovative) included the 21 schools with either 8, 9, 10, or 11 innovations operative. From each of these two groups, 10 schools were selected at random. Both categories included five senior high schools and five junior highs.

The Organizational Health Description Questionnaire (OHDQ) was developed by the authors because no known instrument existed that would lend itself to the measurement of organizational health as defined by Miles. Tentative banks of statements were built for each characteristic. These banks were then scrutinized by professional colleagues for specificity, general readability and meaning, and applicability. From these revisions and further redefining by the authors, a final list of five statements for each characteristic was formed. This questionnaire was then administered to the faculty members ($N = 1134$) in the 20 schools at a preset meeting time.

Findings

Data were factor analyzed using a varimax rotation. Five factors were developed. The categories and a definition for each follow. The Miles characteristics they represent are shown in parentheses.

1. *Decision Making* (Optimal Power Equalization and Problem-Solving Ability): the extent to which a building administration involves staff in the decision-making process for solving problems.

2. *Interpersonal Relationships* (Cohesiveness and Morale): how the staff members feel about each other and their work.

3. *Innovativeness* (Innovativeness): how the staff members feel about trying new methods, new designs, and new programs.

4. *Autonomy* (Autonomy): how individual staff members perceive their ability to function in their various roles of teacher, leader, organizer, committee member, etc.

5. *School-Community Relations* (Communication Adequacy and Resource Utilization): how well the school staff members act and react with their surrounding environment.

Five main effects were tested for significance between more innovative and less innovative schools. Each of these effects proved to be significant, as shown in Figure 2, and *to favor the more innovative school.*

This table shows that males (as do females) in the more innovative schools view their organization's health more positively than males in the less innovative schools. The same result is true when principals, teachers, 20- to 29-year-olds, 30- to 39-year-olds, less experienced, more experienced, BA's, MA's, etc., are compared. An alternate explanation would be that the differences in organizational health between the more innovative and less innovative schools are found in all of the main effect tests and cannot be attributed to any particular one. These differences were found universally in all comparisons.

Factor	More Innovative	Less Innovative	F-Ratio	Significance
Decision making	1.99	2.35	95.581	*
Interpersonal relationships	1.94	1.94		*
Innovativeness	1.78	2.17	130.704	*
Autonomy	1.89	1.95	3.631	
School/community relations	2.09	2.21	17.776	*
Total	1.94	2.13	61.116	*

* Significant at the .01 level.

Figure 3. Comparison of Mean Scores of More Innovative and Less Innovative Schools on the Five Factors of Organizational Health

	Curriculum Generalist Only	Curriculum Specialist Only	Both	Neither
Population	33	14	46	25
More innovative sample	2	1	5	2
Less innovative sample	3	1	5	1
Total sample	5	2	10	3

Figure 4. Principals' Replies to Type of District Curriculum Personnel Employed

The five separate subtests and total criterion were analyzed. The numbers show the mean score on a scale of 1 (strongly agree), 2 (agree), 3 (disagree), 4 (strongly disagree) for each subtest and for both types of schools (Figure 3).

In addition to comparing faculty perceptions of the organizational health of more innovative and less innovative schools, there was a desire by the authors to secure information about curriculum personnel employed in the school districts in the Minneapolis and St. Paul areas. Questions were asked about the kinds of curriculum personnel employed by school districts, awareness of the availability of central office curriculum help, and the extent to which this help is available at the building level.

As indicated in Figure 4, five of the 20 schools included in the sample employed curriculum generalists only, and two employed subject area specialists only. Out of this sample, 10 schools employed both a curriculum generalist and subject area specialists, while three schools employed neither. The figures for the total population of 118 schools in the Minneapolis and St. Paul areas are found on the top line of Figure 4.

The faculties of the 20 schools were generally uncertain about the availability of district-wide curriculum personnel. In addition, the title and role responsibilities of

	Curriculum Generalists	Curriculum Specialists
Population of 118 building principals	5.6	3.7
20 building principals from sample	4.6	3.0
1134 respondents from sample	4.6	4.1

Figure 5. Visits by Curriculum Personnel to Secondary School Buildings

these curriculum personnel were in doubt. Thirty-six percent of the respondents in the more innovative schools agreed with their principals' statements about the kinds of curriculum personnel employed by their district. Forty-four percent of the respondents in the less innovative schools were in agreement with their principal about the kinds of help available to them.

The frequency with which building faculty members were visited by personnel from the district office varied somewhat. Figure 5 presents information about the mean number of visits per year by curriculum generalists and curriculum specialists in both the total population of 118 schools and the sample population of 20 schools.

Visits/year	Sample	Population
0-3	10 schools	51 schools
4-6	3 schools	5 schools
7-9	1 school	25 schools
10+	3 schools	12 schools
Not applicable	3 schools	25 schools
Totals	20	118

Figure 6. Visitation Records of Curriculum Personnel

A further breakdown of information reported by building principals in the 20 schools which comprised the sample plus the 118 buildings from the population indicates that curriculum personnel serving their building had visitation records as reported in Figure 6.

Conclusions

1. Faculty members do view their school's organizational health more positively in buildings that are characterized as being innovative. The most significant factors were decision making, innovativeness, and school-community relations. These results were consistent for each of the five main effects, that is, sex, position, age, total experience in education, and college degree held.

2. District-wide curriculum personnel suffer from a lack of exposure and poor communication. There is general uncertainty about role responsibilities for district-wide

curriculum personnel. Inconsistencies of responses to the questionnaire would also indicate general faculty unawareness of curriculum activities within their own school.

Observations

1. Instruments can be built to quantify concepts. Although initial attempts may be crude, they offer hope and direction for those who would build upon them. Local attempts should be made to study unique functions of the organization and to evaluate the objectives of the organization.

2. Because of the impreciseness of the instrument, some of the 10 characteristics of organizational health, as defined by Miles, were found not to be mutually exclusive. For this reason, the authors could not delineate specific measures for adaptation and goal focus. An alternate conjecture regarding the inability to measure goal focus is the state of the art in defining and communicating schoolwide goals.

3. Other questions need to be answered. Do healthy organizations cause change to happen? Or does change create healthier organizations? □