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Explaining the Model of Antecedents and Consequences of a Healthy Organization in the Ministry of Interior

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A B S T R A C T

This study was conducted with the aim of explaining the model of antecedents and consequences of a healthy organization in the Ministry of Interior. From the perspective of purpose, the present research is applied, and in terms of method, it is descriptive–survey. The statistical population consisted of all deputy ministers and general directors of provincial governorates, as well as governors and district governors of East Azerbaijan, West Azerbaijan, and Ardabil provinces. The sample size was estimated at 146 individuals using Cochran's formula, and they were selected through stratified random sampling. The data collection tool was a researcher-made questionnaire. The research variables were tested using structural equation modeling through PLS3 and SPSS software. The results showed that at a 99% confidence level, there is a positive and significant relationship between antecedents, consequences, and the components of a healthy organization, and that all indices possess strong explanatory power.

Keywords: *organizational health, healthy organization, Ministry of Interior.*

1. Introduction

The concept of organizational health has increasingly gained prominence in management sciences as scholars and practitioners attempt to better understand the structures, practices, and cultures that allow organizations to thrive in a turbulent and competitive environment. A healthy organization is not only defined by its financial outcomes but also by the degree to which it creates sustainable environments, supports employee well-being, builds trust, and develops long-term resilience (Xenidis & Theocharous, 2014). Over the last decade, research on organizational health has evolved from a narrow focus on workplace well-being to broader frameworks that integrate leadership, transparency, employee empowerment, innovation, and psychosocial support systems (Di Fabio, 2017). This growing body of research provides a foundation for analyzing antecedents and consequences of organizational health in diverse contexts, including educational institutions, healthcare, governmental agencies, and private enterprises.

Organizational health encompasses multiple dimensions, such as leadership effectiveness, organizational transparency, accountability, participatory management, and a culture of trust. These elements are not only indicators of internal stability but also predictors of long-term sustainability and adaptability (Farmanova et al., 2018). From a theoretical perspective, scholars have linked organizational health with concepts such as positive organizational psychology, healthy leadership, and organizational literacy (Koinig & Diehl, 2021). For instance, creating a culture where leaders encourage participation and employees perceive fairness has been highlighted as a crucial precondition for organizational vitality (Kargar et al., 2020). Similarly, the integration of ethical values into organizational processes, derived even from traditional sources such as Nahj al-Balagha, emphasizes the fight against corruption as a key dimension of a healthy organization (Andishmand & Sharifzadeh Mahani, 2019; Karamati et al., 2019).

Studies in educational settings have demonstrated that organizational health directly affects teacher performance, job satisfaction, and quality of life (Karamati et al., 2019; Montazeri & Ferdosipour, 2018). For instance, qualitative analyses of teachers' lived experiences reveal that dimensions of healthy schools—such as participatory leadership, collegial trust, and supportive climates—contribute to both professional well-being and improved teaching quality (Andishmand & Sharifzadeh Mahani, 2019). In line with this, applied studies in Tehran middle schools have identified specific organizational health dimensions among teachers, highlighting how structural and cultural elements intersect to produce healthier educational organizations (Alaei et al., 2024). Such evidence suggests that organizational health is not limited to private or corporate domains but has profound implications for public and social institutions, particularly in sectors where human interaction and service quality are paramount.

Recent developments in leadership theory have further reinforced the centrality of leadership in shaping organizational health. Transformational leadership, characterized by vision, inspiration, and individualized consideration, has been consistently linked to positive organizational climates and improved health indicators (Wang & Wang, 2024). Moreover, empirical evidence shows that different leadership styles and readiness for change are strongly correlated with the overall health of institutions, as demonstrated in case studies conducted in higher education settings (Torkzadeh et al., 2023). Parallel findings suggest that inclusive leadership practices—those that emphasize fairness, equity, and participatory governance—are instrumental in establishing healthy organizational cultures (Javanshakt et al., 2023). Leadership therefore acts both as an antecedent and as a moderating factor in the relationship between structural and cultural determinants of organizational health.

Beyond leadership, organizational trust has emerged as a decisive component in creating healthy systems. Trust not only improves collaboration but also reduces conflict, uncertainty, and resistance to change. In critical industries such as aviation, studies have demonstrated that trust-based organizational models significantly enhance resilience and overall health (Torabian Badi et al., 2023). Likewise, transparency has been conceptualized as a cornerstone of a healthy organizational culture, with research showing that clear governance structures and accountable practices foster legitimacy and ethical functioning in governmental and supervisory institutions (Jamshidian et al., 2020; Ma'dani, 2022). In this sense, both trust and transparency provide the structural integrity necessary for sustainable organizational health.

In healthcare and public service sectors, the concept of organizational health takes on particular urgency, given its implications for service delivery and employee welfare. A systematic review of small-sized healthcare organizations has identified key components of organizational health, emphasizing that structural constraints must be addressed through participatory strategies and supportive environments (Hadian et al., 2023). Similarly, the growing literature on organizational health literacy points out that the ability of organizations to effectively communicate, educate, and empower their stakeholders directly impacts health outcomes at both the institutional and societal levels (Farmanova et al., 2018). These insights underscore the significance of organizational health in sectors where well-being and human welfare are the core objectives.

The global crisis caused by the COVID-19 pandemic further highlighted the fragility of organizational health. Scholars emphasized the psychological and organizational stressors that emerged during this period, particularly in relation to employee mental health, remote working arrangements, and psychosocial well-being (Hamouche, 2023). Research on teleworking revealed that managers must better understand the mental health implications of virtual work environments to maintain organizational health and resilience (Shipman et al., 2023). The pandemic thus served as a stress test for organizations worldwide, exposing

weaknesses in health promotion systems while simultaneously pushing for the adoption of new strategies such as electronic human resource management systems, which were shown to improve organizational health in telecommunications companies (AlHamad et al., 2022).

Employee participation is another fundamental dimension in the discourse of organizational health. Organizational-level interventions, particularly those that promote workplace health, participation, and psychosocial support, have been proven effective in improving the retention and overall well-being of employees (Aust et al., 2023). However, qualitative studies in healthcare settings also reveal barriers, such as managerial resistance and lack of organizational support, that hinder the successful implementation of health promotion strategies (Bleier et al., 2023). These findings suggest that organizational facilitators—such as leadership commitment, supportive policies, and participatory governance—are essential for embedding health-promoting practices in everyday organizational life.

Cultural and contextual factors also play a pivotal role in determining how organizational health is conceptualized and operationalized. In Iranian contexts, organizational health has been studied through the lens of religious, cultural, and social frameworks, where the emphasis is often placed on collective participation, ethical behavior, and social justice (Kargar et al., 2020; Seyedi Taji et al., 2023). For example, research in industrial organizations has shown that collective participation is a key driver in building healthier institutions (Seyedi Taji et al., 2023). Similarly, studies in police organizations and public-sector institutions highlight dimensions such as trust, accountability, and transparency as determinants of organizational health (Hosseini Doronkalayi, 2023). These perspectives underline the need for context-sensitive models that recognize cultural and institutional specificities.

The interaction between organizational health and employee performance has also been extensively documented. Research indicates that organizational health fosters creativity, innovation, and productivity, creating a cycle where healthy institutions drive better individual and collective outcomes (Mousavi & Mousavi Gilani, 2023). In the education sector, organizational health directly influences job satisfaction, quality of instruction, and overall educational performance (Alaei et al., 2024; Asghari & Farahbod, 2021). Likewise, studies on job performance in broader institutional settings confirm that organizational health enhances motivation, engagement, and efficiency (Montazeri & Ferdosipour, 2018). Such evidence suggests that organizational health operates as both a predictor and an outcome variable, shaping and being shaped by employee behavior and institutional performance.

Another relevant area of research is the relationship between occupational health and organizational health. Risk assessment models in occupational health and safety highlight how addressing workplace risks contributes not only to individual safety but also to the overall vitality of organizations (Liu et al., 2024). Applications of occupational safety practices in technical environments, such as ship machinery laboratories, demonstrate how systemic approaches to health and safety directly strengthen organizational resilience (Astriawati et al., 2023). These findings integrate the domains of occupational health and organizational health, reinforcing the notion that a safe and secure working environment is fundamental for sustainable organizational functioning.

Finally, the promotion of healthy work cultures has been emphasized as a central strategy for organizational success. Scholars argue that cultivating environments characterized by trust, fairness, inclusivity, and participation is not only beneficial but essential for long-term organizational survival (Kapur, 2023). Promoting organizational health requires structural, cultural, and behavioral interventions that address both antecedents and consequences of institutional well-being. This includes integrating leadership development, participatory governance, risk management, and health promotion strategies into comprehensive models of organizational sustainability.

Taken together, these diverse yet interconnected studies underscore the multifaceted nature of organizational health. From educational settings and healthcare institutions to governmental bodies and private corporations, organizational health is consistently associated with improved performance, resilience, and well-being. The literature demonstrates that antecedents such as leadership, transparency, trust, and participation lay the foundation for organizational vitality, while consequences include improved job performance, organizational resilience, and employee well-being (Pouyan et al., 2023). This study builds on these foundations by attempting to explain a comprehensive model of the antecedents and consequences of organizational health in the context of the Ministry of Interior, thereby addressing both theoretical and practical gaps in the existing scholarship.

2. Methods and Materials

The present research, in terms of purpose, is applied, and in terms of method, is descriptive of the correlational type. The statistical population of this study consisted of all deputy governors and general directors of provincial governorates, as well as governors and district governors of East Azerbaijan, West Azerbaijan, and Ardabil provinces, totaling 235 individuals. The sample size, based on stratified random sampling and Cochran's formula, was estimated at 146 individuals. The population and sample are presented in Table 1.

Table 1

Distribution of the Population and Sample in the Quantitative Section of the Research

Row	Unit Name	Population	Sample	Sample Percentage
1	Deputy Governors of East Azerbaijan Province	5	3	2
2	General Directors of East Azerbaijan Province	16	10	7
3	Governors of East Azerbaijan Province	20	13	9
4	District Governors of East Azerbaijan Province	47	29	20
5	Deputy Governors of West Azerbaijan Province	5	3	2
6	General Directors of West Azerbaijan Province	14	9	6
7	Governors of West Azerbaijan Province	18	12	8
8	District Governors of West Azerbaijan Province	41	26	18
9	Deputy Governors of Ardabil Province	5	3	2
10	General Directors of Ardabil Province	18	11	7
11	Governors of Ardabil Province	12	7	5
12	District Governors of Ardabil Province	34	20	14
Total		235	146	100

The data collection tool in this study was a researcher-made questionnaire, whose validity and reliability were taken into account. To calculate the validity of the research tool, face validity was used and confirmed by experts and specialists. To analyze the reliability of the research tool, Cronbach's alpha coefficient was employed, the results of which are presented in Table 2.

Table 2

Results of Cronbach's Alpha Test

Main Category	Sub-Category	Cronbach's Alpha ($\alpha > 0.7$)
Antecedents of a Healthy Organization	Managerial Soft Factors	0.922
	Managerial Hard Factors	0.776
	Behavioral Factors	0.941
	Supervisory Factors	0.935
	Antecedents of a Healthy Organization	0.936
Components and Indicators of a Healthy Organization	Inclusive Leadership	0.881
	Accountability	0.826
	Dynamic Work Environment	0.881
	Empowered Employees	0.705
	Public Trust	0.833
	Components and Indicators of a Healthy Organization	0.933
Consequences of a Healthy Organization	Promotion of Job Welfare	0.787
	Improvement of Work Environment	0.742
	Prevention of Unhealthy Organizational Activities	0.788
	Justice Expansion	0.763
	Improved Communications	0.807
	Promotion of Organizational Virtue	0.814
	Improved Organizational Performance	0.841
	Consequences of a Healthy Organization	0.934

The data analysis of the present study was performed using structural equation modeling with PLS3 software, and the results are presented in the findings section.

3. Findings and Results

In order to ensure the existence or nonexistence of a causal relationship among the research variables and to examine the fitness of the observed data with the research model, structural equation modeling and the partial least squares (PLS3) method were used.

Figure 1

Structural Model in the State of Estimating Standard Coefficients

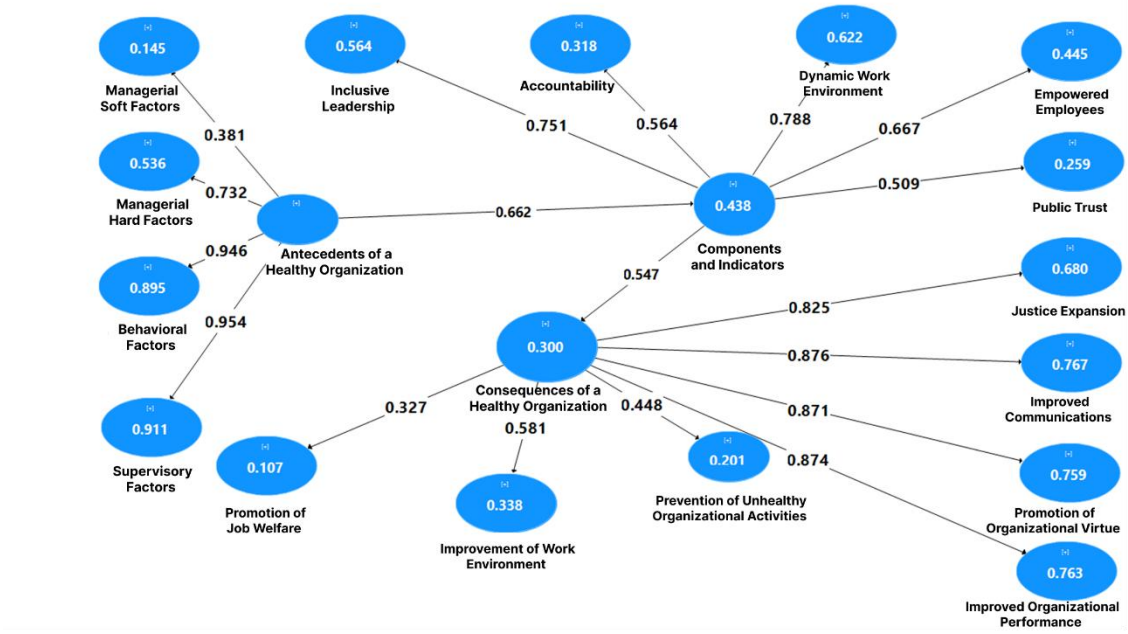
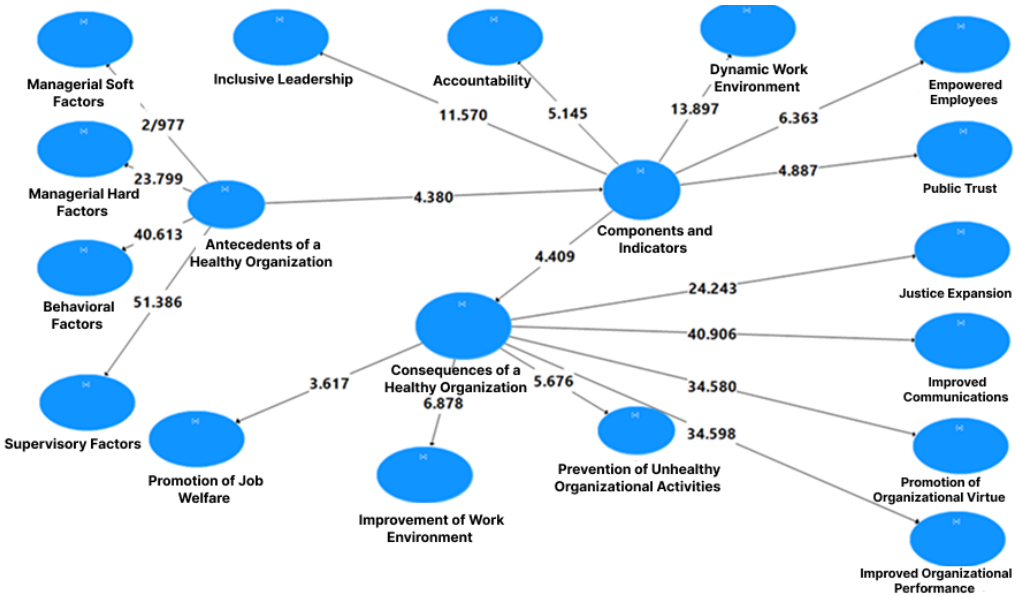


Figure 2

Structural Model in the State of Coefficient Significance



The software output, after testing the research model, is shown in Figures 1 and 2. To assess the reliability of the model, at least four tests must reach the permissible limit and be considered acceptable by experts. The results of the reliability tests are presented in Table 3.

Table 3

Results of Reliability Tests of the Research Variables

Main Category	Sub-Category	Cronbach's Alpha (α > 0.7)	Composite Reliability (CR > 0.7)	Spearman's Rho-A (Rho-A > 0.7)	Communality (COMUNALITY > 0.5)
Antecedents of a Healthy Organization	Managerial Soft Factors	0.922	0.937	0.930	0.679
	Managerial Hard Factors	0.776	0.815	0.704	0.638
	Behavioral Factors	0.941	0.951	0.942	0.706
	Supervisory Factors	0.935	0.948	0.936	0.721
	Antecedents of a Healthy Organization	0.936	0.937	0.966	0.517
Components and Indicators of a Healthy Organization	Inclusive Leadership	0.881	0.913	0.882	0.677
	Accountability	0.826	0.885	0.829	0.658
	Dynamic Work Environment	0.881	0.910	0.883	0.628
	Empowered Employees	0.705	0.789	0.714	0.531
	Public Trust	0.833	0.732	0.728	0.565
	Components and Indicators of a Healthy Organization	0.933	0.942	0.951	0.631
Consequences of a Healthy Organization	Promotion of Job Welfare	0.787	0.854	0.790	0.541
	Improvement of Work Environment	0.742	0.830	0.819	0.523
	Prevention of Unhealthy Organizational Activities	0.788	0.863	0.790	0.611
	Justice Expansion	0.763	0.841	0.782	0.519
	Improved Communications	0.807	0.876	0.830	0.642
	Promotion of Organizational Virtue	0.814	0.877	0.821	0.642
	Improved Organizational Performance	0.841	0.894	0.848	0.678
	Consequences of a Healthy Organization	0.934	0.941	0.944	0.653

According to the findings of Table 3, these criteria have adopted appropriate values for the latent variables. Based on this, the reliability status of the research can be confirmed.

In this section, construct validity must be examined from two dimensions: convergent validity and discriminant validity.

Table 4

Results of the Average Variance Extracted (AVE) Test

Main Category	Sub-Category	AVE
Antecedents of a Healthy Organization	Managerial Soft Factors	0.679
	Managerial Hard Factors	0.638
	Behavioral Factors	0.706
	Supervisory Factors	0.721
	Antecedents of a Healthy Organization	0.517
Components and Indicators of a Healthy Organization	Inclusive Leadership	0.677
	Accountability	0.658
	Dynamic Work Environment	0.628
	Empowered Employees	0.531
	Public Trust	0.565
	Components and Indicators of a Healthy Organization	0.631
Consequences of a Healthy Organization	Promotion of Job Welfare	0.541
	Improvement of Work Environment	0.523
	Prevention of Unhealthy Organizational Activities	0.611
	Justice Expansion	0.519

	Improved Communications	0.642
	Promotion of Organizational Virtue	0.642
	Improved Organizational Performance	0.678
	Consequences of a Healthy Organization	0.653

According to Table 4, all coefficients of average variance extracted (AVE) for the variables are above 0.5. Therefore, the first condition for convergent validity is satisfied.

Table 5

Test of Comparing Composite Reliability (CR) and Average Variance Extracted (AVE)

Main Category	Sub-Category	AVE	CR
Antecedents of a Healthy Organization	Managerial Soft Factors	0.679	0.937
	Managerial Hard Factors	0.638	0.815
	Behavioral Factors	0.706	0.951
	Supervisory Factors	0.721	0.948
	Antecedents of a Healthy Organization	0.517	0.937
Components and Indicators of a Healthy Organization	Inclusive Leadership	0.677	0.913
	Accountability	0.658	0.885
	Dynamic Work Environment	0.628	0.910
	Empowered Employees	0.531	0.789
	Public Trust	0.565	0.732
	Components and Indicators of a Healthy Organization	0.631	0.942
Consequences of a Healthy Organization	Promotion of Job Welfare	0.541	0.854
	Improvement of Work Environment	0.523	0.830
	Prevention of Unhealthy Organizational Activities	0.611	0.863
	Justice Expansion	0.519	0.841
	Improved Communications	0.642	0.876
	Promotion of Organizational Virtue	0.642	0.877
	Improved Organizational Performance	0.678	0.894
	Consequences of a Healthy Organization	0.653	0.941

According to Table 5, it is observed that for all latent variables of the study, CR > AVE. Thus, the second condition for convergent validity is also satisfied, and it can be claimed that the research model possesses convergent validity.

In this section, two tests—Fornell and Larcker, and the Heterotrait-Monotrait Ratio (HTMT) method—were used to assess the discriminant validity of the indicators.

Table 6

Results of Fornell and Larcker Test

	Antecedents of a Healthy Organization	Components and Indicators of a Healthy Organization	Consequences of a Healthy Organization
Antecedents of a Healthy Organization	0.719		
Components and Indicators of a Healthy Organization	0.638	0.794	
Consequences of a Healthy Organization	0.585	0.688	0.808

According to Table 6, the square root of AVE for all variables is greater than the correlation of that variable with other variables. Therefore, the discriminant validity of the variables is confirmed.

Table 7

Results of HTMT Test

	Antecedents of a Healthy Organization	Healthy Organization	Consequences of a Healthy Organization
Antecedents of a Healthy Organization			
Healthy Organization	0.300		
Consequences of a Healthy Organization	0.278	0.411	

According to Table 7, it is observed that, in addition to reliability, the model benefits from construct validity, which includes both convergent and discriminant validity.

These tests are conducted after evaluating the validity and generalizability of the results in the measurement model section, as well as ensuring the appropriate quality of the model in predicting results regarding the causal relationship of latent variables.

In this test, the researcher, based on the model extracted in the qualitative section of the research design, places the variables into the partial least squares analysis. The results of the significance test are presented in Table 8.

Table 8

Results of the Test of Significance, Strength, and Direction of Relationships Between Indicators

Row	Path	Path Coefficient (β)	T-Value	P-Value	Test Result
1	Antecedents → Components and Indicators	0.662	4.576	0.000	Confirmed
2	Components and Indicators → Consequences	0.547	4.409	0.000	Confirmed
3	Components and Indicators → Public Trust	0.509	4.887	0.000	Confirmed
4	Components and Indicators → Inclusive Leadership	0.751	11.570	0.000	Confirmed
5	Components and Indicators → Dynamic Work Environment	0.788	13.897	0.000	Confirmed
6	Components and Indicators → Accountability	0.564	5.145	0.000	Confirmed
7	Components and Indicators → Empowered Employees	0.667	6.363	0.000	Confirmed
8	Consequences → Promotion of Organizational Virtue	0.871	34.580	0.000	Confirmed
9	Consequences → Promotion of Job Welfare	0.327	3.617	0.000	Confirmed
10	Consequences → Improved Communications	0.876	40.906	0.000	Confirmed
11	Consequences → Improved Organizational Performance	0.874	34.598	0.000	Confirmed
12	Consequences → Improvement of Work Environment	0.581	6.878	0.000	Confirmed
13	Consequences → Justice Expansion	0.825	24.243	0.000	Confirmed
14	Consequences → Prevention of Unhealthy Organizational Activities	0.448	5.676	0.000	Confirmed
15	Antecedents → Behavioral Factors	0.946	40.613	0.000	Confirmed
16	Antecedents → Managerial Hard Factors	0.732	23.799	0.000	Confirmed
17	Antecedents → Managerial Soft Factors	0.381	2.977	0.023	Confirmed
18	Antecedents → Supervisory Factors	0.954	51.386	0.000	Confirmed

According to Table 8, the path coefficients of the main categories, subcategories, and concepts are greater than 0.5, and the significance coefficients are T-Value > 1.96 and P-Value < 0.05, which indicates that at the 99% confidence level, there is a positive and significant relationship among antecedents, consequences, and the components of a healthy organization. All indicators also have good explanatory power.

To examine the overall model fit, the Goodness of Fit (GOF) criterion is used, where three values—0.01, 0.25, and 0.36—are introduced as weak, moderate, and strong, respectively. This criterion is calculated using the following formula.

Table 9

Results of the Overall Model Fit

Communality	R^2	GOF
0.618	0.502	0.557

According to the value obtained for GOF in Table 9, equal to 0.612, the overall model fit is strongly confirmed.

4. Discussion and Conclusion

The results of this study provided strong empirical evidence confirming that the antecedents, components, and consequences of organizational health are positively and significantly related to each other at the 99% confidence

level. Structural equation modeling indicated that antecedents such as managerial soft and hard factors, behavioral elements, and supervisory mechanisms exert significant positive effects on the components of organizational health, including inclusive leadership, accountability, a dynamic work environment, empowered employees, and public trust. In turn, these components predict consequences such as job welfare, improved work environments, justice expansion, prevention of unhealthy activities, communication improvement, organizational virtue, and enhanced performance. This alignment demonstrates that organizational health is both multidimensional and systemic, encompassing leadership, structural mechanisms, and psychosocial outcomes in a mutually reinforcing cycle (Di Fabio, 2017; Xenidis & Theocharous, 2014).

The confirmation of the role of antecedents in shaping organizational health highlights the significance of managerial and supervisory practices. For instance, behavioral factors such as fairness, transparency, and trust strongly predicted organizational health components in this study. This finding is consistent with prior work that emphasizes the pivotal role of trust and participatory governance in shaping resilient and transparent institutions (Ma'dani, 2022; Torabian Badi et al., 2023). Similarly, supervisory factors exhibited the strongest predictive value among antecedents, confirming that oversight, accountability, and ethical monitoring are indispensable to organizational vitality. This supports earlier evidence that transparency in governance systems creates healthier organizational cultures and mitigates corruption (Jamshidian et al., 2020; Kargar et al., 2020).

The results further reveal that organizational health components, particularly inclusive leadership and dynamic work environments, play mediating roles between antecedents and outcomes. Inclusive leadership showed strong predictive power, aligning with research demonstrating that leadership is a central antecedent of organizational health. Studies conducted in higher education and healthcare contexts show that transformational and participatory leadership significantly improve employees' psychological well-being, adaptability, and institutional performance (Koinig & Diehl, 2021; Torkzadeh et al., 2023; Wang & Wang, 2024). Similarly, inclusive leadership directly enhances public trust, which was also confirmed as a key organizational health component in this study. Previous research demonstrates that organizations with participatory leaders foster climates of openness and fairness, which in turn increase both trust and collective commitment (Javanshakt et al., 2023; Seyedi Taji et al., 2023).

The predictive strength of a dynamic work environment highlights the importance of organizational adaptability and responsiveness. Our findings showed that dynamic environments significantly influence accountability, employee empowerment, and trust. This corroborates research suggesting that organizational-level interventions that promote flexibility and participation improve both psychosocial work environments and employee retention (Aust et al., 2023). Likewise, the evidence is consistent with findings from occupational safety studies showing that resilient and adaptive systems reduce risks and support sustainable organizational performance (Astriawati et al., 2023; Liu et al., 2024). Thus, the confirmation of dynamic work environments as a central determinant aligns with the broader literature emphasizing adaptability as a core marker of organizational health.

Among the consequences, promotion of organizational virtue, improved communications, and enhanced performance emerged as the strongest outcomes. The significant role of virtue indicates that organizational health is not merely functional but also moral, reflecting cultural and ethical dimensions. This supports the argument that organizations rooted in ethical values and justice systems foster healthier structures (Andishmand & Sharifzadeh Mahani, 2019; Kargar et al., 2020). Similarly, improved communication was among the strongest effects, underscoring the idea that healthy organizations develop transparency and openness across vertical and horizontal communication channels. This aligns with research showing that organizational transparency enhances trust, accountability, and overall institutional legitimacy (Jamshidian et al., 2020; Ma'dani, 2022). Furthermore, enhanced performance as a major consequence validates the assertion that organizational health is not just a normative construct but also a strategic one, directly impacting productivity, creativity, and efficiency. This resonates with findings in educational and governmental institutions where healthy climates improved employee performance and satisfaction (Montazeri & Ferdosipour, 2018; Mousavi & Mousavi Gilani, 2023).

The significant effects of job welfare and improved work environments also highlight the close association between organizational health and employee well-being. This is in line with studies that demonstrate how organizational health is an essential determinant of employee quality of life, job

satisfaction, and motivation (AlHamad et al., 2022; Karamati et al., 2019). Similarly, the prevention of unhealthy activities reflects the organizational capacity to reduce corruption, resistance, and misconduct, supporting studies that emphasize the preventive role of organizational health against administrative corruption and inefficiency (Jamshidian et al., 2020; Kargar et al., 2020). Justice expansion, another strong outcome, confirms the normative role of organizational health, which extends beyond efficiency to include fairness and legitimacy, consistent with culturally grounded studies in Iranian and Islamic contexts (Hosseini Doronkalayi, 2023; Seyedi Taji et al., 2023).

The study's confirmation that antecedents, components, and outcomes are tightly interconnected is further reinforced by international findings. For example, organizational health literacy studies highlight that effective structures for communication and empowerment enhance both organizational outcomes and stakeholder trust (Farmanova et al., 2018). In line with this, studies on workplace health promotion demonstrate that organizational facilitators such as supportive leadership and participatory structures strengthen employee engagement and well-being (Bleier et al., 2023). Furthermore, investigations into healthy schools and universities confirm that organizational health acts as both a determinant of quality outcomes and a safeguard against burnout and dissatisfaction (Alaei et al., 2024; Asghari & Farahbod, 2021).

Contextual evidence also validates the present findings. Research on Iranian institutions has repeatedly shown that organizational health is a central factor in enhancing creativity, trust, and participatory governance (Mousavi & Mousavi Gilani, 2023; Pouyan et al., 2023). For instance, studies at Kermanshah University of Medical Sciences identified organizational climate as a predictor of health, echoing the current study's evidence of antecedents shaping organizational vitality (Pouyan et al., 2023). Likewise, research in Mazandaran industry and police organizations highlighted collective participation, fairness, and accountability as drivers of health, consistent with this study's identification of participatory and supervisory antecedents (Hosseini Doronkalayi, 2023; Seyedi Taji et al., 2023). Thus, both the Iranian and international evidence align in affirming the systemic and multidimensional nature of organizational health.

The study's findings also resonate with global crises such as COVID-19, which exposed vulnerabilities in organizational systems. The results confirm the importance of psychosocial support and resilience, as observed in research on employee mental health during the pandemic (Hamouche, 2023; Shipman et al., 2023). These studies emphasized the urgent need for adaptive strategies, inclusive leadership, and electronic HRM systems to sustain organizational health during crises, which directly aligns with this study's findings of dynamic work environments and leadership as central components (AlHamad et al., 2022). This cross-validation across contexts suggests that the antecedents and consequences identified are robust and generalizable across institutional and cultural boundaries.

In summary, the study's results confirm and extend the literature on organizational health by demonstrating that antecedents (managerial, behavioral, supervisory), components (leadership, accountability, trust), and consequences (virtue, welfare, performance) form an integrated model of organizational vitality. This supports theoretical frameworks of positive organizational psychology, organizational literacy, and healthy leadership (Di Fabio, 2017; Koinig & Diehl, 2021). At the same time, the findings have strong practical relevance, showing that by cultivating participatory structures, transparent processes, and supportive environments, organizations can simultaneously enhance ethical legitimacy, employee welfare, and performance outcomes.

Despite its contributions, this study has several limitations that must be acknowledged. First, the study was conducted within a specific institutional and cultural context, namely the Ministry of Interior and associated provincial organizations in Iran. While the findings align with international research, contextual factors such as cultural values, administrative structures, and governance practices may limit the generalizability of results to other settings. Second, the reliance on self-reported questionnaires introduces potential biases, including social desirability and response tendency, which may have influenced the accuracy of participants' perceptions. Third, the cross-sectional nature of the study restricts the ability to draw causal inferences over time, as organizational health is inherently dynamic and evolves in response to internal and external changes. Finally, although structural equation modeling provided robust statistical validation, the complexity of organizational health may require mixed-methods designs or longitudinal approaches to capture the deeper nuances of causal mechanisms.

Future research should address these limitations by expanding the scope of inquiry to diverse organizational contexts, including private corporations, non-governmental organizations, and international institutions, to test the

external validity of the proposed model. Comparative studies across sectors and countries would enrich the understanding of cultural and institutional differences in shaping organizational health. Longitudinal research designs are recommended to explore how antecedents and consequences of organizational health evolve over time, particularly in response to crises, technological changes, or policy reforms. Future studies should also consider incorporating qualitative methods, such as interviews and ethnographies, to capture the lived experiences of employees and leaders in shaping organizational vitality. Moreover, integrating digital transformation, artificial intelligence, and electronic governance into models of organizational health would reflect the rapidly changing organizational landscape.

For practitioners, the results underline the necessity of fostering organizational health as a strategic priority. Policymakers and managers should focus on strengthening leadership development programs that emphasize inclusivity, fairness, and participatory governance. Establishing transparent supervisory structures and mechanisms for accountability is crucial to build trust and legitimacy. Organizations should also invest in creating dynamic work environments that encourage adaptability, flexibility, and employee empowerment, particularly in the face of crises or technological change. Promoting ethical values, justice, and communication across organizational levels will not only enhance performance but also cultivate sustainable and resilient institutions. By operationalizing organizational health as both a normative and strategic framework, managers can ensure long-term vitality, employee well-being, and organizational excellence.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were considered.

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