Organizational Health and Self-Efficacy

MalikehBeheshtifar, Mohsen Anjomshoa

Abstract— Organizational Health refers to an organization's ability to achieve its goals based on an environment that seeks to improve organizational performance, support employee well-being and increase self-efficacy. Self-efficacy can be viewed from both a specific and a general angle. An example of a specific angle would be task-specific self-efficacy, which can be seen as an expectation about the likelihood that a task will be successfully performed. A healthy organization must pay great attention to its employees' physical and mental health in a sufficient manner. It could lead to worthy outcomes, such as promotion employees' self-efficacy. To conclude, there are also crucial implications of research on workplace health and self-efficacy for employees. Where we work can either nurture or compromise our health and overall well-being. A healthy workplace should not be a work reward or a negotiated condition, but a right of all workers. For many, this is a distant ideal. What may swing the pendulum in that direction is our growing understanding of the positive relationship between healthy work environments and employees' self-efficacy.

Index Terms— health, organizational health, self-efficacy

———————————— ◆ ————————————

1 INTRODUCTION

HEALTH promotion researchers increasingly are calling for a holistic approach that addresses underlying workplace and organizational factors. This shifts the focus from workplaces as sites for health promotion, to involving workers and managers jointly in creating a health promoting setting in the workplace (Chu, Driscoll and Dwyer 1997). A healthy organization is the one that can evaluate itself and always tries to scrutinizing recognize internal inconsistencies with its social structure doing its best to remove them. A healthy organization always tries to through updating and upgrading itself get to enjoy such characteristics as conformability, flexibility, potential and increasing productivity (Ghorbani, et al., 2012).

Unhealthy organizations can reflect, for example, lack of direction and accountability; misalignment of priorities; and poor coordination in and between systems and processes causing both costly inefficiencies and ineffectiveness. Unhealthy organizations can also demonstrate low employee commitment and disengagement as reflected in the costs of dissatisfaction, damaging conflicts, suppressed resentment, unnecessary absence, turnover, and presenteeism (Alman, 2010). Organizational Health refers to an organization's ability to achieve its goals based on an environment that seeks to improve organizational performance, support employee well-being (Dive, 2008), and increase self-efficacy.

Self-efficacy is the personal determination of one's own ability to deal with a certain task. Notably, this determination is not based entirely on actual past experience or existing ability and skills, but also on learners' perceptions of their own knowledge and ability relative to the task or situation (DeTure, 2004).

According to Bandura, self-efficacy makes a difference in how people feel, think, and act. A low self-efficacy is associated with a low self-esteem. Individuals with a low self-esteem have pessimistic thoughts about their accomplishments and personal development. Having a strong sense of competence helps cognitive processes and performance in areas such as academic achievement (Schwarzer, 1997). It an organization be have health climate, its employees have enough self-efficacy to success.

———————————————

- *Management Department, Islamic AZAD University, Rafsanjan Branch, Iran.*
- *, Management Department, Islamic AZAD University, Rafsanjan Branch, Iran. Corresponding author; Email: m.beheshtifar@yahoo.com*

2 ORGANIZATIONAL HEALTH

Health is the ability of an organization to align, execute, and renew itself faster than the competition to sustain exceptional performance over time. It comprises core organizational skills and capabilities, such as leadership, coordination, or external orientation, that traditional metrics don't capture (Keller & Price, 2011). Organizational Health encompasses all the psychological, physiological and social components of the organizational system – all the distinctly human parts and culture elements that contribute to organizational function and capacity (Fisher, 2007).

Healthy workplace practices can be grouped into the following categories:

o Employee engagement: Keeping employees involved and motivated

o Work/life balance: Helping employees to manage their personal responsibilities

o Employee growth and development: Providing opportunities for employees to
learn and expand their skill base

o Health and safety: Ensuring a secure workplace and encouraging employee health

o Employee recognition: Acknowledging employees for their contributions (Mueller, 2009).

The Critical Role of Leadership in Organizational Health are:

o To introduce and apply the organizational health model, and to discuss the risk and resiliency factors driving the participant's Organizational Health profile

o To explore the vital role of managers in Organizational Health

o To provide self-assessment tools that allows managers to discover their areas of strength and challenge

o To explore areas that is most challenging for managers: e.g., recruitment and retention, change management, staff turnover, building trust, transitioning into the manager's role, communicating up and down, mentoring/coaching staff, generational differences, etc.

o To teach skills addressing the most prominent concerns, and explore strategies for managing challenging situations with staff

o Facilitate dialogue to enhance development of a community of practice for managers.

o To identify areas for further training needs (Fisher , 2007).

3 SELF-EFFICACY

The term self-efficacy was coined around 40 years ago by Albert

Bandura. Since then, research in this area has been growing steadily. Bandura (1997) defines self-efficacy as "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (p. 3).

Basically, it concerns the answer to the question,"Can I do this task in this situation?" This definition is similar to people's perceptions of their competence and self-concept (Pintrich & Schunk, 1996). Bandura conceptualized self-efficacy as being situationally specific and not generalizing between other areas. The feeling of capability in a particular experience may or may not carry over into different types of situations since some situations have broader generality than others. The 'Bandurian Perspective' regards the idea that the general self-efficacy construct has variable strength depending on the dimension of life being considered and the extent of overlap it has with other dimensions (Woodruff & Cashman, 1993, p. 424).

Gardner and Pierce (1998) and Judge, Locke, Durham, and Kluger (1998) state that self-efficacy can be viewed from both a specific and a general angle. An example of a specific angle would be task-specific self-efficacy, which can be seen as an expectation or judgement about the likelihood that a task will be successfully performed. It is a powerful motivator of behavior, as efficacy expectations determine the initial decision to perform a task, the effort that gets expended and the level of persistence that emerges in the face of adversity. Self-efficacy can also be viewed as a general, stable cognition or trait that individuals hold with them that reflects the expectation that they possess the ability to perform a task successfully in a variety of situations, according to Eden and Zuk (1995).

Self-efficacy is thought to have three dimensions: magnitude, which deals with the belief about performance in increasingly difficult aspects of the task; strength, involving the effort placed on maintaining the behavior in spite of obstacles; and generality, which concerns the broadness of applicability of the belief (Woodruff & Cashman, 1993).

4 ORGANIZATIONAL HEALTH AND SELF-EFFICACY

Workplace health promotion programs are employer-sponsored initiatives directed at improving the health and well-being of workers. Often their families and retirees are included in the initiative, and, in some cases, the surrounding local communities where businesses are located. The workplace presents an ideal setting for introducing and maintaining health promotion programs for the following reasons:

o Workplace programs can reach large segments of the population that normally would not be exposed to and engaged in organized health improvement efforts;

o Workplaces contain a concentrated group of people who usually live in relative proximity to one another and share a common purpose and common culture;

o Communication with workers is relatively straightforward;

o Social and organizational supports are available when employees are attempting to change unhealthy behaviors;

o Certain policies, procedures and practices can be introduced into the workplace and organizational norms can be established to promote certain behaviors and discourage others; and

o Financial or other types of incentives can be offered to gain participation in programs (Goetzel, et al., 2008).

Thus, a healthy organization must pay great attention to its employees' physical and mental health in a sufficient manner (Hasanzadeh, 2012). It could lead to worthy outcomes, such as promotion employees' self-efficacy.

Berneth (2004) identifies self-efficacy as an important factor for the success. Self-efficacy influences several aspects of performance that are important to learning in terms of the effort put forth and persis-

tence in accomplishing a task (Zimmerman, et al., 1992).

5 CONCLUSION

There is a generous amount of literature regarding self-efficacy and its importance in individuals' perceptions of themselves and their behaviors, and when the employees have enough self-efficacy who works in a healthy organization.

In practical terms, an integrated approach to workplace health requires leadership by senior management and cooperation among diverse stakeholders, including occupational health and safety, human resources, health promotion, line managers and unions (Bachmann 2000). At the core of the healthy organization perspective is the relationship between healthy work contexts and organizational, rather than individual, outcomes. Self-efficacy, productivity and organizational performance, is one set of outcomes.

To conclude, there are also crucial implications of research on workplace health and self-efficacy for employees. Where we work can either nurture or compromise our health and overall well-being. When it comes to creating healthy work settings, employers hold virtually all the power. A healthy workplace should not be a work reward or a negotiated condition, but a right of all workers. For many, this is a distant ideal. What may swing the pendulum in that direction is our growing understanding of the positive relationship between healthy work environments and employees' self-efficacy.

REFERENCES

[1] Alman, D. 2010. Organizational Health, http://proventivesolutions.com.au/Organizational%20Health.v1.pdf.

[2] 2Bachmann, K. 2000. More Than Just Hard Hats and Safety Boots: Creating Healthier Work Environments. Ottawa: Conference Board of Canada.

[3] Bandura, A. 1997. Self-efficacy: The exercise of control. New York, NY: W. H. Freeman. Berneth, J. 2004. Expanding our understanding of the change message. Human resource development review , 3 (1), 36-52

[4] Chu, C., T. Driscoll, and S. Dwyer. 1997. The Health-Promoting Workplace: An Integrative Perspective. Australian & New Zealand Journal of Public Health 21(4):377-85. DeTure, M. 2004. Cognitive style and self-efficacy: Predicting student success in online distance learning. The American Journal of Distance Education, 18(1), 21–38

[5] Dive, B. 2008. The accountable leader: Developing effective leadership through managerial accountability. London: Kogan Page.

[6] Fisher, P. 2007. Organizational Health, 149 St. Lawrence St., Victoria, BC V8V 1X9 , Canada , www.fisherandassociates.org.

[7] Goetzel, R.Z., Roemer, E.C., Liss-Levinson, R.C. Samoly, D.K. 2008. Workplace Health Promotion: Policy Recommendations that Encourage Employers to Support Health Improvement Programs for their Workers, Institute for Health and Productivity Studies , Emory University Ghorbani, M., Afrassiabi, R. & Rezvani, Z. 2012. A Study of the Relationship Between Organizational Health and Efficacy, World Applied Sciences Journal 17 (6): 694.

[8] Hasanzadeh, H. 2012. Job stress, effects and consequences, June 13 2012, From www.noormags.com. Keller, S. & Price, C. 2011. Organizational health: The ultimate competitive Advantage, (Wiley, June), 2-3.

[9] Mueller, D.F. 2009. Gauging Organizational Health: The Human Side Is The Business Side, CCA, Inc. o 475 Park Avenue South o 5th Floor o New York, NY 10016 o 212.686.6827 o www.ccainc.com.

[10] Pintrich, P., & Schunk, D. 1996. Motivation in Education: Theory, research and applications. Englewood Cliffs, NJ: Prentice Hall Merrill.

[11] 11. Schwarzer, R. 1997. General perceived self-efficacy in 14 cultures. Available

[12] http://www.yorku.ca/faculty/academic/schwarze/world14.htm Woodruff, S., & Cashman, J. 1993. Task, domain, and general efficacy: A reexamination of the self-efficacy scales. Psychological Reports, 72, 423-432.

[13] Zimmerman, B. J., Bandura, A., & Martinez-Pons, M. 1992. Self-motivation for academic attainment: The role of self-efficacy beliefs and personal goal setting. American Educational Research Journal, 29(3), 663–676.