Organizational Health

Using an assessment tool to diagnose internal conditions and relationships before writing a prescription

By Gerald D. Hill

When I was hired seven years ago as superintendent of a suburban Chicago school district, the board made it abundantly clear that one of my top priorities was to improve implementation of the district's strategic plan. My charge was to get Community Consolidated School District 146 "to the next level." I spent the first several months reading everything I could find about the district and its strategic plan, Education 2000. I talked to teachers, principals, parents and community members in this 2,500-student pre-K through 8th-grade district. I witnessed pockets of innovation and random acts of implementation, but no overall commitment to the mission and vision spelled out in Education 2000. The strategic plan was not central to the thinking of the district's school leaders nor was it a part of the teachers' instructional strategies.

In short, the district was ailing, and the healing had to begin at its very foundation.

Assessing Health

I had faced a similar situation in a 40,000-student, suburban Dallas school district several years earlier. Rapid growth and dramatic demographic changes caused the district to lose focus. We responded by implementing an organizational health diagnostic and development process that focused our efforts on improving the school climate and creating an optimum learning environment for students.

I determined the only way my district would rise to the next level was to focus, as we did in Texas, on assessing, prescribing and then improving the district's organizational health.

Organizational health is an organization's ability "to function effectively, to cope adequately, to change appropriately and to grow from within," according to Marvin Fairman, president of Organizational Health: Diagnostic and Development Corp. Because an organization consists of many different subsystems, he says, the health of each subsystem affects the organization's overall effectiveness.

We needed to know what parts of our school district were not performing optimally. In the spring of my first year as superintendent, I introduced the organizational health assessment improvement process.

The Health Cycle

After ensuring support from the district office and the schools, we began the cycle of diagnosis and prescription. Each school and central administrative department participated in the process, which began with orientation sessions for administrators and teacher leaders at each school and within each district department. These sessions, held during the school day in February and March, introduced organizational health concepts, key leadership beliefs and the improvement cycle.

All certified staff completed the organizational health instrument, which assesses an organization's internal workings. The 80-question survey measures the health of an organization's subsystems, including the following 10 dimensions. Schools and departments usually can be found at various stages of development within each area.

- *Goal focus*—the ability to have clarity, acceptance, and support for goals and objectives;
- *Communication adequacy*—the extent of open two-way communication;
- *Power equalization*—the ability to maintain a relatively equitable distribution of influence between team members and their leader;
- *Resource utilization*—the degree to which the leader knows and is able to coordinate the talents of team members with minimal stress;
- *Cohesiveness*—the clarity of a person, group or organization's sense of identity;
- *Morale*—the feeling of well-being, satisfaction and pleasure;
- *Innovativeness*—the ability to be and to allow others to be inventive, diverse, creative and risk-taking;
- *Autonomy*—a person, group or organization's freedom to manage those things they believe should be within their sphere of influence;
- *Adaptation*—the ability to tolerate stress and maintain stability while coping with external demands; and
- *Problem-solving adequacy*—the ability to perceive problems and to solve them with minimal energy.

Teachers' survey responses were based on their perceptions of their school. Principals responded by predicting how they thought the teachers would respond. Leaders' scores were compared to staff scores and the results were expressed in a percentile score for each of the 10 dimensions. This gave the principal feedback regarding his or her knowledge of staff perceptions about key functions of the school as well as reliable data about the school's overall health.

Based on the responses, raw scores were established for each of the dimensions. After the principal and administrators reviewed the data and the overall organization profile, an organizational health consultant/coach and I met with the principal to discuss the data and what it indicated about the health of the school.

Training for Health

The principal and organizational health consultant/coach shared the results with school staff and discussed their implications. The data-sharing sessions actually became training sessions. Staff members became familiar with the 10 dimensions of organizational health and how each dimension affected how they worked together to achieve their school's goals. They were encouraged to look at issues from a leader's perspective, from their colleague's perspectives and from an organizational perspective.

This multi-perspective approach conveyed a shared responsibility for developing solutions and, by emphasizing issues rather than the personalities, resulted in a productive, issues-driven improvement process.

Based on what they learned from the organizational health instrument data and focused on district and school goals, a committee of teachers, working with the principal, developed action plans for improvement that were implemented through the remainder of the year.

For example, because my preliminary research had revealed a lack of focus on the district's goals and mission, goal focus was one of the dimensions targeted at the district and school levels. Staff worked together to develop strategies for creating a more defined focus on the district's and schools' goal of providing a quality education. Some schools also focused on cohesiveness and others on communication. Each school developed its own goals for improvement based on the results of the inventory at the school level as well as the overall district goals.

Learning Organization

Today the organizational health inventory is the major assessment tool of the internal conditions and relationships within each school and department of our school district. A key factor to our success is that we have the data to support improvement goals and we have a structured way to address issues rather than leaving them to fester.

In the six years that our school district has used the organizational health improvement cycle, we have seen steady and significant improvement in assessment results. Between 1997 and 2001, the district's organizational health composite profile increased by 30 percentile points. Goal focus, the lowest-scoring dimension in 1997-98, became the highest-scoring dimension in 2000-01, increasing by 46 points.

Our organization is truly a learning community now. We have a clear, concise set of district goals and all initiatives in the school district support our focus on learning for all students.

We have established learning teams at each school as well as the central office to emphasize assessment "for learning" rather than "of learning." The school-based learning teams— four to six teachers, a principal and a learning team coach—work together toward school improvement.

In addition, we provide cognitive coaching training for administrators and teacher leaders. Subject and program specialists coach each other as well as regular education teachers to bring about the best teaching strategies for students being served by the special programs. We are developing a learning-focused induction and mentoring program as well as an evaluation process that emphasizes professional learning and growth.

The common thread running through all of these initiatives is their contribution to learning for all staff and students.

Continuous Growth

In School District 146, we believe in "Learning for All—Whatever It Takes." To do that, our schools must be healthy, resilient, responsive and focused on success for all students.

By the same token, exemplary school districts are purposeful, dynamic, healthy and continuously growing learning organizations that target all of their resources toward student development. The organizational health cycle sharpens that aim and provides a structure to help the entire district learn together.

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