

# **ANALYSIS OF THE REALITY OF ORGANIZATIONAL HEALTH IN PUBLIC HOSPITAL HEALTH INSTITUTIONS FROM THE PERSPECTIVE OF NURSES – A FIELD STUDY IN PUBLIC HEALTH INSTITUTIONS IN DJELFA PROVINCE – ALGERIA**

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## **Abstract**

This article presents an analytical field study aimed at assessing the reality of organizational health in public hospital health institutions in Djelfa Province from the perspective of nurses. The study relied on a randomly selected sample of 330 nurses. Data were collected using a structured questionnaire measuring various dimensions of organizational health such as goal clarity, communication effectiveness, resource utilization, organizational cohesion, and morale, along with an assessment of challenges related to power distribution, adaptability, and problem-solving. The results showed that organizational health in these institutions is at a moderate level, with higher scores in resource utilization, organizational autonomy, and cohesion compared to lower scores in power balance and capacities for adaptability and problem-solving. Based on these findings, the article provides recommendations to improve the organizational work environment and support nurses, thereby enhancing performance quality and healthcare delivery.

**Keywords:** Organizational Health, Public Health Institutions, Nurses

## **1. Introduction**

Organizational health in public hospital health institutions is a fundamental concept that reflects the quality of the work environment and the extent to which these institutions can achieve their goals by providing a healthy and motivating administrative and social climate for employees. Amid the

challenges and pressures imposed by the nature of hospital work, nurses occupy a pivotal position in achieving effective performance and quality of healthcare services offered to patients, as they are considered the cornerstone for any successful institutional development or transformation.

The health institutions in Djelfa Province represent a rich field model to study the reality of organizational health, especially from the perspective of nurses who, due to their daily interaction with patients and all components of the healthcare team, reflect the true picture of organizational factors affecting service quality. Based on the importance of organizational empowerment and job well-being for this group, this study aims to shed light on the level of organizational health in public hospitals in Djelfa, identifying its key dimensions and focusing on the practical implications of various organizational factors on the reality of nurses' work.

The main problem of this study is to investigate the level of organizational health in public hospital institutions from the nurses' point of view, in addition to identifying the challenges and obstacles facing the achievement of optimal organizational health in the hospitals of Djelfa, Algeria. The main research question can be formulated as follows: To what extent do public hospital health institutions in Djelfa Province enjoy organizational health from the perspective of nurses?

## **1.2 Importance of the Study**

This study is important because it highlights organizational health in public hospital health institutions through a comprehensive field study. It is a vital topic that directly affects the quality of healthcare and the professional performance of nurses. Organizational health contributes to creating a healthy and motivating work environment that enhances employee satisfaction, which positively reflects on improving the quality of healthcare services provided to citizens.

Furthermore, the study helps in understanding the challenges and obstacles to organizational health faced by health institutions in Djelfa specifically, providing accurate data to develop strategies aimed at improving the work environment and supporting nursing staff more effectively. Additionally, this study benefits decision-makers and supervisors in health institutions by adopting effective policies that enhance organizational health, support the stability and efficiency of nurses, which ultimately reflects on the effectiveness of the overall health system.

## **1.3 Research Methodology**

The research methodology relied on an analytical field study aimed at evaluating the reality of organizational health in public hospital health institutions in Djelfa from the nurses' perspective. A random sample of 330 nurses was selected. The researcher used a structured questionnaire to measure the dimensions of organizational health, and data were analyzed using statistical methods through SPSS24 software to identify the level of organizational health in the institutions under study during the period 2023-2024, enabling the provision of practical recommendations to improve the organizational work environment in these institutions.

## **2. Theoretical Framework**

### **2-1 Definition of Organizational Health:**

The term "organizational health" was first used by Miles in 1967, defining it as "the ability of organizations to operate efficiently, adapt, evolve, and grow appropriately through an integrated and fully effective functional system to achieve their desired goals" (Akbaba, 1997, p. 5).

Hoy & Miskel define it as "the ability of the organization to successfully adapt to its environment, create harmony among its members, and achieve its objectives" (Al-Jabri, 2017, p. 347).

It is also defined as "a state of the organization where the environment and workplace enable employees to work successfully to reach a level of performance that meets expectations over time, which can be reflected in reduced rates of absenteeism, turnover, and complaints, in addition to employees enjoying physiological and psychological health" (Koscec, 2000, p. 04).

Organizational health can be operationally defined as the ability of an institution to work efficiently, adapt to environmental changes, and achieve internal harmony among its members to realize its desired goals effectively and sustainably. This ability includes providing a work environment that supports employees' successful performance, contributing to meeting performance expectations, reducing absenteeism, turnover, and complaints, while promoting their physiological and psychological well-being. This definition is based on the concepts of Miles (1967), who regarded organizational health as an integrated and effective functional system that promotes growth and development, Hoy & Miskel who emphasized adaptation and harmony, and Koscec who linked it with performance outcomes and occupational well-being.

## **2-2 Importance of Organizational Health:**

The importance of organizational health for an institution lies in providing employees with shared awareness and understanding of internal and external environmental factors. Utilizing this awareness for effective monitoring and improvement of agreed-upon aspects among members may lead to increased effectiveness and cohesion within the organization, enhanced alignment between set goals and their achievement, and expanded work options. Organizational health improves the interactions among subsystems and how they respond collectively as a whole system, leading to adequate readiness to implement necessary changes to keep pace with multiple developments (Al-Kamali, 2011, p. 18).

The significance of the organizational health concept is also evident through the following points:

- Contributing to achieving organizational goals without conflicts and additional costs;
- High capacity to meet employees' needs for well-being, productivity, and positive subjective experiences;
- Distinguishing between healthy and unhealthy organizations based on organizational health, as this concept helps understand how individual and organizational factors interact and the resulting outcomes, which can increase employee performance by enhancing motivation and morale, reducing absenteeism and conflicts among workers, and increasing competitiveness (Tariq, 2017, p. 367).

## **2-3 Dimensions of Organizational Health:**

Organizational health is a broad concept in management and organizational literature. Many researchers have studied this concept from various perspectives, which may be attributed to different theoretical backgrounds and the contexts in which the concept has been applied.

To meet the study's needs, the dimensions proposed by Miles are deemed the most suitable for this research as they align with the nature of the topic and are most appropriate for the field study.

Miles defined ten dimensions of organizational health, categorized into three main categories (Akbaba, 1997, p. 5):

**Table 1:** Dimensions of Organizational Health (Miles, 1969)

Category	Dimensions
Dimensions related to function and work	Goal clarity, Communication efficiency, Ideal power balance
Dimensions related to the internal state and care needs of individuals	Resource utilization, Organizational cohesion, Morale
Dimensions related to growth and change	Creativity, Autonomy, Adaptability, Problem-solving suitability

Prepared by the researchers based on previous studies.

#### First: Goal Clarity

A goal is defined as "the desired end that the organization works to achieve, meaning the unique purpose of the organization that distinguishes it from other organizations" (Al-Alawneh & Eidat, 1999, p. 120).

#### Second: Communication Efficiency

Communication can be defined as "producing and providing all necessary data and information for the continuity of work, then transmitting, exchanging, broadcasting, and announcing it, so that new matters, news, and information can be responded to, or influencing the behavior of individuals and groups or changing and modifying that behavior or directing it in a certain way" (Farouq, 2005, p. 165).

#### Third: Power Balance

Power balance is defined as reducing differences in power, status, and influence between supervisors and subordinates in the organization. The precise form of power balance varies according to different theoretical perspectives. For example, Kanter views power balance as the relative equality in the ability of the manager and employee to marshal resources, while Bernstein considers it as workers managing themselves. Nonetheless, the typical assumption in organizational behavior literature is that power balance is of significant value, likely leading to more effective coordination, decision acceptance, and satisfaction, as well as increasing productivity and promoting individual growth among organization members. Power balance should reduce the likelihood of managers manipulating their subordinates and should lay the foundation for healthy relationships between management and workers (Bartunek et al., 1982, p. 171).

#### Fourth: Resource Utilization

Barney views resources as "the total assets, capacities, organizational processes, capabilities, information, knowledge, and skills controlled by the organization that enable it to develop and

implement competitive strategies increasing its effectiveness and efficiency" (Suleiman, 2011, p. 17).

#### Fifth: Organizational Cohesion

Organizational cohesion refers to the integrative processes of building values and organizations, reducing disparities in wealth and income, and enabling employees to feel generally engaged in a common project facing shared challenges, being members of the same community (Easterly et al., 2006, p. 04). Individuals' preference for working within the institution, striving for survival, influence, and being influenced, their loyalty and pride in belonging, and their cooperation and harmony are considered fundamental pillars of institutional cohesion (Al-Hamid, 2019, p. 570).

#### Sixth: Morale

Morale is defined as "the psychological and emotional state of individuals, their eagerness to work enthusiastically to achieve their goals, and their emotional commitment to them" (Al-Zahrani, 2020, p. 12).

#### Seventh: Organizational Autonomy

Organizational autonomy is considered a resource of the organization and can be reflected in the freedom provided by the job to act. Autonomy can help individuals learn positively through their precise knowledge of their work. During this process, employees become more engaged, and work engagement refers to a positive and satisfying mental state related to work characterized by vitality, dedication, and absorption. When engaged individuals feel a high level of importance in their work, they are more likely to take pride in being assigned difficult tasks and perform better in the workplace (Zhang et al., 2020, p. 02).

#### Eighth: Organizational Adaptability

Organizational adaptability is defined as "the process through which the individual achieves full awareness of the values, capabilities, expected behaviors, and necessary knowledge to perform the organizational role assigned to him within the organization. This is achieved through adapting to the prevailing language of the organization, its policies, history, incentive system, methods of performing work, and the individuals working within the organization" (Zaki, 2010, p. 218).

#### Ninth: Problem Solving

Problems at the organizational level are manifested in poor productivity, low morale, and high absenteeism, indicating that the organization is dysfunctional and unhealthy. The process of improving organizational health is continuous, involving a strategy of diagnosing and addressing problems represented by identifying symptoms indicating the problem's existence, assessing the extent and depth of the symptoms within the organization, focusing on investigating the causes, then selecting appropriate solutions to remove the problem, and setting abstract measures to monitor the level of organizational health through continuous periodic examinations (Chandron, 1995).

### **3. Field Study**

#### **3-1 Method and Procedures**

##### **3-1-1 Questionnaire Design:**

The questionnaire was chosen as the most suitable tool for this study. The items were formulated simply and precisely to be easily understood and accessible to every respondent, regardless of their background, by transforming each variable dimension into a set of indicators capable of representing and measuring each dimension. The questionnaire was divided into three main sections:

Firstly: A statement addressed to respondents clarifying the questionnaire's purpose and assuring confidentiality of the data, emphasizing that it is used solely for scientific research purposes.

Secondly: Personal and occupational information, aiming to collect demographic data such as gender and years of experience to conduct various descriptive studies.

Thirdly: Measurement of the level of organizational health among respondents, which includes three main dimensions representing the whole axis:

- The first main dimension: Aspects related to function and work, subdivided into three sub-dimensions:
  - Goal clarity (items 1 to 4)
  - Communication effectiveness (items 5 to 8)
  - Power balance (items 9 to 11)
- The second main dimension: Aspects related to the internal state of the organization, subdivided into three sub-dimensions:
  - Resource utilization (items 12 to 15)
  - Organizational cohesion (items 16 to 19)
  - Morale (items 20 to 23)
- The third main dimension: Aspects related to growth and change, subdivided into three sub-dimensions:
  - Organizational autonomy (items 24 to 27)
  - Problem solving (items 28 to 31)
  - Adaptability (items 32 to 34)

### **3-1-2 Study Population and Sample:**

The study population refers to the entire group of individuals or elements representing the research subject or the phenomenon to be studied, encompassing all individuals to whom the study results apply. It is defined clearly to ensure comprehensiveness and accuracy. In this study, which addresses the reality of organizational health in public health institutions in Djelfa Province, the study population consists of all nurses working in these institutions. The following table represents the distribution of nurses according to the institutions to which they belong :

**Table 2:** Distribution of Nurses According to Their Affiliated Institutions

Institution	Number of Nurses	Percentage (%)
Public Hospital Institution in Djelfa	590	25.17
Public Hospital Institution in Mesaâd	310	13.23
Public Hospital Institution in Ain Oussera	342	14.59
Public Hospital Institution in Hassi Bahbah	294	12.54
Mixed Hospital in Djelfa	196	8.36
Specialized Mother and Child Hospital in Djelfa	234	9.98
Public Hospital Institution in El Idrissia	239	10.20
Public Hospital Institution in El Birine	91	3.88
Algerian-Cuban Friendship Eye Hospital in Djelfa	48	2.05
<b>Total</b>	<b>2344</b>	<b>100</b>

Source: Prepared by the researchers based on information provided by the Human Resources Department of the institution for the year 2023.

### 3-1-3 Sample Size:

There are many formulas and methods to calculate the sample size for a known population. To ensure accuracy and achieve the best results, we used the Steven Thompson formula. The following table illustrates the preliminary data:

**Table 3:** Initial Data for Sample Size Calculation

• Population size N= 2344
• Z-value for 95% confidence level= 1.96
• Allowed margin of error = 0.05
• Estimated proportion of the attribute in the population= 0.50 (used if unknown)

Source: Prepared by the researchers

By substituting these values into the formula:

$$n = \frac{p(1-p)N}{(N-1)\left(\frac{e^2}{z^2}\right) + p(1-p)}$$

We find that the sample size equals **330** Nurses for a population of 2344 Nurse .



### 3-2 Statistical Methods Used in the Study:

1. **Descriptive Statistics:** This includes frequencies, means, standard deviations, and percentages, aiming to describe all variables, dimensions, and questionnaire items. Charts and graphs are used for clarification, explanation, and ease of understanding, as well as to visually represent the study variables. The statistical methods used in this study are as follows:
  - **Mean:** The sum of values divided by their number; it helps identify the average response of respondents and compare it with the hypothetical mean to rank statements or dimensions accordingly.
  - **Percentages:** A useful tool for presenting data in an understandable and easy-to-analyze manner, facilitating various comparisons and analyses in different contexts.
  - **Standard Deviation:** An important factor in measuring the dispersion of responses; the further it is from zero, the higher the dispersion, and vice versa. It is a powerful measure for judging the quality and validity of measurement and plays a role in ranking items when means are equal.

### 3-3 Weighting Scale:

The Likert scale is a widely used tool in social research, especially in questionnaires, to measure individuals' attitudes and opinions toward specific topics. It was developed by social psychologist Rensis Likert in 1932. The scale is used to evaluate the degree of agreement or disagreement with a set of statements, allowing researchers to collect quantitative data that can be statistically analyzed. Typically, the Likert scale consists of five ordered levels for responses, though sometimes scales with 7-9 levels are used (Touiti, 2014).

**Table 4:** Likert Scale Weights with Available Response Options

Response Options	Weight
Always	5
Often	4
Sometimes	3
Rarely	2
Never	1

Source: Prepared by the researchers based on previous studies.

Weighted means are used to determine respondents' trends according to the following table:

**Table 5:** Weighted Means and Trends of Variable Indicators



Weighted Mean	Trend
(1.00 - 1.79)	Never
(1.80 - 2.59)	Rarely
(2.60 - 3.39)	Sometimes
(3.40 - 4.19)	Often
(4.20 - 5.00)	Always

Source: Prepared by the researchers based on previous studies.

To determine the level of each variable or indicator, a three-level scale is used, as shown in the following table:

**Table 6:** Weighted Means and Corresponding Levels

Weighted Mean	Level
(1.00 - 2.33)	Low
(2.34 - 3.67)	Medium
(3.68 - 5.00)	High

Source: Prepared by the researchers based on previous studies.

### **3-4 Validity and Reliability of the Study Tool:**

The questionnaire is one of the most important data collection tools in scientific research; hence, it is necessary to ensure and verify the reliability of this tool and its accuracy in measurement. Therefore, validity and reliability are two essential properties that must be present in the questionnaire to obtain reliable and correct results.

#### **3-4-1 Questionnaire Validity:**

Validity refers to "the comprehensiveness of the survey covering all the elements that must be included in the analysis in terms of clarity of its items and vocabulary so that it is understandable to all users" (Zouqan et al., 2001). To verify questionnaire validity, two methods are used: face validity and scale validity.

#### **3-4-2 Face Validity:**

Face validity shows how clear and suitable the instrument is for measuring variables based on the external appearance of the tool. It depends on the judgment of experts or arbitrators in the study to confirm the tool's suitability for measurement. This was done by presenting the questionnaire to a

group of expert professors for their feedback, leading to adjustment and refinement of items to appear more appropriate.

### 3-4-3 Scale Validity and Reliability:

Scale validity is the degree to which the scale measures what it is supposed to measure, and it relates to the tool's ability to measure the variable it was designed for accurately and precisely. This ensures that the collected data accurately reflect what is being studied. This is achieved by calculating the internal consistency of the study variable items and verifying the stability of its axes and dimensions using Cronbach's Alpha reliability coefficient .

The reliability of the questionnaire refers to the consistency and stability of the results if the questionnaire is redistributed to the sample individuals over several different periods. Reliability is a fundamental aspect in evaluating the quality of the questionnaire because it indicates the trustworthiness of the results obtained through using this tool. The following table shows the reliability coefficients for the main axes of the study and their respective dimensions:

**Table 7:** Reliability Coefficients for the Main Dimensions of Organizational Health

Study Axis	Number of Items	Cronbach's Alpha Coefficient
Aspects Related to Function and Work	11	0.841
Aspects Related to the Internal State	12	0.866
Aspects Related to Growth and Change	11	0.784
Organizational Health (Overall)	34	0.913

Source: Prepared by the researchers based on SPSS outputs.

From the above table, it is clear that the reliability coefficient for the organizational health scale is 0.913, an excellent value that reflects the study's stability, indicating that the tool is reliable and can be depended upon to conduct the research.

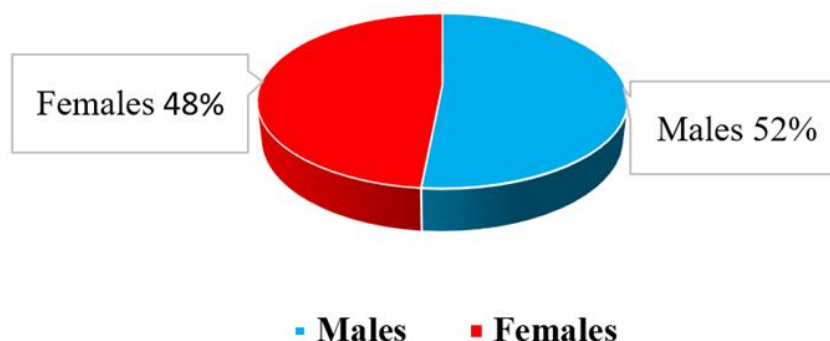
## 4. Presentation and Analysis of Personal and Occupational Data

### 4-1 Distribution of the Study Sample according to Gender

**Table 8:** Distribution of the Study Sample by Gender

Gender	Frequency	Percentage (%)
Male	170	51.52
Female	160	48.48
Total	330	100

Source: Prepared by the researchers based on SPSS outputs.

**Figure 1:** Percentage Distribution of the Study Sample by Gender.

Source: Prepared by the researchers based on SPSS outputs.

Based on Table 8 and the proportional representation in the previous figure 1, it is observed that the male group constitutes approximately 52% of the sample, while females constitute 48%. This close ratio between genders can be attributed to the nature of hospital work, where many departments predominantly consist of females, such as maternity and pediatric care units, apart from administrative and even leadership departments. However, a predominance of males is still noticed within the workplace environment.

#### **4-2 Distribution of the Study Sample According to Years of Experience**

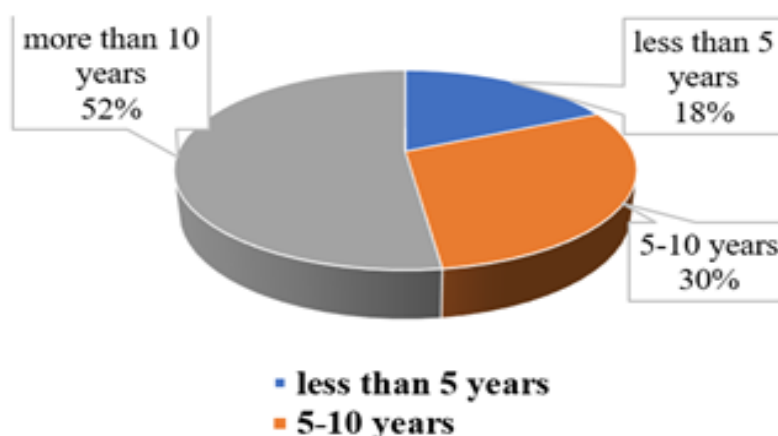
**Table 9:** Distribution of the Study Sample by Years of Experience

Years of Experience	Frequency	Percentage (%)
Less than 5 years	60	18.18
5-10 years	98	29.70
More than 10 years	172	52.12
Total	330	100

Source: Prepared by the researchers based on SPSS outputs.

From Table 9, it is noted that the group of individuals with less than 5 years of experience constitutes the smallest percentage at (18.18%). This is followed by the group with 5-10 years of experience, representing (29.70%) of the sample. The largest proportion, slightly more than half the sample at (52.12%), belongs to individuals with more than 10 years of experience. This distribution is advantageous for our current study as the majority of respondents possess considerable experience, which likely enhances their responsiveness and provides a better understanding of the questionnaire items.

**Figure 2:** Percentage Distribution of the Study Sample by Years of Experience.



Source: Prepared by the researchers based on SPSS outputs.

## 5. Measuring the Level of Organizational Health and its Dimensions

**Table 10:** Means and Standard Deviations of Organizational Health Dimensions

Rank	Main Dimensions	Standard Deviation	Mean	Overall Level
2	Aspects Related to Function and Work	0.781	2.58	Medium
1	Aspects Related to Internal State of the Institution	0.859	2.86	Medium
3	Aspects Related to Growth and Change	0.842	2.53	Medium
<b>Organizational Health</b>		0.767	2.66	<b>Medium</b>

Source: Prepared by the researcher based on SPSS outputs

From Table 10, regarding the level of perception of the organizational health dimensions from the viewpoint of the respondents in public hospital health institutions in Djelfa, the following is noted:

- The dimension "Aspects Related to Internal State of the Institution" ranked first in terms of respondents' agreement with a mean score of 2.86 and a standard deviation of 0.859. This indicates that the hospital institutions have a reasonable capability to effectively utilize available resources, exhibit an acceptable level of cohesion among individuals and the organization, along with a somewhat acceptable level of employee morale. However, this medium level indicates room for improvement in all these dimensions to enhance overall performance and job satisfaction within the institution. Improvements in these areas could lead to enhanced quality of services as well as increased efficiency and effectiveness in achieving objectives.
- The "Aspects Related to Function and Work" dimension ranked second in terms of agreement with a mean of 2.58 and a standard deviation of 0.781. This suggests that hospital

institutions have an acceptable degree of goal clarity for employees, a reasonable level of internal communication effectiveness, and a moderate balance in power distribution. Nevertheless, the results show ample opportunity for improvement. Enhancing goal clarity contributes to directing employee efforts toward achieving institutional objectives, improving communication can lead to better information flow and greater cooperation among individuals, and achieving balance in power distribution can improve decision-making processes and increase employee satisfaction.

- The "Aspects Related to Growth and Change" dimension ranked third, with a mean score of 2.53 and a standard deviation of 0.842. This indicates that the studied hospital institutions possess a moderate level of autonomy in making organizational decisions, an average capacity for problem-solving, and an average ability to adapt to new changes and challenges. Increasing organizational autonomy can provide employees with more freedom to make suitable decisions, promoting innovation and creativity. Improving problem-solving skills can help overcome challenges more efficiently, while enhancing adaptability can assist institutions in responding flexibly and quickly to changes in both the external and internal environment.

Based on the aforementioned results, it is observed that the level of organizational health in public hospital institutions in Djelfa is medium, with a calculated mean of 2.66 and a standard deviation of 0.767. To clarify further, we will present the results related to the sub-dimensions of the main dimensions of the organizational health measure.

## 6. Measuring the Respondents' Perception of the Sub-dimensions of the Organizational Health Axis

**Table 11:** Means and Standard Deviations of the Sub-dimensions of the Organizational Health Axis

Level	Rank	Standard Deviation	Mean	Dimension
Medium	5	0.637	2.76	Goal Clarity
Medium	4	0.597	2.78	Communication Effectiveness
Low	9	0.819	2.21	Power Balance
Medium	1	0.523	3.07	Resource Utilization
Medium	3	0.684	2.85	Organizational Cohesion
Medium	6	0.758	2.67	Morale
Medium	2	0.521	2.96	Organizational Autonomy
Medium	7	0.427	2.35	Problem Solving
Low	8	0.488	2.30	Adaptability

Level	Rank	Standard Deviation	Mean	Dimension
Medium	/	0.767	2.66	Organizational Health

Source: Prepared by the researcher based on SPSS outputs

It is evident from the above table that the dimensions of organizational health generally achieved a mean score of approximately 2.66 with a standard deviation of 0.767, indicating a relatively moderate level of organizational health, with diversity in respondent opinions.

Regarding the sub-dimensions:

- Resource utilization (3.07), organizational autonomy (2.96), and organizational cohesion (2.85) ranked highest, reflecting good nurse awareness of available resources and their efficient use, relative freedom in decision-making, and a relatively cohesive organizational environment.
- Goal clarity (2.76), communication effectiveness (2.78), and morale (2.67) also recorded moderate mean scores, indicating a fair understanding of organizational goals, some effective communication, and collective spirit among workers, though not to an outstanding extent.
- Dimensions reflecting clear challenges include power balance (2.21), adaptability (2.30), and problem solving (2.35), which scored the lowest means. The high standard deviation in power balance (0.819) indicates variability in nurse experiences and a perception of imbalance in power distribution and difficulties in effective adaptability and problem solving.

### Conclusion:

The results of this field study conducted among nurses in public hospital health institutions in Djelfa Province show that organizational health in these institutions is at a moderate level. There is a clear variation in organizational health experiences among employees. Resource utilization, organizational autonomy, and cohesion ranked highest, indicating the institutions' ability to provide necessary resources, a good level of autonomy, and a sense of belonging, which enhances nurses' capacity to positively impact their work environment. Conversely, dimensions such as power balance, adaptability, and problem solving scored relatively low, indicating significant challenges in organizational practices, potentially affecting operational efficiency and job satisfaction. This variability necessitates focused management attention to improve power distribution practices and enhance adaptability and problem-solving capabilities, which are essential for comprehensive organizational health improvement and sustainable institutional performance.

### Recommendations:

1. Strengthen the power distribution system within institutions through the development of mechanisms that enhance participation and transparency in decision-making, ensuring nurses feel justice and efficiency in the workplace.

2. Invest in specialized training programs to develop nurses' abilities in adaptability and problem solving, enabling them to effectively face environmental and administrative challenges.
3. Improve internal communication channels across administrative, medical, and technical levels to ensure better information flow, enhancing teamwork effectiveness and morale.
4. Develop effective policies for optimal resource utilization, ensuring the provision of necessary equipment and tools and supporting human resources to enable nurses to perform their tasks efficiently.
5. Encourage programs to strengthen organizational cohesion and institutional belonging among staff through activities and initiatives focused on building positive team relationships.
6. Conduct periodic evaluations of organizational health covering all dimensions to monitor progress, strengthen strengths, and address weaknesses in a timely manner.

Adhering to these recommendations can help public hospital health institutions in Djelfa improve their organizational health, supporting performance development and enhancing healthcare quality, ensuring a more attractive and stable work environment for nurses, which positively impacts public health and the overall efficiency of the health system .

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