Design of Organizational Health Model for the Tunisian Aviation Organization

تصميم نموذج صحي تنظيمي لهيئة الطيران التونسية

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Abstract: Research Scope: This research aimed to examine the dimensions of Organizational Health (OH) and build a relevant model for the Aviation Organization in Tunisia (OACA) .

Objective: Instead of simply adopting an existing OH model, a framework developed through original work involving various relevant managers and executives in the OACA is presented .

Methods: The process adopted a mixed-methods approach, mainly using exploratory, descriptive design; a qualitative phase, followed by a quantitative phase. The researchers conceptualized OH dimensions to form a framework by analyzing documents, previous related research, and interviewing 15 managers from the organization. Then it was followed by a survey of 360 employees to test the goodness-of-fit of the identified OH dimensions with the empirical data. The qualitative data collected was analyzed using Grounded theory with three-stage coding. Then the quantitative data were analyzed using exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) to validate the selected tool's dimensionality in an organizational context. Finally, the researchers analyzed the relationship between dimensions and designed an OH model for the OACA .

Results: This study identified an OH model relevant to OACA consisting of eight dimensions; strategy, flexibility, Governance and Supervision, employees' welfare, financing and investment, safety and security, productivity, and communication. The findings indicate that all OH dimensions have to be given equal consideration when implementing OH in an aviation organization. The structural relationship model of OH dimensions was found to be consistent with the empirical data.

Keywords: Tunisia, Organizational Health, Mixed-Methods, Exploratory Factor Analysis, Aviation.

JEL Classification: L32, D23, M12

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INTRODUCTION:

Organizations aim to assure Organizational growth, guarantee development and transformation, and improve work processes. The basis of any movement towards achieving these goals is to accurately evaluate the current situation, identify strengths and weaknesses, then design well-thought-out programs to improve workflow (Mwenda, 2020) .

A healthy Organization is where people want to stay, work, be helpful, and effective. Organizational health is another framework for conceptualizing an Organization's general atmosphere, i.e., Organizational health is the opposite of corruption. Hence, by observing the governing administrative principles, regulations, and order, the administrative system performs its duties well and can achieve Organizational productivity (Lu et al., 2017). Administrative health has been one of the long-standing aspirations of various societies. Administrative health has been one of the long-standing aspirations of various societies. The administrative system becomes a tool to ensure an equitable distribution of services to the public. Office health refers to a situation beyond the organization's short-term effectiveness (Williams et al., 2016). An administrative system's health is a set of relatively stable characteristics adapting to environmental conditions, high workforce morale, adequacy to solve problems, and speed of action. In general, the administrative system's health leads to sufficient work (DeSmet et al., 2014). Organizational health is rooted in two factors: honest and robust management and leadership, besides the administrative system's internal cohesion. It has significant scientific benefits in organizational dynamics and research and efforts to improve them (DeSmet et al., 2014).

The world is full of constant changes and uncertainty, from financial crises to health emergencies. A good OH strategy helps organizations roll with the punches in case of contingencies (St. Clair, 2017). The Covid-19 pandemic is one such emergency that requires sound OH practices. The whole world was bowled over by the coronavirus pandemic that led to drastic changes in the ways people performed their jobs (Dagan et al., 2020). It also caused massive business closures, particularly those businesses that were not able to adapt. In such instances, having an afore-prepared strategy that structures the ways an organization performs in the case of catastrophes

can be very helpful and may lead to the prevention of the adverse effects such incidences may have on an organization. According to a survey by Dagan et al. (2020), the companies that thrived during the pandemic focused on three main elements of OH: adaptability, quick responsiveness, and employee motivation .

Effectively accomplishing a task is a result of an Organization equipped with a healthy administrative system. Healthy Organizations are capable of making right and proper decisions and acting effectively in providing services. For living beings, health means the absence of disease and organ insufficiency (Amini & Sokhanvar, 2020). The onset of serious illness may result in irreparable damage or even death. Analogously, an Organizational system's health is affected by various factors related to the Organizational system structure, while others are related to prevention and management (Shanafelt et al., 2019). Tunisia's administrative and Organizational system, like many developing countries, is not problem-free.

Most observational studies at American schools based on educational literature and provided questionnaires evaluating theoretical elements of organizational health and related them to metrics on educational success, such as test results or retrenchment.

Previous studies attempted to validate scales that can assess schools in terms of indicative characteristics of several types of organizations (see, for example, DeSmet et al., 2007). However, these measures are short of certain essential elements that should be in place in an aviation organization. For instance, the student orientation aspect, which is critical for the organization's health (Cotton & Hart, 2003), is not significant in the aviation industry. Similarly, the aspect of Academic Emphasis, which is fundamental to an educational institution (Hoy et al., 1990a), is not incorporated in the scale adapted by Klingele & Lyden (2001). Thus, a comprehensive measure of OH of an aviation organization is required .

The literature review shows that there has been much research on organizational health-focused, mainly in education, and is often related to the discipline of organizational health in schools and hospitals. The urban aviation organization and Tunis airport, which are considered public organization, tend to be more interested in organizational corruption. Organizational health research in the field of aviation was felt like a need. On the other hand, in terms of organizational health

importance in this sector, due to its close relationship with society as well as the importance of responsiveness and transparency in public confidence and the realization of good governance, the existence of organizational health patterns for this organization is more and more urgent. The design of an organizational health model for this organization in Tunisia can improve service quality and place the organization on the proper path.

The Tunisian Aviation Organization (OACA) is a public Organization with legal and commercial characteristics. It is one of the largest public Organizations in the North African countries and, unfortunately, one of the unhealthiest .

OACA is one of the most prominent government organizations in Tunisia. Improving service quality is a primary concern for all airlines and set standards in Tunisia efforts. OACA faces management's unconventional acts, and at times, various incapacitates by the Company's employees. Most of these problems are due to fundamental managerial shortcomings.

This research comes from a new structure to improve organizational health. An integrated framework is introduced. Increasing awareness and the importance of maintaining organizational health is used in public organizations.

The current study aims to design an OH model for the Tunisian Aviation Organization and test and validate a scale for measuring an aviation organization OH. Such a scale would help public sector organizations and institutions, policymakers, and researchers assess aviation sector organizations, specifically in the Tunisian context, promoting OH among professionals in the public sector.

Defining and Measuring Organizational Health

Bennis (2002) was one of the first people to take Organizational health out of Organizational effectiveness and functionality and give it a distinct identity. According to Bennis, an Organization that desires to maintain efficacy and ethics regardless of the environment is not considered a healthy Organization. In his view, the organization is healthy when it is flexible and adaptable and has more of a problem-solving ability than a desire for stability at all costs. Consider, for example, a child who has to obey his/her parents unconditionally and follow to the letter what they say. He/she may witness benefits regarding performance and achievements. Still, he/she is certainly not

healthy mentally. An organization that is always sticking to the rules and principles is neither innovative nor healthy, even if it has high performance and effectiveness.

Another initial study on Organizational health was conducted in 1965 in US public schools with the United States Agency for Health, Education, and Welfare support. This research, which deals with transforming the educational system and administrative health, was published. In its second chapter, Miles (1965) described office health as a system's ability to run efficiently and improve efficiency. In his view, office health should be improved as a critical component to achieving a comprehensive transformation and improvement in the educational system. He also believes that office health can be a driver of organizational innovation.

 Jaffe (1995) described Organizational health as an extended version of effectiveness. Notwithstanding, efficiency has traditionally been associated with concepts such as achieving various Organizational goals; in Jaffe's view, Organizational health is concerned with questions such as how well people are treated? Furthermore, what is the relationship between the organization achieving its goals and the welfare of its staff? Jaffe's perspective has added a new dimension to the concept of Organizational effectiveness. He believed that the ethics, satisfaction, growth, development, and motivation of staff are the characteristics of a healthy Organization. Still, a healthy Organization should also respond to the needs of customers, suppliers, shareholders, and other stakeholders. Finally, he suggests that Organizational health should be inspected in the ecosystem of corporate stakeholders.

Some researchers have linked Organizational health and other Organizational outcomes, such as Organizational performance and climate, to employees' characteristics. These researchers believe that all Organizational results depend on individuals and that individuals ultimately implement any Organizational system (Lencioni, 2012). This perspective has introduced administrative health research into the field of psychology and cultural studies. After 2009, Organizational health was drawn into the structures of job stress, Organizational Performance, and Organizational climate. The role of self-awareness in improving these factors was ultimately examined in Organizational health (Lencioni, 2012; MacNeil et al., 2009).

Former Research

Regarding our objective of designing an OH model and validating a scale measuring OH in an aviation organization, we first provide an overview of some of the existing methods created and evaluated for a similar purpose.

Miles (1965) suggested ten dimensions of organizational health related to activities, management, and development needs. He indicated that effective attempts to design school reform would become a key priority for organizational health.

Kimpston and Sonnabend (1973) developed The Organizational Health Definition Questionnaire (OHDQ) and focused on five factors. It assessed whether there was a connection between organizational health and secondary school creativity.

Hoy and Fedman (1987) developed an Organizational Health Inventory (OHI). The OHI measured seven secondary schools' organizational health dimensions. The study found that the dimensions are valid and reliable to measure the OH of an educational institution.

The capacity of a group to work, expand and improve efficiently requires organizational health, which includes corporate culture, stress, corporate engagement, ethics and moral standards. Lyden and Klingle (2000) listed 11 dimensions of Organisational Health.

The idea of occupational wellness is defined in a group of three leading thinking school. The first and most advanced scientific study is the literature of education and connects such factors as teamwork, support for resources and intellectual focus. These are based on the theory of Miles (Hernandez & Zamora, 2018) .

In terms of environmental, economic, emotional, and social aspects, a stable organisation is essentially healthy for its members or workers. High levels of registered job retention and low rates of absenteeism are among the measures. Individual wellbeing is the target, and certain people are members of a community.(Busch et al., 2017; Lee et al., 2014; Singh & Jha, 2018) .

Most variations of this principle are potential because the organization's durability and capacity to succeed now and in the future are critical. Most forms of this concept are potential because the organization's durability and capacity to succeed now and in the future are critical. Clark, (1962) specified that behavior requires two conditions to be met by all levels of the organization: current situation

preservation and development. Moreover, (Miles, 1965b) mentioned that the environment is not only persistent but is continued for a very long time, and its survival and its coping capacity continue to change and improve. Furthermore, Lyden & Klingle (2000) defined Organizational health as a company's capability to function effectively and it's capacity to thrive and improve. Finally, (DeSmet et al., 2007) cited today's enterprise's general qualities and activities that support tomorrow's success.

McKinsey and Company have undertaken the most developed work on organizational health. There are nine characteristics of organizational health measured by their developed questionnaire (Gagnon et al., 2017).

Organizational Health Perspectives

Although Organizational health as a separate concept has a history of about 50-60 years, its constituents are very familiar to management researchers and have a long account starting from the 50s. Researchers have addressed the issue of Organizational health from different perspectives, which will be briefly reviewed.

At first glance, Organizational health issues date back to the beginning of a humanistic view of the Organizations' workforce. Argyris, McGregor, Maslow, and Shane began the first research to humanize the workplace. McGregor has proposed a bureaucratic model of the organization called Theory X. A supportive and participatory model called Theory Y. Argyris (1973) has discussed how Organizations can effectively meet employees' human needs. Maslow (2018) has shown that work meets the security level needs for individuals and the requirements of creativity, competence, meaning, and participation at a higher hierarchy of needs. Maslow believed that Organizations could improve their Organizational productivity and staff benefits, given higher-level employees' needs. Schein (2017) believed that Organizational culture could not be quickly evaluated through a questionnaire. His vision emphasized anthropology: observing culture in general and using any information to understand a culture's nature. Therefore, like many management researchers, he did not believe in studying Organizational factors, operations, and policies individually; instead, he considered cultural factors much deeper than the Organizational context (Schein, 2017b).

From a second perspective, the organization is examined as a living organism, and Organizational health is considered equal to its health. This standpoint's main feature is that the organization, like a human being, needs to be fulfilled, must have a unified identity, and adapt to the environment to survive. Bennis is one of the adopters of this perspective. Andrews et al. (2017) have found evidence that traditional, hierarchical, bureaucratic Organizations would not be effective in a changing environment. Besides, such Organizations do not consider the health and wellbeing of staff in the long run. This research led researchers to think of a way to improve Organizational effectiveness and health simultaneously.

The third perspective on Organizational health stems from retaining individuals as valuable assets (Reich, 2016). In this view, individuals' skills and knowledge are considered investments of the organization that cannot be owned because individuals can leave the organization. The main task of a healthy Organization in this regard is to retain staff and motivate them. Reich, (2016) research and the concept of general golden collar workers have considered this approach. They believe that the age of machine production was over, and the age of knowledge has begun. Personnel with knowledge and skills are aware of their rights, and the organization must do more than pay rewards to maintain them.

This research is focusing on Organizational health. Therefore, it should determine from what perspective it is going to look at Organizational health. As we have already revealed, there are many perspectives on Organizational health in the literature. A healthy Organization can be:

•   Healthy only for itself: grow; be efficient, adaptable, and cohesive. (Bennis's perspective)

•   Healthy for shareholders: raise its equity worth and enhance the organisation's reputation (Gagnon et al., 2017) .

•   Healthy for staff: by providing a healthy work environment that meets their growth needs, meaning, participation to be proud of their work environment. The critical point in this type of Organizational health is that the organization wants to be healthy for individuals or groups: The managers or all staff (Ernst Kossek et al., 2012) .

•   Healthy for customers and suppliers: Provide quality products and services and establish honest and collaborative relationships with them (Salanova et al., 2012) .

• Healthy for society: to have an ecosystem perspective and to be responsible for non-renewable resources, to have a social responsibility towards society, the environment, the economy, and the people, and to have a long-term vision in business (Lowe, 2020).

METHODS

Measures

We used a survey design using a pre-validated data collection instrument. The ten-dimensional Organizational Health Inventory (OHI) method by Miles was used in several previous studies. Hoy and Fedman, then Hoy and Forsyth used this questionnaire. In 1990 Hoy published the inventory and underlined its relevance and efficiency for secondary school. Other studies tested the validity and reliability of OHI (Hoy et al., 1990b; Hoy & Woolfolk, 1990; Korkmaz, 2006; Korkortsi, 2007; Licata & Harper, 2001).

The survey consists of 8 sections and almost 100 questions. Although the original tool has a varying number of items, we selected items from four other instruments; Organizational Health Description Questionnaire(OHDQ) (Kimpston & Sonnabend, 1973), Organizational Health Inventory(OHI-E) (Hoy & Fedman, 1987) to be included in the survey. It was done by pre-testing the items in terms of (i) their clarity, (ii) relevance to the context, and (iii) relevance to the corresponding dimensions. During the pre-testing stage, the researcher interviewed fifteen potential respondents to check their understanding of the statements and obtain their opinion on the content. The data were collected through brainstorming and critique meetings with 15 key managers from the organization. The brainstorming meeting was conducted from November 2019 to February 2020. The purpose of the brainstorming meeting was to find out the OH dimensions of the Tunisian Aviation organization. They were also asked to rank each dimension's items according to the relevance to the associated dimension. The eight top-ranked items were then chosen to be included in the survey.

Demographic Characteristics of Respondents

The response rate to complete the questionnaire was 360 respondents from 1500 (20 %). Three hundred of this (100 %) have accomplished the demographic question, and their specifications are summarized in Table number 1. More than three-quarters of respondents were male respondents (81 %), and their highest age was

50 - 41. Only 26 (7.6 %) have worked in the organization for less than a year when 146 (42.0 %) have functioned there for around seven years**.**

Table 1. demographic details of the population sample

Variables	Number	Frequency
Gender		
Male	280	80.1
Female	80	19.9
Age		
31-40	73	20.9
41-50	187	54.4
51-60	90	24.7
Years of service in the organization		
Less than one year	26	7.43
1-2 years	55	15.71
3-5 years	45	12.86
6-10 years	54	15.43
11-20 years	98	28.00
More than 20 years	72	20.57

RESULTS

In this study's first section, the data obtained from collecting qualitative data extracted from the interviews using grounded theory, categories and main components were categorized and then coded after determining the key points. Three-stage open coding, axial coding, and selective coding were identified by combining concepts, categories, dimensions, and main organizational health components. In the first step, by examining the interviews' results, more than 260 categories and critical points related to organizational health were identified

The Grounded theory raised the question, "What are the factors affecting the Tunisian Civil Aviation Organisation's organizational health?" The answer is complicated and is based on emerging dimensions; strategy, flexibility, Governance and Supervision, employees' welfare, financing and investment, safety and security, productivity, and communication .

There were no other studies to answer this question for the aviation industry. This study led to a list of 8 "effective dimension" in organizational health.

Exploratory factor analysis was used to divide the number of factors assessing Organizational health exporting obstacles into a smaller number of subsets or sub-factors.

This research developed eight features of organizational fitness. The research demonstrated how an organizational health questionnaire was created using grounded theory from a previous study.

The quantitative part used the confirmation factor analysis to verify the dimensions' validity. The outcomes of the confirmatory factor analysis confirmed all dimensions. Also, they showed that construct validity for each of the dimensions produced. In other words, the proposed dimensions help measure the latent variable. The results of factor analysis and path analysis of each, direct, indirect and all variables, were explained.

As predicted, based on many respondents' data, the factor structure for each issue of organizational health indicated a good fit for the data.

Exploratory Factor Analysis

Cronbach's alpha averaged 0.819 for each of the eight sections (range 0.708-0.869), confirming an adequate level of internal stability (Table 2). The Bartlett test and the Kaiser-Meyer-Alkin KMO test confirmed sampling adequacy and were a suitable factor analysis. Exploratory factor analysis provided a statistically significant method for valuable grouping items and reduced them to 112 items for the final questionnaire, which provides construct validity. The validity of internal consistency was confirmed by Cronbach's alpha superior to 0.7 for all the questionnaire segments.

Table 2 Cronbach's alpha eight Organizational health components

Dimensions	strategy	flexibility	Governance and Supervision	employees' welfare	Financing and investment	safety and security	productivity	communication
Cronbach's alpha	0.711	0.748	0.847	0.714	0.818	0.859	0.837	0.825

Cronbach's alpha results led to the following study, confirmatory factor analysis, using the final questionnaire in the same confidence to assess the appropriateness of data related to factor structure that was identified during the exploratory factor analysis in this study.

Confirmatory Factor Analysis

As predicted in EFA, the CFA, based on many respondents (360), demonstrates each Organizational health dimension's factor structure. It confirmed a good fit for the data.

The Confirmatory factor analysis for useful statistics confirms good data with a GFI of 0.89 for all departments apart from staff welfare. It is potential to further develop these by removing more items with the lowest standard coefficients. For example, with the welfare of

employees, by removing the item "My daily work is not attainable" (0.41), GFI increases to 0.941 and CFI from 0.884 to 0.941, with Hoelter's values 0.5 and 0.1 increasing to 200 and 218 respectively. However, instead of deleting and improving the GFI score, it was decided to maintain that dimension with proper structure and information on the question**.**

Table 3 *CFA Goodness of fit data*

	The goodness fit index (GFI)	Comparative Fitness Index (CFI)	Normed fit index (NFI)	Chi-square test	Hoelter's 0.05	Hoelter's 0.01
Strategy	0.931	0.918	0.907	405.122 df=58	185	209
Flexibility	0.899	0.897	0.891	527.614 df=42	111	145
Governance and Supervision	0.935	0.964	0.936	365.013 df=63	221	237
Employees' Welfare	0.884	0.872	0.854	1021.897 df=126	150	163
Financing and investment	0.921	0.864	0.833	300.661 df=44	141	173
safety and security	0.941	0.915	0.903	507.011 df=72	194	210
productivity	0.895	0.882	0.875	420.988 df=99	273	334
communication	0.935	0.921	0.910	356.641 df=95	314	361

The confirmatory Factor Analysis result showed in Table 3 confirms the excellent fitting of the data, with a useful Goodness Fit Index (GFI). Comparative Fitness Index (CFI) Communications from 0.935 (Governance and Supervision) to 0.864 for Finance and Investment. The Proportional Normal Index (NFI) ranges from 0.936 (Governance and Supervision) to 833 for finance and investment.

Causal Model of Organisational Health Dimensions Relationships using the Final Path Analysis

The final path analysis results regarding the relationships of variables showed that Governance and Supervision directly correlate with employee's welfare and productivity, financial management, investment, and communication, but indirectly with other variables.

Employee's wellbeing has a direct effect on communication but an indirect relationship with other variables. Safety and security are directly related to all variables. Financial management and investment directly impact productivity and communication, which have a direct impact on each other. As for strategy and flexibility, they have nothing to do with other variables. Table 5 shows the impact of all variables based on their value priority**.**

Table 4*Values of direct and indirect effects of relationships between OH variables*

Direct relationships of variables in the initial model		Pearson correlation coefficient	Stand. Dev.	t-value	Sig.	Result
Governance and Supervision	Employees' Welfare	.190*	0.437	17.434	p<0.005	Direct
	Financing and investment	.462**	0.499	6.858	p<0.005	Direct
	safety and security	.562**	0.657	-0.467	p>0.005	Indirect
	Productivity	.501**	0.504	11.696	p<0.005	Direct
	Communication	.378**	0.483	19.450	p<0.005	Direct
Employees' Welfare	Governance and Supervision	.190*	0.437	-17.43	p<0.001	Indirect
	safety and security	.430**	0.725	-10.92	p<0.005	Indirect
	Productivity	.615**	0.456	-3.777	p<0.005	Indirect
	communication	.651**	0.345	5.155	p<0.001	Direct
Financing and investment	Governance and Supervision	.462**	0.499	-6.858	p<0.001	Indirect
	safety and security	.309**	0.806	-4.629	p<0.001	Indirect
	Productivity	.236*	0.673	3.661	p<0.005	Direct
	Communication	.258**	0.598	9.977	p<0.005	Direct
safety and security	Governance and Supervision	.562**	0.657	0.467	p<0.005	Direct
	Employees' Welfare	.430**	0.725	10.924	p<0.005	Direct
	Financing and investment	.309**	0.806	4.629	p<0.001	Direct
	productivity	.795**	0.487	12.737	p<0.001	Direct
	communication	.729**	0.559	17.356	p<0.001	Direct
productivity	Governance and Supervision	.501**	0.504	-11.69	p<0.005	Indirect
	Employees' Welfare	.615**	0.456	3.777	p<0.001	Direct
	Financing and investment	.236*	0.673	-3.661	p<0.001	Indirect
	safety and security	.795**	0.487	-12.73	p<0.001	Indirect
	communication	.911**	0.239	14.652	p<0.001	Direct
communication	Governance and Supervision	.378**	0.483	-19.45	p<0.005	Indirect
	Employees' Welfare	.651**	0.345	-5.155	p<0.005	Indirect
	Financing and investment	.258**	0.598	-9.977	p<0.005	Indirect
	safety and security	.729**	0.559	-17.35	p<0.005	Indirect
	productivity	.911**	0.239	-14.65	p<0.005	Indirect

The final model shows the path analysis with the standardized values of the relationship between the conceptual model variables of the causal relationship between Organizational health dimensions in Figure 2. Standard values of standardized coefficients mean that by changing the standard deviation unit in each variable, the internal variable changes as much as the unit beta in the model. The values of direct and indirect effects show the relationships between variables in the final path model. The results of which are:

Figure 1: The final model of the path analysis of the Organizational health dimensions of the Tunisian Civil Aviation Organization
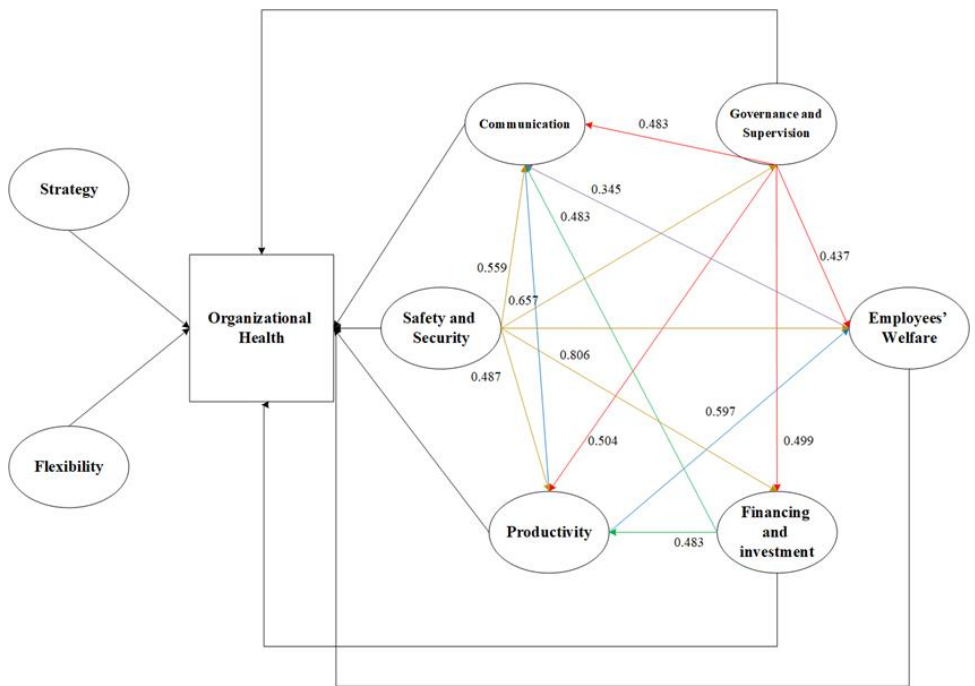
Note: *This figure demonstrates the relationship between OH dimensions*

The obtained result from this model describes all sorts of relationships between Organizational health items as follows:

OH, dimensions are positively correlated. The extent of these intervariable relationships ranges from strong to weak. The strongest is

the relationship between the dimensions of productivity and communication with a correlation coefficient of 0.911. Interestingly, the weakest relationship between employees' welfare and Governance and Supervision with a correlation coefficient of 0.190 .

DISCUSSION AND CONCLUSION

Organizational health is relatively new to the aviation sector, and the literature is somewhat scarce. For that reason, the researcher performed a systematic review of the Organizational health literature. Business, finance, and education were the most dominant field in OH literature .

To explain the idea of organizational health, three leading schools of thinking have arisen. The education literature is the first and most advanced in terms of conducted scientific research. Its approach to leadership, resource support, and learning focus on exam result outcomes. Those components are based on Miles' original theoretical dimensions of organizational fitness, which he suggested in 1965.

Occupational health, career stress, organizational psychology, and corporate health promotion are the second school of thinking. A sustainable organization is nearly healthy for its members or staff regarding environmental, economic, emotional, and social influences. In this case, measures comprise high reported retention and low absenteeism. Individuals are a member of the Company, and their wellbeing is the ultimate objective.

The third and most convenient approach when considering big, diverse public organizations is the structural approach, which determines whether the institution is stable or toxic. Most variations of this principle are an opportunity because they put a high value on an organization's resilience and desire to succeed in the future.

When reviewing the literature, it became apparent that there is a significant lack of studies on Organizational health in aviation Organizations, and they are not the same as financial institutions or schools. It was decided to conduct a qualitative interview study focused on Grounded Theory to determine the Organizational health model's general themes for OACA. Consequently, eight dimensions were determined to be the most relevant to OACA's Organizational health. They are strategy, flexibility, Governance and Supervision, employees' welfare, financing and investment, safety and security, productivity, and communication.

A practical model for valuing organizational health is described in this article. Recently, rapid improvements in job organization caused by work process transformation programs, along with changes in workforce populations, have necessitated the need to determine the effect of these changes on long-term work efficiency. New career management techniques have concentrated their energies on improving workflow efficiency while ignoring the effects of these new staff jobs. Nonetheless, individual efficiency is critical to the long-term viability of corporate productivity. The organizational health model presented in this article presents a new framework for maximizing the aviation industry's work in which the individual's care, protection, and security are regarded as the forerunners of process and organizational performance. Only data-driven documentation of employees' welfare, resilience, and health outcomes in the modern work world can be used to craftwork system intercessions.

The Organizational Health Model presented here provides a basis for health investigation in sectors with modern organizational activities, such as the aviation sector and evolving workforce populations. According to the Organizational Health Model, its strategic purpose is reflected by its community, represented by its governance and supervision. The framework for action (leadership) and state of being (employee welfare) is established by climate and reaffirmed by the community. Further implementation of this model would help organize data collection, promoting sketching both stable and efficient organizations.

Recommendations

Future research should focus on enlarging the sample and studying more Organizations in the aviation sector to have a more accurate OH in this industry. Based on the study, the following recommendations for future research may be considered:

.1 Create a quantitative and qualitative mechanism to expand the scope and environment of research studies.

.2 Establishment of an Organizational health committee in the Tunisian aviation industry to monitor and strengthen scientific research.

.3 With university professors and experts in organizational health, in-service training classes should be provided for managers.

.4 These studies do not focus only on the air navigation sector and include other sectors.

.5 This study should be continued for at least one year to achieve more results.

.6 Use new communication facilities and tools such as social networks and cyberspace to obtain feedback and communicate with a broader range of interviewees.

.7 With the dramatic impact of the coronavirus epidemic on the aviation market, the management should focus on setting up an OH strategy that will prevent the organization from being paralyzed by similar contingencies.

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