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Designing a Conceptual Model of Organizational Health and Its Relationship with Health Literacy of Lower Secondary School Teachers in Tehran

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A B S T R A C T

Purpose: The present study was conducted with the aim of designing a conceptual model of organizational health and its relationship with the health literacy of lower secondary school teachers in Tehran.

Methods and Materials: This study employed a mixed-method (qualitative-quantitative) exploratory sequential design. The statistical population included all lower secondary school teachers in Tehran in 2022, with 20 participants selected through theoretical saturation for the qualitative phase and 300 participants selected through multistage sampling for the quantitative phase. Data collection involved semi-structured interviews, a researcher-made questionnaire on organizational health, and a standardized health literacy questionnaire by Andreade et al. (2017). Data analysis was conducted using thematic analysis, Pearson correlation, confirmatory and exploratory factor analysis, and one-sample t-test with SPSS-v21 and Lisrel-v8 software.

Findings: The results identified eight main dimensions from 78 indicators: organizational (commitment, support, health culture), individual (individual characteristics, interpersonal characteristics, work-life balance), and environmental (environmental dynamics, environmental outlook). The conceptual model demonstrated that organizational health significantly impacts teachers' health literacy, with model fit indices (GFI = 0.99, AGFI = 0.96, CFI = 0.99, RMSEA = 0.071) indicating an excellent fit.

Conclusion: The study concluded that organizational health plays a crucial role in enhancing teachers' health literacy. Promoting a health-oriented culture, fostering supportive environments, and addressing individual and environmental factors are essential for improving teachers' well-being and professional effectiveness.

Keywords: *Health Literacy, Organizational Health, Teachers.*

1. Introduction

In general, all social systems need to solve four fundamental problems for their survival, growth, and development. These factors include adaptation, goal attainment, integration, and latency, and a healthy organization is considered one that minimizes employees' depression, hopelessness, dissatisfaction, low activity, and psychological stress. Therefore, organizational health is a comprehensive concept associated with three components: psychological stress, mental health, and ethics in organizations (Padma et al., 2015).

In this regard, the term Organizational Health Literacy (OHL) is defined as an organizational-level effort to facilitate individuals' ability to navigate, understand, and use information and services for better health care (Brach, 2017; Brach et al., 2012). Therefore, what empowers individuals to play an active role in changing environments to influence health is health literacy (Saadati et al., 2023; Wang, 2024). Health literacy is generally defined as individuals' ability to access health information and use it to make appropriate decisions for maintaining and promoting health (Du, 2024). Health literacy is an emerging concept based on the belief that both health and literacy are vital resources for daily life (Miller-Matero, 2024). Health literacy is widely recognized as a determinant of health and a priority in public health policy agendas (Nam, 2024). Low health literacy is associated with poorer health outcomes, wider health inequalities, and higher healthcare costs. Today, the concept of health literacy is expanding (Browne et al., 2018).

Its scope has extended beyond functional abilities to include the skills needed to manage personal health and the healthcare environment (Ghanbari et al., 2016). Accordingly, the World Health Organization has recently identified health literacy as one of the most important determinants of health. Health literacy can be defined as the ability to read, understand, and act on health and medical advice. According to the studies by the U.S. Center for Health Care Strategies, individuals with low health literacy do not understand written and oral information provided by the health team, do not follow given recommendations, have poorer health status, and incur higher costs. Health literacy has gained the attention of policymakers as a key factor for improving public health and enhancing the quality of healthcare services due to its impact on individuals' health-related decision-making (Pashaei Pour et al., 2018).

A healthy organization is a place where individuals come to work with enthusiasm and take pride in working there. In fact, organizational health in terms of physical and psychological well-being, security, belonging, meritocracy, valuing knowledge, expertise, and stakeholders' personality, nurturing their capabilities, and fulfilling assigned tasks by their supra-systems significantly impacts the effectiveness of any system's behavior (Korkmaz, 2007). According to Lyden and Klingle, organizational health is a relatively new concept that refers to an organization's ability to perform its functions effectively, leading to its growth and improvement. A healthy organization is where individuals want to stay and work and aim to be productive and effective contributors themselves (Rasooly et al., 2020).

In general, all social systems need to solve four fundamental problems for their survival, growth, and development. These factors include adaptation, goal attainment, integration, and latency, and a healthy organization is considered one that minimizes employees' depression, hopelessness, dissatisfaction, low activity, and psychological stress. Therefore, organizational health is a comprehensive concept associated with three components: psychological stress, mental health, and ethics in organizations (Padma et al., 2015).

In this context, the study by Lindert et al. (2022) demonstrated that accountability for employee health, proper health management within the organization, and implementing health literacy promotion training are influential factors in enhancing organizational health literacy (Lindert et al., 2022). The study by Kruslakova et al. (2021) highlighted significant strengths and weaknesses in current organizational health literacy practices from the perspectives of employees and clients, particularly the greatest need identified in written communications (Kružliaková et al., 2021). The study by Dervim Guner and Elif (2019) revealed that employees' health literacy levels were moderate, with a positive and significant relationship between health literacy, occupational health, and organizational culture (Devrim Güner & Elif Ekmekci, 2019). The study by Prince et al. (2018) indicated no significant difference in organizational health concerning employees and years of service (Prince et al., 2018).

Therefore, organizational health is a unique concept that allows members to have a broad perspective on organizational well-being. In healthy organizations, managers and employees are committed, responsible, and productive, exhibiting high morale and performance. A healthy organization is where individuals come to work with enthusiasm and take pride in working there. In fact, organizational health in terms of physical and psychological

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well-being, security, belonging, meritocracy, valuing knowledge, expertise, and stakeholders' personality, nurturing their capabilities, and fulfilling assigned tasks by their supra-systems significantly impacts the effectiveness of any system's behavior. In the present study, the components of organizational health have been identified, and its relationship with employees' health literacy has been examined. It should be noted that while some studies have explored the relationship between organizational health and improving employee performance or reducing workplace depression, no comprehensive research has been conducted to identify the dimensions and indicators of organizational health and examine its relationship with health literacy. This research gap is evident, as implementing organizational health mechanisms is expected to enhance other organizational processes, including employees' health literacy regarding their physical and mental well-being. Therefore, the present study addresses this issue.

2. Methods and Materials

The present research method, based on its objective, was fundamental-applied; based on the type of data, it was a mixed-method (qualitative-quantitative) inductive approach with an exploratory sequential design; and based on the data collection method, it was descriptive-survey in the quantitative section and thematic analysis with a thematic network approach in the qualitative section, as the researcher aimed to describe the relationship between variables. The statistical population of the study included all lower secondary school teachers in Tehran in the year 2022, selected based on inclusion and exclusion criteria (inclusion criteria included having a bachelor's, master's, or doctoral degree in educational sciences fields such as curriculum planning, educational planning, educational management, higher and strategic education, and at least five years of service experience; exclusion criteria included unwillingness to participate in the research).

A multistage sampling method was used in this study as follows: In the first stage, the city of Tehran was geographically divided into five regions (north, south, east, west, and center). In the second stage, two educational districts from each geographical region were randomly selected. In the third stage, five secondary schools from each selected educational district were randomly chosen. In the fourth stage, two teachers from each grade level in each selected secondary school were randomly selected.

Two methods were used for data collection:

1. **Documentary (library) method**: Information was collected through studying books, journals, online resources, and databases. After selecting the sources, note-taking and translation of relevant texts were conducted, leading to the identification of initial components and their measurement indicators based on theoretical and practical foundations.
2. **Field method**: This method was conducted in two ways. First, semi-structured interviews were conducted with selected experts purposefully, after necessary coordination, at their workplaces. Second, for collecting quantitative data, questionnaires were distributed among the selected sample after necessary coordination, collected, and the gathered data were entered into the system and analyzed in two ways.

The research instruments are as follows:

The researcher-made Organizational Health Questionnaire consisted of 100 items rated on a five-point Likert scale, developed by reviewing theoretical and practical foundations and results from exploratory interviews (with open and axial coding of interview texts). This questionnaire included three dimensions: organizational (16 questions on commitment, 10 questions on support, and 10 questions on health culture), individual (7 questions on individual characteristics, 16 questions on interpersonal characteristics, and 7 questions on work-life balance), and environmental (5 questions on environmental dynamics and 7 questions on environmental outlook). The scoring and interpretation of this questionnaire were as follows: Strongly agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly disagree = 1. The minimum possible score was 100, and the maximum was 500. A score between 100 and 200 indicated a low level of organizational health; a score between 201 and 300 indicated a moderate level; and a score above 300 indicated a high level of organizational health.

The Health Literacy Questionnaire by Andreade et al. (2017) consisted of 63 items rated on a five-point Likert scale across 10 subscales (plain language, clear purpose, graphics, audience participation, skill-based learning, audience appropriateness, instructions, progress development details, evaluation methods, and evidence strength). The scoring method was based on a five-point Likert scale, with Very high = 5 points, High = 4 points, Moderate = 3 points, Low = 2 points, and Very low = 1 point. The reliability coefficient of the questionnaire was reported by Ghanbari et al. (2016) using Cronbach's alpha method as

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0.93, and by Arabi and Soleimanpour as 0.89 (Arabi & Soleimanpour Omran, 2018).

In the inferential section, to answer the research questions, tests such as Pearson correlation, structural equation modeling (confirmatory factor analysis), exploratory factor analysis, and one-sample t-test were employed using SPSS-v21 and Lisrel-v8 software.

3. Findings and Results

Table 1 presents the central tendency and dispersion indices related to the research variables. It is worth mentioning that the minimum and maximum values for each of the variables below are 1 and 5, respectively.

Table 1

Statistical Characteristics of Research Variables

Construct	Dimension	Component	Mean	Standard Deviation	Skewness	Kurtosis
Health Literacy	-	Plain Language	3.31	0.70	-0.20	0.38
		Clear Purpose	3.55	0.68	-0.44	0.31
		Graphics	3.20	0.89	0.19	-0.52
		Audience Participation	3.17	0.81	0.18	-0.20
		Skill-Based Learning	3.37	0.89	-0.03	-0.40
		Audience Appropriateness	3.29	0.71	0.02	0.26
		Instructions	3.21	0.74	-0.02	0.44
		Progress Development Details	3.17	0.86	-0.19	0.07
		Evaluation Methods	3.35	0.74	-0.11	0.35
		Evidence Strength	3.42	0.87	-0.41	0.06
Organizational Health	Organizational	Organizational Commitment	3.23	0.78	0.15	-0.37
		Organizational Support	3.33	0.72	0.04	0.01
		Organizational Culture	3.21	0.73	0.01	0.38
	Individual	Individual Characteristics	3.27	0.81	-0.07	0.15
		Interpersonal Characteristics	3.31	0.72	-0.15	0.48
		Work-Life Balance	3.27	0.74	-0.25	0.32
	Environmental	Environmental Dynamics	3.00	0.83	0.03	0.23
		Environmental Outlook	3.17	0.77	0.22	0.30

The information in Table 1 shows statistical characteristics such as mean, standard deviation, skewness, and kurtosis for the research variables. Additionally, considering the skewness and kurtosis values, which fall within an acceptable range for assuming data normality, the assumption of data normality can be made and accepted.

In structural equation modeling methodology, it is essential first to examine the construct validity to determine whether the selected indicators for measuring the intended variables possess sufficient accuracy. For this purpose, confirmatory factor analysis is used, where each item's factor loading with its respective variable should have a t-value greater than 1.96, indicating sufficient accuracy for measuring that latent construct or variable. Table 2 presents the factor loading values for each item of the latent variables. The organizational health model was measured by 78 items. The standardized parameter estimates in figures below show that all indicators are statistically significant, with high factor loadings. The examination of model fit indices indicates a good fit of the model.

Table 2

Confirmed Indicators of the Organizational Health Model

Item Label	Factor Loading	t-value	Item Status
SSz1	0.66	14.70	Confirmed
SSz2	0.65	14.39	Confirmed
SSz3	0.76	17.90	Confirmed
SSz4	0.72	16.33	Confirmed
SSz5	0.76	17.74	Confirmed
SSz6	0.79	18.82	Confirmed
SSz7	0.76	17.59	Confirmed
SSz8	0.78	18.40	Confirmed

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SSz9	0.79	18.88	Confirmed
SSz10	0.82	19.90	Confirmed
SSz11	0.77	17.95	Confirmed
SSz12	0.77	18.17	Confirmed
SSz13	0.75	17.46	Confirmed
SSz14	0.81	19.33	Confirmed
SSz15	0.79	18.64	Confirmed
SSz16	0.83	20.12	Confirmed
SSz17	0.79	18.90	Confirmed
SSz18	0.78	18.37	Confirmed
SSz19	0.74	17.02	Confirmed
SSz20	0.77	17.96	Confirmed
SSz21	0.80	19.01	Confirmed
SSz22	0.79	18.82	Confirmed
SSz23	0.66	14.58	Confirmed
SSz24	0.71	16.04	Confirmed
SSz25	0.62	13.50	Confirmed
SSz26	0.70	15.88	Confirmed
SSz27	0.73	16.16	Confirmed
SSz28	0.74	16.57	Confirmed
SSz29	0.61	12.83	Confirmed
SSz30	0.72	15.91	Confirmed
SSz31	0.80	18.39	Confirmed
SSz32	0.77	17.30	Confirmed
SSz33	0.79	18.07	Confirmed
SSz34	0.69	15.16	Confirmed
SSz35	0.74	16.35	Confirmed
SSz36	0.75	17.10	Confirmed
SSz37	0.66	14.22	Confirmed
SSz38	0.73	16.37	Confirmed
SSz39	0.69	15.25	Confirmed
SSz40	0.72	15.99	Confirmed
SSz41	0.64	13.56	Confirmed
SSz42	0.74	16.52	Confirmed
SSz43	0.75	16.94	Confirmed
SSz44	0.66	14.28	Confirmed
SSz45	0.74	16.71	Confirmed
SSz46	0.74	16.75	Confirmed
SSz47	0.76	17.22	Confirmed
SSz48	0.69	15.04	Confirmed
SSz49	0.73	16.50	Confirmed
SSz50	0.65	14.08	Confirmed
SSz51	0.74	16.81	Confirmed
SSz52	0.77	17.64	Confirmed
SSz53	0.79	18.21	Confirmed
SSz54	0.73	16.42	Confirmed
SSz55	0.77	17.61	Confirmed
SSz56	0.76	17.80	Confirmed
SSz57	0.76	16.81	Confirmed
SSz58	0.77	17.56	Confirmed
SSz59	0.76	17.17	Confirmed
SSz60	0.65	14.07	Confirmed
SSz61	0.66	14.21	Confirmed
SSz62	0.51	10.44	Confirmed
SSz63	0.65	13.95	Confirmed
SSz64	0.77	17.56	Confirmed
SSz65	0.83	19.92	Confirmed
SSz66	0.84	20.50	Confirmed
SSz67	0.84	20.43	Confirmed
SSz68	0.83	20.05	Confirmed
SSz69	0.84	20.41	Confirmed

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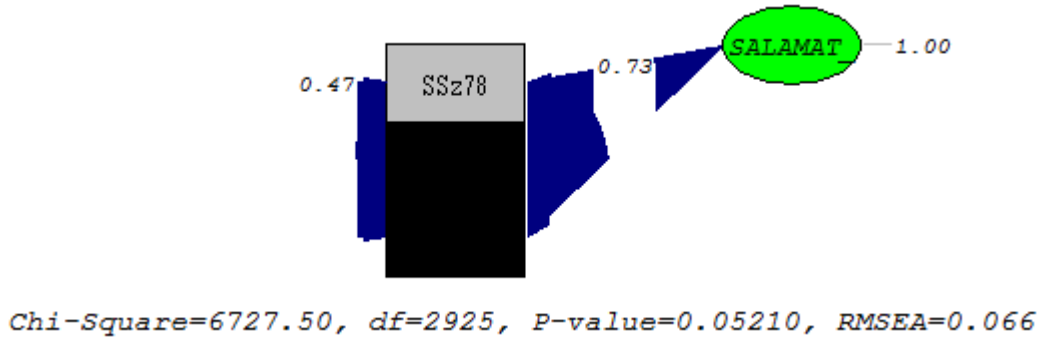
SSz70	0.86	21.12	Confirmed
SSz71	0.82	19.73	Confirmed
SSz72	0.83	20.08	Confirmed
SSz73	0.81	19.40	Confirmed
SSz74	0.84	20.57	Confirmed
SSz75	0.78	18.10	Confirmed
SSz76	0.81	19.23	Confirmed
SSz77	0.76	17.56	Confirmed
SSz78	0.73	14.72	Confirmed

All items had t-values greater than 1.96; therefore, none of the items were removed from the model. Additionally, factor loadings indicate that the item with the highest factor loading contributes more significantly to measuring the respective variable, while items with smaller coefficients contribute less to measuring the corresponding construct.

Figures below represent the final model of the Organizational Health framework. The chi-square to degrees of freedom ratio for the current model is 2.30, and the RMSEA value is 0.066.

Figure 1

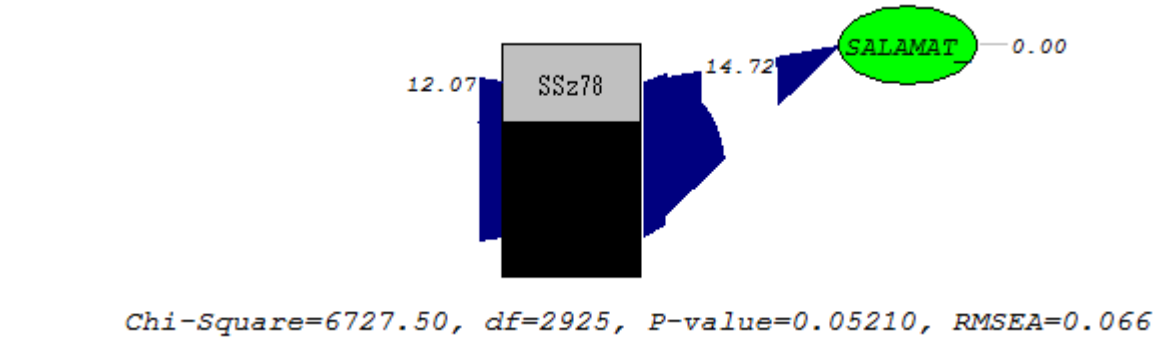
Organizational Health Model in Standardized Coefficients



Salamat: Organizational Health

Figure 2

Organizational Health Model in Significance of Coefficients



Salamat: Organizational Health

As seen in Table 3, almost all indices have statistical adequacy. Therefore, it can be concluded with high confidence that the researcher has achieved an excellent fit for these indices.

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Table 3

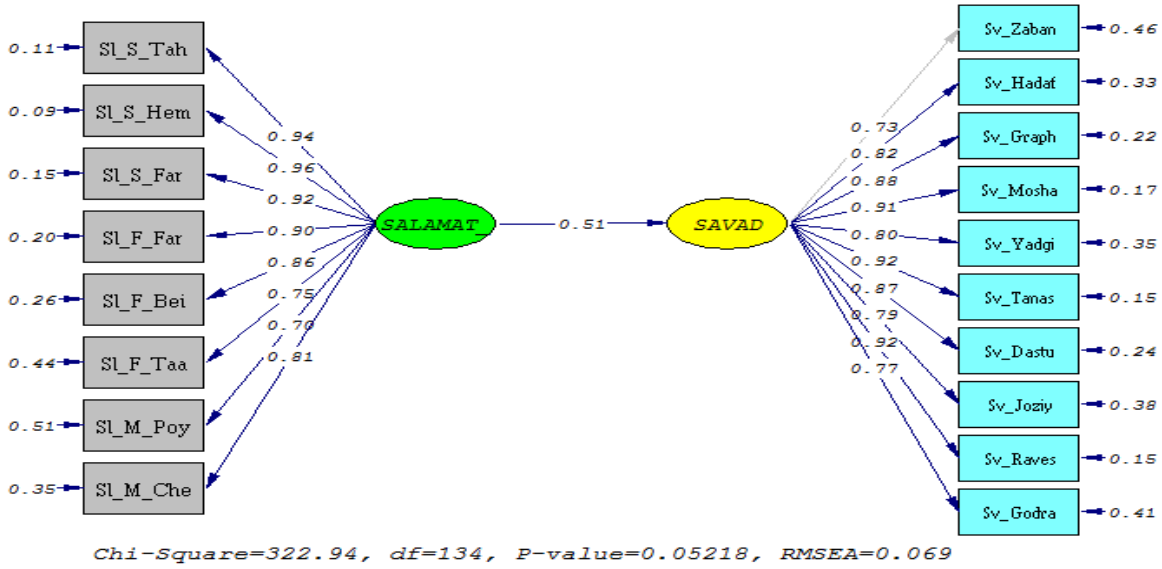
Selected Key Fit Indices of the Organizational Health Model

Index	Index Name	Abbreviation	Value	Acceptable Fit
Absolute Fit Indices	Covered Area (Chi-Square)	-	6727.50	
	Goodness of Fit Index	GFI	0.95	Greater than 0.9
Comparative Fit Indices	Adjusted Goodness of Fit Index	AGFI	0.93	Greater than 0.9
	Comparative Fit Index	CFI	0.97	Greater than 0.9
Parsimonious Fit Indices	Root Mean Square Error of Approximation	RMSEA	0.066	Less than 0.1

To examine the research question, confirmatory structural equation modeling was used. After drawing the structure, adding model constraints, and selecting the maximum likelihood method, the executed model and the path diagram fit were obtained in figures below.

Figure 3

Path Coefficients and Factor Loadings of the Main Model (Standardized State)



Salamat: Organizational Health, Savad: Health Literacy

Figure 4

Main Model Significance Coefficients

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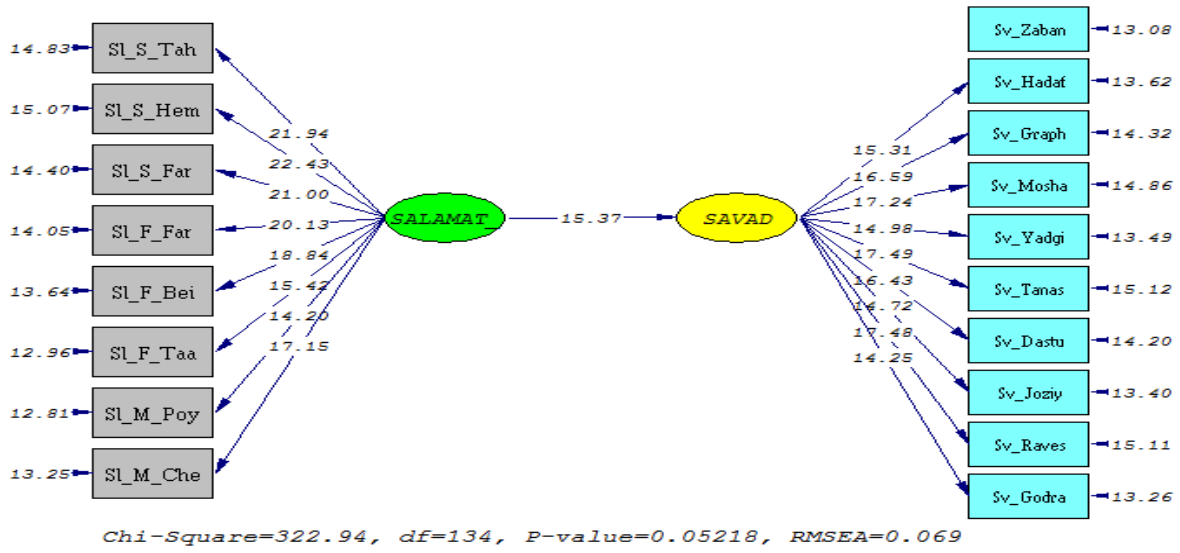

Salamat: Organizational Health, Savad: Health Literacy

Based on the chi-square and RMSEA criteria, this model provides an appropriate fit to the data. Table 4 presents the most important and common fit indices. As seen in Table 4, all indices have statistical adequacy. Therefore, it can be confidently concluded that the researcher has achieved a relatively complete fit for these indices.

Table 4

Selected Key Fit Indices of the Model

Index	Index Name	Abbreviation	Value	Acceptable Fit
Absolute Fit Indices	Covered Area (Chi-Square)	-	322.94	
	Goodness of Fit Index	GFI	0.87	Greater than 0.8
Comparative Fit Indices	Adjusted Goodness of Fit Index	AGFI	0.89	Greater than 0.8
	Comparative Fit Index	CFI	0.95	Greater than 0.9
Parsimonious Fit Indices	Root Mean Square Error of Approximation	RMSEA	0.069	Less than 0.1

Table 4 presents the path coefficients along with t-values for the above question. As shown, the tested paths are accepted.

Table 5

Path Coefficients and t-values

Path	Path Coefficient	t-value	Status
Organizational Health → Health Literacy	0.51	15.37	Accepted

Therefore, it can be concluded that organizational health is related to teachers' health literacy. Discussion and Conclusion

The present study aimed to design a conceptual model of organizational health and its relationship with the health literacy of lower secondary school teachers in Tehran. The results showed that among the 78 existing indicators (items), eight main categories were identified. The identified dimensions included organizational dimensions (commitment, support, health culture), individual dimensions (individual characteristics, interpersonal characteristics, work-life balance), and environmental dimensions (environmental dynamics and environmental outlook). Based on the identified dimensions, components, and indicators, the conceptual model was developed. The results also showed that organizational health is related to

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the health literacy of teachers. In this regard, the findings of Lindert et al. (2022) also showed that responsibility for employee health, proper health management in the organization, and implementing health literacy training play influential roles in improving organizational health literacy (Lindert et al., 2022). The results of Kruzliakova et al. (2021) highlighted significant strengths and weaknesses in current organizational health literacy practices from the perspective of employees and clients, particularly in written communications (Kružliaková et al., 2021). Another indicated that employees' health literacy levels were moderate, with a positive and significant relationship between health literacy, occupational health, and organizational culture (Devrim Güner & Elif Ekmekci, 2019). The findings of Arabi and Soleimanpour (2018) revealed a positive and significant relationship between health literacy and health-promoting lifestyles and environmental behavior, indicating that health literacy plays an effective role in promoting employees' health (Arabi & Soleimanpour Omran, 2018).

Organizational health is a critical concept that allows individuals to have a comprehensive view of adaptability to the environment. In healthy organizations, members are committed, responsible, and productive, with high morale and performance. A healthy organization is a place where individuals come to work with enthusiasm and take pride in working there. In fact, organizational health, in terms of physical and psychological well-being, security, belonging, meritocracy, valuing knowledge, expertise, and stakeholders' personalities, fostering their capabilities, and fulfilling assigned tasks by their supra-systems, significantly impacts the effectiveness of any system's behavior. Organizational health refers to an organization's sustainability and survival in its environment, its adaptability, and its ability to enhance and expand its capabilities for greater compatibility. Organizational health is an indicator of working in a healthy environment and maximizing employee health and well-being, while also encompassing healthy outcomes for stakeholders such as investors, the community, clients, and beneficiaries. Organizational health is holistic, comprehensive, and strategic. This study addressed the concept of organizational health and examined it among secondary school teachers. The study covered organizational, individual, and environmental dimensions, revealing that organizational dimensions include commitment, support, and health culture, all of which reflect the organizational health of teachers.

Teachers' organizational health primarily refers to their sense of responsibility at work, their work-related and ethical sense of belonging. When discussing the organizational health of secondary school teachers, having a healthy outlook, receiving support and recognition, and effective management are tangible factors influencing teachers' well-being. Establishing a health-oriented culture also ensures this well-being. Teachers' belief in making a positive impact, the existence of a code of ethics for teachers, adopting new and improved methods for educational tasks by the education system, having a clear and transparent strategy for the future, and fostering teamwork among teachers are indicators of a healthy culture in schools. However, individual and interpersonal characteristics of teachers should not be overlooked when promoting organizational health. Innovation, striving to maintain a healthy environment, and caring for students' future are individual characteristics of teachers who promote organizational health. Teachers' participation, strong morale, open communication, teamwork, a disciplined learning environment, and ease in sharing ideas and solutions are other features that contribute to teachers' organizational health. Environmental dynamics and having a suitable outlook can guarantee organizational health. A constantly changing work environment, an atmosphere suited to the work, and continuous attention to environmental technologies maintain dynamism. Continuous learning, considering the country's outlook in providing job skills, and resilience to environmental challenges are indicators of outlook that lead to organizational health.

This study also highlighted that organizational health affects teachers' health literacy. Ensuring teachers' organizational health increases their job satisfaction and impacts their health literacy. Suggestions from this study include conducting training courses and providing health education packages for teachers, proper planning to raise teachers' awareness of the role of comprehensive health service centers in education, and referring teachers to healthcare centers to address their health deficiencies as special facilities.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

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

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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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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

References

Arabi, H., & Soleimanpour Omran, M. (2018). The Relationship between Health Literacy and Health-Promoting Lifestyle and Environmental Behavior. *Journal of Social and Cultural Studies*, *6*(4), 191-216. https://journals.sabz.ac.ir/scds/article-1-457-en.html&sw=Mental

Brach, C. (2017). The journey to become a health literate organization: A snapshot of health system improvement. In *Studies in Health Technology and Informatics* (Vol. 240, pp. 203-237

PMID - 28972519). https://pubmed.ncbi.nlm.nih.gov/28972519/

Brach, C., Keller, D., Hernandez, L. M., Baur, C., Parker, R., Dreyer, B., & Schillinger, D. (2012). Ten attributes of health literate health care organizations. https://doi.org/10.31478/201206a

Browne, A. J., Varcoe, C., Ford-Gilboe, M., Wathen, C. N., Smye, V., Jackson, B. E., & Wong, S. T. (2018). Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics. *International Journal for Equity in Health*, *17*(1), 154. https://doi.org/10.1186/s12939-018-0820-2

Devrim Güner, M., & Elif Ekmekci, P. (2019). Health Literacy Level of Casting Factory Workers and Its Relationship With Occupational Health and Safety Training. *Workplace Health Saf*, *67*(9), 452-460. https://doi.org/10.1177/2165079919843306

Du, X. (2024). The Effect of Social Support on the Mental Health Literacy of Parents Who Have Children With Special Needs: A Moderated Mediating Effect. *Psychology research and behavior management, Volume 17*, 1283-1294. https://doi.org/10.2147/prbm.s454287

Ghanbari, S., Ramazankhani, A., Mohrabi, Y., & Montazeri, A. (2016). Designing and Psychometric Evaluation of a Tool to Measure Health Literacy in Adolescents. *Journal of Research Institute for Health Sciences*, *15*(4), 388-402. https://doi.org/10.1037/t52460-000

Korkmaz, M. (2007). The Effect of Leadership Style on Organizational Health. *Educational Research Quarterly*, *3*, 22-54. https://files.eric.ed.gov/fulltext/EJ787712.pdf

Kružliaková, N., Porter, K., Ray, P., Hedrick, V., Brock, J., & Zoellner, J. (2021). Understanding and Advancing Organizational Health Literacy within a Public Health Setting. *5*(1). https://doi.org/10.3928/24748307-20210114-01

Lindert, L., Kühn, L., Kuper, P., & Choi, K. E. (2022). Organizational Health Literacy in the Context of Employee Health: An Expert-Panel-Guided Scoping Review Protocol. *International journal of environmental research and public health*, *19*(7), 4381. https://doi.org/10.3390/ijerph19074381

Miller-Matero, L. R. (2024). Association of Health Literacy With Chronic Pain and Pain-Related Distress. *Professional Psychology Research and Practice*. https://doi.org/10.1037/pro0000539

Nam, H. J. (2024). Pathways Linking Health Literacy to Self-Care in Diabetic Patients With Physical Disabilities: A Moderated Mediation Model. *PLoS One*, *19*(3), e0299971. https://doi.org/10.1371/journal.pone.0299971

Padma, V. N. N., Anand, S. M. G., Swaminatha Gurukul, S. M. A., Syed Mohammed Javid, A., Arun Prasad, A., & Arun, S. (2015). Health problems and stress in Information Technology and Business Process Outsourcing employees. *J Pharm Bioallied Sci*, *7*(Suppl 1), S9-S13. https://doi.org/10.4103/0975-7406.155764

Pashaei Pour, S., Salimi, N., & Ansari, M. (2018). Investigating the Relationship between Health Literacy and the Use of Social Networks among Administrative Staff at Tehran University of Medical Sciences. *Journal of Iranian Nursing Research*, *13*(2), 5-15. https://ijnr.ir/browse.php?a_id=1738&sid=1&slc_lang=en

Prince, M., Bryce, R., & Ferri, C. (2018). World Alzheimer Report 2011: The benefits of early diagnosis and intervention. https://www.alzint.org/u/WorldAlzheimerReport2011.pdf

Rasooly, K., Mahmoudi, F., & Yazdani Charati, J. (2020). Relationship between Organizational Culture and Organizational Health in Employees of District 1 Iran Teaching Hospitals. *Archives of Hygiene Sciences*, *9*(4), 256-264. https://doi.org/10.52547/ArchHygSci.9.4.256

Saadati, N., Yousefi, Z., & Saadati, S. A. (2023). E-health Literacy and Older Adults: Challenges, Opportunities, and Support Needs. *AI and Tech in Behavioral and Social Sciences*, *1*(1), 12-19. https://doi.org/10.61838/kman.aitech.1.1.3

Wang, X. (2024). Intergenerational Transmission of Mental Health Literacy and Its Mechanism: The Mediating Effect of Parent-Child Relationship and the Moderating Effect of School Mental Health Service. *Psychology research and behavior management, Volume 17*, 1177-1189. https://doi.org/10.2147/prbm.s453122

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