**The Impact of Instructional Leadership Practices on the Organizational Health of Secondary Schools: A Correlational Study**

**Abstract**

**Introduction and Aim:** The purpose of this study is to investigate the relationship between instructional leadership practices and the organizational health of secondary schools in Zahedan, Iran. The research addresses a notable gap in the literature by focusing on a non-Western educational context where socio-cultural and systemic factors can uniquely shape leadership practices. This study specifically examines three core dimensions of instructional leadership—student affairs, teacher and parent collaboration, and provision of educational facilities—and their influence on the organizational health of schools. The aim is to provide evidence-based recommendations for enhancing school effectiveness through leadership practices that are responsive to local conditions.  
  
**Theoretical Framework:** The conceptual basis combines Hallinger and Murphy’s instructional leadership model with Hoy and Tarter’s Organizational Health framework. Hallinger and Murphy’s model underscores the importance of defining the school mission, managing instructional programs, and creating a positive learning climate. Hoy and Tarter’s framework identify institutional integrity, collegial leadership, teacher affiliation, resource support, and academic emphasis as integral components of school health. Together, these frameworks suggest that leadership effectiveness is multi-dimensional, integrating strategic management with interpersonal engagement. The study hypothesizes that targeted leadership practices will strengthen school health by building trust, promoting collaboration, and aligning resources with educational objectives.  
 **Method:** This study employs a quantitative correlational design. The statistical population comprised 1,285 secondary school teachers in Zahedan, from which a stratified random sample of 300 was selected using Krejcie and Morgan’s sampling table. Data were collected via two validated instruments: (1) an Instructional Leadership Questionnaire designed by the researcher, measuring student affairs, staff/parent collaboration, and facilities provision (Cronbach’s alpha = 0.94), and (2) the Organizational Health Inventory adapted from Hoy and Feldman (1987) (Cronbach’s alpha = 0.91). Instruments were piloted to ensure clarity and reliability. Statistical analyses included descriptive statistics, Pearson correlation, stepwise regression, t-tests, and ANOVA. Ethics committee approval was obtained in accordance with the decision of the [Name of Ethics Committee], dated [Date], numbered [Approval No.]. All participants provided informed consent, and confidentiality was maintained in compliance with ethical research standards.  
 **Discussion:** The findings indicate significant positive correlations between all three leadership dimensions and organizational health. Staff and parent collaboration showed the strongest correlation (r = 0.70) and emerged as the most significant predictor in regression analysis (β = 0.49). Facilities provision (r = 0.66) and student affairs (r = 0.62) were also positively and significantly related to school health. No statistically significant differences were observed by gender or teaching experience, but managerial experience was found to influence leadership effectiveness positively. The results align with prior international studies highlighting the value of collaborative and participatory leadership in fostering trust, shared goals, and effective learning environments. Investment in facilities and student services was also found to contribute meaningfully to organizational well-being.

**Conclusion and Recommendations:** The study concludes that collaborative engagement with staff and parents is the most critical dimension of instructional leadership for promoting school health. Recommendations include the development of leadership training programs that emphasize stakeholder participation, shared decision-making, and strategic allocation of resources. Additionally, strengthening infrastructure and enhancing student support services are suggested to maximize the positive impact of leadership on organizational health. Policymakers should acknowledge the complexity of effective leadership, which integrates both relational and structural competencies.  
 **Keywords**: Instructional leadership, organizational health, secondary schools, school management, educational leadership

**1.Introduction**

Educational institutions play a crucial role in shaping the intellectual and moral foundations of future generations. Among the many factors contributing to school effectiveness, organizational health has received increasing attention. Defined as a school’s ability to adapt, maintain cohesion, and sustain productivity over time, organizational health reflects the psychological, structural, and relational well-being of a school environment (Hoy & Tarter, 2004; Ma & MacMillan, 2020). Recent studies suggest that instructional leadership—leadership practices aimed at improving teaching and learning—plays a central role in fostering a healthy school climate. Effective instructional leaders support teachers’ professional development, promote academic focus, and facilitate shared decision-making, all of which strengthen organizational coherence and trust (Hallinger, 2011; Gumus et al., 2018). In Figure 1, shows the relation between instructional leadership function in the realm of Staff and Parents and organizational health. (Korkmaz, 2007)

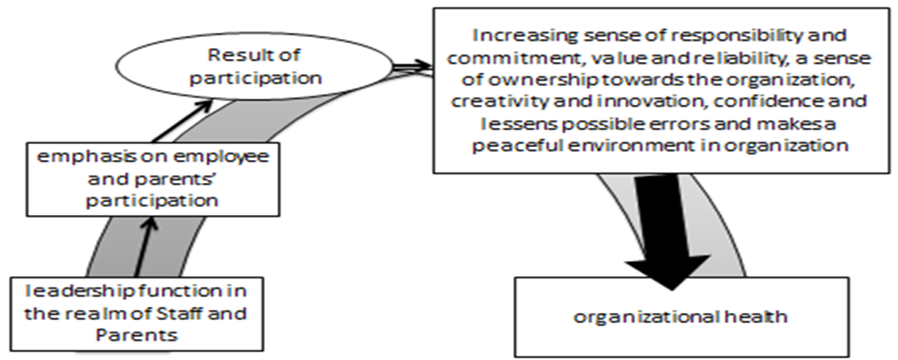


Figure 1. The relationship between instructional leadership, staff and parents, and organizational health. (Korkmaz, 2007)

The changing demands of modern education, including rising accountability standards, diverse student populations, and innovations in pedagogy, have emphasized the strategic importance of leadership in schools (Leithwood et al., 2020). While numerous studies in Western contexts have explored this relationship, research in non-Western educational systems—particularly in developing countries—remains limited and underrepresented in the literature (Arar & Oplatka, 2021). The present study aims to explore the relationship between instructional leadership practices and organizational health in Iranian secondary schools. By examining school administrators’ leadership behaviors and their association with various dimensions of school health, this research contributes to the global dialogue on school improvement and leadership effectiveness in diverse educational settings. (Korkmaz, 2007) (Sukarmin, 2021)

**2. Theoretical Framework**

**2.1. Instructional Leadership**

Instructional leadership refers to the practices of school leaders aimed at enhancing teaching quality and student learning outcomes. Hallinger and Murphy (1985) conceptualized instructional leadership through three key dimensions: defining the school mission, managing the instructional program, and promoting a positive school learning climate. These elements emphasize the principal's role not only as an administrator but as an instructional guide and facilitator.Later models, such as those proposed by Hallinger (2011) and Pansiri (2008), expand this view by including teacher empowerment, collaboration with parents, and strategic resource allocation. In the context of this study, instructional leadership is examined across three functional domains: (1) student affairs, (2) teacher and parent collaboration, and (3) provision of educational facilities. In Figure 2, the principal and the students are responsible for organizing all educational activities, creating a healthy learning environment (Pansiri, 2008).

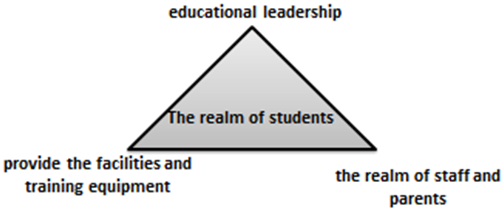


Figure 2. The triad of educational leader activities.

2.2. Organizational Health (Korkmaz, 2007)

The concept of organizational health was originally developed by Miles (1969) and later adapted to school settings by Hoy and Tarter (1997). A healthy school organization is characterized by attributes such as institutional integrity, collegial leadership, teacher affiliation, resource support, and academic emphasis.Hoy and Feldman's (1987) Organizational Health Inventory (OHI) provides a comprehensive tool to measure these dimensions in schools. According to their framework, a high level of organizational health enhances collaboration, trust, morale, and ultimately student achievement. (Korkmaz, 2007)

**2.3. Conceptual Model**

Based on the reviewed theories, this study proposes a conceptual model in which the dimensions of instructional leadership are hypothesized to predict the organizational health of secondary schools. The model assumes that leadership practices in the realms of student affairs, teacher/parent collaboration, and resource provision contribute significantly to organizational well-being. In Figure 3, An integrated model illustrating the relationship between instructional leadership dimensions and organizational health in secondary schools. (Korkmaz, 2007)

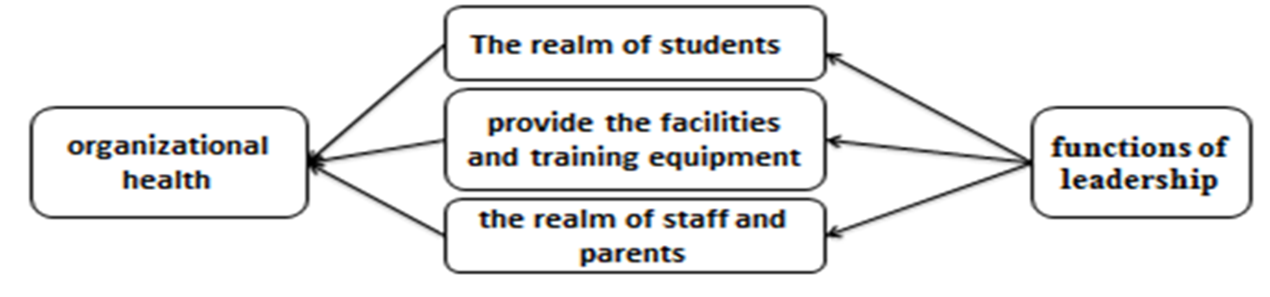


Figure 3. Conceptual Framework of the Study

This triangle illustrates the interactions among school leadership, community engagement, and school well-being.

**3. Literature Review**

**3.1. International Research**

The relationship between instructional leadership and organizational health has been extensively examined in both global and local contexts. Researchers have highlighted the critical role that school leadership plays in promoting positive organizational conditions, academic achievement, and stakeholder satisfaction. Hallinger and Murphy (1985) were among the first to define instructional leadership as a set of behaviors that support teaching and learning. Their model has since been widely used in research exploring how leadership impacts school effectiveness. Hoy and Tarter (1997) introduced the concept of organizational health in education, emphasizing dimensions such as institutional integrity, resource support, and teacher affiliation. Their Organizational Health Inventory (OHI) remains one of the most utilized tools for measuring school health globally. Later studies reaffirmed this link. For instance, Blasé and Blasé (2000) found that principals who provided instructional feedback and modeled learning fostered stronger teacher commitment. Leithwood et al. (2020) highlighted leadership as one of the top school-level factors influencing student success. Similarly, Ma and MacMillan (2020) used multilevel models to show how leadership and school climate significantly influence teacher satisfaction and retention. (Korkmaz, 2007) (Sukarmin, 2021)

**3.2. National Research (Iran)**

Several Iranian studies have examined similar constructs, contextualizing them within the unique social and cultural fabric of the Iranian education system. Darabi (2001) found a significant correlation between organizational climate and managerial performance in Tehran girls’ high schools. Ahanchian and Mofidi (2003) confirmed that strong communication skills among university managers enhance organizational health. Rohi (2000) identified decision-making participation as a major predictor of school organizational well-being, consistent with Hoy’s theoretical framework. Zarei (2006) emphasized that leadership style significantly affects staff morale and institutional coherence. Heidarzadegan (1996) contributed by analyzing leadership strategies in enhancing school culture and professional commitment among educators. Overall, these studies validate the theoretical proposition that instructional leadership has both direct and indirect effects on various aspects of school health. (Korkmaz, 2007) (Sukarmin, 2021)

**3.3. Research Gap**

While the international literature offers robust frameworks and consistent evidence, and Iranian studies confirm similar patterns, few have focused specifically on secondary schools in southeastern Iran. In particular, there is a lack of correlational models that link specific instructional leadership subcomponents (e.g., staff relations, facilities, student support) with indicators of school health. This study addresses this gap by employing a validated measurement approach (OHI) and examining the influence of demographic moderators such as gender, work experience, and managerial tenure on the leadership–health relationship. (Sukarmin, 2021)

**3.4. Research Hypotheses**

Based on the literature and theoretical framework, the following hypotheses were proposed:

* H1: Instructional leadership in student affairs is positively related to the organizational health of secondary schools. (Korkmaz, 2007)
* H2: Instructional leadership in facilities provision is positively related to the organizational health of secondary schools. (Korkmaz, 2007)
* H3: Instructional leadership in staff and parent collaboration is positively related to the organizational health of secondary schools. (Korkmaz, 2007)
* H4: Instructional leadership practices (student affairs, staff/parent collaboration, and facilities provision) significantly predict the organizational health of schools, with staff and parent collaboration expected to be the strongest predictor. (Korkmaz, 2007)
* H5: The effectiveness of instructional leadership, in terms of its impact on organizational health, differs significantly based on demographic factors of the participants (gender, managerial experience, and teaching experience). (Korkmaz, 2007)

**4. Methodology**

This section outlines the research design, sampling method, instruments used, and data analysis procedures employed in the study.

**4.1 Research Design**

This study employed a quantitative correlational research design, which is appropriate for examining relationships between variables without manipulating them. The aim was to determine whether there is a statistically significant relationship between instructional leadership practices and organizational health in secondary schools. (Korkmaz, 2007)

**4.2 Population and Sample**

The statistical population consisted of 1,285 secondary school teachers (both male and female) working in Zahedan, Iran. Using stratified random sampling and based on Krejcie and Morgan’s sampling table (1970), a total of 300 participants were selected. To ensure broader participation and prevent missing data, 320 questionnaires were distributed, of which 300 valid responses were returned and used in the final analysis.

Table 1. Distribution of Participants by Gender



**4.3 Instruments and Validity**

Two standardized questionnaires were used in this study:

Instructional Leadership Questionnaire: Developed by the researchers based on established models (Hallinger, 2011; Pansiri, 2008), this instrument included items related to leadership in three domains: student affairs, staff and parent collaboration, and provision of educational resources. Reliability: Cronbach’s alpha = 0.94

Organizational Health Inventory (OHI): Adapted from the revised version by Hoy and Feldman (1987), this instrument measured various dimensions of organizational health in schools, including institutional integrity, resource support, academic emphasis, and teacher affiliation. Reliability: Cronbach’s alpha = 0.91 (Korkmaz, 2007)

The validity of both instruments was confirmed through expert panel review and pilot testing with 30 participants not included in the main sample.

**4.4 Data Collection and Analysis**

The data were collected through self-administered paper-based questionnaires. Participants were assured of confidentiality and anonymity to encourage honest responses.

Statistical analysis was performed using SPSS version 26. The following methods were used:

• Descriptive statistics: mean, frequency, percentage

• Pearson correlation coefficient – to examine relationships between variables

• Stepwise regression – to identify the strongest predictors of organizational health (Korkmaz, 2007)

• Independent-samples t-test – to compare leadership scores by gender

• One-way ANOVA – to examine the effects of work experience and managerial tenure

**5.Results and discussion**

Hypothesis 1: Leadership in Student Affairs and Organizational Health (Korkmaz, 2007)

Table 2. Correlation Between Leadership in Student Affairs and Organizational Health (Korkmaz, 2007)

|  |  |  |  |
| --- | --- | --- | --- |
| Variable | r | p-value | N |
| Leadership in Student Affairs | 0.62 | 0.01 | 300 |

The results indicated a statistically significant and strong positive relationship (r = 0.62, p < 0.01), supporting Hypothesis 1.

Hypothesis 2: Leadership in Facilities Provision and Organizational Health (Korkmaz, 2007)

Table 3. Correlation Between Leadership in Facilities Provision and Organizational Health (Korkmaz, 2007)

|  |  |  |  |
| --- | --- | --- | --- |
| Variable | r | p-value | N |
| Leadership in Facilities Provision | 0.66 | 0.01 | 300 |

The findings support Hypothesis 2, showing a significant positive correlation (r = 0.66, p < 0.01).

Hypothesis 3: Staff and Parent Collaboration and Organizational Health (Korkmaz, 2007)

Table 4. Correlation Between Staff and Parent Collaboration and Organizational Health (Korkmaz, 2007)

|  |  |  |  |
| --- | --- | --- | --- |
| Variable | r | p-value | N |
| Leadership in Staff & Parent Collaboration | 0.70 | 0.01 | 300 |

This was the strongest relationship observed (r = 0.70, p < 0.01), confirming Hypothesis 3.

Hypothesis 4: Predictors of Organizational Health (Korkmaz, 2007)

Table 5. Stepwise Regression Predicting Organizational Health (Korkmaz, 2007)

|  |  |  |  |
| --- | --- | --- | --- |
| Predictor Variable | β | R² Change | p-value |
| Staff & Parent Collaboration | 0.49 | 0.49 | < 0.01 |
| Student Affairs | 0.04 | 0.04 | < 0.05 |
| Facilities Provision | 0.01 | 0.01 | < 0.05 |

These results support Hypothesis 4, identifying staff & parent collaboration as the strongest predictor.

Hypothesis 5: Differences Based on Demographic Factors

1. Gender.

Table 6. Comparison of Leadership Scores by Gender

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender | Mean Score | t | p-value | N |
| Boy | 44.96 |  |  | 124 |
| Girl | 45.87 | 1.99 | 0.06 | 176 |

No significant difference was observed based on gender.

1. Management Experience.

Table 7. Leadership Scores by Management Experience

|  |  |  |  |
| --- | --- | --- | --- |
| Years of Experience | Mean Score | F | p-value |
| < 5 | 44.08 |  |  |
| 6–10 | 46.53 | 2.60 | 0.04 |
| 26–30 | 49.20 |  |  |

A significant difference was found (p = 0.04), supporting Hypothesis 5 partially.

1. Teaching Experience.

Table 8. Leadership Scores by Teaching Experience

|  |  |  |  |
| --- | --- | --- | --- |
| Years of Experience | Mean Score | F | p-value |
| 11–15 | 47.78 |  |  |
| 21–25 | 45.20 | 1.80 | 0.13 |

No significant difference was observed based on teaching experience.

The findings of this study confirm the significant role of instructional leadership in shaping the organizational health of secondary schools. The results demonstrated strong correlations between all three dimensions of instructional leadership—student affairs, staff and parent collaboration, and facilities provision—and organizational health, supporting previous international and national research (Hallinger, 2011; Hoy & Tarter, 2004; Heidarzadegan, 2013). Among the three dimensions, leadership in staff and parent collaboration emerged as both the strongest correlate (r = 0.70) and the most powerful predictor (β = 0.49) of organizational health. This finding aligns with global research that emphasizes participatory leadership and stakeholder engagement as key drivers of school success (Leithwood et al., 2020). Involving staff and parents in school decisions likely fosters a climate of trust, shared purpose, and open communication, which in turn enhances institutional integrity and staff morale. (Korkmaz, 2007). The results related to leadership in student affairs (r = 0.62) and facilities provision (r = 0.66) also revealed significant positive relationships. These findings suggest that when school principals focus on student support services and ensure the availability of educational resources, the organizational well-being of schools improves. These domains are essential for creating a safe, responsive, and supportive learning environment. Contrary to expectations, gender and teaching experience did not yield statistically significant differences in leadership scores. However, managerial experience did demonstrate a significant effect, indicating that leadership competence may develop through long-term professional practice and exposure to diverse administrative challenges.

**6.2. Conclusion**

This study highlights the pivotal impact of instructional leadership on the organizational health of secondary schools in the Iranian context. Specifically, it identifies staff and parent collaboration as the most critical dimension for fostering healthy educational institutions. The findings offer practical insights for policymakers, educational planners, and school administrators aiming to enhance school effectiveness. School leadership development programs should prioritize training in collaborative practices, stakeholder engagement, and inclusive decision-making. Additionally, systematic investment in educational infrastructure and student support systems can further strengthen organizational health. (Korkmaz, 2007)

**6.3. Limitations**

This study was conducted in secondary schools located in Sistan and Baluchestan Province, which may limit the generalizability of the findings to other educational levels or regions in Iran. Moreover, the use of self-reported questionnaires may have introduced response biases. The cross-sectional design also restricts the ability to make causal inferences between instructional leadership and organizational health. (Korkmaz, 2007)

**6.4. Suggestions for Future Research**

Future studies could adopt longitudinal or mixed-method approaches to explore the causal mechanisms underlying the relationship between instructional leadership and organizational health. Additionally, expanding the scope of research to include elementary or higher education institutions, as well as private schools, may provide a more comprehensive understanding of the topic. Investigating the potential mediating role of school climate or teacher engagement could also yield deeper insights. (Korkmaz, 2007)

**7. Declarations**

**7.1. Conflict of Interest**

The author declares that there is no conflict of interest regarding the publication of this article.

**7.2. Ethical Considerations**

This study was conducted in accordance with ethical principles. Participation was voluntary, confidentiality was maintained, and no personal or identifiable data were collected. Approval was obtained from the relevant educational authorities before data collection.

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