

The Impact of High-Involvement Practices on Organizational Health: An Empirical Study in Selected Iraqi Universities

Sajjad Salman Zeyad
sajjadsalmanzeyad@gmail.com

Rounaq Kaadhem Hussin Shubar
Rounaq.Hussin@qu.edu.iq

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Corresponding Author: Sajjad Salman Zeyad

Abstract: In the face of rapid changes in higher education, academic institutions have increasingly adopted high-involvement practices as crucial management strategies to engage faculty and improve performance. High-involvement practices encompass empowerment, information sharing, training and development, and rewards and are posited to strengthen organizational health is measured by seven dimensions: managerial efficiency, amicable power relations, human resource development orientations and practices, team orientation, organizational values, innovation, and last one is morale. Meanwhile, organizational health reflects an institution's capacity to maintain internal balance and adapt to change, characterized by leadership efficiency, amiable power relations, human resource development orientation, collective orientation, organizational values, creativity, and high morale. This study aimed to examine the impact of high-involvement practices on organizational health in three Middle Euphrates region universities (Al-Qadisiyah, Kufa, and Al-Muthanna). A descriptive-analytical methodology was adopted, with data collected via a structured questionnaire administered to 252 faculty members across these universities. The data were analyzed using SPSS (v26) and AMOS (v23). The results revealed a significant positive relationship between high-involvement practices and organizational health. Among the high-involvement dimensions, empowerment and information sharing emerged as the most influential, leading to notable improvements in creativity and faculty morale. These findings underscore the value of participatory, empowerment-based management in fostering a healthier academic work environment.

Keywords: High-Involvement Practices, Organizational Health, Middle Euphrates region universities (Al-Qadisiyah, Kufa, and Al-Muthanna).

Introduction: Universities today operate in an environment of rapid economic, social, and technological change, making organizational health a critical factor in their success. Organizational health – the dependent variable in this study – refers to an institution's ability to maintain internal equilibrium, adapt to external challenges, and sustain growth while ensuring the well-being of its members. In the context of higher education, this concept encompasses multiple dimensions, including managerial efficiency, constructive power relations, a strong orientation toward human resource development, effective teamwork, shared organizational values, an innovative climate, and high morale. Together, these elements reflect the strength and harmony of a university's internal environment, enabling it to withstand challenges and maintain a productive, healthy work atmosphere. To cultivate such organizational health, universities are increasingly turning to high-involvement practices as a modern approach to management. High-involvement practices – the independent variable – consist of a bundle of human resource strategies designed to actively engage employees in organizational processes, expanding their role from mere execution to participation in decision-making. The core dimensions of this approach include empowerment (shared decision-making and greater authority for faculty and staff), information sharing (transparent communication of goals and information), training and development (continuous professional development opportunities), and rewards (fair, performance-linked incentive systems). Underpinned by a philosophy of mutual trust between management and employees, these practices create an inclusive environment that fosters commitment, creativity, and alignment of individual goals with the university's mission. Each dimension reinforces organizational health – for example, empowering staff can elevate morale and efficiency, transparent information sharing builds trust and cohesion, ongoing training enhances innovation and engagement, and equitable rewards boost motivation and a sense of fairness. In theory, therefore, implementing high-involvement practices should directly strengthen the organizational health of a university. However, despite the intuitive appeal of this relationship, there is a clear research gap regarding high-involvement management and organizational health in the context of Iraqi higher education. Many universities in Iraq continue to operate with centralized decision-making and limited faculty

involvement, a legacy that can stifle morale, trust, and overall institutional vitality. To date, few empirical studies (particularly in the Arabic academic literature) have examined whether adopting practices like empowerment, information sharing, training, and rewards actually translates into improved organizational health in Iraqi universities. The absence of conclusive evidence in this context means that the positive impacts of high-involvement practices on university health are assumed rather than demonstrated. This gap in knowledge underscores the need for the present research and frames the central question: to what extent do high-involvement practices affect the organizational health of Iraqi universities? In response, this study offers a focused investigation of the high-involvement–organizational health nexus in selected Iraqi universities, providing both theoretical and practical insights. Theoretically, the research extends existing knowledge by exploring these constructs in a new cultural and organizational setting, thereby contributing to the limited literature on management practices in Middle Eastern higher education. It examines whether universal management principles hold true in the Iraqi university context, adding a distinct perspective to the academic discourse. Practically, the study holds significant relevance for university administrators and policy-makers. By illuminating how empowerment, open communication, employee development, and incentive systems relate to organizational health indicators (such as morale, teamwork, and efficiency), the findings can guide leaders in diagnosing strengths and weaknesses in their institutions' internal environment. This evidence-based understanding will help in designing targeted initiatives – from participative decision-making frameworks to improved reward and training programs – that enhance the health of academic organizations. In sum, by addressing the identified gap, the study not only advances scholarly understanding of high-involvement practices and organizational health in Iraqi universities, but also provides actionable recommendations to foster more resilient and high-performing higher education institutions.

First :Mithodology :

1. The Problem of the Study :

In last times, the universities in Iraq have faced continuous pressure to progress the quality of their administrative and academic performance within a changing environment fraught with multiple difficulties, opportunities, and challenges. Human resources are a conclusive asset for universities, yet their effective utilization remains limited consequent to persistent centralization of operations and the shortage of employee participation in decision-making. Employees, who form the basis for any organization, are at the base of the ladder. According to the researcher, this negatively impacts the total organizational health of these universities, affecting morale, trust, interpersonal relationships, and the sense of organizational equity . Conversely, high-involment practices has stand out as a modern and contemporary independent variable for effective human resource management. These practices incluod empowering employees, sharing information with them, involving them in decision-making, and providing appropriate development opportunities and incentives, just like that strengthening their integration with and trust in the university. In spite of this awareness, the application of these practices in the universities insid Iraq remains unclear. To the best of the researcher's knowledge, there is no final evidence from academic research to support their amplementation . Therefore, the research problem revolves around the following question, which the researcher considers the main question: What is the nature of the relationship between high-inclusion practices and organizational health in some universities at Iraqi?

Several important sub-questions stem from this main question, including:

- To what extent are high-inclusion practices available in the universities under study?
- What is the level of the organizational health in the universities that I study it ?
- What is the kind of the link between high-involvement practices, in their different dimensions, and organizational health, in its different dimensions, within at the Iraqi university that I study it ?

2. The Importance of the Study :

1. This study share in to Arabic research by examining the relationship between high-involment practices and organizational health in the Iraqi university environment. This farm has a limited number of studies, virtually in Arabic.
2. The study give a theoretical framework linking two dimensions: the first, an independent dimension in human resource management (high-involment practices), and the second, a fundamental concept in organizational behavior (organizational health), while clarifying the dimensions of each variable.
3. The study give a share in to the quantitative aspect of research in this farm by selecting highly recognized and scientifically validated measures for both high-inclusion practices and organizational health, and testing them in a new scientific and academic context—Iraqi universities—thus adding a distinct cultural and organizational dimension.
4. This study opens the door for researchers to explore other variables that may be related to or overlap with the two variables under study, such as job satisfaction, organizational commitment, and innovation .

3. Study Objectives:

In light of the research problem and its significance, this study aims to: To identify the nature of the relationship between high-inclusion practices and organizational health in selected Iraqi universities.

- a) To measure the level of availability of high-inclusion practices in the universities under study.
- b) To measure the level of organizational health in these universities from the perspective of the sample members.
- c) To diagnose the nature of the correlation between high-inclusion practices and their dimensions and organizational health and their dimensions in the universities under study.
- d) To reveal differences in the perception of high-inclusion practices and organizational health according to certain demographic variables (such as gender, academic title, length of service, and college).
- e) To present a set of practical recommendations that would enhance high-inclusion practices and improve the level of organizational health in universities.

4. Study Methodology :

Given the nature of the problem and its objectives, which focus on describing the level of the two variables and analyzing the relationship between them, the study employs the following:

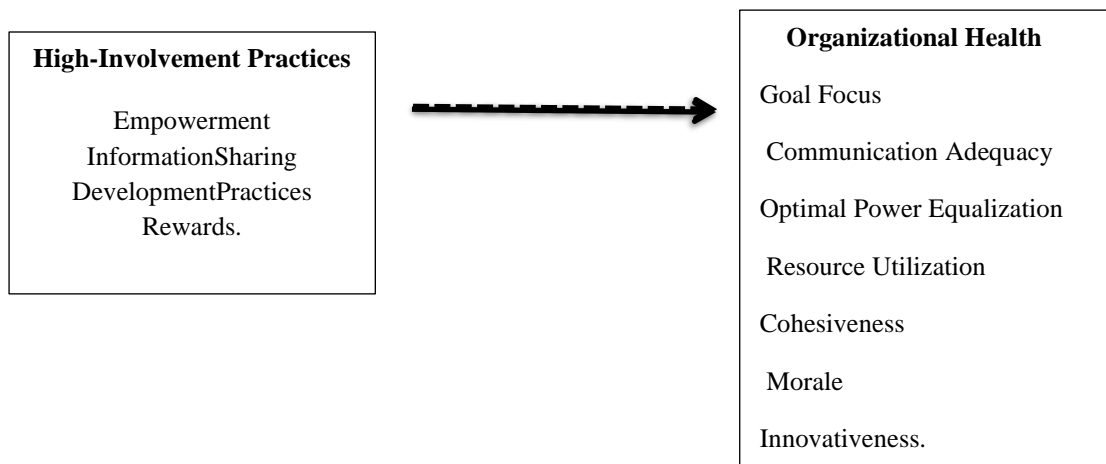
- a) Descriptive-analytical approach: to describe the reality of high-inclusion practices and organizational health in the universities under study using statistical indicators (means, standard deviations, and percentages).
- b) Correlational (partial-causal) approach: to analyze the nature of the relationship between high-inclusion practices and organizational health, using correlation coefficients and some inferential statistical analysis methods (such as simple or multiple linear regression and hypothesis testing).

A questionnaire that used as the tool for collection data from the sample in universitese , based on conformed scales for each of the two variables, adapted to suit the Iraqi university environment.

5. Study Population and Sample :

The study population consist of faculty members at three Iraqi universities at the Middle Euphrates region (Al-Qadisiyah University, Kufa University, and the last one Al-Muthanna University), as they are best status to understand the nature of high-involvement practices and organizational health in their work environments. the sample of faculty members from the colleges affiliated with the aforementioned universities will be selected using stratified random sampling (if possible), ensuring representativeness across colleges and disciplines. The questionnaire will be distributed to the sample members in paper or electronic format, then collected and its statistical validity verified before being entered into appropriate statistical software (such as SPSS or others) for data analysis.

6. The Hypothesized Model :



Sevinth : study Hypotheses :

Based on the findings of the theoretical literature and previous experimental results, a set of hypotheses was developed to guide this research, and these can be presented as follows:

H1: There is a positive and statistically significant relationship between High-Involvement Work Practices and Organizational Health.

H2: The dimensions of HIWP (empowerment, information sharing, training and development, and performance-based rewards) significantly influence the dimensions of Organizational Health.

Second: Theoretical framework :

1- High-involvement practices:

a- the concept of High-involvement practices:

High-involvement practices represent a contemporary orientation in human resource management that centers on giving employees real influence, involving them in decision-making, and building mutual trust within the organization. Lawler (1986, p:32) notes that these practices are grounded in a set of policies and procedures that equip employees with the authority, skills, and information they need to make work-related decisions. In doing so, they strengthen participation and elevate levels of commitment, satisfaction, and creativity. According to Guthrie (2001, p:182), High-involvement practices are typically expressed through four core components: participation in decision-making, information sharing, training and development, and performance-based rewards. When these components are integrated, they generate tangible improvements in both individual and team performance. Boxall and Macky (2009, p:9) further argue that the real impact of these practices becomes apparent when their elements operate as a coherent whole, such that empowerment, information, and rewards form a single, aligned system that supports sustained organizational outcomes. Empirical evidence reinforces this perspective. Kilroy et al. (2016, p:410) report that employees’ perceptions of high-inclusion practices are negatively related to burnout and positively related to well-being, suggesting that these practices can simultaneously enhance performance and support mental health. This underscores that high-inclusion practices are not merely technical management tools, but a broader philosophy that seeks to connect employee welfare with the demands of organizational effectiveness. In the context of higher education, adopting high-inclusion practices can offer faculty and staff wider opportunities to participate, express their views, and engage in transparent processes, while expanding their professional development prospects. This, in turn, helps universities pursue their academic missions more effectively. When professors and administrators feel that they have a genuine voice in curriculum development and are involved in discussions about policies and strategic directions, their sense of belonging and commitment grows, strengthening the institution’s ability to innovate and respond to emerging challenges. Accordingly,

Table (1) presents a set of definitions of High-involvement as discussed in the relevant literature.

Name of writer	Definition
(Kilroy et al., 2016, p: 2)	This concept refers to the significant impact achieved when there is harmony between the individual, the organization, and the job they perform, which is directly reflected in work results. The more an employee feels aligned with their work environment, the more their performance is enhanced, which positively impacts overall organizational performance..
(Boxall & Huo, 2022, p: 42)	It is an approach based on a set of practices that promote employee participation and develop their sense of responsibility, by developing their capabilities and encouraging them to present and implement their ideas, which ultimately leads to improved university performance and a competitive advantage..
(Yang et al., 2024, p: 2)	It is a set of human resources practices that work together to support the development of the organization, through developing employee capabilities, sharing information and knowledge, and rewarding performance, thereby enhancing employee engagement and supporting their commitment to their work.

(Source : Researcher’s compilation based on the literature review)

b- the importance of High-involvement practices:

High-involvement practices occupy a central place in contemporary organizations because of their role in raising job satisfaction, strengthening organizational commitment, and encouraging employees to engage in organizational citizenship behaviors. They are also viewed as powerful drivers of overall organizational performance (Voipio, 2015, p:2). Doody (2007, p:25) shows that when these practices are implemented appropriately, they can generate concrete improvements in performance by reducing staff turnover, enhancing the quality and efficiency of production, and lowering absenteeism rates. In addition, they stimulate employees to show higher levels of commitment, even in situations that require extra effort to achieve organizational objectives. The importance of High-involvement practices is further reinforced by their contribution to developing employees’ skills, boosting their motivation, facilitating the flow and exchange of information, and strengthening empowerment within the organization. Together, these outcomes support the provision of high-quality services, improve professional performance, and promote employee well-being. At the same time, however, the adoption of such practices may increase workloads, which makes it essential to provide adequate organizational and supervisory support to ensure they are used effectively and to limit any potential negative consequences (Yang et al., 2024, p: 2–3). Moreover, High-involvement practices can be regarded as a strategic organizational resource that responds to employees’ motivational needs and enables them to carry out their tasks more

effectively. Nonetheless, they may also give rise to some unintended outcomes, such as a decline in job satisfaction, particularly when there is a gap between managerial promises and the day-to-day realities that employees experience in the workplace (Elorza et al., 2022, p: 12). Lawler's PIRK model represents the optimal framework for high-inclusion practices because it focuses not on a single dimension but on four integrated dimensions essential for effective employee empowerment.

c- Dimintion of High-involovmant practices:

This model emphasizes that simply giving employees the power to make decisions is insufficient; it must be accompanied by granting them real influence over work outcomes, providing them with the necessary resources to implement their decisions, and equipping them with the required knowledge and information. This integration ensures that employees not only possess responsibility but also the skills and tools necessary to succeed and achieve higher levels of performance. Based on the study by Kilroy et al. (2016), which found that empowerment, information sharing, development practices, and rewards are the basic practices of high inclusion, and as confirmed by most studies on high inclusion practices (Kilroy et al., 2016), the researcher chose the scale of Kilroy et al. (2016) because of its reliability, suitability to the current study environment and the society under study, the integration of its dimensions, and because it is the best for measuring high inclusion practices, in addition to being the model of the current study in terms of its explanation of the relationship with the other variables of the current study.and these dimantion are: Empowerment , Information Sharing , Development Practices ,Rewards.we will explain them:

1- Empowerment:

Empowerment is a key dimension of high-inclusion practices, reflecting a qualitative shift in human resource management philosophy from a traditional bureaucratic model to one focused on active participation and employee empowerment in the workplace. Kilroy et al. (2016) argue that empowerment within the PIRK framework is not simply about granting authority, but rather about enabling individuals to make decisions related to their daily work, thereby fostering a sense of autonomy and responsibility, supporting positive interaction with the organization, and contributing to reduced burnout (Kilroy et al., 2016, p: 5). The researcher defines empowerment as the core of high-inclusion practices and the driving force behind their realization. It transforms employees from mere task performers into active partners in achieving organizational goals by granting them the trust, information, authority, and tools they need to contribute effectively to the organization and create a work environment that encourages participation, innovation, and commitment. High-inclusion practices are not simply an initiative for inclusivity but a management approach aimed at engaging every individual in performance management. Therefore, empowerment can be defined as a purposeful management process that grants employees greater authority in making decisions related to their work and provides them with the necessary resources and support to enhance their sense of self-responsibility and ability to contribute effectively to achieving organizational goals, leading to improved and sustainable performance.

2- Information Sharing:

Based on contemporary human resources literature, information sharing is a central pillar of high-inclusion practices, as outlined in Lawler's PIRK model (1986). This dimension is not limited to simply transferring data between organizational levels; rather, it serves as a key support for building transparency and enhancing employees' understanding of the surrounding strategic and organizational context. This dimension reflects management's commitment to engaging employees in core processes by providing them with accurate and timely information about objectives, challenges, and ongoing projects. Information sharing has been defined as a set of activities through which information is provided to others, either proactively or upon request, in a way that influences their perception and contributes to a shared and consistent understanding of the nature of the work (Savolainen, 2017, p:2). It was also defined in a study (Savolainen, 2017, p: 2) as information sharing being an open attitude of individuals to share necessary information with partners honestly, enthusiastically and reliably, thereby enhancing trust and constructive interaction between them. Researchers consider information sharing a fundamental pillar that ensures every individual in an organization feels part of the system and contributes effectively to achieving its goals. This is accomplished through policies and procedures such as transparency in administrative decisions, which helps in understanding organizational directives, access to data and statistics, and facilitating cooperation and teamwork, ultimately leading to improved performance. Based on the above, information exchange can be defined as a structured and dedicated process aimed at providing strategic and operational information to employees at all levels within the organization. This enables them to participate effectively in decision-making, enhances the organization's goals and vision, and empowers them to make independent decisions.

3- Development Practices:

Based on the PIRK model proposed by Lawler (1986), this dimension is a crucial component of high-inclusion practices, playing a fundamental role in developing employees' professional and cognitive abilities. It is defined as a set of organized and planned activities aimed at improving employees' skills, knowledge, and abilities to meet current and future job requirements (Noe et al., 2014, p: 247). It is also defined as an ongoing process that provides employees with formal and informal learning opportunities to enhance their individual and collective performance in line with the organization's strategic objectives (Werner & DeSimone, 2012, p:11). The researcher difind Development practices represent the core of genuine human capital investment within an organization. They transform knowledge into competence and skills into sustainable productive value. These practices contribute to capacity building and foster long-term resilience and innovation. Their integration with other dimensions of high-inclusion practices is evident when development becomes a product of empowerment, a goal of information exchange, and a well-deserved basis for a fair reward system. Based on the above, development can be defined as: a set of organizational activities and policies adopted by an organization to enhance employee efficiency and develop their cognitive, skill-based, and behavioral capabilities, enabling them to adapt to current work requirements and future changes. These practices include continuous training, education and professional development, providing mentorship and guidance opportunities, creating clear pathways for promotion and career advancement, as well as supporting innovation and developing individual and collective capabilities.

4- Rewards:

Within the PIRK model developed by Lawler (1986), the reward dimension is a fundamental aspect of high-inclusion practices. This dimension focuses on formally recognizing employee contributions and appreciating their efforts beyond purely financial frameworks. A reward is defined as the incentive for performing a desired behavior; that is, positive reinforcement (Aksakal & Dağdeviren, 2014, p. 1203). Rewards are any payments or privileges granted to an individual or group for performance within a pre-established work arrangement (Ssenyonga, 2018, p. 33). Operationally, rewards have been defined as the cornerstone that ensures employees who contribute most to the organization's success are rewarded in proportion to their efforts, thereby enhancing their sense of responsibility, motivating them to greater innovation and initiative, and ultimately positively impacting organizational performance. Rewards have also been defined as the cornerstone that ensures employees who contribute most to the organization's success are rewarded commensurate with their efforts, thereby fostering a sense of responsibility, encouraging innovation and initiative, and ultimately positively impacting organizational performance. From the above, it can be said that rewards are a set of practices and systems that aim to link the performance of employees and their individual and collective contributions in a fair and tangible way to the goals of the organization and its success through the design of compensation and incentive structures, promoting motivation and commitment, and encouraging them to make additional efforts that go beyond the basic job requirements.

2- organizational health

a- the concept of organizational health:

The notion of organizational health was first introduced by Miles (1969, p:378), who portrayed a healthy organization as one that is able to reconcile internal stability with the capacity to adjust to external conditions. Such organizations typically display flexible structures, clear and effective communication channels, and constructive human relationships. Over time, the concept has developed into a multidimensional perspective that reflects an organization's vitality, resilience, and the ethical climate that governs interactions within it. Hoy and Feldman (1999, p: 35) offered a more elaborate model of organizational health, outlining several key dimensions, including management efficiency, patterns of authority, orientation toward human resource development, collective orientation, shared organizational values, creativity, and morale. Taken together, these dimensions signal the extent to which an organization succeeds in balancing the pursuit of its formal objectives with responsiveness to the needs and expectations of its members. Sayeed and Shukla (1985, p:127) further argue that a healthy organization is one in which cooperation and innovation are encouraged, authority is exercised with fairness and respect, and employees feel a strong sense of alignment with the organization's mission. In the context of academic institutions, this is reflected in supportive leadership, open channels of communication, and an environment that promotes excellence in teaching and research. Organizational health thus serves as a crucial indicator of an institution's long-term sustainability and adaptive capacity. Universities characterized by high levels of organizational health tend to enjoy greater stability, experience lower rates of staff turnover, encourage teamwork, and respond more effectively to changes in public policy, funding structures, or technological developments.

Preserving this level of health requires sustained investment in human-centered management systems, including high-inclusion practices. In this regard,

Table (2) presents a set of organizational health definitions reported across the relevant literature.

Name of writ	Difination
(Miles, 1969, p:375)	The organization’s capacity to carry out its activities effectively and efficiently, while continuously developing in response to ongoing changes, in a manner that supports the building of an integrated system oriented toward the achievement of its predetermined goals.
(Alashkar & Al-Kasasbeh, 2022, p:118)	The organization’s capacity to adjust to its surrounding environment, foster collaboration among its members, and attain its objectives efficiently, while giving due attention to key dimensions such as communication, trust, cohesion, goal orientation, and creativity.
(Jaafari et al., 2023, p:6)	The organization’s capacity to adapt to change while sustaining high levels of performance, through the promotion of a healthy, sustainable work culture that endures over the long term.

(Source : Researcher’s compilation base d on the literature review)

b- the importance of organizational health :

Organizational health plays a pivotal role in enabling employees to expand their skills and knowledge by reinforcing higher levels of job commitment (Yuceler & Kaya, 2013, p:781). A healthy organizational climate also enhances employee performance by strengthening their motivation to work toward organizational goals (Bevans & Philp, 2007, p:294). In this sense, organizational health is a key precondition for achieving effectiveness and excellence, as it is grounded in creating a supportive work environment that allows individuals to employ their capabilities in ways that advance the organization’s objectives (Ghorbani & Rezvani, 2012, p: 694). Moreover, organizational health reflects a combination of structural and cultural features that foster long-term stability, limit internal conflict, and reinforce the organization’s capacity for resilience and productivity (Ghorbani et al., 2012, p:694). Organizations that enjoy high levels of organizational health are distinguished by their ability to address problems at their roots and in a sustainable manner, rather than relying on short-term and provisional remedies. This is made possible through the use of sound management practices that support the development and continuous improvement of work processes (Henderson et al., 2005, p:54). In addition, organizational health strengthens an organization’s ability to retain high-performing employees, build trust between management and staff, and facilitate the circulation and sharing of knowledge within the institution (Bottiani et al., 2014, p:81). It also contributes to reducing employee burnout (Bahramian & Saeidian, 2013, p:149) and to raising overall morale among employees (Kipfelsberger et al., 2016, p:470).

c- Dimensions of Organizational Health:

This study relied on the Singh & Jha (2017) scale to measure the dimensions of organizational health. This scale is considered a modern tool that has reconstructed the concept in a more integrated and consistent manner, aligning with contemporary trends in human resource management and organizational behavior. The researchers developed this scale based on a comprehensive review of previous models, beginning with Miles (1965), who formulated the initial concept of organizational health as the organization’s ability to adapt, grow, and maintain its internal equilibrium. Subsequently, Sayeed (1996) presented a more applicable model for the university work environment, reconstructing the proposed dimensions of the organizational health concept to reflect the reality of educational institutions, focusing on leadership, efficiency, and human relations. Based on these models, Singh & Jha (2017) developed a comprehensive quantitative scale that employs exploratory and confirmatory factor analysis to determine the true structure of the organizational health concept. The researchers combined the dimensions of previous models and added two new dimensions: innovation and morale. This resulted in a scale comprised of seven interconnected dimensions representing the core of healthy organizational life: managerial efficiency, amicable power relations, human resource development orientation, team orientation, organizational values, innovation, and morale. Statistical analysis demonstrated that this scale possesses a high degree of reliability and validity (CR = 0.99, AVE = 0.84), making it a standardized tool applicable in both academic and industrial institutions. The researchers maintain that the selection of these seven dimensions was not arbitrary, but rather stemmed from the need to construct a model linking organizational health with modern management practices that promote participation, empowerment, and employee development. They emphasized that organizational health is only achieved when leadership and human resource practices are based on inclusivity, open information, fair rewards, and continuous training (Singh & Jha, 2017, p: 12). These principles directly align with the content of High-Involvement Work Practices, the independent variable in this study. These practices are based on involving employees in decision-making, developing their skills, and valuing their contributions, thereby enhancing their commitment and organizational satisfaction. The researcher believes that adopting the Singh & Jha (2017) scale for measuring

organizational health is the most theoretically and methodologically appropriate for this study. This scale addresses organizational health as an integrated system where leadership, human resources, social relationships, and organizational values interact to generate a healthy environment capable of translating high-involvement practices into tangible results in sustainable performance. Furthermore, it is consistent with the nature of the Iraqi university environment, which requires measurement tools that consider human, cultural, and administrative characteristics simultaneously. Therefore, the selection of this scale aims not only at measurement but also at constructing a comprehensive scientific explanation of the relationship between high-involvement practices, organizational health, and sustainable organizational performance. We will explain them :

1- Managerial Efficiency:

Managerial efficiency is a fundamental concept that distinguishes effective organizations. It expresses a manager's ability to utilize their skills, experience, and organizational knowledge to direct resources and achieve goals efficiently and confidently. It is not merely a technical or behavioral skill, but rather represents a deep belief in the manager's ability to influence their environment and make appropriate decisions at the right time. Managerial efficiency is demonstrated in a manager's ability to leverage available resources within the organization and mobilize collective energies to ensure results, even in complex situations (Zhang & Welch, 2022, p. 1195). Managerial efficiency also reflects a manager's effectiveness in managing time and tasks and coordinating efforts among individuals, which is reflected in the quality and effectiveness of organizational performance (Lušňáková et al., 2021, p. 166). The researcher believes that managerial efficiency represents the essential foundation for an organization's success in transforming its practices into effective realities that contribute to improving and sustaining its performance. It enables leadership to balance work demands with ensuring employee well-being and a stable internal environment. It also forms the foundation for building an organizational culture based on trust and shared responsibility. Through it, a positive work environment emerges, capable of continuous development and adaptation.

Based on this, managerial efficiency can be defined as (the set of capabilities, skills, and knowledge possessed by employees within an organization, enabling them to optimally and effectively utilize available resources (human, material, financial, and informational) to achieve organizational goals with high efficiency and effectiveness. It is a vital indicator of the strength of an organization's administrative structure and its capacity for adaptation, sustainability, and achieving outstanding performance, reflecting the overall health of the organization's internal environment).

2- Ambitious Power Relations:

Ambitious power relations are a fundamental dimension in building organizational health, as they reflect the nature of power use within the organization in a way that is characterized by cooperation and mutual respect between different management levels. Singh (2017, p: 12) explained that this dimension refers to the exercise of managerial influence in an amicable manner between managers and employees, where power is used as a tool for interaction and participation, not as a means of control. This contributes to strengthening social bonds within the organization and fostering a culture of cooperation. The researchers believe that amicable power relations are an indicator of organizational maturity because they give employees a sense of belonging and trust, and create a psychological climate that supports collective performance and job harmony (Singh, 2017, p: 12). A study by (van Baarle2024, p: 14) argues that authority in modern organizations is no longer understood as a means of domination, but rather as an enabling power employed to facilitate communication, generate intrinsic motivation, and achieve a balance between discipline and freedom in the workplace. The researcher believes that amicable power relations represent the deepest dimension of organizational health in Iraqi universities because they translate high-inclusion practices into genuine interaction built on respect and participation. When power is exercised amicably, empowerment, information sharing, and development become practical tools, not mere organizational slogans. This type of relationship also fosters mutual trust and strengthens professional bonds, which is reflected in sustainable organizational performance by increasing commitment and belonging and stimulating institutional innovation. Based on this, friendly power relations were defined as (the ability of an organization to achieve an optimal balance of power through a sound and balanced mechanism by which influence and authority are distributed, exercised, and accepted within the organization, as these relations are characterized by mutual respect, transparency, cooperation, and positive guidance rather than coercion or absolute control).

3- Human Resource Development Orientation/HRD Practices Orientation:

Human resource development practices are a fundamental component of organizational health, reflecting an organization's commitment to investing in its human capital as the true key to achieving effective performance and sustainability. Uddin (2016, p:132) explained that human resource development practices represent a set of organized

activities aimed at developing employees' knowledge, skills, and behaviors, thereby enhancing organizational efficiency and improving productivity. The researcher emphasized that these practices are not limited to formal training but also include building a culture of continuous learning that encourages individuals to interact and take initiative within a supportive organizational environment. The researcher believes that an orientation towards human resource development forms the core of sound organizational structure, representing the link between continuous improvement and managerial innovation. The more deeply rooted a human development culture is adopted by management, the greater its ability to face challenges and enhance its competitiveness. These practices provide an environment that empowers individuals to unleash their potential and contribute effectively to achieving shared goals, making them a crucial factor in sustaining organizational performance and the quality of outputs. They are thus defined as: improving employees' capabilities, knowledge, skills, and behaviors at both the individual and organizational levels. This includes onboarding new employees to the organizational culture, implementing ongoing training and development programs, performance management, and career planning, all aimed at ensuring the availability of competent human capital capable of adapting to changes and achieving the organization's long-term strategic objectives.

4- Collective Orientation:

Collective orientation is a crucial dimension of organizational health. It reflects the extent to which individuals within an organization prioritize collaborative work and shared interests over individual achievement and self-interest. Triandis (2001, p. 909) defined collective orientation as the cognitive and behavioral tendency that leads individuals to see themselves as part of an interconnected network of relationships, measuring their success by their contribution to the group's success. He emphasized that this orientation fosters cooperation and solidarity while reducing selfish individualism. The researcher believes that collective orientation represents the essence of organizational harmony, transforming individual efforts into a unified collective force that strengthens cooperation and trust and reduces conflict. It is the framework that makes decisions a shared responsibility and contributes to a healthy and stable work environment that supports high-quality and sustainable performance. It has also been defined as the degree to which an organization encourages, rewards, and supports collective behaviors and outcomes alongside individual achievements. It represents the shared values that place the interests of the team as a single unit above the interests of its individual members, thus promoting cohesion, cooperation, knowledge sharing, and shared responsibility among employees to achieve organizational goals.

5. Organizational Values:

Organizational values are a cornerstone of building organizational culture. They embody the ethical and normative framework that guides individual behavior and governs administrative decisions within the organization. They express the beliefs and principles that define what is important and right at work, providing a common foundation that unites individual orientations toward achieving organizational goals. Taher (2023, p. 6) explained that organizational values represent the intellectual and ethical framework upon which decisions and behaviors within the organization are based, and that their practical application contributes to building a sustainable reputation and a competitive advantage that extends beyond mere financial performance to cultural stability. The researcher believes that organizational values represent the deep ethical structure that links organizational goals with human behavior in the workplace. The clearer and more shared these values are among employees, the greater the organization's ability to achieve a balance between operational efficiency and social justice. Values also contribute to transforming administrative decisions into ethical behavior practiced daily, creating an environment characterized by belonging, trust, and shared responsibility. Having a strong value system is not just a cultural phenomenon, but an effective variable that establishes a healthy and sustainable organizational culture that supports institutional cohesion and long-term performance excellence. It has been defined as: a set of basic principles, beliefs, and ethical standards that determine and guide the behavior of individuals, decision-making processes, and the way an organization interacts with its internal and external environment.

6- Creativity:

Creativity is a fundamental dimension in building organizational health, as it represents the intellectual energy that enables an organization to continuously renew and adapt to its changing environment. Creativity is not limited to generating new ideas, but extends to the ability to formulate distinctive and viable solutions that can be implemented within the work environment. According to Anderson, Potočník & Zhou (2014, p. 1298), creativity is defined as the ability to produce new and relevant ideas that contribute to improving processes, services, or products within the organization. It is a dynamic process that embodies the human dimension in change management. The researcher believes that creativity is the lifeblood of organizational health. It is the mechanism that transforms human and cognitive

capabilities into a real force that enhances performance efficiency and establishes a culture of free and responsible thinking. When an environment that encourages initiative and openness is present, creativity becomes a collective, rather than an individual, behavior, thus strengthening organizational resilience and long-term sustainability. From this perspective, creativity is not an organizational luxury, but rather an indicator of a healthy organization and a testament to its vitality and resilience in the face of challenges. It has been defined as: the organized and intentional ability of an individual, group, or entire organization to generate new and unconventional ideas, develop unconventional working methods, and create individual and collective solutions, provided that these ideas or practices are valuable, beneficial, and applicable.

7. Morale:

Morale is a fundamental dimension of organizational health, reflecting the psychological and social state of employees and their level of satisfaction and belonging to the organization. Singh & Jha (2017, p. 19) indicate that morale represents the positive energy that motivates employees to achieve organizational goals and reflects feelings of belonging, appreciation, and mutual trust. They emphasize that it is one of the most important components of organizational health, granting the organization resilience and the ability to withstand challenges. The researcher believes that morale represents the human essence in the concept of organizational health; it is not merely a psychological reflection but an internal force that drives cooperation and productivity within the organization. High morale transforms the work environment into a voluntary system of shared effort and enhances trust, satisfaction, and belonging among employees. Conversely, low morale weakens positive interaction and reduces organizational stability. Therefore, its development requires fair leadership, open communication, and a supportive organizational culture based on appreciation and participation. Based on this, it has been defined as: the collective attitude and general satisfaction of individuals towards their environment, their work, and their shared goals. And the extent to which the group is willing to work together, endure hardships, and persevere in order to achieve the common goal.

3- Linking High-Involvement Work Practices and Organizational Health

The theoretical link between high-involvement work practices and organizational health is grounded in Blau's (1964) social exchange theory. This perspective suggests that reciprocal exchanges between employees and the organization generate a cycle of mutual benefit: when management provides empowerment, transparent communication, and fair rewards, employees respond with greater trust, stronger commitment, and higher levels of discretionary effort—outcomes that are widely recognized as core indicators of organizational health. Kilroy et al. (2016, p. 411) show that such practices help to shape a positive psychological contract between employees and their organization, which in turn reduces stress and enhances vitality in the workplace. In a related vein, Boxall and Macky (2009, p. 12) argue that broad-based employee participation strengthens social cohesion and contributes to a more robust and stable organizational identity. Hoy and Feldman (1999, p. 37) similarly contend that participative leadership styles are among the key antecedents of high morale and creativity, both of which are defining features of a healthy organization. In higher education settings, this relationship is particularly evident in systems of participatory governance and the involvement of faculty members in academic and administrative decision-making. When academics perceive that their views are taken seriously and that they have a meaningful role in shaping policies and strategies, their enthusiasm and willingness to collaborate increase, as does their capacity to manage pressures and challenges—factors that are integral to organizational health. Accordingly, high-involvement practices should not be viewed solely as administrative techniques; rather, they constitute a comprehensive framework for supporting and sustaining organizational health, enabling universities to preserve educational quality, advance scientific research, and reinforce their societal contributions.

Third: The Practical Side of the Study:

On the practical side, the researcher presents an experimental analysis of the study variables (high-involvement practices and organizational health) by utilizing area data gained from three Iraqi universities in the Middle East region: Al-Qadisiyah, Kufa, and Al-Muthanna. This analysis marks the suitability of the proposed model and the range to which the data supports the research hypotheses, depend on the SPSS (version 26) and AMOS (version 23) statistical analysis software.

The statistical step employed inclusive data allocation and normality tests, in addition to confirmatory factor analysis (CFA) to validate the implied structure of the study variables and impose the reliability and validity of the measurement instruments. More over , this side too up descriptive and diagnostic statistics for the two variables, analyzes correlation , coefficients between them, and tests the hypotheses through structural equation modeling (SEM). This analytical

strategy can do the derivation of accurate results that accurately mirrored the prevailing conditions in the universities under study.

– **Testing the Normality of the Data:**

Kolmogorov-Smirnov test it used for assess the conformity for variable's data to a normal distribution. When the significance value (Sig.) was greater than 0.05, the data distribution was considered normal.

Table (4.1) Kolmogorov–Smirnov Test for Normality

Variable	N	Statistic	Sig.	Distribution
High-Involvement Practice	252	0.054	0.200	Normal
Organizational Health	252	0.071	0.138	Normal

(Source: Researcher’s calculations using SPSS v.26)

Table (4.1) indicates that all significance values are greater than 0.05, confirming that the data follow a normal distribution.

1. Confirmatory Factor Analysis (CFA)

Confirmatory factor analysis was carried out to assess construct validity and to ensure that the adopted indicators adequately represent their underlying theoretical dimensions. This analysis was performed using AMOS (version 23).

B-1- Confirmatory Factor Analysis for High-Involvement Practices

High-involvement practices were modeled as a four-dimensional construct comprising empowerment, information sharing, training and development, and rewards, with each dimension measured by three indicators.

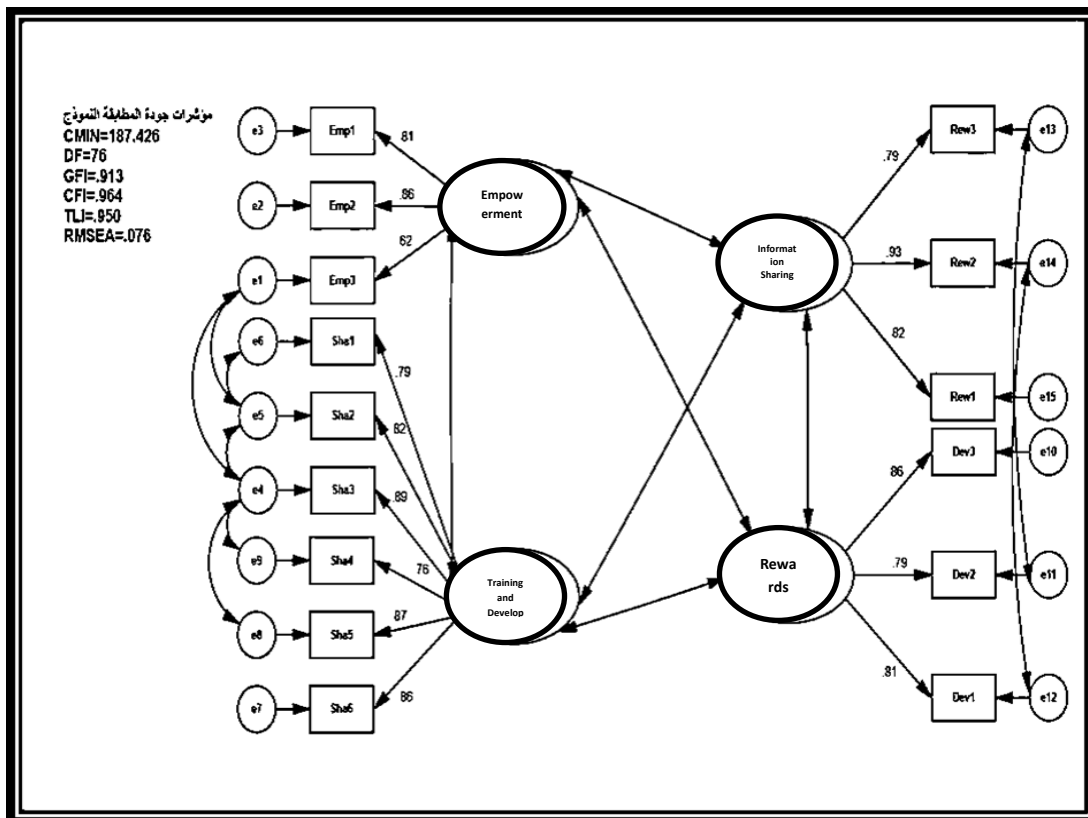
Table (4.2) Results of Confirmatory Factor Analysis for High-Involvement Practice

Dimension	Item	Standardized Loading	C.R.	AVE	Decision
Empowerment	E1	0.79	0.87	0.61	Accepted
	E2	0.76			
	E3	0.81			
Information Sharing	I1	0.74	0.88	0.63	Accepted
	I2	0.78			
	I3	0.83			
Training and Development	T1	0.68	0.85	0.59	Accepted
	T2	0.71			
	T3	0.79			
Rewards	R1	0.66	0.82	0.58	Accepted
	R2	0.69			
	R3	0.77			

(Source: Researchers output using AMOS v.23)

Table (4.2) shows that all items achieved standardized factor loadings greater than 0.60. The model also demonstrated good fit to the data, as indicated by the following indices: $\chi^2/df = 2.09$, GFI = 0.93, AGFI = 0.90, CFI = 0.96, TLI = 0.95, and RMSEA = 0.053.

Figure (4.1) CFA Model for High-Involvement Practice



b-2- Confirmatory Factor Analysis for Organizational Health:

Organizational health is represented by seven dimensions: leadership efficiency, amiable power relations, HRD orientation, collective orientation, organizational values, creativity, and morale. The results of the confirmatory factor analysis for these dimensions are summarized in Table (4.3).

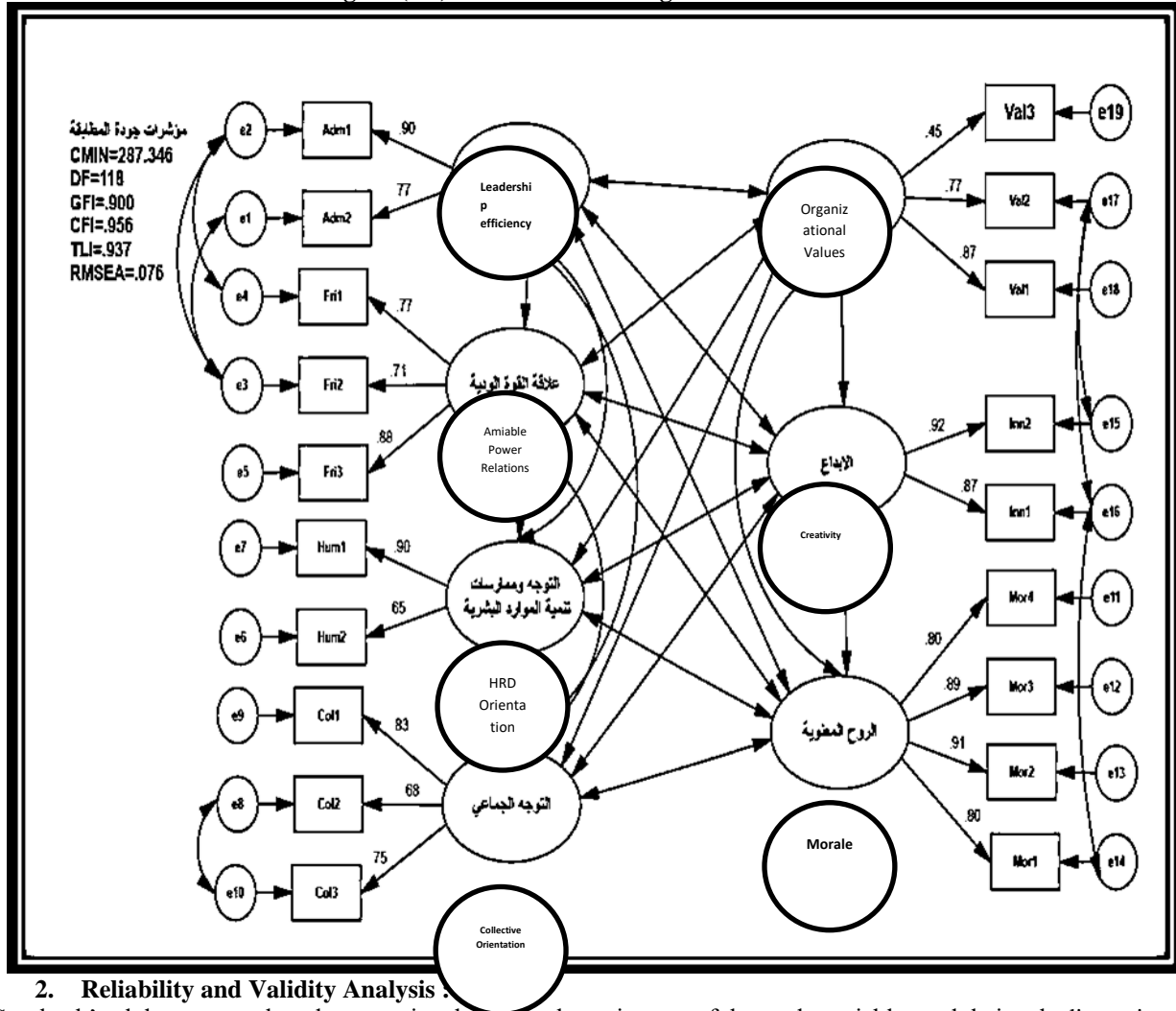
Table (4.3) Results of Confirmatory Factor Analysis for Organizational Health

Dimension	Item	Standardized Loading	C.R.	AVE	Decision
Leadership Efficiency	L1	0.81	0.89	0.62	Accepted
	L2	0.76			
Amiable Power Relations	A1	0.74	0.88	0.59	Accepted
	A2	0.70			
HRD Orientation	H1	0.72	0.86	0.56	Accepted
	H2	0.75			
Collective Orientation	C1	0.69	0.84	0.55	Accepted
	C2	0.67			
Organizational Values	V1	0.71	0.83	0.54	Accepted
	V2	0.66			
Creativity	CR1	0.64	0.82	0.51	Accepted
	CR2	0.70			
Morale	M1	0.63	0.80	0.50	Accepted
	M2	0.74			

(Source: Researcher's output using AMOS v.23)

It is show from Table (4.3) that all of dimensions achieved acceptable loading values. Fit indices were $\chi^2/df = 2.17$, GFI = 0.91, AGFI = 0.88, CFI = 0.94, TLI = 0.93, RMSEA = 0.056.

Figure (4.2) CFA Model for Organizational Health



2. Reliability and Validity Analysis

Cronbach’s alpha was employed to examine the internal consistency of the study variables and their sub-dimensions. As shown in Table (4.4), the coefficients range from 0.74 to 0.97, which reflects a high level of reliability.

Table (4.4) Cronbach’s Alpha Coefficients for Study Variables

Main Variable	Sub-Dimension	Cronbach’s Alpha	Reliability Level
High-Involvement Practice	Empowerment	0.81	High
	Information Sharing	0.93	Very High
	Training and Development	0.86	High
	Rewards	0.88	High
	Organizational Health	Leadership Efficiency	0.82
	Amiable Power Relations	0.81	High
	HRD Orientation	0.74	Acceptable
	Collective Orientation	0.84	High
	Organizational Values	0.72	Acceptable

Creativity	0.89	Very High
Morale	0.91	Very High

(Source: Researcher’s output based on field data)

3. Descriptive and Diagnostic Analysis

Table (4.5) presents the descriptive statistics for High-Involvement Practice and its dimensions.

Table (4.5) Descriptive Statistics for High-Involvement Practice

Dimension	Mean	Std. Deviation	Level	Rank
Empowerment	4.09	0.68	High	1
Information Sharing	4.03	0.71	High	2
Training & Development	3.82	0.74	Moderate	3
Rewards	3.70	0.81	Moderate	4
Overall High-Involvement Practice	3.91	0.73	High	-

Table (4.6) presents the descriptive statistics for Organizational Health and its dimensions.

Table (4.6) Descriptive Statistics for Organizational Health

Dimension	Mean	Std. Deviation	Level	Rank
Leadership Efficiency	4.11	0.67	High	1
Amiable Power Relations	4.05	0.70	High	2
HRD Orientation	3.92	0.72	High	3
Collective Orientation	3.88	0.77	Moderate	4
Organizational Values	3.83	0.75	Moderate	5
Creativity	3.79	0.73	Moderate	6
Morale	3.70	0.80	Moderate	7
Overall Organizational Health	3.87	0.74	High	-

e) Correlation Analysis and Hypotheses Test (SEM)

Pearson correlations were calculate to distinguish the relationships between the main variables. All point were positive and significant at the 0.01 level.

Table (4.7) Correlation Coefficients between High-Involvement Practice and Organizational Health

Variables	OH	Leadership	Relations	HRD	Values	Creativity	Morale
High-Involvement Practice	0.712**	0.678**	0.691**	0.653**	0.612**	0.587**	0.561**

** Correlation is significant at the 0.01 level.

Table (4.8) Summary of Hypotheses Testing (SEM Path Coefficients)

No.	Hypothesis	β	T	Sig.	Result
H1	High-Involvement Practice → Organizational Health	0.73	17.463	0.000	Supported
H2	Empowerment → Organizational Health	0.69	14.320	0.000	Supported
H3	Information Sharing → Organizational Health	0.66	13.880	0.000	Supported
H4	Training & Development → Organizational Health	0.63	12.550	0.000	Supported
H5	Rewards → Organizational Health	0.58	10.940	0.000	Supported

The SEM fit indices were $\chi^2/df = 2.24$, GFI = 0.91, CFI = 0.94, TLI = 0.93, RMSEA = 0.056, indicating an acceptable overall model fit.

4. Summary of the Practical Results

The results explain that the measures used in the study possess have strong validity and reliability. Furthermore, descriptive statistics mark high levels of participatory practices within the organization, with clear exponent of organizational well-being. More over, the researcher believes that correlation analyses and structural equation modeling show that highly participatory practices have a positive impact on organizational well-being.

Fourth: Conclusions and Recommendations:

a- Conclusions:

1- The descriptive analysis detect a high level of involment practices incide the colleges inclusive in the study sample, with an total average of (3.79) and a close importance of (76%). The sub-dimensions were rank as follows: reward in the first level , followed by empowerment in the second , then development practices, and final level , information sharing. This mark to that the university work environment clearly count on inclusive management methods that backup and encourage individuals.

2- The descriptive analysis give us a high level of organizational health in the colleges, inclusive in the study sample, with an total average of (3.90) and a close importance of, (78%). Creativity come first, followed by group orientation in second place, then morale, then administrative efficiency, then organizational values, then friendly power relations, and in the final, human resource development orientation and practices. This morrerd an organizational environment characterized by a good degree of efficiency, positive relationships, and group motivation.

3- The connection results say that the sub-hypothesis linked to the empowerment dimension, as a statistically significant positive correlation was exist between empowerment and organizational health. This mark that expanding the authority of faculty members and staff and involving them in decision-making contributes to enhancing administrative efficiency and improving the climate of relationships and values within colleges.

4 The results offaring a strong and statistically big positive linkage between information sharing and organizational health. This dimension was relate with organizational health with a high and significant linkage coefficient at the 99% trust level, supported that transparent information swap between leaders and, individuals is a focal factor in establishing a healthy organizational environment.

5- The results back up the sub-hypothesis linkage to the development practices dimension, as a significant positive linkage was found between the dimension and organizational health. This mark that investment in continuous training and development for employees is relate with improved elements of organizational health, like administrative efficiency, and teamwork, and morale.

6- The results show tool up the validity of the sub-hypothesis linkage to the dimension of reward, as a statistically presumed positive linkage appeared between reward systems and organizational health, mostly in light of the high correlation coefficient and significance level ($\text{Sig} \leq 0.01$), that means that the fairness of incentives and their connection to performance contribute to promote morale and organizational values within universities.

b- Recommendations

1- Develop a outline to take on high-involment practices : The researcher believes that university administrations should based high-involment practices as amajor administrative and moral unit by sharing employees in decision-making and lay out oppourtunities for faculty members to participate in subedit academic and administrative policy and procedures.

2- set up a reward system to promote organizational health within the university: It is main to revise stimulant and reward systems to be linked to individual ,and group performance levels, hopeful creative behaviors, cooperation, and organizational commitment. This has a direct effect on inhance organizational health.

3- make channels for information exchange and sharing : It is definitive to do an effective internal communication system that guarantee the continuous, fast, and transparent flow of information between leaders, and departments, and individuals that through regular gathering, internal electronic stage, and cyclic reports. This will enhance mutual trust and improve the organizational climate.

4 specify some capital to development and training practices: take on continuous and targeted training programs effect in developing leadership skills, and effective communication, and teamwork, and change management throw leaders and employees. According to the researcher, this point enhances the effect of development practices on raising organizational health levels.

5- Developing and improving the dimensions of all importance to organizational health: As mentioned above, the focus should be on the dimensions that showed the highest degree, like creativity, and teamwork, and morale. assurance should

be placed on developing practical plans to support creative initiatives, and strengthen team spirit, and improve the psychological work environment within departments, and colleges.

6- Regularly monitoring the two variables inside the university: This wanted a continuous and periodic system for measuring and diagnosing the level of high involvement practices and organizational health in universities, by using approved measurement tools. The results of this diagnosis should be used to introduce continuous improvements to administrative policies and programs.

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