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Research Article

The Influence Of Human Resource Practices, Organizational Culture, Interpersonal Support, And Decision Making Participation On Organizational Health In Public Schools: A Prediction Model

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ABSTRACT

This quantitative study examined the influence of human resource practices, organizational culture, interpersonal support, and decision making participation on the organizational health of public elementary schools in Region XI, Philippines. Using a non-experimental descriptive-correlational research design, the study involved 400 public elementary school teachers selected through stratified random sampling across eleven school divisions in Region XI. Data were gathered using adapted and contextualized survey questionnaires. Results revealed very high levels of human resource practices, organizational culture, interpersonal support, and decision-making participation. Organizational health was likewise rated very high, indicating a positive institutional climate. There were significant relationships between human resource practices and organizational health, organizational culture and organizational health, interpersonal support and organizational health, and decision making participation and organizational health. Further, analysis showed that human resource practices, organizational culture, interpersonal support, and participation in decision-making significantly influenced organizational health. These findings implied that teacher engagement in decision-making, sustaining supportive professional relationships, and investing in strategic human resource and culture-building initiatives can collectively enhance the organizational health of schools. The study contributes among school administrators and policymakers in developing policies and programs that will strengthen organizational health to improve educational outcomes. Moreover, it contributes to the pursuit of Sustainable Development Goal (SDG) 3 on good health and well-being through the promotion of organizational health; SDG 4 on quality education by supporting inclusive and equitable learning environments; and SDG 8 on decent work and economic growth by underscoring the role of sound human resource practices and fair labor conditions in basic education institutions.

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INTRODUCTION

Organizational health in public elementary schools remains compromised despite continuous improvement efforts initiated by the administration. In schools of the United States of America, organizations become unhealthy as they face various challenges originating in the surrounding community and within the school causing organizations to become unhealthy. This made schools to suffer consequences which originally cause by high-poverty, stressful work environment, negative impact on teachers performance and low student achievement (Evans, 2021). Findings of Millado, Guhao Jr. and Rodriguez (2021) identified fragmented communication which create ambiguity in directives, uneven policy uptake, and slow feedback loops are some critical threats on organizational health. Also, when organizations are experiencing trouble within, they have related that teachers' expertise and mentoring skills are underutilized and learning materials are not systematically aligned with priority needs while collaboration across units is episodic rather than embedded.

Organizational health is important because it serves as predictor of institutional success that links people practices to teaching and learning outcomes in public elementary schools. Schools with stable organizational health stay strong, able to translate goals into coherent routines, maintain clear and consistent communication, and deploy resources properly that stabilize instructional quality and enable productive reforms. Healthy organizations tend to

demonstrate higher collective efficacy, stronger commitment, and greater adaptability to policy changes and contextual shocks, such as curriculum shifts and post-pandemic recovery efforts. In this sense, organizational health not only reflects the current state of the school environment but also predicts its capacity to sustain improvement and deliver equitable, high-quality learning experiences for all learners.

Relatively, the concept of human resource practices are considered as primary lever for strengthening organizational health. In fact, the relationship between human resource practices and organizational health is a critical aspect of modern school system. Effective human resource practices can significantly impact an organization's performance and health (Rotea, Dumitriu, & Georgescu, 2023). Well-designed human resource practices clarify expectations, build competence, and recognize effort, thereby enhancing motivation and reducing attrition intentions that affect organizational health. These mechanisms, in turn, fortify core dimensions of organizational health, such as goal focus, communication adequacy, and resource utilization, because empowered and well-supported teachers are better positioned to contribute to school-wide initiatives, share expertise, and maintain consistent instructional routines. Thus, human resource practices are expected to exhibit a strong, positive association with organizational health in public elementary schools (Vermeeren, 2021).

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Meanwhile, organizational culture is likewise central to the development of organizational health. The study of Bogale and Debela (2023) found out there is a significant impact of organizational culture to organizational health as it encompasses workplace dynamics, influencing employee interactions, treatment, and management which contribute to effectiveness and efficiency of organization. In focus, organizational culture does influence performance and support employee well-being. As mentioned by Lartey and Ampofo (2025) that an organizational culture may influence the efficiency and effectiveness of its employees which define organizational health. A strong and positive culture characterized by shared values, norms, and routines aligned with the school's mission cultivates trust, mutual respect, and a sense of belonging among staff. When culture is collaborative, learner-focused, and improvement-oriented, it reinforces cohesiveness, strengthens goal focus, and supports open communication patterns which are key indicators of organizational health. Conversely, fragmented or toxic cultures can erode morale, increase conflict, and weaken the school's capacity to implement reforms (Almutairin, Aditya, Kodriyah, Yusuf, Solikhah, Razeeni, & Kotijah, 2022).

Interpersonal support is a critical driver of organizational health, acting as both a protective factor against stress and a catalyst for positive outcomes like job satisfaction, employee well-being, and productivity (Garmendia, Salinero, Gonzales, & Topa, 2023). When teachers feel genuinely

supported, they are more willing to share ideas, seek feedback, and engage in collaborative problem-solving, which improves coordination and reduces isolation. These relational dynamics translate into higher job satisfaction and well-being, lower burnout, and stronger commitment to the school, thereby contributing to a healthier organizational climate. Positive interpersonal relationships in the workplace form a support system that significantly influences various aspects of individual and organizational health (Perel, 2024).

Decision-making participation is a key component of organizational health, as it fosters employee engagement, job satisfaction, and a sense of ownership, which in turn leads to increased creativity, productivity, and overall organizational success (Linhorst, Eckert, & Hamilton, 2021). When teachers are engaged and involved in planning, problem-solving, and school-level decision-making, they are more likely to perceive the organization as fair, transparent, and responsive (Merdrousians, 2024). Participatory decision-making can improve the quality of decisions by integrating classroom-level insights, enhance ownership of initiatives, and foster trust in leadership. These dynamics support key dimensions of organizational health: they strengthen goal alignment, encourage honest communication, and reinforce cohesiveness. Consequently, decision-making participation is expected to have a positive and significant relationship with organizational health in public elementary schools (Alzuman, Jaafari, & Bakadam, 2025).

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Relatively, human resource practices is significant in maintaining organizational health. It is an integral part of an organization's management strategy that focuses on effectively managing the organization's workforce. Human resource practices encompass a wide range of activities, policies, and procedures that aim to attract, develop, motivate, and retain employees. These practices play a crucial role in creating a positive work environment, fostering employee engagement, and ultimately driving organization's success. It transform the workforce from a cost center into a source of innovation, ensuring the right people are in the right roles, motivated, and legally protected (Sonar & Pandey, 2023).

Empirically, organizational culture serves as a foundational set of beliefs shaped by the members of an organization through external adaptation or internal integration. It is a collection of fundamental assumptions, norms, values, and shared conduct transmitted to newcomers. (Bogale & Debela, 2024). They emphasized that organizational culture has a significant impact on workplace dynamics, influencing employee interactions, treatment, and management which form part the organizational health. Those principles are maintained as the organization offers an effective adaptation to environmental problems and maintains success (Bamidele, 2022).

Interpersonal support emerged as a strong predictor of organizational health, showing a clear positive relationship between

supportive relationships in schools and teachers' overall well-being and effectiveness. When teachers experience interpersonal support through encouragement, collaboration, and understanding from leaders and colleagues they are more motivated, emotionally secure, and engaged in their work. This support directly contributes to positive learning environments and improved student outcomes, underscoring its importance as a foundational element of organizational health (Lanojan, 2025). Simply put, teachers who feel supported are better equipped to teach well and remain committed to their schools.

This positive correlation is further reinforced by a qualitative study in England involving 100 teachers, which found that strong interpersonal support and collaborative relationships among colleagues had the greatest positive influence on teacher retention (Coliie, 2023). The presence of supportive peers not only enhanced teachers' sense of belonging but also reduced feelings of isolation and work-related stress. This highlights the importance of interpersonal support in sustaining a stable teaching workforce, as supportive environments encourage teachers to stay, grow, and invest long-term in their schools key indicators of a healthy organization.

Moreover, additional studies emphasize that leadership-related factors strengthen this relationship. Escosora and Guhao (2023) found that leaders' emotional intelligence and supportive leadership styles significantly influenced teachers' perceptions of support, engagement, and risk of burnout. This

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correlation underscores the critical role of school leaders in shaping interpersonal support systems. When leaders demonstrate empathy, understanding, and responsiveness, teachers are more likely to feel valued and protected from burnout, thereby reinforcing organizational health. Altogether, these findings affirm that interpersonal support is not merely relational but a vital organizational resource that directly enhances teacher well-being, retention, and overall school health.

Decision-making participation has been consistently linked to positive organizational outcomes in educational settings, particularly in strengthening organizational health. Cuyab and Guhao (2020) found that when teachers are actively involved in planning and problem-solving, they demonstrate higher levels of engagement, stronger trust in school leadership, and greater organizational commitment. This positive correlation shows that inclusive and fair decision-making processes encourage teachers to take ownership of school initiatives. As a result, schools benefit from stronger cooperation, sustained implementation of programs, and a more stable and healthy organizational environment, supporting the role of decision-making participation as a key predictor of organizational health.

Organizational health itself is a critical factor in ensuring long-term performance, resilience, and sustainability. Healthy organizations are better able to adapt to challenges, maintain productivity, and achieve consistent outcomes even in

complex and changing environments. Camp, Hashwani, and Gillani (2024) emphasized that organizations with strong organizational health demonstrate greater resilience and higher performance, highlighting its importance as a strategic asset rather than a short-term outcome. In schools, this translates into the ability to sustain reforms, support teachers, and continuously improve teaching and learning.

Moreover, organizational health provides leaders with a framework for building durable, sustainable, and high-performing institutions. Feder (2024) explained that the concept evolved from occupational health, which focuses on employee well-being, but extends further by directly linking employee experiences to overall organizational success. When teachers feel valued, heard, and supported, their well-being contributes not only to individual satisfaction but also to collective effectiveness. Thus, prioritizing organizational health through inclusive decision-making and supportive leadership becomes essential for creating schools that can thrive and remain effective over the long term.

The theoretical framing of this study draws on Social Exchange Theory, Human Capital Theory, Organizational Support Theory, and the Job Demands–Resources (JD-R) Model to explain how human resource practices, organizational culture, interpersonal support, and decision-making participation shape organizational health. Social Exchange Theory posits that employees reciprocate favorable treatment with positive attitudes and behaviors; thus, supportive HR practices,

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participatory decision-making, and a positive culture elicit greater commitment and cooperative behavior, strengthening organizational health. The Human Capital Theory (Becker, 1962) suggests that investments in teachers' skills, knowledge, and capacities through HR practices enhance productivity and effectiveness, contributing to healthier organizations. On the other hand, Organizational Support Theory (Shore & Shore, 1995) explains how perceived interpersonal and institutional support fosters engagement and loyalty within organizations, while the JD-R Model (Bakker & Demerouti, 2007) highlights how job resources—such as effective HR systems, strong culture, and supportive relationships—buffer job demands and promote well-being thereby strengthening organizational health. Together, these theories provide a holistic lens for understanding how the independent variables in this study collectively influence the dependent variable, organizational health, in public elementary schools.

In figure 1 is shown the conceptual framework in this study is composed of two latent constructs, namely exogenous variables and endogenous variable. The exogenous variables are human resource practices, organizational culture, interpersonal support, and decision-making participation. On the other hand, the endogenous variable of this study is organizational health. Since the latent variables are not directly correlated, it follows that this cannot be measured directly. To this, each latent construct will be associated with multiple measures or

observed variables. Thus, the extent of regression paths from the latent variable to the observed variables will be one of the primary concerns of this study.

The exogenous variables (human resource practices, organizational culture, interpersonal support, and decision-making participation) in this study were correlated with organizational health which is the endogenous variable. The figure presents the structural framework of the study, showing how four exogenous latent variables human resource practices, organizational culture, interpersonal support, and decision-making participation are linked to organizational health as the endogenous variable. Each exogenous construct is represented by its respective indicators, reflecting key dimensions commonly emphasized in organizational and educational research. Human resource practices are shown as a multidimensional construct grounded in the high-performance work system (HPWS), highlighting how coordinated people-management practices collectively support teacher engagement and effectiveness.

Organizational culture is illustrated through its dominant cultural orientations, emphasizing how shared values, norms, and ways of working shape school functioning. Interpersonal support is depicted as a supportive network within the organization, capturing different forms of assistance that strengthen teachers' well-being and resilience. Decision-making participation is represented through both structural and personal dimensions, underscoring the role of inclusive school environments and

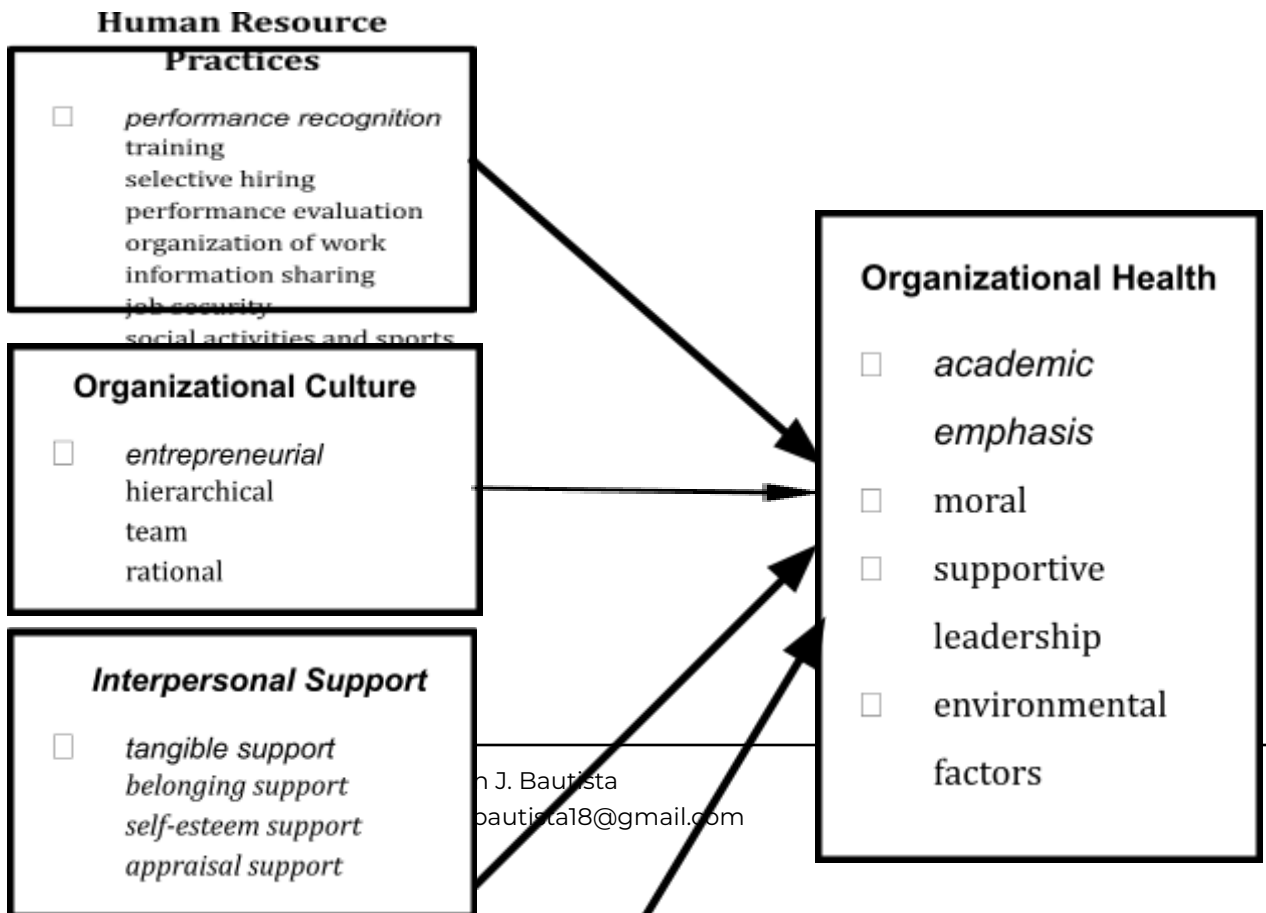
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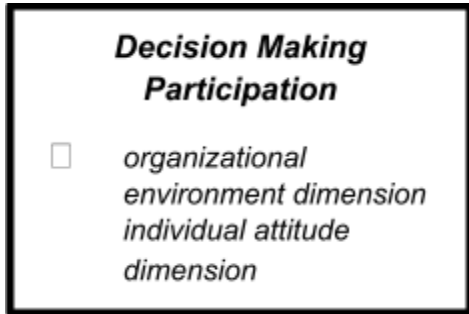
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teachers' active involvement in shaping school decisions.

Finally, organizational health is positioned as the outcome variable, reflected through key school-level domains that capture instructional focus, teacher morale,

leadership support, and the overall school environment. Taken together, the figure visually explains how supportive systems, positive relationships, and participatory practices interact to promote a healthy and effective school organization.





Legend

- HRP** – Human Resource Practices
- OC** – Organizational Culture
- IS** – Interpersonal Support
- DMP** – Decision-Making Participation
- OH** – Organizational Health

Arrows:

- Direct effect
- ↔ Correlation/Mutual relationship

Figure 1. Conceptual framework of the study showing the direct relationship of the exogenous variables towards the endogenous variable.

Various studies have shown correlations among human resource practices, decision-making participation, interpersonal support, organizational culture, and organizational health. Research has demonstrated strong associations between HR practices and organizational health, as well as between organizational culture and organizational effectiveness, while decision-making participation and interpersonal support also influence organizational outcomes. However, most of these studies were conducted in foreign contexts or focused on secondary and higher education institutions, leaving a gap in understanding how these factors specifically interact in public elementary schools, particularly in Region XI (Soehartono,

Hirachwati, & Suhariadi, 2023). Furthermore, previous research often examined only two to three variables, whereas this study investigates four key predictors and their specific domains. The purpose of this study is to determine the influence of human resource practices, organizational culture, interpersonal support, and decision-making participation on organizational health in public elementary schools. By examining these relationships in a local context, this research seeks to provide actionable insights for enhancing teacher well-being, school effectiveness, and overall student outcomes.

This study aims to determine the levels of human resource practices, organizational culture, interpersonal support, and

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decision-making participation in public elementary schools, considering their respective domains, and to measure organizational health in terms of academic emphasis, morale, supportive leadership, and environmental factors. It also seeks to examine the significant correlations between each predictor and organizational health, determine their combined influence, and develop a mathematical prediction model for organizational health.

The study tested the following null hypotheses: first, there is no significant correlation between human resource practices, organizational culture, interpersonal support, and decision-making participation and organizational health; and second, no specific domain of human resource practices, organizational culture, interpersonal support, or decision-making participation significantly influences organizational health.

This study contributes to both local and global educational research by providing a clearer understanding of how HR practices, organizational culture, interpersonal support, and decision-making participation influence organizational health in public elementary schools. The findings can guide school administrators and teachers in improving supportive practices, enhancing teacher motivation, and fostering professional commitment, which in turn can improve student learning outcomes (Ingersoll, May, & Collins, 2019). Policymakers and educational agencies can also use the results to design programs and initiatives that strengthen organizational

health, ensuring schools are effective, supportive, and well-managed. The research provides a foundation for future studies exploring additional variables or contexts and encourages more locally relevant educational research to address the unique challenges of public elementary schools.

At the global level, understanding organizational health in schools aligns with Sustainable Development Goal 4 (Quality Education), emphasizing effective, inclusive, and equitable education. Enhancing organizational health supports teachers' well-being and professional growth, contributing to better learning outcomes for students worldwide (Van Beurden et al., 2021; Torres, 2022). From a social perspective, this study highlights the importance of creating healthy school environments where teachers feel supported, involved, and valued. Improved organizational health strengthens teacher-student relationships, fosters collaboration, and promotes a positive learning climate, ultimately benefiting both educators and learners in the community (Kyereh et al., 2023; Teasley, 2017).

The primary beneficiaries of this study are public elementary schools, including school administrators, teachers, and students. School administrators can use the findings to strengthen specific HR and organizational domains, such as performance recognition, teacher training and development, fair performance evaluation, clear work organization, open information sharing, job security, and opportunities for social activities and collaboration. By also fostering

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a participative decision-making environment, strengthening interpersonal support, and nurturing a positive school culture, administrators can create a more supportive, motivated, and productive work environment where teachers feel valued and empowered.

Teachers will benefit from higher job satisfaction through meaningful recognition of their work, access to relevant training and professional development, supportive leadership, and opportunities to participate in school decision-making. Strong interpersonal support and a positive school culture can also enhance teachers' confidence, motivation, and overall well-being, allowing them to teach more effectively. Students, in turn, benefit from a healthier school environment characterized by high academic emphasis, positive teacher morale, and supportive leadership, which can lead to better classroom experiences, stronger engagement, and improved academic performance. Students benefit directly from a healthy school organization through strong academic emphasis, supportive leadership, and a positive learning environment. When teachers feel motivated, supported, and involved in decision-making, they are more focused, enthusiastic, and consistent in their teaching, which improves classroom instruction. A school climate marked by high morale and clear organization also provides students with a safe, engaging, and well-managed learning environment, leading to better learning experiences and improved academic performance.

Future researchers will benefit from this study by gaining clearer insights into how specific HR practice domains—such as performance recognition, training, selective hiring, performance evaluation, work organization, information sharing, and job security—interact with organizational culture dimensions (entrepreneurial, hierarchical, team, and rational), types of interpersonal support (tangible, belonging, self-esteem, and appraisal), and decision-making participation domains (organizational environment and individual attitude) in shaping organizational health. The framework and empirical results of this study provide a solid basis for future research to examine other variables, compare different school levels or regions, or apply alternative research designs, thereby deepening understanding in the field of educational management and organizational health. This study also highlights the importance of context-specific research, encouraging future studies to consider the unique challenges and opportunities within different educational settings.

Furthermore, it tries to identify the significant relationships between: human resource management practices and organizational health, organizational culture and organizational health, interpersonal support and organizational health, and decision-making participation and organizational health. This will also determine the best fit model for organizational health.

Relatively, the researcher hypothesized that there were no significant correlation between human resource practices and organizational health, organizational culture

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and organizational health, interpersonal support and organizational health and decision making participation and organizational health (2) there was no

domain on human resource practices, organizational culture, decision making participation and interpersonal support that can best influence organizational health.

METHODS

This section discusses the research respondent, materials and instrument, and design and procedures being used in this study.

Research Respondents

The study respondents were the 400 public elementary school teachers from the ten divisions of Region XI comprising 37 males and 363 females, among the 25,978 elementary school teachers based on the data from DepEd Region XI for the school year 2024-2025. These elementary teachers were selected because they are central to the daily life of the school and are directly affected by how leadership decisions, communication practices, and fairness are carried out. Their everyday experiences give them a clear perspective on whether school processes build or weaken trust. In many schools, trust issues tend to emerge when leadership actions are inconsistent, teachers are not meaningfully involved in decision-making, or communication is unclear factors that can gradually reduce collaboration and lower morale.

The sample size was determined with consideration for the development of a prediction model, ensuring statistical validity and reliability. It is also calculated using the Raosoft sample size online calculator that is set at 5% margin of error. In line with the recommendations of De Vera, Gabud, and

Manalo (2020), emphasized that large sample sizes strengthen the predictive accuracy and generalizability of regression-based models in educational research, the sample of 400 exceeds the minimum requirement for multiple regression analyses. Their study highlighted that a sample size of at least 300 to 400 respondents is appropriate when building models that involve multiple predictors, as it reduces estimation error and improves model stability.

The target population comprised of public elementary school teachers in DepEd Region XI (estimated N = 25,969 teachers, per PPRD-DepEd Region XI). Common attributes included licensure as professional teachers, full-time employment in public elementary schools (Grades 1-6, including multigrade where applicable), and direct responsibility for classroom instruction and school improvement activities. These teachers varied by tenure, school size, and geographic setting (urban, peri-urban, rural), allowing the study to capture differences in culture, support, and participation across organizational contexts.

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The study surveyed approximately 400 teachers, a size sufficient for stable estimates and subgroup comparisons in a finite population of about 26,000. This target aligned with well-cited guidance that samples of around 380–400 were adequate for large populations at roughly 95% confidence and acceptable precision (Krejcie & Morgan, 1970; Cochran, 1977), while remaining feasible for field implementation. To ensure representativeness, the sample was proportionally allocated by division based on teacher counts: Davao City (~111), Tagum City (~18), Davao del Norte (~41), Panabo City (~14), Davao de Oro (~63), Davao del Sur (~41), Digos City (~13), Mati City (~13), Davao Oriental (~44), Island Garden City of Samal (~9), and Davao Occidental (~33). This proportional distribution preserved each division's weight in the population while guaranteeing coverage of smaller divisions.

The sampling technique was stratified random sampling with divisions as strata and proportional allocation. Stratification reduced sampling bias and sampling variance by drawing random samples within relatively

homogeneous subgroups and preserving across-strata diversity, thereby improving precision and generalizability compared with simple random sampling of the entire region (Thomas, 2022; Scribbr, 2022). Within each division stratum, random lists of eligible teachers were generated (e.g., via division HR or school rosters), and participants were randomly invited until the proportional quota was reached.

Inclusion criteria were: public elementary school teachers currently assigned to selected schools in Region XI who consented to participate and were able to provide responses relevant to the constructs under study. Exclusion criteria were: parents, students, school heads, and DepEd officials (non-teaching), as the focal perspective was teachers' perceptions of organizational health. Withdrawal from the study was voluntary at any time without penalty; partially completed responses were included only if they met predefined data-quality thresholds (sufficient completion of scale items), while records with excessive missingness or patterned/invalid responses were removed during data cleaning to protect analytic integrity.

Materials and Instruments

The survey questionnaire that was used as an instrument in the study was composed of five parts adapted and expert-validated questionnaire sets aligned to the major constructs: human resource practices, organizational culture, interpersonal support, decision-making participation, and organizational health. The first part was

adapted from Wollack, Goodale, and Smith (2021) Human Resource Practices Questionnaire which measured the performance recognition, training, selective hiring, performance evaluation, organization of work, information sharing, job security, and social activities and sports. The Organizational Culture Questionnaire was

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based and adopted from (Boon et al. 2019) which assessed through multidimensional indicators capturing entrepreneurial, hierarchical, team and rational.

Meanwhile, Interpersonal Support Questionnaire on the other hand was adopted from (Mai, Wu, & Huang, 2021) which used the following indicators: tangible support, belonging support, self-esteem support, and appraisal support. Decision-making participation was adapted from Yildirim, Akan, and Yalcin (2019), with items focusing on the organizational environment of participation (e.g., openness of structures, availability of forums) and individual attitudes toward involvement in school-level decisions (≈ 14 items). Organizational health was measured using indicators from Doganay and Dagli (2020), covering academic emphasis, morale, supportive leadership, and environmental factors that prior studies had linked to school effectiveness and teacher well-being.

All items in the questionnaire were measured using a five-point Likert scale, where 1 represented Strongly Disagree, 2 represented Disagree, 3 represented Neutral, 4 represented Agree, and 5 represented Strongly Agree. This consistent scaling allowed for clear interpretation across all variables and supported the use of parametric statistical analyses (cf. Koo & Yang, 2025). Mean scores were further interpreted using the following categories: 4.21–5.00 as very high, 3.41–4.20 as high, 2.61–3.40 as moderate, 1.81–2.60 as low, and 1.00–1.80 as very low. These ranges were applied uniformly to human resource

practices, organizational culture, interpersonal support, decision-making participation, and organizational health. By using a standardized scale and interpretation, the study ensured clear reporting, allowed straightforward comparisons across constructs, and provided a coherent view of respondents' perceptions. Content validity and reliability were established through a step-by-step process. First, the adapted questionnaire items were reviewed by the researcher's adviser and then evaluated by an expert panel consisting of three to five specialists in human resource management, educational leadership, and psychometrics. Each item was rated for relevance, clarity, and contextual appropriateness, and qualitative suggestions were incorporated before the pilot administration. The overall validation yielded an average expert rating of 4.56 out of 5 ("Very Good"), with a Scale-Level Content Validity Index (S-CVI/Ave) of .92, indicating excellent content validity.

Next, a pilot test was conducted with approximately 50 teachers from schools outside the main sample to assess internal consistency. Cronbach's alpha coefficients were calculated for each scale, with $\alpha \geq .70$ considered acceptable and $\alpha \geq .80$ preferred (Tavakol & Dennick, 2023; Liu & Wu, 2021). The results demonstrated strong reliability across all constructs: human resource practices = .89, organizational culture = .91, interpersonal support = .88, decision-making participation = .86, and organizational health = .90. These values confirm good to excellent internal consistency for all five scales, supporting the use of the instrument in the main study.

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Design and Procedure

This study employs a non-experimental, quantitative, descriptive-correlational design with regression and path-analytic modeling, appropriate for examining naturally occurring relationships among multiple independent variables (human resource practices, organizational culture, interpersonal support, decision-making participation) and the dependent variable (organizational health) without manipulating school contexts. Such designs are well-suited for exploring patterns, correlations, and predictions among variables in authentic educational settings (Creswell, 2014) and for testing the extent to which a theorized model is supported by sample data (Crossman, 2019). Operating in the education perspective, the design honors the everyday constraints of public elementary schools while enabling evidence-informed leadership decisions; it also reflects best practice that variables remain unaltered and the setting stays natural and uncontrolled (Kendra, 2023).

To achieve the study objectives, a multivariate modeling framework is used that integrates multiple linear regression and correlation. This framework models both direct and indirect (mediated) effects among observed and latent constructs and is implemented by specifying relationships derived from the survey data (see Stein, Morris, & Nock, 2016). In practical terms, multiple regression identifies which independent variables most strongly predict the dependent variable. Goodness-of-fit and

parsimony are considered through common indices (e.g., χ^2/df , CFI/TLI, RMSEA, SRMR) alongside information criteria when comparing plausible models, ensuring that the best-fitting, theoretically coherent model for school effectiveness in Region XI is selected.

In typological terms, the research is descriptive-correlational on the objective dimension (it characterizes levels of key variables and their interrelations and makes predictions) and cross-sectional on the time dimension (data are gathered once from a large cohort within a bounded period). While cross-sectional evidence cannot establish causality, it is appropriate for system-level diagnostics and policy-relevant inference in education where timely decisions are needed.

Data collection followed a clear, field-feasible sequence. First, formal permission letters were sent to the DepEd Region XI Regional Director and to the eleven Schools Division Superintendents to secure approval to approach teachers. Upon receipt of authorizations, I scheduled school visits, coordinated with division focal persons, conducted orientation and participants were asked to signed informed consent, and administered the paper-and-pencil/online questionnaires to public elementary school teachers from January to February 2025. From personal experience in the field, school schedules and concurrent activities required flexible deployment windows; I often met teacher-respondents during

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mid-morning breaks or after classes to minimize disruption.

I returned one week after distribution to retrieve paper forms and sent polite reminders for online non-completes. All retrieved questionnaires were screened, checked for completeness, and coded, with data entry double-verified to prevent transcription errors. A cleaning protocol excluded straight-lining, extreme missingness, and out-of-range values before computing scores. Descriptive summaries were prepared first, followed by assumption checks (normality, linearity, homoscedasticity, multicollinearity), and then the planned inferential analyses. Throughout, reflective field notes captured access challenges, respondent queries about items, and timing constraints, which informed minor clarifications in the administration script while preserving instrument integrity.

Statistical treatments addressed each objective systematically. Descriptive statistics (means, standard deviations, and interpretation via the common 5-point scale) established the levels of human resource practices, decision-making participation, interpersonal support, organizational

culture, and organizational health. Pearson's r examined bivariate associations among variables to gauge preliminary link strength and direction. Multiple linear regression identified unique predictors of organizational health, controlling for the other IVs.

Ethical safeguards were rigorously observed. Prior to fieldwork, the protocol underwent review under the University of Mindanao Ethics and Review Committee (UMERC); data collection commenced only after compliance certification. Participation was voluntary, with informed consent detailing purpose, procedures, risks/benefits, and the right to withdraw at any time without penalty. In line with the Data Privacy Act of 2012, all personally identifying information was minimized, pseudonymized during analysis, and stored securely with restricted access. Proper attribution was maintained for all sources; no fabrication, falsification, plagiarism, or model over-claiming was tolerated, and similarity checks (e.g., Turnitin) were employed. The study adhered to UMERC standards for beneficence, respect for persons, and justice, ensuring that findings would be communicated responsibly to school stakeholders for improvement purposes.

RESULTS AND DISCUSSION

This part of the research evaluates and assesses the collected data from the survey regarding human resource practices, organizational culture, interpersonal support, decision making participation, and organizational health in public schools is evaluated and assessed, considering the investigation's purpose of this study.

Human Resource Practices

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Table 1 presents the level of Human Resource Practices (HRP) in public elementary schools, where the overall mean was 4.44, interpreted as Very High with a standard deviation of 0.222. Among the eight constructs, organization of work had the highest mean with a rating of 4.60 or very high, followed by performance recognition with a mean score of 4.48 or very high with a standard deviation of 0.333, information

sharing has a mean rating of 4.46 or very high with a standard deviation of 0.345, selective hiring and social activities and sports have standard deviations of 0.354 and 0.404 respectively, training has a mean rating of 4.37 or very high, and the lowest are performance evaluation with standard deviation of 0.446 and job security with a mean rating of 4.36 or very high with standard deviation of 0.562.

Table 1

Level of Human Resource Practices

<i>Indicator</i>	<i>SD</i>	<i>Mean</i>	<i>D.E.</i>
<i>Performance Recognition</i>	0.333	4.48	<i>Very High</i>
<i>Training</i>	0.446	4.37	<i>Very High</i>
<i>Selective Hiring</i>	0.354	4.43	<i>Very High</i>
<i>Performance Evaluation</i>	0.511	4.36	<i>Very High</i>
<i>Organization of Work</i>	0.315	4.60	<i>Very High</i>
<i>Information Sharing</i>	0.345	4.46	<i>Very High</i>
<i>Job Security</i>	0.562	4.36	<i>Very High</i>
<i>Social Activities and Sports</i>	0.404	4.43	<i>Very High</i>
<i>Overall</i>	0.222	4.44	<i>Very High</i>

Contributory to the very high level of human resource practices are the item-statements found in the appended tables of human resource practices. It was specified that teachers has active involvement in school activities. They also consider regular consultation with employees through various committees as necessary and conducted resolution of problems with project teams in order for the organization to achieve

outstanding performance. Further, teachers believe that sharing information with others can help gain better ideas for the improvement and development of the organization.

This findings aligned with Sioting and Guhao (2023) who emphasize the significance of organizational trust and the development of professional learning communities in

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fostering a collaborative environment within schools.. Additionally, Ali and Khan (2024) ideas has bearing with the findings as they mentioned that technical skills and training needs assessment are necessary to ensure that employees are equipped with the right competencies to meet organizational goals, adapt to evolving industry demands, and maintain a competitive edge in the. Lastly, Mirkov and Tankosić (2025) contnetion that strategic human resource roles are elevated through proper selection and hiring, as it allows human resource professionals to excel to more value-driven functions within organization.

Organizational Culture

In Table 2, the level of organizational culture in schools achieved an overall mean of 4.47 or *very high* with a standard deviation of 0.274. Among the four indicators, team is the highest with a mean score of 4.50 or *very high* with a standard deviation of 0.324. This was followed by rational with a mean score of 4.49 described as *very high* with a standard deviation of 0.425, and followed by hierarchical with a mean rating of 4.46 described as *very high*. The lowest is entrepreneurial with a mean rating of 4.43 still described as *very high* with a standard deviation of 0.340. It can be noted that teachers are committed towards their job as they manifest their eagerness to help the organization succeed.

Table 2
Level of Organizational Culture

Indicators	SD	Mean	D.E.
Entrepreneurial	0.340	4.43	Very High
Hierarchical	0.319	4.46	Very High
Team	0.324	4.50	Very High
Rational	0.425	4.49	Very High
Overall	0.274	4.47	Very High

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The item-statements that contributes to the very high level of organizational culture are the caring behavior of leaders as they act as mentors or guides among teachers in order to achieve the best teaching-learning experience. Teachers also are very dedicated as they are very loyal to the organization as observed the way they follow rules and policies being implemented in the organization. The constant provision of needs of teachers such new resources hold teachers to stay in the job.

This finding is consistent and aligned with Espita and Guhao (2022) who gave focused on adapting new resources for continuous improvement, knowledge management and innovation capacities. Similarly, it was emphasized that the importance of formal structures, rules, and policies in preserving organizational effectiveness and coordinating employees' actions with institutional goals help organization grow (Millado, Guhao, & Rodriguez, 2021). The idea of Guhao and Quines (2021) that leaders who are compassionate, caring, and committed to assisting their employees in realizing their greatest potential, authentic leaders who serve as mentors have a considerable positive impact on employees' work engagement and progress in the studies.

Interpersonal Support

Table 3 shows the level of interpersonal support which has an overall mean of 4.53 or very high with a standard deviation of 0.204. Based from the findings of the study, appraisal support is the highest which has a mean rating of 4.61 or very high with a standard deviation of 0.390. This is followed by self experience. Teachers also are very dedicated as they are very loyal to the organization as observed the way they follow rules and policies being implemented in the organization. The constant provision of needs of teachers such new resources hold teachers to stay in the job.

This finding is consistent and aligned with Espita and Guhao (2002) who gave focused on adapting new resources for continues improvement, knowledge management and innovation capacities. Similarly, it was emphasized that the importance of formal structures, rules, and policies in preserving organizational effectiveness and coordinating employees' actions with institutional goals help organization grow (Millado, Guhao, & Rodriguez, 2021). The idea of Guhao and Quines (2021) that leaders who are compassionate, caring, and committed to assisting their employees in realizing their greatest potential, authentic leaders who serve as mentors have a considerable positive impact on employees' work engagement and progress in the studies.

Table 3
Level of Interpersonal Support

Indicators	SD	Mean	D.E.
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Tangible Support	0.361	4.50	Very High
Belonging Support	0.326	4.45	Very High
Self-Esteem Support	0.330	4.54	Very High
Appraisal Support	0.390	4.61	Very High
Overall	0.204	4.53	Very High

From the item-statements, the following contributes to the very high level of interpersonal support: teachers handle problems with the help of others, could friend, siblings, and co-workers, sharing ones private worries and fears with someone, and turning to other people when one needs suggestions on how to deal with problems. Further, teachers as well feel happy when friends give advice on what is best for them.

This findings aligned with Bayawa and Guhao (2022) as they pointed out that a supportive school climate encourages teachers and staff to assist one another in accomplishing tasks, fostering collaboration and teamwork. Additionally, it was emphasized that true, encouraging counsel is how real school leaders create relationships based on trust, teachers believe that their advice is based on sincere concern for their development and welfare (Guhao Jr. & Quines, 2021). Lastly,

teachers' self-efficacy—which is the conviction that one can perform on par with others or better at particular tasks—is increased by a positive school climate and capable leadership (Bayawa & Guhao, 2022).

Decision-Malong Participation

As shown in Table 4, the variable decision-making participation achieved an overall mean of 4.48 described as very high with a standard deviation of 0.278. From the two indicators, individual attitude is higher which has 4.56 mean rating described as very high with a standard deviation of 0.407. On the other hand, organizational environment is lower which has a mean rating of 4.40 though still very high with a standard deviation of 0.294. The findings implied that teachers feel valuable as they are given to opportunity to participate in decision making.

Table 4
Level of Decision-Making Participation

Indicator	SD	Mean	D.E.
Organizational Environment	0.294	4.40	Very High
Individual Attitude	0.407	4.56	Very High

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Overall **0.278** **4.48** **Very High**

The very high level of decision making participation indicates that teachers are active in the implementation of school activities. Contributory to the very high score are the following: teachers find it valuable when they are given the chance to make decisions, their participation makes the decision quality, and teachers are given the chance to participate in decisions always. Further, teachers are also given the right to participate in the discussions and in giving decisions which boost ones participation in the development of the organization.

This findings aligns with Bayawa and Guhao (2022) ideas that teachers' professional engagement, self-efficacy, and teamwork are all improved when school administrators include them in planning and instructional decisions. This study highlighted how leadership philosophies that promote inclusive decision-making and open communication enable educators to voice their thoughts, which improves motivation and instructional skills (Centina & Guhao,

2022). Lastly, study found that principals who value teacher input and involve them in decisions contribute to a healthier organizational climate and a stronger sense of belonging among faculty (Ponsades & Guhao, 2021).

Organizational Health

Gleaned in Table 5 is the level of organizational health which achieved an overall mean of 4.52 described as very high with a standard deviation of 0.216. The very high level of organizational health were derived from the four indicators. The construct environmental factors is the highest which has a mean rating of 4.54 described as very high. This was followed by academic emphasis which has a mean rating of 4.52 or very high with a standard deviation od 0.324. The lowest is moral and supportive leadership which have mean ratings of 4.50 described as very high with a standard deviation of 0.265 and 0.297 consecutively.

Table 5
Level of Organizational Health

Indicator	SD	Mean	D.E.
Academic Emphasis	0.324	4.52	Very High
Moral	0.265	4.50	Very High
Supportive Leadership	0.297	4.50	Very High
Environmental Factors	0.330	4.54	Very High

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Training	-.029 (0.566)	.184* (0.000)	.134* (0.007)	-.097 (0.053)	.057 (0.258)
Selective Hiring	.186* (0.000)	.092 (0.067)	.218* (0.000)	.292* (0.000)	.284* (0.000)
Performance Evaluation	.249* (0.000)	.069 (0.171)	.132* (0.008)	.159* (0.001)	.220* (0.000)
Organizational Work	.101* (0.044)	-.096 (0.056)	.242* (0.000)	.290* (0.000)	.200* (0.000)
Information Sharing	.125* (0.012)	.173* (0.000)	.331* (0.000)	.217* (0.000)	.298* (0.000)
Job Security	-.005 (0.926)	-.036 (0.476)	.081 (0.105)	.029 (0.562)	.025 (0.620)
Social Activities and Sports	.349* (0.000)	.046 (0.362)	.298* (0.000)	.322* (0.000)	.371* (0.000)
Overall	.248* (0.000)	.131* (0.008)	.317* (0.000)	.294* (0.000)	.355* (0.000)

*Significant at 0.05 significance level.

In the literature, organizational commitment expresses both the employees' continuing to stay in the organization and their serving more willingly with the sense of belonging they feel to the organization they work in. The concept of organization health, which is a holistic review of the concepts of employee welfare and organizational effectiveness has an impact on the human resource management practices of the organization. In this context, the matter of how organizational commitment being embodied in the human result management practices, which is a critical variable for the organizations, is affected by organization health was examined in the study, (Yuseler, A., Doganalp, B., & Didem Kaya, D. 2018). The findings revealed that six human resource practice indicators—performance recognition, selective hiring, performance evaluation, organizational work, information

sharing, and social activities and sports—showed significant correlations with organizational health. All indicators registered significant relationships, with r-values of 0.000. Similarly, organization health indicators such as academic emphasis, morale, supportive leadership, and environmental factors were also found to be significantly correlated with human resource practices. These results support the claims of Rotea et al. (2023) and Vermeeren (2021) that effective human resource practices positively influence organizational health. The study indicates that well-structured human resource practices in public elementary schools help clarify expectations, enhance competence, recognize employee efforts, and improve motivation, thereby strengthening overall organizational health.

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Significant Relationship of Organizational Culture and Organizational Health

Similarly, the data in Table 7 shows the relationship between organizational culture and organizational health with an overall P-value 0.504 which is higher than the standards set in this study and an r value of 0.000. It could be observed that organizational culture significantly affect organizational health. Thus, the null hypothesis that there was significant relationship between organizational culture and organizational health was accepted. The findings emphasized that there was a significant relationship between organizational culture and organizational health.

Among the four construct of organizational culture when correlated with organizational

health, all the domains show significant relationship. Entrepreneurial has a P-value of .415 with r-value of 0.000; hierarchical has a P-value of .388 with r-value of 0.000; team has a P-value of .434 with r-value of 0.000, and rational has P-value of .343 and r-value of 0.000. On the other hand, when organizational health is correlated with organizational culture, academic purposes has an a P-value of .364 with r-value of 0.000.

Rational Culture yields the weakest but still significant links (e.g., environmental factors r = .137), while relating more to supportive leadership (r = .298) and overall OH (r = .343). Taken together, the composite correlation (r = .504, p = .000) suggests a moderate overall link (≈25.4%shared variance) between a school’s cultural profile and its organizational health.

Table 7
Significance on the Relationship between Levels of Organizational Culture and Organizational Health

Organizational Culture	Organizational Health				
	Academic Purposes	Moral	Supportive Leadership	Environmental Factors	Overall
Entrepreneurial	.313* (0.000)	.342* (0.000)	.289* (0.000)	.243* (0.000)	.415* (0.000)
Hierarchical	.246* (0.000)	.409* (0.000)	.267* (0.000)	.197* (0.000)	.388* (0.000)

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Team	.343* (0.000)	.353* (0.000)	.267* (0.000)	.270* (0.000)	.434* (0.000)
Rational	.240* (0.000)	.314* (0.000)	.298* (0.000)	.137* (0.006)	.343* (0.000)
Overall	.364* (0.000)	.451* (0.000)	.362* (0.000)	.268* (0.000)	.504* (0.000)

*Significant at 0.05 significance level.

Organizational health in hospitals can reduce medical errors, increase the quality of care, improve organizational learning, and enhance collaboration, innovation, and cost reduction. The remarkable success of successful organizations lies in organizational culture and employee beliefs. The aim of this study was to investigate the relationship between organizational culture and organizational health in the employees of Iran teaching hospitals materials. The results of this study indicated that there was a positive and significant correlation between the component of organizational culture with organizational health and its dimensions. Therefore, it is necessary to make decisions focusing on the organizational culture of hospitals and steps to coordinate individuals' values and norms for the promotion of organizational culture. It is also recommended to improve organizational health Fatemeh Rasooly Kalamaki, Ghahraman Mahmoudi, and Jamshid Yazdani Charati (2020).

These results converge with existing literature. The primacy of Team Culture echoes Torres (2022), who shows that teamwork builds trust, collaboration, and shared accountability, lifting organizational performance. The meaningful

role of Hierarchical Culture alongside team dynamics aligns with Wong & Ng (2020), who find that balancing structure with collaboration yields more adaptable, effective schools. The strong showing of Entrepreneurial Culture is consistent with Van Beurden et al. (2021), highlighting that innovation and adaptability help institutions maintain organizational health amid change. Together, the evidence supports the theoretical claim that a multidimensional, well-balanced culture centered on collaboration, reinforced by structure, energized by innovation, and guided by purpose best predicts a healthy school organization.

Significant Relationship of Interpersonal Support and Organizational Health

Table 8 indicates a strong, positive, and statistically significant relationship between interpersonal support and organizational health ($r = .600, p < .001$), warranting rejection of the null hypothesis. Disaggregated results show Self-Esteem Support has the largest correlation with overall OH ($r = .530$), highlighting the salience of teachers' felt value, confidence, and emotional resilience. Belonging Support also correlates

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strongly especially with supportive leadership and environmental factors ($r = .429$) pointing to the benefits of inclusion and social connectedness. Tangible Support relates significantly to most OH domains (notably to supportive leadership, $r = .495$), but it is not related to academic purposes ($r = .007$, $p = .887$), suggesting instrumental help may not directly shape

instructional emphasis. Finally, Appraisal Support (feedback/affirmation/advice) shows no significant relationship with any OH domain, including overall OH ($r = .053$, $p = .287$), implying that reflective dialogue alone is insufficient to shift organizational climate.

Table 8
Significance on the Relationship between Levels of Interpersonal Support and Organizational Health

Interpersonal Support	Organizational Health				
	Academic Purposes	Moral	Supportive Leadership	Environmental Factors	Overall
Tangible Support	.007 (0.887)	.206* (0.000)	.495* (0.000)	.294* (0.000)	.348* (0.000)
Belonging Support	.235* (0.000)	.402* (0.000)	.429* (0.000)	.429* (0.000)	.521* (0.000)
Self-Esteem Support	.500* (0.000)	.400* (0.000)	.251* (0.000)	.350* (0.000)	.530* (0.000)
Appraisal Support	.097 (0.053)	.051 (0.312)	.091 (0.070)	-.084 (0.094)	.053 (0.287)
Overall	.345* (0.000)	.436* (0.000)	.534* (0.000)	.402* (0.000)	.600* (0.000)

*Significant at 0.05 significance level.

Interpersonal support is regarded as an important component of the psychosocial working conditions, but inadequately studied. Interpersonal relationships at work can be considered to be mainly governed by personality traits. Alternatively,

interpersonal relationships are potentially affected by other psychosocial working conditions or rooted in the organizations, thus accentuating the need to study the relation to organizational factors. Providing positive interpersonal support may help to

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reduce the risk of employees developing depression. Furthermore, important factors on the organizational level associated to the interpersonal relationships appear to differentiate companies with low levels of sickness absence from companies with average levels. Organizations that seem to be healthy for the employees are organized in the spirit of relational justice perceived as fair, kind, considerate, and impartial and personal support viewpoints are considered. Relational justice may be used as a proxy to measure organizational change and health (Stoetzer, U. 2020).

The primacy of Appraisal Support aligns with Teasley (2017), who underscores how emotional affirmation and high-quality feedback bolster morale and curb burnout. Strong effects for Belonging Support and notable contributions from Self-Esteem Support are consistent with Payne et al. (2012), showing that inclusion and perceived care elevate motivation and organizational commitment. The relatively smaller, yet significant, role of Tangible Support matches Stoetzer (2020), who argues that while material aid is valuable, psychosocial supports listening, advising, inclusion exert a more enduring impact on organizational health. Taken together, the results reinforce a social-resources view of school health: climates thrive most when teachers experience affirming feedback, real inclusion,

and identity-safe relationships, with material supports functioning as important, but secondary, enablers.

Significant Relationship of Decision-Making Participation and Organizational Health

Table 9 shows that decision-making participation is the strongest predictor of organizational health among the studied variables, with an overall $r = .711$, $p = .000$ a large, positive association implying that roughly 50.5% of the variance in organizational health is associated with participation ($R^2 \approx .505$). Disaggregated analyses indicate that the Individual Attitude dimension (teachers' willingness, efficacy, and belief in participating) correlates most strongly with academic purposes ($r = .602$) and environmental factors ($r = .558$), suggesting that when teachers feel genuine ownership of decisions, both instructional quality and the day-to-day climate improve. The Organizational Environment dimension (structures, processes, and opportunities to participate) also relates positively to all domains most notably morale ($r = .407$) and overall organizational health ($r = .430$) but with smaller magnitudes than personal attitude, indicating structures are necessary yet not sufficient without internalized teacher buy-in.

Table 9

Significance on the Relationship between Levels of Decision-Making Participation and Organizational Health

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Decision Making Participation	Organizational Health				
	Academic Purposes	Moral	Supportive Leadership	Environmental Factors	Overall
Organizational Environment	.240* (0.000)	.407* (0.000)	.307* (0.000)	.280* (0.000)	.430* (0.000)
Individual Attitude Dimension	.602* (0.000)	.366* (0.000)	.325* (0.000)	.558* (0.000)	.663* (0.000)
Overall	.565* (0.000)	.482* (0.000)	.399* (0.000)	.555* (0.000)	.711* (0.000)

*Significant at 0.05 significance level.

Decision-making participation is a key component of organizational health, as it fosters employee engagement, job satisfaction, and a sense of ownership, which in turn leads to increased creativity, productivity, and overall organizational success (Linhorst, Eckert, & Hamilton, 2021). When teachers are engaged and involved in planning, problem-solving, and school-level decision-making, they are more likely to perceive the organization as fair, transparent, and responsive (Merdrousians, 2024). Participatory decision-making can improve the quality of decisions by integrating classroom-level insights, enhance ownership of initiatives, and foster trust in leadership. These dynamics support key dimensions of organizational health: they strengthen goal alignment, encourage honest communication, and reinforce cohesiveness. Consequently, decision-making participation is expected to have a positive and significant relationship with organizational health in

public elementary schools (Alzuman, et al., 2025).

Relatively, human resource practices is significant in maintaining organizational health. It is an integral part of an organization's management strategy that focuses on effectively managing the organization's workforce. Human resource practices encompass a wide range of activities, policies, and procedures that aim to attract, develop, motivate, and retain employees. These practices play a crucial role in creating a positive work environment, fostering employee engagement, and ultimately driving organization's success. It transform the workforce from a cost center into a source of innovation, ensuring the right people are in the right roles, motivated, and legally protected (Sonar & Pandey, 2023).

The findings support previous studies by Ingersoll et al. (2018) and Park et al. (2023),

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indicating that teachers' meaningful participation in decision-making is associated with stronger commitment, satisfaction, and organizational health. Results highlight that teachers' individual attitudes—particularly their belief that their voice matters—are more influential than structural opportunities alone in fostering a healthy school culture. Supportive organizational environments further enhance these effects by strengthening motivation and efficacy rather than replacing them. Overall, the results emphasize that teacher voice, when internalized and empowered, plays a crucial role in improving both the emotional and operational dimensions of school health.

Extent of Influence of Predictor Variables on Organizational Health

Table 10 shows the model is highly explanatory and statistically robust ($F = 182.502$, $p < .05$; $R^2 = .649$), meaning the four predictors Decision-Making Participation (DMP), Interpersonal Support (IS), Organizational Culture (OC), and Human Resource Practices (HRP) jointly account for 64.9% of the variance in Organizational Health (OH). All predictors are significant in the presence of the others (all $p = .000$). By effect size, DMP is the strongest contributor ($t = 12.286$; $B = .349$), followed by IS ($t = 8.232$; $B = .306$), then OC ($t = 7.436$; $B = .193$), and HRP ($t = 2.806$; $B = .088$). Interpreting the unstandardized coefficients (B), a one-unit increase in DMP is associated with a .349-unit rise in OH, holding other variables constant; analogous increases for IS (.306), OC (.193), and HRP (.088) indicate meaningful but progressively smaller unique

effects. The ordering suggests that, net of overlaps among predictors, teacher voice/agency and relational resources carry the greatest unique leverage for school health.

Practically, the results prioritize authentic teacher involvement as the primary lever for improving OH: strengthen decision authority in PLCs, run transparent “you-said/we-did” feedback loops, and build decision efficacy through data dialogues, lesson study, and rapid-cycle improvement so participation consistently translates into instructional coherence and a calmer, safer climate. Next, institutionalize esteem- and belonging-building supports to convert interpersonal goodwill into durable morale and trust. Maintain cultural alignment clear goals, caring/mentoring leadership, reliable rules so daily routines are predictable and values-consistent. Finally, target HRP toward the highest-yield practices surfaced in your earlier analyses (e.g., information sharing, selective hiring, organization of work, and well-designed communal activities), and tighten lower-yield areas (training, appraisal) by improving relevance, transfer supports, rater calibration, and fairness. Together, these moves align the biggest unique drivers (DMP, IS) with enabling conditions (OC, HRP) to maximize gains in organizational health.

The dominance of DMP corroborates Ingersoll et al. (2018) and Park et al. (2023): shared governance and meaningful voice raise commitment, performance, and satisfaction mechanisms consistent with your large unique DMP effect. The strong role

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for IS aligns with Organizational Support Theory (Shore & Shore, 1995) and with findings that affirmation, belonging, and trustworthy counsel bolster morale and resilience (e.g., Teasley, 2017; Payne et al., 2012). Positive, though smaller, unique effects for OC echo evidence that cultures blending collaboration, structure, and innovation support well-being and execution (Torres, 2022; Wong & Ng, 2020; Van Beurden et al., 2021). The significant but smallest unique effect for HRP is consistent

with high-performance work system logic: HR practices matter most when enacted credibly and in concert with voice and relationships (e.g., selective hiring, information sharing, and work design), while generic training/appraisal require quality, fairness, and transfer to move climate. Overall, the regression results reinforce a layered view of school health: teacher agency and social support are proximal engines, with culture and HR systems functioning as amplifiers that stabilize and scale their impact.

Table 10

The extent of Influence of Predictor Variables on Organizational Health

Organizational Health (Dependent Variables)				
Independent Variables	β (Standardized Coefficients)	B (Unstandardized Coefficients)	t	Sig.
Constant	.315	.179	1.759	.079
Human Resource Practices (HRP)	.090	.088	2.806	.005
Organizational Culture (OC)	.245	.193	7.436	.000
Interpersonal Support (IS)	.290	.306	8.232	.000
Decision Making Participation (DMP)	.449	.349	12.286	.000
R	.806			
R²	.649			
F	182.502			
p	.000			

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These variables significantly influence the organizational health of public school teachers. Consequently, the prediction model based on Table 10 can be formulated as follows:

Prediction Equation Model:

$$Y = 0.179 + 0.088X_1 + 0.193X_2 + 0.306X_3 + 0.349X_4$$

Where:

- Y = Organizational Health (the dependent variable; what we want to predict or explain)
- X₁ = Human Resource Practices
- X₂ = Organizational Culture
- X₃ = Interpersonal Support
- X₄ = Decision-Making Participation

The regression model ($Y = 0.179 + 0.088X_1 + 0.193X_2 + 0.306X_3 + 0.349X_4$) indicates that Organizational Health (Y) rises by 0.088 for each one-unit increase in Human Resource Practices ((X₁)), by 0.193 for Organizational Culture ((X₂)), by 0.306 for Interpersonal Support ((X₃)), and by 0.349 for Decision-Making Participation ((X₄)),

CONCLUSION AND RECOMMENDATION

The findings of this study showed that human resource practices, organizational culture, interpersonal support, and decision-making participation were all rated *Very High* by public elementary school teachers in Region XI, with organizational health likewise described as *Very High*. The results show that

holding the other predictors constant. The intercept (0.179) is the expected value of Y when all predictors equal zero; if “0” is not a meaningful score on your scales, treat it as a statistical anchor rather than a substantive baseline. Importantly, adding the coefficients to the intercept ($0.179 + 0.088 + 0.193 + 0.306 + 0.349 = 1.115$) yields the predicted level of Y when ($X_1=X_2=X_3=X_4=1$), not the total increase from raising each predictor by one. The total increase in Y from a simultaneous +1 on all four predictors is the sum of the slopes only: ($0.088 + 0.193 + 0.306 + 0.349 = 0.936$). Ranking the unstandardized effects (assuming all predictors share the same scale) shows Decision-Making Participation has the largest marginal impact (0.349), followed by Interpersonal Support (0.306), Organizational Culture (0.193), and Human Resource Practices (0.088). For illustration, if Decision-Making Participation rises by 0.5 with all else held constant, Y is expected to increase by ($0.5 \times 0.349 = 0.1745$); if Interpersonal Support rises by 0.3 and Organizational Culture by 0.2, Y increases by ($0.3 \times 0.306 + 0.2 \times 0.193 = 0.1304$).

teachers generally perceive their schools as positive, supportive, and well-structured. Correlational and regression analyses indicated that all four factors—human resource practices, organizational culture, interpersonal support, and decision-making participation—positively influenced

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organizational health, with decision-making participation and interpersonal support having the strongest impact. These findings support the study's objectives and theoretical foundations, confirming that supportive HR practices, strong culture, teacher involvement, and interpersonal support play a meaningful role in shaping organizational health in Region XI public elementary schools.

Based on these results, several specific, results-based recommendations are proposed. First, training and development may be made more transfer-ready by systematically tying every learning and development activity to diagnosed needs and priority competencies drawn from classroom observations and learning outcomes, and by building in practice-feedback-coaching cycles (e.g., post-training demo lessons, peer coaching, and follow-up observations within a quarter) so that training leads to concrete changes in classroom practice. Second, performance evaluation should be recalibrated for fairness and growth by standardizing rubrics across schools, conducting quarterly rater-calibration sessions for school heads and coordinators, requiring written feed-forward feedback within one week of classroom observations, and linking ratings to individualized development plans and targeted coaching rather than treating evaluations as mere compliance.

Third, the already strong decision-making participation may be deepened by strengthening structured participation in key school decisions: assigning clear decision

rights to grade-level teams and professional learning communities in areas such as assessment design, intervention planning, and resource allocation; institutionalizing "you said we did" feedback summaries after meetings so teachers see how their input is used; and protecting 60–90 minutes weekly for data-dialogue or planning sessions where teachers collaboratively analyze learning data and co-design responses.

Fourth, tangible supports may be more tightly aligned with instructional priorities to reinforce interpersonal support: providing release time or substitute coverage for peer observation and coaching, offering small micro-grants for instructional materials tied to least mastered competencies, and streamlining non-instructional paperwork during assessment windows to protect instructional time.

Fifth, school leaders may deepen mentoring-oriented, culture-building leadership by implementing simple mentoring schemes (such as mentoring pairs or triads per grade band), recognizing collaborative and helping behaviors in regular assemblies or communications, and using Learning Action Cell sessions and similar forums to model psychologically safe dialogue and shared vulnerability about improvement goals.

Sixth, information sharing may be institutionalized through predictable mechanisms, such as fortnightly or monthly briefing notes summarizing decisions, timelines, and resources, simple dashboards tracking key targets that are shared with

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faculty, and short clarification huddles on new policies, thereby strengthening goal alignment and communication adequacy.

Seventh, recruitment, deployment, and retention should deliberately support culture fit and collaboration by using competency- and scenario-based interviews that probe collaboration and student-centeredness, considering team and culture needs when assigning new teachers, and explicitly including collaboration and contributions to school-wide initiatives as criteria in promotion and recognition.

Finally, Job security should be paired with clear growth pathways by providing written criteria and timelines for permanency and promotion, holding at least annual career and development discussions, and encouraging participation in research, leadership, and innovation projects so that security leads to motivation and performance rather than complacency. These recommendations align with the study's findings and support the key factors—HR practices, organizational culture, interpersonal support, and decision-making participation—that were shown to influence organizational health in public elementary schools.

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