



The Role of Social Capital in Promoting Administrative Health and Transparency in Iranian Governmental Organizations: A Case Study of the General Directorate of Education of Tehran City

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Received: 2026-02-02

Revised: 2026-06-03

Accepted: 2026-06-10

Initial Publish: 2026-06-13

Final Publish: 2027-05-01

Abstract

The present study aimed to investigate the role of social capital in promoting administrative health and transparency, considering the mediating role of organizational health in the General Directorate of Education of Tehran City. In terms of purpose, this research was applied, and regarding the method of data collection, it was a descriptive-survey study of a correlational nature. The statistical population consisted of all employees and managers of the General Directorate in 2025, from whom 400 participants were selected through stratified random sampling. The research instrument was a standardized questionnaire comprising the dimensions of social capital (structural, relational, and cognitive), organizational health, administrative health, and transparency, whose validity and reliability were confirmed. Data were analyzed using Structural Equation Modeling (SEM) and SmartPLS software. The findings indicated that all research hypotheses were supported. Social capital had a strong and positive effect on organizational health ($\beta = 0.65$). Furthermore, organizational health exerted a significant direct effect on administrative health ($\beta = 0.58$) and transparency ($\beta = 0.52$). The results of the mediation analysis using the bootstrap method revealed that organizational health functioned as a full mediating variable, such that a substantial portion of the effect of social capital on administrative health (indirect effect = 0.38) and transparency (indirect effect = 0.34) was transmitted through this pathway. The direct effects of social capital on these two variables were weaker but remained statistically significant. Among the dimensions of social capital, the relational dimension (trust and norms) emerged as the strongest predictor of organizational health. Therefore, it can be argued that a fundamental strategy for enhancing administrative health and transparency in governmental organizations is the deliberate strengthening of social capital, particularly through trust-building and the development of collaborative networks. By improving overall organizational health, such investment provides the necessary foundation for the spontaneous and sustainable emergence of healthy and transparent administrative behaviors. The findings of this study underscore the necessity of shifting from purely control-oriented approaches toward a paradigm of capacity-building and internal trust in Iran's public administration.

Keywords: Social Capital, Administrative Health, Transparency, Organizational Health, Education System.

How to cite this article:

Parsa, M., Modami, H., & Alaei Noor, M. (2027). The Role of Social Capital in Promoting Administrative Health and Transparency in Iranian Governmental Organizations: A Case Study of the General Directorate of Education of Tehran City. *Management Strategies and Engineering Sciences*, 9(3), 1-12.

1. Introduction

Administrative health and transparency have become central concerns in contemporary public management because governmental organizations are increasingly expected to demonstrate integrity, accountability,

responsiveness, and effective stewardship of public resources. In public institutions, administrative health refers to the capacity of an organization to operate according to legal, ethical, merit-based, and accountable procedures, while transparency reflects the extent to which information,



decisions, rules, and administrative processes are accessible, understandable, and open to public and intra-organizational scrutiny. These two constructs are particularly important in large bureaucratic organizations such as education systems, where administrative decisions influence not only employees and managers but also students, families, schools, and broader social development. Recent governance research shows that transparency, accountability, and institutional quality are not merely technical administrative goals; rather, they are strongly connected to economic development, organizational legitimacy, public trust, and sustainable governance outcomes [1-3]. Therefore, examining the mechanisms through which administrative health and transparency can be strengthened in governmental organizations is a necessary priority for public administration research.

In recent decades, public sector reforms have increasingly emphasized good governance, public financial management, anti-corruption mechanisms, and institutional performance as foundations of effective administration. Studies on public finance and governance indicate that transparent financial systems, efficient procurement, reliable auditing, and institutional accountability contribute to economic growth and improved administrative effectiveness [3-5]. Evidence from China also suggests that national auditing can improve local fiscal transparency, showing that oversight mechanisms may serve as formal instruments for enhancing transparency in governmental systems [2]. Similarly, studies in Nigeria, Namibia, Nepal, Vietnam, and other developing contexts emphasize that corruption control, public sector efficiency, and institutional reform are essential for development and administrative credibility [6-9]. However, these studies also imply that formal rules and control mechanisms alone are not always sufficient to produce sustainable integrity. In many cases, weak institutional commitment, informal practices, political pressures, and fragmented organizational cultures limit the effectiveness of reform efforts [10-12].

One of the key concepts that can explain why some public organizations develop healthier and more transparent administrative environments is social capital. Social capital generally refers to the resources embedded in networks of relationships, shared norms, trust, cooperation, and common understandings that facilitate collective action within and across organizations. In public administration, social capital can strengthen collaboration, reduce opportunistic behavior, improve information exchange, and create a normative basis for accountability. Recent studies have shown that social

capital building can reinforce democracy, market institutions, civic engagement, and decentralization processes, particularly in developing and transitional settings [13-15]. Civic capital has also been shown to support transparency and political accountability, suggesting that trust-based social relations can create a virtuous cycle between citizen engagement, institutional openness, and responsible governance [16]. Thus, social capital can be understood as a soft but powerful governance resource that complements formal regulations and administrative controls.

The relationship between social capital and transparency is especially important in bureaucratic organizations where information asymmetry, hierarchical distance, and administrative complexity may weaken accountability. Transparency in local governments has been described as a multidimensional practice involving disclosure, accessibility, openness, and institutional willingness to share information with stakeholders [17]. In addition, open data initiatives and demand-side evaluations of public information systems show that transparency becomes meaningful only when disclosed information is usable, trusted, and connected to stakeholder participation [18]. From this perspective, transparency is not simply the technical publication of data; it requires organizational cultures that value openness, communication, and responsibility. Social capital can support this process by increasing trust among organizational members, encouraging information sharing, and reducing resistance to openness. Where relational networks are weak or distrustful, transparency policies may remain symbolic or formalistic rather than becoming embedded in daily administrative practice.

Administrative health is also closely related to the broader quality of organizational functioning. A government organization may possess formal rules against corruption, favoritism, or administrative misconduct, but these rules are more likely to be implemented when the organization has internal cohesion, constructive leadership, shared values, and healthy communication patterns. Studies on governance and institutional performance indicate that leadership, institutional arrangements, and organizational capacity strongly affect the quality of public sector outcomes [19-21]. Research on corporate governance in public institutions and state-owned enterprises similarly shows that formal governance structures must be accompanied by commitment, accountability, and institutionalized ethical practices to become effective [22, 23]. Accordingly,

administrative health should be viewed not only as the absence of corruption but also as the presence of lawful, fair, responsive, and ethically grounded administrative behavior.

Organizational health provides an important mediating concept in this relationship. Organizational health refers to the internal capacity of an organization to maintain coherence, morale, adaptability, goal orientation, constructive leadership, and effective functioning. In an educational administrative organization, organizational health may include institutional integrity, consideration, initiating structure, production emphasis, morale, and managerial influence. A healthy organization is more likely to foster trust, reduce conflict, support fair decision-making, and provide a stable environment for transparent procedures. Research on intelligent accountability in educational change emphasizes that accountability should not be reduced to mechanical control; rather, it should be developed through professional trust, learning, responsibility, and constructive institutional relationships [24]. This view is consistent with the argument that transparency and administrative health emerge more sustainably when the internal organizational system is healthy, rather than when compliance is imposed only through external pressure.

The importance of organizational and institutional context is also evident in studies of decentralization, administrative reform, and public governance. Research on decentralization in Morocco, Tunisia, Indonesia, Switzerland, and Estonia demonstrates that administrative reforms are shaped by local relationships, institutional history, political dynamics, place identity, and patterns of civic engagement [14, 25-27]. These studies suggest that governance reforms cannot be understood only through formal organizational charts or legal mandates. Instead, they are mediated by social relationships, organizational meanings, and the willingness of actors to cooperate within institutional frameworks. In this sense, social capital may operate through organizational health by improving the relational and normative environment in which formal administrative processes are enacted.

The role of trust and shared norms is particularly important in contexts where corruption, informal practices, or weak commitment to governance standards undermine institutional performance. Studies from the Middle East and North Africa have shown that corruption and informal practices are embedded in institutional and social patterns, making them difficult to address through formal mechanisms alone [10]. Similar evidence from Ghana points to weak commitment to good governance practices in public

institutions, highlighting the importance of internal accountability, ethical leadership, and institutional culture [11]. In Vietnam, corruption control in public administration has been linked to multiple organizational and institutional factors, indicating that anti-corruption efforts require systematic attention to administrative capacity and governance culture [9]. These findings support the need to investigate how social capital, as a trust-based organizational resource, can contribute to healthier and more transparent administration through the improvement of internal organizational health.

From a broader development perspective, administrative health and transparency are also connected to economic growth, public trust, and institutional modernization. Studies on governance and economic growth in ASEAN and developed countries show that governance quality is a major determinant of development outcomes [1]. Legal determinants and institutional frameworks have likewise been shown to influence economic growth, suggesting that lawful, predictable, and transparent institutions are important for sustainable development [28]. Research on modernization indicators for China also emphasizes the need for multidimensional institutional indicators that reflect governance, development, and administrative capacity [29]. Similarly, studies on infrastructure reform and investment auditing in Ukraine reveal that transparent institutional mechanisms and audit systems are necessary for structural reform and public investment effectiveness [30]. These studies collectively indicate that administrative integrity and transparency are not isolated organizational concerns but are linked to national development capacity.

The concept of transparency also intersects with participation and accountability. Participatory budgeting research shows that citizen involvement in resource allocation can strengthen democratic accountability and public trust when it is institutionalized effectively [31]. Social accountability reforms, however, may be limited when they are introduced through donor-driven or externally imposed frameworks without sufficient attention to local power relations and institutional realities [12]. This distinction is crucial for public organizations because transparency and accountability must be socially embedded to become effective. In other words, disclosure policies, monitoring systems, and anti-corruption rules are more likely to produce meaningful outcomes when organizational members trust one another, share common goals, and perceive administrative procedures as legitimate.

The literature also indicates that governance quality is influenced by leadership and crisis response. Research on service leadership in South Sudan's transitional governance demonstrates that leadership can shape institutional performance in fragile administrative contexts [19]. Studies of communal coping during the COVID-19 crisis further show that collective response, shared responsibility, and cooperative meaning-making are important for organizational and social resilience [32]. These insights are relevant to governmental education organizations because education administrations often face complex pressures, including policy change, resource limitations, stakeholder expectations, and public accountability demands. In such contexts, social capital can strengthen the capacity of managers and employees to respond collaboratively, maintain morale, and support transparent administrative behavior.

In public administration, the relationship between institutions, markets, and governance is also shaped by embedded social and organizational arrangements. Research on business-related governance strategies and global city formation highlights the role of institutional embeddedness in shaping developmental pathways [33]. Public-private partnership studies similarly show that institutional environments and arrangements influence risk identification and allocation, demonstrating that governance effectiveness depends on both formal structures and the quality of interorganizational coordination [20]. Studies on market socialism and state-led development models further indicate that governance systems must be analyzed through their institutional contradictions, administrative capacities, and reform trajectories [34]. These findings reinforce the argument that public organizations require not only formal administrative systems but also relational and cultural capacities that support ethical, transparent, and coordinated action.

The social approach to health also provides a useful analogy for understanding organizational health in public administration. Comparative research on social approaches to health in selected countries and Iran shows that health-related outcomes are shaped by social structures, policy frameworks, and institutional coordination rather than by technical interventions alone [35]. Likewise, organizational health in governmental organizations should be seen as a systemic condition shaped by networks, leadership, values, and administrative relationships. Agri-environmental collectives and self-governing groups demonstrate that identity, boundary roles, and collective governance can

influence whether groups function as autonomous communities or as intermediary organizations between state and society [36]. This insight is applicable to public organizations because employees and managers are not merely rule-followers; they are social actors whose identities, trust relations, and shared interpretations influence administrative behavior.

Despite the growing body of research on governance, transparency, accountability, and social capital, there remains a need for empirical studies that integrate these constructs into a coherent explanatory model within specific public organizations. Much of the existing literature examines governance at national, municipal, fiscal, or macro-institutional levels [2, 17, 21]. Other studies address corruption, public financial management, or public sector efficiency in broad governmental settings [4, 6, 7]. However, fewer studies examine how social capital within a governmental organization may improve administrative health and transparency through the mediating role of organizational health. This gap is particularly significant in education administrations, where bureaucratic integrity, transparency, trust, and organizational morale directly influence the quality of service delivery and public confidence.

The General Directorate of Education of Tehran City provides an important setting for examining these relationships. As a large governmental organization, it operates within a complex administrative environment involving managers, expert staff, schools, policies, and public expectations. In such an organization, transparency and administrative health cannot be achieved only through formal regulations. They require a healthy internal organizational climate, strong relational networks, trust-based cooperation, and shared commitment to public service values. Based on the reviewed literature, it can be argued that social capital may enhance organizational health by improving trust, communication, cooperation, and shared understanding; organizational health, in turn, may create the internal conditions necessary for administrative health and transparency. Therefore, the present study aims to investigate the role of social capital in promoting administrative health and transparency with the mediating role of organizational health in the General Directorate of Education of Tehran City.

2. Methodology

This study was applied in terms of purpose and descriptive–survey in terms of data collection method, employing a correlational design. The correlational approach was selected because it focuses on identifying and explaining the relationships among the research variables. In this study, Covariance-Based Structural Equation Modeling (CB-SEM) using AMOS software or Partial Least Squares Structural Equation Modeling (PLS-SEM) using SmartPLS software was employed for data analysis and testing the conceptual model, as these methods are capable of simultaneously examining multiple relationships and analyzing latent variables (constructs).

The statistical population consisted of all employees and managers working in the General Directorate of Education of Tehran City in 2025. This population included administrative personnel at different organizational levels (experts, senior experts, department heads, and deputy managers). Considering the relevant sampling criteria and to increase statistical power and confidence in the results, a final sample size of 400 participants was determined. The primary data collection instrument in this study was a standardized and researcher-developed questionnaire distributed electronically through online survey platforms. The final questionnaire consisted of two sections.

Table 1. Questionnaire Information

Section	Content	Source	Scale
Part One: Demographic Information	Age, gender, educational level, years of service in the education system, organizational position (managerial/non-managerial)	Researcher-developed	—
Part Two: Specialized Questions	(a) Social Capital: Structural dimension (5 items), relational dimension (6 items), and cognitive dimension (4 items), adapted from Nahapiet and Ghoshal (1998). (b) Organizational Health: Six dimensions including institutional integrity, consideration, initiating structure, production emphasis, morale, and principal influence (3 items per dimension; 18 items in total), adapted from the Organizational Health Inventory (OHI) developed by Hoy and Feldman (1987). (c) Administrative Health: Four components including absence of corruption, justice orientation, rule of law, and accountability (12 items), adapted from Transparency International administrative health indicators and domestic studies. (d) Transparency: Two dimensions including informational transparency and procedural transparency (8 items), adapted from organizational transparency scales developed by Florini (2007).	Adapted from standardized questionnaires and contextualized for the research setting	Five-point Likert scale

3. Findings and Results

This chapter presents the results obtained from the analysis of data collected from the research sample. The findings are reported in two sections: descriptive statistics

and inferential statistics. The research sample consisted of 400 employees and managers from the General Directorate of Education of Tehran City, selected through stratified random sampling. The distribution of demographic characteristics is presented in Table 2.

Table 2. Frequency Distribution of Respondents' Demographic Characteristics

Characteristic	Category	Frequency	Percentage
Gender	Male	232	58%
	Female	168	42%
Educational Level	Bachelor's Degree	140	35%
	Master's Degree	180	45%
	Doctoral Degree	80	20%
Organizational Position	Managerial (Manager/Deputy Manager)	120	30%
	Expert/Executive Staff	280	70%
Years of Service	Less than 10 years	100	25%
	11–20 years	180	45%
	More than 20 years	120	30%

The mean age of respondents was 41.7 years (SD = 8.2), and the mean years of service was 15.3 years (SD = 7.8). The means and standard deviations of the main study variables

measured on a five-point Likert scale are presented in Table 3.

Table 3. Descriptive Statistics of Research Variables

Variable/Construct	Number of Items	Mean	SD	Minimum	Maximum
Social Capital (Overall)	15	3.25	0.74	1.80	4.60
Structural Dimension	5	3.40	0.82	2.00	5.00
Relational Dimension	6	3.05	0.88	1.33	4.67
Cognitive Dimension	4	3.30	0.79	1.75	5.00
Organizational Health (Overall)	18	3.10	0.81	1.72	4.56
Institutional Integrity	3	3.35	0.90	1.67	5.00
Initiating Structure	3	2.95	0.95	1.00	5.00
Morale	3	2.80	1.02	1.00	5.00
Production Emphasis	3	3.20	0.85	2.00	5.00
Administrative Health (Overall)	12	3.00	0.76	1.58	4.50
Absence of Corruption	3	2.85	0.91	1.00	5.00
Justice Orientation	3	3.15	0.88	1.67	5.00
Accountability	3	2.90	0.94	1.00	5.00
Transparency (Overall)	8	2.95	0.83	1.38	4.75
Informational Transparency	4	3.10	0.90	1.25	5.00
Procedural Transparency	4	2.80	0.96	1.00	5.00

Assessment of data normality using the Kolmogorov–Smirnov test indicated that the data followed a normal distribution ($p > .05$). The reliability of the research

instrument was examined using Cronbach’s alpha and composite reliability coefficients, as presented in Table 4.

Table 4. Reliability of Research Constructs

Construct	Cronbach’s Alpha	Composite Reliability (CR)
Social Capital	0.89	0.91
Organizational Health	0.87	0.89
Administrative Health	0.85	0.88
Transparency	0.83	0.86

Furthermore, the discriminant validity index, assessed by comparing the square root of AVE with the correlations among constructs, demonstrated that the constructs were

distinct from one another. To examine the preliminary relationships among variables, Pearson’s correlation matrix was calculated, and the results are presented in Table 5.

Table 5. Correlation Matrix and Average Variance Extracted (AVE)

Construct	1	2	3	4	AVE
1. Social Capital	0.76				0.58
2. Organizational Health	0.62**	0.73			0.53
3. Administrative Health	0.58**	0.64**	0.71		0.50
4. Transparency	0.54**	0.60**	0.66**	0.74	0.55

After confirming the satisfactory fit of the measurement model, the structural model was estimated to test the research hypotheses. The final model fit indices were as follows:

CMIN/DF = 2.34, CFI = 0.94, NFI = 0.92, RMSEA = 0.06.

The path coefficients and hypothesis testing results are summarized in Table 6.

Table 6. Results of Research Hypothesis Testing

Hypothesis	Relationship	Path Coefficient (β)	t-value	Significance Level	Result
H1	Social Capital \rightarrow Organizational Health	0.65	9.82	.001	Supported
H2	Organizational Health \rightarrow Administrative Health	0.58	8.15	.001	Supported
H3	Organizational Health \rightarrow Transparency	0.52	7.23	.001	Supported
H4	Social Capital \rightarrow Administrative Health (Direct)	0.22	3.05	.002	Supported
H5	Social Capital \rightarrow Transparency (Direct)	0.18	2.44	.015	Supported
H6	Indirect Effect (SC \rightarrow OH \rightarrow AH)	0.38	6.10	.001	Supported
H7	Indirect Effect (SC \rightarrow OH \rightarrow Transparency)	0.34	5.67	.001	Supported

The inferential findings derived from structural equation modeling clearly confirmed the causal relationship pattern among the study variables. The results indicated that social capital had a strong, positive, and significant effect on organizational health ($\beta = 0.65, p < .001$). This finding suggests that communication networks based on trust and shared objectives constitute the foundation of a cohesive,

high-morale, and goal-oriented organization. Organizational health, in turn, directly and significantly enhanced administrative health ($\beta = 0.58, p < .001$) and transparency ($\beta = 0.52, p < .001$). This implies that an organization that is healthy internally naturally fosters an environment characterized by transparency and freedom from corruption.

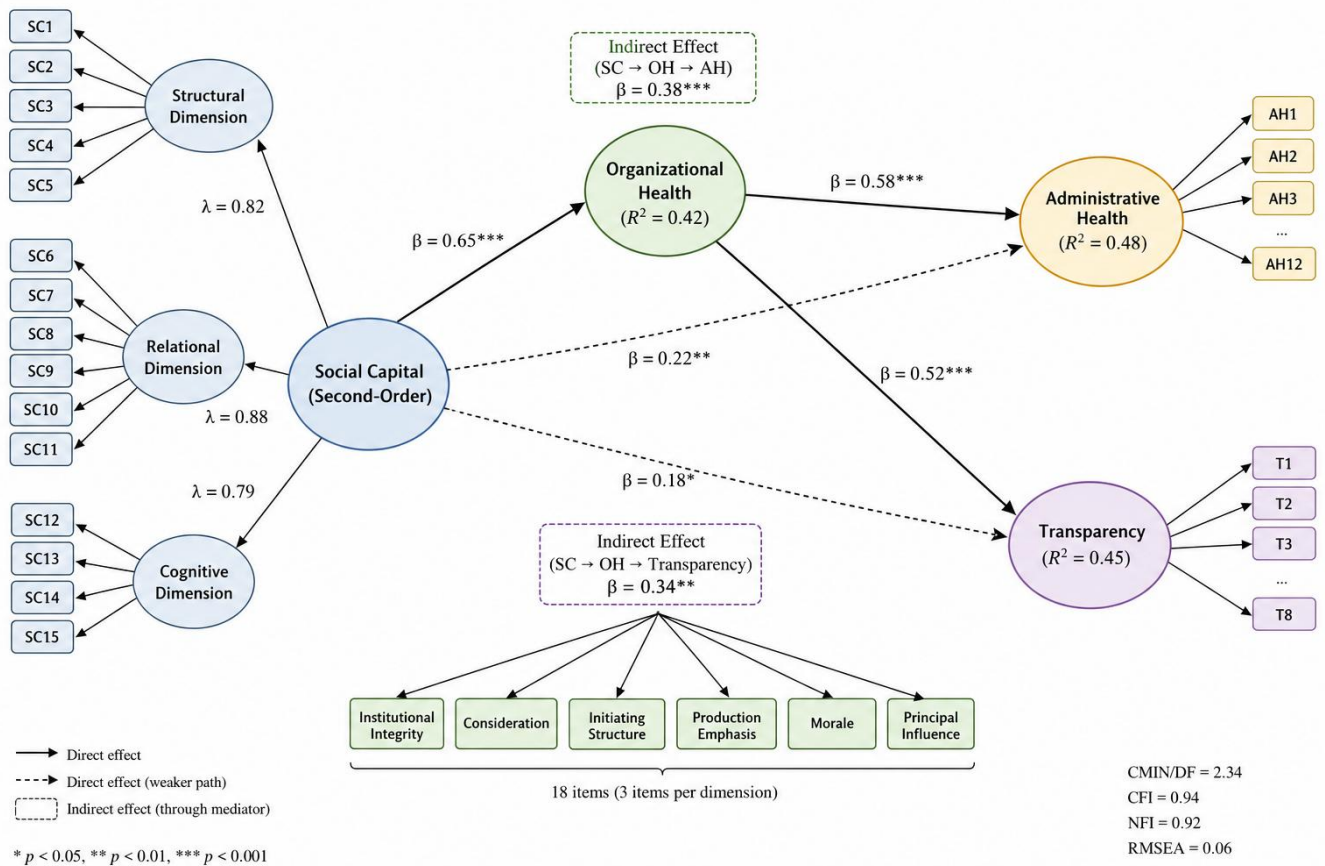


Figure 1. Final Research Model with Path Coefficients

The most important finding of the study was the full mediating role of organizational health. Analysis of indirect effects demonstrated that social capital primarily influenced administrative health (indirect effect: $\beta = 0.38$) and transparency (indirect effect: $\beta = 0.34$) through the

enhancement of organizational health. Comparing these coefficients with the weaker direct effects of social capital on administrative health ($\beta = 0.22$) and transparency ($\beta = 0.18$) confirms that the primary mechanism of influence is indirect and systemic. Overall, the research model explained

a substantial proportion of the variance in the dependent variables ($R^2 = 0.48$ for administrative health and $R^2 = 0.45$ for transparency).

The findings indicate that a sustainable strategy for combating corruption and enhancing transparency in governmental organizations such as the education system is not merely the implementation of stricter regulations, but rather investment in strengthening social capital (trust,

networks, and shared values). Such investment serves as a key lever that first improves overall organizational health; subsequently, the healthy organization itself spontaneously and sustainably generates a transparent and healthy administrative environment.

To examine differences in perceptions between managers and employees, an independent-samples t-test was conducted. The results are presented in Table 7.

Table 7. Comparison of Variable Means Between Managers and Employees

Variable	Managers Mean	Managers SD	Employees Mean	Employees SD	t	Significance Level
Social Capital	3.55	0.65	3.10	0.78	5.42	.001
Organizational Health	3.30	0.72	2.95	0.85	3.85	.001
Administrative Health	3.05	0.70	2.98	0.79	0.85	.396
Transparency	3.20	0.75	2.80	0.88	4.32	.001

In addition, the correlation between years of service and the dependent variables indicated that perceptions of administrative health ($r = -0.16$, $p = .02$) and transparency ($r = -0.15$, $p = .03$) declined as years of service increased.

All research hypotheses were supported. Social capital exerted both direct and indirect (through organizational health) positive and significant effects on administrative health and transparency. Organizational health functioned as a full mediating variable, such that a substantial portion of the impact of social capital on administrative health and transparency was transmitted through this pathway. Among the dimensions of social capital, the relational dimension, emphasizing trust and norms, exerted the strongest influence on organizational health. Organizational morale and procedural transparency were found to be at the lowest levels, indicating the need for special attention to these areas. A significant perceptual gap was observed between managers and employees regarding social capital, organizational health, and transparency, which may pose a challenge for organizational management.

4. Discussion and Conclusion

The present study examined the role of social capital in promoting administrative health and transparency through the mediating role of organizational health in the General Directorate of Education of Tehran City. The findings demonstrated that social capital exerted a strong and significant positive effect on organizational health. Furthermore, organizational health significantly enhanced both administrative health and transparency. The results also revealed that organizational health functioned as a full mediating variable, indicating that a substantial proportion

of the influence of social capital on administrative health and transparency occurred indirectly through improvements in organizational health. In addition, the relational dimension of social capital, particularly trust and shared norms, emerged as the strongest predictor of organizational health. Finally, managers reported significantly higher perceptions of social capital, organizational health, and transparency than employees, while longer organizational tenure was associated with lower perceptions of administrative health and transparency.

The finding that social capital positively influences organizational health is consistent with a substantial body of governance and institutional research emphasizing the importance of trust, cooperation, and collective engagement in organizational effectiveness. Social capital facilitates communication, strengthens shared norms, reduces uncertainty, and creates a climate in which organizational members are more willing to collaborate toward common goals. The significant effect observed in this study suggests that employees who perceive stronger interpersonal trust, denser communication networks, and greater cognitive alignment are more likely to view their organization as healthy and functional. This finding aligns with studies showing that social capital contributes to democratic governance, institutional resilience, and effective organizational performance [13-15]. Similarly, research on civic engagement and decentralization demonstrates that social capital creates the social infrastructure necessary for collaborative governance and organizational sustainability [14]. The findings are also supported by studies indicating that social relationships and shared identities play a crucial

role in strengthening institutional cohesion and organizational capacity [27, 36].

A possible explanation for this relationship is that social capital reduces transactional barriers within organizations. When employees trust one another and share common values, fewer resources are spent on monitoring, conflict management, and information verification. Consequently, organizational energy can be redirected toward productive activities, innovation, and service delivery. This interpretation is consistent with evidence suggesting that organizations characterized by high levels of social capital experience more effective governance processes and stronger institutional performance [1, 19]. In educational organizations, where coordination among multiple stakeholders is essential, trust-based relationships may be particularly important because they facilitate knowledge sharing, collective problem-solving, and commitment to organizational goals.

The results further demonstrated that organizational health significantly enhanced administrative health. This finding suggests that organizations characterized by institutional integrity, constructive leadership, morale, and effective structures are more likely to exhibit lower levels of corruption, stronger accountability, greater fairness, and stronger adherence to legal procedures. This result is consistent with studies emphasizing that governance quality and organizational effectiveness are closely connected to institutional capacity and internal organizational conditions [7, 20]. Research conducted in Vietnam has similarly shown that corruption control depends not only on legal regulations but also on organizational and institutional factors that shape employee behavior [9]. Likewise, investigations into public sector performance have demonstrated that efficient and healthy administrative systems create favorable conditions for ethical conduct and responsible decision-making [4, 5].

The significance of this finding lies in its challenge to traditional assumptions regarding anti-corruption strategies. Many governmental reforms focus primarily on surveillance, punishment, and regulatory controls. Although such measures remain important, the current findings indicate that administrative health emerges largely from the internal quality of organizational functioning. Organizations with healthy climates may naturally discourage unethical practices because employees identify with organizational values, perceive leadership as legitimate, and experience higher levels of commitment. This interpretation is consistent with arguments that accountability systems become more effective when they are supported by trust and

professional responsibility rather than solely by external controls [24]. It also aligns with research suggesting that governance effectiveness depends on institutional culture and commitment rather than formal rules alone [11, 23].

The study also found that organizational health significantly enhanced transparency. This result indicates that healthy organizations are more likely to foster openness, information sharing, procedural clarity, and stakeholder access to relevant information. Transparency requires more than the existence of reporting systems; it depends on an organizational willingness to disclose information and engage in open communication. This finding supports previous research demonstrating that transparency is strongly influenced by organizational culture and governance quality [2, 17]. Studies examining open data initiatives have likewise shown that information transparency is most effective when organizational actors actively support openness and stakeholder engagement [18]. Moreover, evidence from fiscal transparency research suggests that transparency improves when institutional systems encourage accountability and reduce informational asymmetries [2, 16].

The relationship between organizational health and transparency can be explained by considering the social dynamics of information exchange. In unhealthy organizations, employees may perceive information as a source of power and therefore restrict access to it. Conversely, healthy organizations promote trust, cooperation, and collective responsibility, reducing incentives for information hoarding. As a result, transparency becomes embedded in organizational routines rather than remaining a formal requirement. This perspective is consistent with studies highlighting the role of institutional trust and civic capital in strengthening accountability and transparency [13, 16].

The most important finding of the present study concerns the full mediating role of organizational health. Although social capital had direct effects on administrative health and transparency, the indirect effects through organizational health were substantially stronger. This result suggests that social capital does not automatically produce healthy administrative outcomes. Instead, it first transforms the internal organizational environment, which subsequently generates administrative health and transparency. This finding contributes to the literature by clarifying the mechanism through which social capital operates in governmental organizations. Previous studies have frequently identified positive relationships between social

capital and governance outcomes but have often paid less attention to the organizational processes underlying these relationships [13, 15]. The current findings indicate that organizational health serves as a critical explanatory bridge linking social relationships to administrative outcomes.

This mediating mechanism can be interpreted through institutional and governance theories. Social capital creates relational resources such as trust, reciprocity, and cooperation. These resources improve organizational health by strengthening communication, morale, and institutional coherence. In turn, healthy organizations become better equipped to implement transparent procedures and ethical administrative practices. Such a sequential process is consistent with governance studies emphasizing the interaction between social resources and institutional arrangements in shaping organizational performance [20, 33]. It also supports arguments that governance reforms achieve sustainable outcomes only when institutional structures and social relationships reinforce one another [12, 25].

Another notable finding was that the relational dimension of social capital emerged as the strongest predictor of organizational health. This result highlights the importance of trust, mutual respect, and shared norms in governmental organizations. While structural networks and cognitive alignment remain important, trust appears to be the central mechanism through which social capital influences organizational functioning. This finding is consistent with research demonstrating that trust is a fundamental component of governance effectiveness and institutional performance [10, 16]. In contexts where corruption, informal practices, and administrative complexity are common challenges, trust can significantly reduce uncertainty and strengthen cooperation among organizational members [8, 10]. The result also aligns with evidence suggesting that collaborative governance systems function more effectively when trust-based relationships exist among stakeholders [14, 31].

The observed differences between managers and employees also deserve attention. Managers reported significantly higher levels of social capital, organizational health, and transparency than employees. This perceptual gap may reflect differences in access to information, organizational influence, and experiences within the administrative system. Managers often participate directly in decision-making processes and therefore may perceive organizational systems more positively. Employees, however, may experience organizational barriers and

procedural limitations more directly. Similar perception gaps have been reported in governance and organizational studies where different stakeholder groups evaluate institutional effectiveness from distinct vantage points [19, 22]. The existence of such disparities suggests the need for greater communication and participatory management practices within governmental organizations.

The negative relationship between years of service and perceptions of administrative health and transparency is also noteworthy. Employees with longer tenure tended to report lower perceptions of transparency and administrative health. One possible explanation is that experienced employees become more aware of organizational shortcomings and inconsistencies over time. Prolonged exposure to bureaucratic processes may increase sensitivity to inefficiencies, favoritism, or procedural limitations. This interpretation aligns with studies indicating that institutional experiences shape perceptions of governance quality and accountability [6, 37]. It may also suggest that long-serving employees require renewed engagement and participation opportunities to maintain confidence in organizational systems.

Overall, the findings provide strong empirical support for the argument that sustainable administrative reform should extend beyond regulatory enforcement and focus on strengthening social and organizational capacities. While legal frameworks, auditing systems, and accountability mechanisms remain important, they are unlikely to produce lasting improvements in the absence of trust, collaboration, and organizational health. The results therefore support contemporary governance perspectives emphasizing institutional capacity, social capital, and organizational resilience as foundations of effective public administration [1, 28, 29]. In the context of educational administration, these findings suggest that improving relationships among employees, fostering trust-based leadership, and cultivating a healthy organizational climate may represent some of the most effective strategies for promoting transparency and administrative integrity.

Limitations

Several limitations should be considered when interpreting the findings of this study. First, the research employed a cross-sectional design, which limits the ability to establish definitive causal relationships among the variables. Second, data were collected through self-report questionnaires, making the results susceptible to social desirability bias and subjective perceptions. Third, the study focused exclusively on the General Directorate of Education

of Tehran City, which may limit the generalizability of the findings to other governmental organizations or geographic regions. Fourth, organizational and environmental variables such as leadership style, political influences, organizational culture, and resource availability were not directly examined and may have influenced the observed relationships.

Suggestions for Future Research

Future studies should employ longitudinal designs to better examine causal relationships among social capital, organizational health, administrative health, and transparency over time. Researchers may also investigate additional mediating and moderating variables, such as ethical leadership, organizational culture, employee engagement, and digital governance capabilities. Comparative studies across different governmental sectors, provinces, and national contexts would provide valuable insights into the generalizability of the proposed model. Furthermore, mixed-method and qualitative approaches could be used to explore how employees and managers interpret trust, transparency, and organizational health in their daily administrative experiences.

Suggestions for Practice

Governmental organizations seeking to improve administrative health and transparency should prioritize initiatives that strengthen trust, collaboration, and shared organizational values. Managers should invest in participatory decision-making processes, transparent communication channels, and professional development programs that foster organizational cohesion. Mechanisms for employee voice and feedback should be expanded to reduce perceptual gaps between management and staff. Special attention should also be devoted to improving organizational morale and procedural transparency, as these areas demonstrated comparatively weaker performance. Finally, policymakers should view social capital as a strategic organizational asset and incorporate trust-building and relationship development into broader public sector reform programs.

Authors' Contributions

Authors equally contributed to this article.

Acknowledgments

Authors thank all participants who participate in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

All procedures performed in this study were under the ethical standards.

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