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IDENTIFYING THE EFFECTIVE FACTORS IN THE SUCCESSFUL IMPLEMENTATION OF ADMINISTRATIVE HEALTH SYSTEM

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ABSTRACT

The aim of this study was to identify the barriers and factors affecting the successful implementation of the administrative health system and determine the weaknesses and strengths of implementing this system in Khuzestan Post Bank. This research in terms of purpose and research process was applied and descriptive-survey, respectively that was conducted in Khuzestan in 2016. The results showed that the most effective obstacles in the implementation of administrative health system were more supervision over the provision of services, customer service, customers responsibility and the accuracy factor in selecting and recruiting brokers of urban and rural service offices, also among factors affecting administrative system health, factors of motivating employees, eliminating financial problems, and livelihood problems for employees, and more accurate enforcement of the law are more important. In line with the strengths of administrative health, the allocation of more market share to the Post Bank, attraction of more resources to the bank, reduction of administrative violations as a result of respect for employees and their relative welfare, increased competitive space to other competitors and people's trust can be mentioned.

Keywords: *Administrative Health Barriers, Effective Factors of Administrative Health, Strengths and Weaknesses of Successful Implementation of Administrative Health, Post Bank.*

INTRODUCTION

Organizational health is the ability of the organization to maintain the ability to survive and being adapted to the environment and improve these abilities. Some people consider organizational health synonymous with mental health in the workplace and the healthy organization as an organization that minimizes the amount of depression, disappointment, dissatisfaction, disorientation, and mental stress of the staff. Nival (1995) believes that organizational health is a general issue that has relationship with three set of mental pressure, mental health, and ethics in organizations.

From the perspective of management behavioral sciences experts such as Warren Bennis, the organizational and administrative health is a measure of organizational or administrative performance. Like a healthy body, the healthy organization is adaptable and growing. Some also consider organizational health as a condition in which all factors of the organization are capable of meeting the goals of the organization and can identify deviation from the administrative and legal norms and barriers of the organization's goals as soon as possible and take the necessary and timely measures to address them. Some also consider organizational health as adherence to

ethical and legal norms in organizational and occupational performance, in contrast to which is administrative corruption and involves norm-breaking and violating ethical and legal norms and misuse of occupational and administrative position for purposes other than the original and legal origin for personal or group interest (Alvani and Danaeifard, 2009).

In a healthy system, there are literate and committed managers with a high spirits who love their work and they are effective and helpful people who led to organization dynamicity. Some also define organizational health as an organization's ability to make the right and proper decisions. Healthy organizations can be developed as a living and dynamic organism and can be evolved by providing adequate and sufficient facilities and by providing healthy and valuable services and products, they can meet the environmental needs and facilitate the process of community growth and prosperity (ibid).

Maylez is the first organization's health theorist in the educational environment. In his opinion, organizational health depends on the survival of the organization in its environment and refers to adaptation to the environment and the promotion of the organization's ability to further compromise (Hui and Mixel, 2005).

Organizational health refers to conditions that facilitate an organization's growth, development, and prosperity, and expedite reaching the goals. In healthy organizations, employees are loyal and they have a high level of morale and performance; there are open and useful communication channels, and people like to come to work and feel proud of being there. If we look at a healthy organization as a system, then, in this case, we look for organizational health, not in the physical and mental health of the staff, but in the organization existence and survival (Alagheband, 1999).

Layden and Clingen (2000), in line with organizational health, state that organizational health is a relatively new concept and it does not only include the organization's ability to perform its tasks effectively but also the ability of an organization to grow and improve. A healthy organization is where people want to stay, work, and be beneficial and be effective ones (Robbins, 2009).

In a healthy organization, there is a "sympathy" and "cooperation" in doing things, all of which does not means accepting "deceiving" and turning the organization into a lifeless and dead body. People in a healthy organization are not afraid of expressing dissent. Critical, hot, passionate and constructive expert discussions in a friendly atmosphere of a healthy organization indicate the organizational affiliation and the "paying special attention to the goals" by employees (Lincioni, 2008). Wherever organizational health is mentioned, administrative and organizational corruption should be mentioned as opposite position in line with administrative system health. Corruption is an issue that has plagued many organizations and systems throughout the ages, and it has formed the reflection core for many scholars and political thinkers. Administrative corruption as one of the most common forms of corruption is a phenomenon that has traversed the boundaries of time and place and does not belong to a particular age, nor belongs to a specific society (Moghbeli Qarei et al., 2016).

In fact, it can be said that corruption is a phenomenon that is doppelgänger of government. Since human activities have become organized and coherent, from the same time, corruption has emerged as an integral part of the organization's context. Therefore, corruption can be regarded as an unwanted child of the organization that has come about as a result of various interactions



within the organization as well as appropriate interaction between the organization and its environment.

Organizational corruption is a set of issues that organizations inevitably experience in their lifetime. These issues refer to the problems that mainly its roots are outside the organization, but affect the performance of those organizations. These problems are considered as challenges faced by managers which are naturally difficult to control due to lack of organization control over the causes. For example, administrative corruption is largely influenced by economic, social, cultural and political systems, for instance, the high unemployment rate, the dominance of the informal and traditional relations on relations between people, the level of maturity of the political system, etc., directly affects the corruption level of a society. On the other hand, administrative corruption directly affects the efficiency of the administrative system, legitimacy of the political system and the desirability of the cultural and social system; this interaction leads to a vicious and downward spiral circle that ultimately leads to decline of society; therefore, they have to deal with the corruption-related phenomena that are rooted in a variety of fields, with a systemic approach and think about developing comprehensive solutions (Farhadi Nejad, 2000). Conducting the current research is important because with regard to the subject matter of four important variables in the administrative system health and the results and outcome of each one, it can be used to better implement the administrative health system, especially in banks and financial institutions, especially, the Post Bank of Iran, so doing this research is important because it generally looks at the implementation of the administrative system health. In recent years, bank embezzlements have led to a negative perception of banks and financial institutions in the minds of the public and the mass media. Hence, it is increasingly felt that the administrative system health should be considered to reduce administrative and financial misconduct in the banks. Khuzestan Post Bank, like other banks, may also be overwhelmed by administrative barriers and, consequently, will have strengths and weaknesses that identifying and addressing them will result in interesting results.

Hence, in this research, the researcher is looking for an answer to this question that “what are the factors affecting the successful implementation of the administrative health system and determining the weaknesses and strengths of implementing this system in the post office of Khuzestan province?”

RESEARCH LITERATURE

Obstacles to the implementation of the administrative health system:

Today, the government in developing countries is associated with all aspects of people's lives, not only as employers, but also as regulators of affairs, producers, and distributors, and the range of government activities in these countries is increasing day by day. This issue, in addition to the constraints imposed by the government in various areas for regulating the economic and social affairs of the society, is the basic factor that leads to the corruption, that obstacles such as organizational, cultural, social, political and economic factors play a role in creating this corruption (Theobald, 1990).

Factors Affecting the Administrative Health System:



The health of the administrative system is the result of several factors that some of them are rooted in the values and beliefs of the organizational members that if corrected and strengthened, many of the ethical problems and anomalies of the organizations will be eliminated. Some issues are also related to the organization, either due to inappropriate structures or due to inappropriate behaviors in the relationship between managers and employees. Some factors have an external aspect that includes political and judicial factors (Sheikhi, 2011).

The strengths of the administrative health system:

Regarding the promotion of administrative health, in addition to external monitoring, strengthening ethics and self-control mechanisms are of particular importance. Ethic in other schools is a tool. In Islam, ethic is authentic, and human is the best creature that can have self-control with adherence to ethics. Specific indicators of skills training and the development of religious and moral culture, legalism index, transparency, accountability, the creation and development of electronic systems and new technologies, consumption and productivity patterns, the system of internal control and supervision, administrative and financial discipline and meritocracy are of the strengths of this system (Sixth program of administrative health, Isfahan governorship, 2014).

The weaknesses of the administrative health system:

Among weaknesses in administrative health the following items can be mentioned: segmentalism and being introverted, evolution averted and conservative, incompatible, self-centered and greedy - interventionist, performer, uncompetitive and state-oriented - the desire to maintain the present status, resistance to change and renovation - the lack of willingness to participate and the lack of transparency in the functions (Asgari Sajedi, 2005), that we can do better with the proper planning and identification of these weaknesses and disadvantages in implementing.

BACKGROUND RESEARCH

Kamali (2014), in a research entitled “Investigating the role of decentralization in the realization of administrative health”, achieved the following outcomes: administrative health in governmental organizations leads to sound decisions making and the proper implementation of policies and provides efficient and effective public services. Various factors such as effective control and monitoring, organizational culture, organizational environment and government structure are effective in the realization of administrative health. One of the main factors affecting the health of the administrative system is decentralized administrative structure. Decentralization, if well-planned and managed, can provide important opportunities for the realization of administrative health. In this paper, the concept of administrative health and its functions are explained and the role and effect of administrative decentralization as one of the main factors influencing administrative health has been studied and analyzed.

Nejatbakhsh Esfahani et al. (2013) in a study entitled “Self-Control surveillance with emphasis on self-control to improve administrative health in Islamic Iran” achieved the following results: the three main tasks of each director are planning, organizing and monitoring. Supervision is conducted with the aim of making necessary corrections to prevent deviations. Since the common theoretical foundations of control are based on maximum external control and are in conflict with the cultural foundations of our country, which are trust in God and internal



control, the purpose of this descriptive study, that the method of collecting information is based on a library method, is to achieve a system in line with monitoring based on Iranian Islamic concepts. The goal pursued in the Islamic control system is to provide a system in which, by reducing external surveillance, a healthy personality that can withstand all types of deviations can be shaped. The result of this paper is the use of monitoring with emphasis on self-control in the executive organizations of the country. This supervisory approach is rooted in the Islamic culture of our country; its application will be possible by creating appropriate contexts in the administrative system and institutionalizing it.

Azizi (2009) in a study entitled "The obstacles and difficulties faced by organizations in implementing the electronic administrative system" achieved the following results: since in the present era, information and communication technology (ICT) is the main pillar of the development of societies, organizations, and institutions; so designing its structure requires deep reflection and thinking, along with providing a proper and standard model and examining existing models in internal and external organizations. Information and communication technology, resulting from electronic interconnection, data processing and communications and telecommunications, has resulted in the disappearance of distances and the combination of computers and users, as well as the mechanization of communication systems and increased data transmission capacities. This has led to decentralization and the creation of high-speed super highway and increased speed and quality of decision making and efficient management.

Mohammadi (2009) studied the role and place of empowerment of human resources in the administrative system of Iran and achieved these results: the attention to human resources in organizations in recent years has devoted a great deal of time and capital of leading organizations to itself. Now, smart managers are aware that if they invest in the development and promotion of human resources, they will guarantee the success, efficiency and competitive advantage of their organization. In the administrative system of Iran, the issue of employee empowerment has been considered, so that it can be seen in the policy and administrative development plans and the law on service management of the country. In this paper it is attempted to examine the role and position of human resource empowerment in Iran's administrative system, with emphasis on the fourth development plan and the plans for the development of the administrative system and the law on service management in the country, and this result can be achieved that in the administrative system of Iran, the increasing productivity and efficiency of activities is possible by increasing and updating knowledge, insight, and skills of manpower, in other words, by empowering employees.

Salehi Amiri et al. (2013) in a research entitled "The factors affecting the health of the administrative system in realizing the development plan of the administrative system" achieved the following results: according to the results of the content analysis it can be concluded that the health of the administrative system and the growth of ethical values, on the one hand, is influenced by the ontological and anthropological foundations governing the beliefs of the organizational individuals and, on the other hand, is influenced by the triple factors of value, internal organization, and outsourcing.

The study of the effects of the external environment on the organizational health of the school is the title of Tessin Wing, Leung's Thesis (1987) at the University of Hong Kong. The researcher's measurement tools included two questionnaires of measurement of external pressure factors on school environment by LAM and school organizational health index questionnaire (OHD)



prepared by Hoy and Carter Kottcamp. The result was that healthy schools have little pressure from the outside, but unhealthy schools have little pressure from the outside environment.

In another study conducted by Hoy, Theater and Kottcamp (1987) to assess the health of the school climate, it is concluded that the health of the school climate in terms of the seven dimensions of organizational health is significantly higher than the average while the atmosphere of unhealthy schools based these dimensions is at a lower level than the average. Patel (1996) has conducted a research to investigate the relationship between organizational health and organizational commitment among industrial workers. His research results revealed a positive and significant relationship between organizational health and organizational commitment. In addition, 50 skilled personnel who considered their organization as desirable in terms of organizational health had a greater commitment to their organization than ordinary workers or employees.

RESEARCH METHOD

This research based on the purpose is an applied and in terms of conducting the research is descriptive-survey that it was conducted in Khuzestan in 2016. The statistical population of this research is all employees and managers of Khuzestan Post Bank. Initially, in order to identify the factors that may affect the barriers and factors of administrative health and weaknesses or strengths we interviewed a number of Khuzestan post office employees and managers after collecting different responses we removed duplicates and after classifying the cases they referred to, the questionnaires were finally designed to examine these four variables. The data collection tool was a researcher made questionnaire with 27 items and demographic information was questioned before. To assess the validity of the questionnaire, the face validity and content validity were selected. Also, for measuring reliability of the questionnaire, Cronbach's alpha was used, which was 0.76. Since the researcher seeks to use the results of the study in the short run and in the field of action (the bank); therefore, the current study in terms of objective is applied because a research or study is applied that does not try to satisfy the profound curiosities of the researcher but it is done in line with solving individual problems, group or social (Saroukhani, 2008: 73). The statistical population of this research is all employees and managers of Khuzestan province Post Bank (n=260). The sample of this research was estimated by using as 150 people and cases were determined and by three means of random sample (drawing) and the questionnaires were distributed among them.

DATA COLLECTION TOOLS

In fact, we initially interviewed a number of administrative health experts (15 people). After examining and using experts' opinions, the factors in terms of common and different points of view in the field of administrative health system and in the post office of Khuzestan were divided into four categories: identification of barriers to the implementation of administrative health, identifying the execution factors of administrative health, the strengths of the administrative health execution system and the weaknesses of the administrative health execution system, and then we designed a questionnaire consisting of 27 questions that comprise the four categories mentioned and they were distributed among the statistical community. The questionnaire has two parts. The first part contains the demographic characteristics of the respondents, and the



second part contains 27 questions. Questions are based on the five-point Likert scale (very low to very high).

Validity and reliability of the questionnaire

The content and face validity of the questionnaire were assessed by a number of people and the statistical community and the supervisor and some of the members of the group, respectively.

Reliability of the questionnaire

Cronbach's alpha coefficient was used to measure reliability and its value was obtained according to the following table.

Table 1: Cronbach's alpha for each factor

Component	Cronbach's alpha
Obstacles to the implementation of administrative health	0.567
Effective factors of administrative health	0.547
Administrative health strengths	0.606
Administrative health weaknesses	0.419

Information analysis method

To analyze the data, two methods of descriptive statistics (frequency table, charts ...) and inferential statistics (one-sample T test) were used. Statistical analysis of SPSS version 22 was used for statistical analysis.

FINDINGS

Descriptive Statistics

The total number of respondents was 150, which had a standard deviation of 8.19038 and a variance of 67.082 for age, 0.44370 and 0.197 for gender, and 1.068, 0.41563 and 0.173 for marital status and 0.83962 and 0.705 for education.

Distribution of age frequency:

The distribution of age frequency is between 25 and 59 years old, among which a large proportion of respondents aged between 30 and 34 years and the lowest age group was consisted of 55-59-year-old people.

Gender:

The sample under study consists of two male and female gender groups. The number of these two groups was 73.0%, equivalent to 110 men and 27.0%, equivalent to 40 women.

Marital status:

In the sample under study, the married people had the highest percentage (78%), equivalent of 117, and the single individuals had the lowest percentage (22%) equivalent to 33.

Education:

Seven point seven percent had diploma, 13.3% had an undergraduate degree, 55.3% had a bachelor's degree, and 22.7% had higher education; therefore, the highest percentage was for those with a bachelor's degree and the lowest percentage was related to those with a diploma.

Inferential statistics



*Frequency distribution of respondents to the administrative health system
Identifying barriers to the implementation of administrative health*

Table 2: Frequency distribution of respondents' views on the obstacles in line with the implementation of administrative health

Factor	Very low		Low		Moderate		High		Very high	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
1 st factor: the supervision of superiors on employee performance	29	19.3	62	41.3	16	10.7	32	21.3	11	7.3
2 nd factor: goal setting and planning to achieve the objectives and bank plans and their supervision	0	0	29	19.3	71	47.3	38	25.3	12	8.0
3 rd factor: Payment for applicants for designs and projects with monitoring and economic justification	4	2.7	16	10.7	53	35.3	57	38.0	20	13.3
4 th factor: monitoring service delivery and customer service and customer responsibility	0	0	5	3/3	41	27.3	61	40.7	43	28.7
5 th factor: careful selection and employment brokers in urban and rural offices	4	2.7	8	5.3	37	24.7	76	50.7	25	16.7
6 th factor: Take into account the issue of security in online banking	2	1.3	15	10.0	58	38.7	50	33.3	25	16.7
7 th factor: Controlling the resource and consumptions of the branches of subsidiary banks according to relevant regulations	12	8.0	22	14.7	31	20.7	49	32.7	36	24.0

Identification of effective factors in administrative health

Table 3: Frequency distribution of respondents' views on effective factors in administrative health

	Very low		Low		Moderate		High		Very high	
	Frequency	%	Frequency	%	Frequency	Frequency	%	Frequency	%	Frequency

1 st factor: the sound implementation of the law	7	4.7	25	16.7	41	27.3	52	34.7	25	16.7
2 nd factor: a clear interpretation of the law	13	8.7	16	10.7	52	34.7	41	27.3	28	18.7
3 rd : the financial difficulties of staff (as a negative affecting factor)	8	5.3	24	16.0	39	26.0	54	36.0	25	16.7
4 th factor: motivating employees	15	10.0	20	13.3	29	19.3	52	34.7	34	22.7
5 th factor: prioritizing rule against relationship and unreasonable demands of the customer	5	3.3	23	15.3	49	32.7	52	34.7	21	14.0
6 th factor: the recommendations of the senior managers of the bank in the form of circulars and instructions (if properly crafted and approved to remind employees)	3	2.0	15	10.0	51	34.0	52	34.7	29	19.3
7 th factor: the culture of reading circular and remembering at least once a month	24	16.0	39	26.0	33	22.0	31	20.7	23	15.3
8 th factor: Implementing friendly relationships between senior executives and middle managers	7	4.7	32	21.3	54	36.0	47	31.3	10	6.7



Identifying the strengths of administrative health

Table 4: Frequency distribution of respondents' views on the strengths of administrative health

	Very low		Low		Moderate		High		Very high	
	frequency	%	frequency	%	frequency	%	frequency	%	frequency	%

First factor: people's trust	11	7.3	24	16.0	54	36.0	42	28.0	19	12.7
Second factor: attract more resources to the bank	10	6.7	24	16.0	41	27.3	47	31.3	28	18.7
Third factor: allocating more market share to Post Bank	13	8.7	22	14.7	36	24.0	52	34.7	27	18.0
Fourth factor: Reducing administrative violations as a result of respect for employees and their relative welfare	6	4.0	20	13.3	51	34.0	56	37.3	17	11.3
Fifth factor: Increasing competitive space	8	5.3	18	12.0	61	40.7	45	30.0	18	12.0

Identifying weakness of administrative health

Table 5: Frequency distribution of respondents' opinion about the weaknesses of administrative health

	Very low		Low		Moderate		High		Very high	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
The first factor: increase in maneuverability in the production cycle	1	0.7	29	19.3	55	36.7	46	30.7	19	12.7
Second factor: Reducing the social position of the bank due to low administrative health	9	6.0	24	16.0	48	32.0	47	31.3	22	14.7
Third factor: Loss of branches and consequently bankruptcy due to low administrative health	28	18.7	21	14.0	43	28.7	41	27.3	17	11.3
Fourth factor: Less meritocracy in choosing individuals	4	2.7	46	30.7	37	24.7	46	30.7	17	11.3
Fifth factor: poor staffing levels	7	4.7	14	9.3	68	45.3	43	28.7	18	12.0
Sixth factor: Low job security among employees	4	2.7	14	9.3	20	13.3	87	58.0	25	16.7

Seventh factor: fewer implementations of corporate culture in post-bank	6	4.0	7	4.7	25	16.7	37	24.7	75	50.0
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Table 6: Examination of the difference between the one-sample t-test for components

Question	t	df	Sig.	The mean difference		
					Max.	Min.
1 st question	25.517	149	0.000	2.560	2.36	2.76
2 nd question	16.377	149	0.000	3.220	3.08	3.36
3 rd question	45.118	149	0.000	3.487	3.33	3.64
4 th question	57.976	149	0.000	3.947	3.81	4.08
5 th question	51.092	149	0.000	3.733	3.59	3.88
6 th question	46.459	149	0.000	3.540	3.39	3.69
7 th question	34.844	149	0.000	3.500	3.30	3.70
8 th question	38.265	149	0.000	3.420	3.24	3.60
9 th question	35.516	149	0.000	3.367	3.18	3.55
10 th question	37.901	149	0.000	3.427	3.25	3.61
11 th question	33.784	149	0.000	3.467	3.26	3.67
12 th question	41.014	149	0.000	3.407	3.24	3.57
13 th question	45.050	149	0.000	3.593	3.44	3.75
14 th question	27.337	149	0.000	2.933	2.72	3.15
15 th question	39.111	149	0.000	3.140	2.98	3.30
16 th question	36.126	149	0.000	3.227	3.05	3.40
17 th question	35.890	149	0.000	3.393	3.21	3.58
18 th question	34.808	149	0.000	3.387	3.19	3.58
19 th question	41.963	149	0.000	3.387	3.23	3.55
20 th question	40.141	149	0.000	3.313	3.15	3.48
21 st question	42.945	149	0.000	3.353	3.20	3.51
22 nd question	37.173	149	0.000	3.327	3.15	3.50
23 rd question	28.704	149	0.000	2.987	2.78	3.19
24 th question	36.227	149	0.000	3.173	3.00	3.35
25 th question	42.252	149	0.000	3.340	3.18	3.50
26 th question	49.611	149	0.000	4.120	3.94	4.30
27 th question	45.930	149	0.000	4.120	3.94	4.30

According to the calculations in these tables, given that there is a significant difference between the value of t in 27 factors, and since the significance level (0.000) is in the acceptable range (less than 0.05); therefore, it can be said that there is a significant difference between the studied factors.

DISCUSSION AND CONCLUSION

✓ Identifying barriers to the implementation of administrative health

According to the findings of the fourth chapter, from the seven factors examined, the most effective barrier to the implementation of administrative health, is "more supervision over the provision of services to customers and customer accountability" with a percentage of 69.4%, followed by the factor "accuracy in the selection and recruitment of brokers of urban and rural service offices" with a percentage of 67.4. In other words, negligence in these two factors is the



biggest obstacle to the implementation of administrative health in Post Banks of Khuzestan province.

Regarding the differences between the 7 items studied in the first factor (barriers to the implementation of administrative health (questions 1 to 7), given that the value of t for the first item was 25.517, for the second item 46.377, for the third item 45.118, for the fourth item 57.976, for the fifth item 51.092, for the sixth item 46.459 and for the seventh item 38.844, it is clear that there is a sharp difference between the values of T in 7 terms, and it can be said that the fourth item (more supervision over the provision of services to customers and customer accountability) had the highest t and the first item (supervisors of superiors on employee performance) had the smallest amount of t among the effective barriers in administrative health implementation in Khuzestan province Post Banks.

✓ **Identifying effective factors in administrative health**

In order to identify the effective factors in the administrative health, we considered eight factors that, according to table (4.13) in Chapter 4, the fourth factor "motivation in employees" with the percentage of 57.4%, the third factor "financial problems of employees" with the percentage of 52.7% and the first factor "strict implementation of the law" with 51.4 percent are the most effective factors affecting the administrative health of post banks in Khuzestan province.

These findings are consistent with the findings of Salehi Amiri et al. (2013). In this research, they found that, given the significant role of human resources in organizational health and the two-dimensional attitude toward human, it is necessary, by reforming the payroll system, to eliminate the financial needs of the staff, and secondly, through educational programs, provide the internal evolution and the spiritual advancement of the staff.

Regarding the difference between the eight items examined in the second factor (effective factors in the implementation of administrative health, questions 8 to 15), given that the value of t for the first item was 38.265, for the second item, 35.516 for the third item is 37/901, for the fourth item, 78/33, for the fifth item, 41.014, for the sixth item 45/050, for the seventh item 27.337 and for the eighth item 39/111, it is clear that there is a sharp difference between the values of t in 8 items, among which one can say the sixth item (recommendations of the senior managers of the bank in the form of circulars and instructions (if specified in the correct form and approved by the employee), has the highest t and the seventh item (culture of the circular reading and recall it at least once a month) has the smallest amount of t among the effective factors in the implementation of administrative health at Khuzestan Post Bank.

✓ **Identifying the strengths of administrative health**

In order to identify the "administrative health strengths" in the successful implementation of the administrative health system, we considered five factors among these five factors, the strongest factor as the strong point in the administrative health is the third factor, "to allocate more market share to the post bank" 52.7%. After that, the second factor is "attracting more resources to the bank" with a value equivalent to 50% is the strongest factor in the administrative health of post banks in Khuzestan province. After these two factors, factors such as "reducing administrative violations as a result of respect for employees and their relative welfare" with 48.6 percent, "increasing competitive context with regard to competitors" with a 42 percent, and "people's trust" with 40/7 in the next levels.

Regarding the differences between the 5 items studied in the third factor (strengths of administrative health execution (questions 16 to 20), given that the t value for the first item was



36.126, for the second item, 35.890, for the third item 34.808, for the fourth item, 41.936, and for the fifth factor, 40.141, it is clear that there is a sharp difference between the values of t in 5 items, among them the fourth item (reduction of administrative violations as a result of respect for employees and their relative welfare). has the highest t and the third item (allocation of more market share to the post office) has the smallest value of t for strengths in the implementation of administrative health at Khuzestan province post bank.

✓ Identifying administrative health weaknesses

In order to identify "administrative health weaknesses", in the successful implementation of the administrative health system, we considered seven factors that among these seven factors, the strongest factor as a weakness in administrative health, is the sixth factor: "low job security among employees" and the seventh factor is the "lower implementation of organizational culture in post-bank" with the value of 74.7. After that, "reducing the social status of the post bank due to the low level of administrative health" with a 46 percent, "increased maneuverability in the production cycle" with a percentage of 43.4, "lesser meritocracy in choosing individuals" with 42 percent, "weak level of employee training" with a percentage of 40.7 percent and "loss of branches and consequently a bankruptcy due to low administrative health" will be in the next level with 38.3 percent.

The above finding is consistent with the Kemali's (2014) research. In his research, he found that administrative health in government agencies leads to sound decision-making and the proper implementation of policies and provides efficient and effective public services. Various factors such as effective control and efficient monitoring, organizational culture, organizational environment and government structure contribute to the realization of administrative health. One of the main factors affecting the health of the administrative system is decentralized administrative structure. Decentralization, if well-planned and managed, can provide important opportunities for the realization of administrative health.

Regarding the differences between the 7 items examined in the fourth factor (weaknesses in the implementation of administrative health) (Questions. 21 to 27), given that the t value for the first item was 42.4945, for the second item 37.173, for the third item, 28.704, for the fourth item, 36.227, for the fifth item, 42.252, for the sixth item, 49.611, and for the seventh item, 45.930, it is clear that there is a sharp difference between the values of t in the 7 items, among them, the sixth item (low level of job security among employees) had the highest t and the third (loss of branches and, as a result, bankruptcy due to low administrative health), had the lowest t value in line with the weak point in the implementation of administrative health in Khuzestan Province Post Bank.

Out of the 27 items examined, the fourth item in the first factor (more supervision over the provision of services to customers and customer responsibility in line with barriers to effective administrative health execution) had the highest t and the first item (supervisors of superiors on staff performance in effective barriers of the administrative health implementation) had the lowest t value.

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