
School Management Health Diagnosis to Improve School Quality

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Abstract

This research aimed to reveal how to detect school management ailments so that efforts to improve or prevent them can be known. It was conducted in two stages: model development and model testing. Model development was carried out through literature reviews, focus group discussions (FGDs) with experts in Education Administration and Management, and field data collection through closed questionnaires. The model testing stage involved testing indicators and FGDs with practitioners and associations of school principals and supervisors to validate the school management health indicators. The research was conducted in 36 middle schools (both public and private) in Cimahi City, West Java Province, with respondents including school principals, teacher representatives, school committee chairs, administrative staff representatives, and student representatives. The research results can predict an increase or decrease in school quality through the health of the six school management functions by 73.5%, with the remaining 26.5% determined by other factors.

Keywords

School management
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Introduction

Research results indicate that school management in Indonesia currently faces serious problems, evident from the educational processes and outcomes (Koster, 2011; Triatna, 2010). These studies show that school management conditions face many issues but are not directly recognized by school principals, teachers, school supervisors, and related parties, including policymakers and program planners at the district/city, provincial, and national education offices. Thus, efforts to improve school management are either not made or are made appropriately and systematically based on the problems faced.

The research on the substance of school management health, the problems faced, and how to improve it is still a topic of discussion among scholars in educational administration. However, from the perspective of school management practitioners, knowledge about what constitutes school management health, its indicators, its problems, and how to develop it is crucial to create a map of school management health, improve and enhance school management quality so that school quality issues can be systematically and systemically improved. Various real problems of school management in Indonesia today must be immediately addressed based on appropriate studies, especially related to what measures the school management problems, what are the causes and effects of these problems, and how to solve them. These problems result in a very serious issue, namely that schools are unable (incompetent) and unable (surrender) to provide their core services (education) with quality to students. The low ability and willingness of educators and education personnel (*PTK*) to manage education in schools require systematic and continuous handling. Achieving SNP means achieving school quality. If a school achieves SNP, it can be interpreted that the school has achieved its quality. Moreover, schools that exceed SNP, such as those using international standards, can be categorized as exceeding national quality standards. It shows that school quality in the context of national education in Indonesia is to meet 8 SNPs.

Law No. 20 of 2003 concerning the National Education System, Chapter XIV on Education Management, Part One Article 50 paragraph (2) states that the government determines national policies and national education standards to ensure the quality of national education. This paragraph indicates that SNP is a barometer of national education quality. Therefore, the problems in fulfilling SNP are problems of national education quality. Efforts to improve the quality of education through school management can be identified in two directions: 1) Identifying the health condition of school management, 2) Identifying the quality condition of the school, and 3) Developing a school management health diagnosis model. To reveal how to diagnose school management and its impact on education quality in schools, researchers tried to focus on developing a school management health diagnosis instrument. This research produced a school management health diagnosis model that did not exist before, so efforts to improve school quality can be made systematically, systemically, and sustainably.

Methodology

Research objectives

This research aims to create an instrument for detecting school management ailments based on a literature review, expert opinions in educational administration and management, and field needs.

Sample and data collection

The research sample comprised all middle school principals, both public and private, in Cimahi City, West Java Province, totaling 36 schools. Research respondents included school principals, teacher representatives, school committee chairs, administrative staff representatives, and student representatives. Data collection was done through literature studies, focus group discussions, and closed questionnaires.

Data analysis

Literature studies were processed through semantic content analysis techniques (Krippendorff, 1991). FGD results were processed through a four-stage qualitative analysis (Miles & Huberman, 1984), including data collection, data presentation, data reduction, and conclusion drawing. Questionnaire data were processed using weighted mean-scored tests, Pearson product-moment correlation tests, t-tests, and multiple correlation tests.

Findings and Discussion

The development of the school management health diagnosis instrument was conducted by integrating the results of literature studies on effective schools and excellent organizations, insights from experts in educational administration, and school management practitioners. The creation of school management health indicators was derived from the concept of healthy school management. This concept was studied by analyzing the health of human physical and social aspects from medical and social perspectives, then creating a new concept and validating it with experts in Educational Administration and school management practitioners.

The research results identified the school management health concept as a condition where school management is free from diseases, thus having the readiness to perform every management function. Healthy means free from diseases. Ready means that all system functions, both the work system and the people working in the system, have the readiness to perform their functions. Health is a condition of the management system that is free from diseases. Readiness is an 'optimal condition' where the organizational and management functions and the people executing them can immediately carry out their primary tasks.

The exploration of the school management health concept leads to the concepts of effective schools and organizational excellence. The integration of effective school and excellent organization concepts gave rise to ideas on how school management health indicators were developed. In a continuum, excellent organizations represent the highest phase of the quality management movement. Effective schools are the excellent characteristics of

the best schools in the world. When schools reflect the indicators of effective schools and excellent organizations, the management functions in these schools are in prime or healthy conditions. In formulating the school management concept and school management health indicators, researchers conducted surveys in schools across several districts nationwide randomly.

The research findings revealed that school management health could be diagnosed from six school management functions, namely schoolwork program planning, school resource organization, school budgeting, schoolwork program implementation, school leadership, and schoolwork program evaluation. The health of school planning is identified through 15 indicators, namely:

- Complete, up-to-date, and valid data is available for preparing the schoolwork program plan.
- The individuals who create the schoolwork program plan understand how to make school planning, including various regulations related to school management (8 SNP).
- There is sufficient time available for planning (not rushed).
- There is support for the resources needed to create plans, such as discussion spaces, stationery, laptops/computers, etc.
- The planning process involves school stakeholders.
- The plan is based on complete, up-to-date, and valid data and information.
- The school planning team creates programs and activities to achieve the vision (including its indicators), mission, and goals that have been jointly established.
- The decision-making process involves dialogue to test the validity of the plan.
- If different ideas emerge about what should be planned, the feasibility, likelihood of success, and impact of each program and activity are tested.
- Decision-making is genuinely based on the school's needs rather than individual desires.
- The school program and activity plans are clear (not ambiguous) and measurable.
- The plans made are achievable by the school.
- The plan includes monitoring and evaluation designs.
- The school program and activity plans include details, such as time schedules, places, involved parties, and budget allocations.
- The schoolwork plan contains clear information on who will do it and how it will be done.

Based on the 15 indicators of school planning health above, the questionnaire results indicate that respondents frequently experience these conditions in planning schoolwork programs. It means that respondents consider these 15 items to be essential elements in the school planning process. The product-moment correlation test results show a strong relationship between the health of the schoolwork program planning and school quality ($r_{X1Y} = 0.759$).

Indicators of school budgeting health

Research findings indicate that the health of school budgeting can be diagnosed through 23 indicators spread across three dimensions, as follows:

- Budgeting principles include (1) being conservative, not optimistic, (2) teamwork and consultation, (3) requiring sufficient time, (4) excellence in documentation, (5) providing training, (6) approval from making a budget, (7) there is a clear division of authority and responsibility in the management and organization system, (8) there is an adequate accounting system in implementing the budget, (9) there is research and analysis to assess the implementation of the budget, (10) there is support from implementation from top to bottom level.
- Budgeting process, including (1) determining allocations, (2) identifying fixed expenses, (3) involving all parties, (4) identifying potential expenses, (5) cutting unnecessary budgets, (6) avoiding ongoing debt, (7) develop a plan, (8) set goals, (9) evaluate the budget, and (10) adhere to the budget.
- Accountability: (1) there is transparency in school administration and includes various components in managing the school by accepting input, (2) there are performance standards, and (3) there is participation to mutually create a conducive atmosphere.

Based on these 23 indicators, respondents frequently implement principles, processes, and accountability in school budgeting. The product-moment correlation test results show a moderate relationship between the health of school budgeting and school quality ($r_{X2Y} = 0.593$).

Indicators of school resource organization health

Research findings indicate that the health of school resource organizations can be assessed through 23 indicators spread across four dimensions, as follows:

- Division of work: (1) All work is reduced or divided based on certain more specific criteria (job specialization). (2) Describe the task details clearly and firmly so as not to give rise to interpretation. (3) Carry out the distribution of tasks fairly (professionally and proportionally). (4) Placing someone according to their skills, background, education, and experience. (5) There is a rational (reasonable) balance in the division of tasks. (6) Carrying out a job analysis.
- Job grouping (departmentalization): (1) grouping jobs based on certain similar criteria, (2) Grouping jobs based on function: school leaders, teachers, administration, students, school board, and finance. (3) Grouping of tasks/work is based on products or services: school graduates, production units. (4) Job groupings are based on *PTK* work areas/units. (5) Job grouping is based on school customer categories: students, parents, government, and community. (6) Job grouping is based on processes: preparation of syllabus and *RPP*, *PBM*, assessment, graduation decision-making, monitoring, and evaluation. (7) Job grouping is based on time: morning or afternoon shift, quarterly/semester/year. (8) Job groupings are based on service: kindergarten to universities, regular or executive classes. (9) Job grouping is based on Alphanumerical:

- number 1 to number 100 in group A, including age, rank, and position. (10) Work grouping is based on projects and matrices: quality improvement and other projects.
- Determining relationships between parts in the organization (hierarchy): (1) Regulating the responsibilities of each level of management involved in the organization, (2) There are a lot of people or sections under a department who will be responsible for a particular department or section (span of management control), (3) There are boundaries of authority created and who and which section will report to which section, (4) There are lines of command both horizontal and vertical.
 - Coordination: (1). Integrating all activities from various departments or parts of the organization so that organizational goals can be achieved effectively. (2). Including activities to combine various tasks. (3). Including monitoring activities for the integration of various tasks.

Based on these 23 indicators, respondents frequently engage in division of work, departmentalization, hierarchy determination, and coordination in the health of school resource organization. The product-moment correlation test results indicate a strong relationship between the health of school resource organization and school quality ($r_{X3Y} = 0.773$).

School work program implementation health indicators

The health of school program implementation is seen through 15 indicators spread across four dimensions as follows:

- Exploration: (1) assess/determine the needs for implementing the school work program, (2) examine the components that will influence the implementation of the school work program, (3) consider what the director (school committee/supervisor) has said school relating to the implementation of the school work program, (4) measuring the suitability between the work plan to be implemented and the condition of school resource readiness.
- Installation (preparation): (1) assessing the availability and adequacy of the school's resources, (2) preparing organizational equipment for implementing the schoolwork program, (3) preparing the director (chief executive) of program implementation, (4) preparing staff (implementing schoolwork programs).
- Initial implementation: (1) adapting the direction of implementation to the real conditions of the school, (2) managing changes to the school's work plan, (3) socializing the work program to stakeholders (deploying the program data system), (4) starting repair/improvement cycle.
- Full Implementation: (1) monitoring program implementers, (2) maintaining consistency and standard results, (3) developing consistency and results. Based on these 15 indicators, respondents indicated that they very often explore schoolwork programs, preparation (installation), initial implementation, and overall implementation in the health implementation of schoolwork programs. The results of the product-moment correlation test between the health of the schoolwork program implementation and school quality show a fairly strong relationship ($r_{X4Y} = 0,453$).

School leadership health indicators

School leadership health is seen through 21 indicators spread across 2 dimensions as follows:

- **Task Orientation:** (1) The principal provides detailed and clear work instructions regarding the tasks that must be carried out by teachers and staff. (2) The school principal explains the duties and responsibilities of teachers, staff, school committees, and students in detail, precisely and clearly. (3) The school principal gives work orders to teachers, staff, and school committees directly and in stages. (4) The principal makes decisions in various school activities. (5) The principal demands teachers and staff to work. (6) The principal assesses teachers, and staff by comparing the suitability of the implementation of tasks with the goals that must be achieved by teachers and staff. (7) The school principal conditions teachers, staff and school committees to remain in their comfort zone (implementation of routines). (8) The principal monitors the progress of teacher and staff work completion before giving new assignments.
- **Human Relations Orientation:** (1) The principal supervises teachers and staff by finding inappropriate work behavior. (2) The principal provides information regarding the tasks that must be completed by teachers and staff in detail and clearly. (3) The principal (orally and in writing) states facts/rules regarding the duties of teachers, staff, and school committees. (4) The school principal opens consultation services to teachers and staff regarding how to complete and detail work results. (5) The school principal carries out supervision to reduce errors by teachers and staff in their work. (6) To improve the performance of teachers and staff, the school principal gives punishment to teachers and staff if they cannot achieve work targets. (7) The principal with teachers, staff, and school committees, such as superiors and subordinates. (8) The school principal orders teachers and staff to participate in training and career development activities for teachers and staff. (9) The school principal sets a good example to the school community (teachers, staff, school committee, and students). (10) The school principal encourages to the school community (teachers, staff, school committee, and students) to continue to excel, work, and move forward. (11) The school principal maintains his authority to influence the school community (teachers, staff, school committee, and students). (12) The school principal innovates to raise the enthusiasm of the school community (teachers, staff, school committee, and students). (13) The school principal gives wide freedom to the school community (teachers, staff, school committee, and students) to continue to develop their potential.

Based on these 21 indicators, respondents showed they often carry out task orientation and human relations orientation (behavior) in School Leadership Health. The results of the product-moment correlation test between school leadership health and school quality show a strong relationship ($r_{X5Y} = 0.723$).

Health indicators for school program evaluation

Health evaluation of school programs is seen through 18 indicators spread across three dimensions as follows:

- Input for schoolwork program evaluation: (1) Develop a work program evaluation design, including goals, objectives, indicators, form of instrument, time, and place. (2) Develop evaluation instruments, including evaluation forms, dimensions, and indicators/criteria based on data. (3) Validation of evaluation instruments. (4) Determine the number of samples required. (5) The evaluator understands the material related to the program being evaluated. (6) Evaluators master techniques and are objective in carrying out the evaluation process.
- School work program evaluation process: (1) Evaluator explains the aims and objectives of program evaluation clearly, (2) Respondents fill out the instrument according to plan, (3) Respondents fill out the instrument according to real conditions, (4) Evaluator checks the instrument which has been filled in, (5) The evaluator confirms if there are incomplete instruments, (6) The perceptions between evaluators are equalized before the data is taken, (7) The process of program evaluation activities does not deviate from the rules that apply to research in general. (8) Evaluators must think systematically and scientifically, viewing the studied program as a unit.
- School work program evaluation results: (1) The results answer the program evaluation objectives and are based on the program evaluation indicators/criteria. (2) The evaluation results show details of the substance being evaluated and are accurate so that no further action/recommendations can be determined correctly. (3) There are conclusions based on the results of data analysis of real data. (4) There is a formulation of operational recommendations.

Based on these 18 indicators, respondents indicated that they often carry out indicators in the Health Evaluation of schoolwork programs. The results of the product-moment correlation test between the health of the schoolwork program Evaluation and school quality show a strong relationship ($r_{X6Y} = 0.661$).

The effect of school management health on school quality

The health of school management is seen from six variables, namely the health of schoolwork program planning (X1), the health of school budgeting (X2), the health of organizing school resources (X3), the health of implementing schoolwork programs (X4), the health of school leadership (X5), and health evaluation of schoolwork programs (X6).

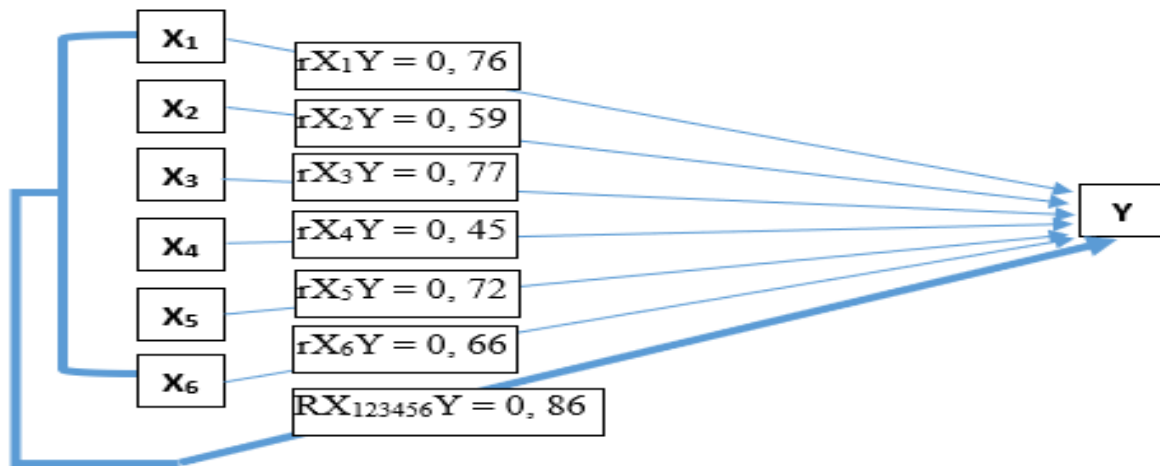
The results of testing school management health through multiple correlations with school quality obtained a correlation figure $R_{X123456Y}$ of 0.858, which shows that school management health has a very strong relationship with school quality in middle schools in Cimahi City, West Java Province. The coefficient of determination value is 73.5%, meaning that the increase or decrease in school quality in middle schools throughout Cimahi City is

determined by the health of school management at 73.5% and the remaining 26.5% is determined by other factors. The hypothesis proposed in this discussion is:

1. Ho: School management health does not have a significant effect on school quality.
2. Ha: School management health has a significant effect on school quality

Based on the F change value of 12.967 at $0.000 < 0.05$, the decision is to reject Ho and accept Ha. It means that school management health (Variables X1, X2, X3, X4, X5, X6) has a significant effect on school quality in middle schools in Cimahi City, West Java Province. Overall, the relationship between research variables is as follows.

Figure 1. Summary of the results of calculating the relationship between variables X1, X2, X3, X4, X5, X6 and Y.



Testing school planning health indicators

Testing 15 school planning indicators reveals that these indicators are frequently utilized by the schools participating in the research. This preliminary result indicates that healthy school planning requires the implementation of these 15 indicators. The findings also show that School Planning Health significantly impacts school quality in middle schools across Cimahi City. Determination calculations indicate that 57.7% of the variability in school quality is influenced by school planning health, while the remaining 42.3% is affected by other factors, such as budgeting, resource organization, program implementation, program evaluation, and principal leadership. These findings align with Cotton's 1995 study (Unesco, 2005) on effective conditions influencing school development, including "School management, organization, leadership, and school improvement, leadership and planning." Similarly, Alawamleh et al. (2013) revealed that a statistically significant correlation between planning, effectiveness, and the quality of educational programs.

Thus, that the conclusions are (1) the 15 school management health indicators are valid as key elements in diagnosing school planning health, (2) school quality is significantly influenced by these 15 school planning health indicators, and (3) these findings support previous research and studies.

Testing school budgeting health indicators

Testing 23 school budgeting health indicators reveals that school principals and staff frequently engage in activities reflecting these indicators. The principles of budgeting, processes, and accountability are essential dimensions marking healthy school budgeting. The research shows that budgeting health positively and significantly affects school quality in middle schools across Cimahi City. Fattah (2006) stated that educational financing significantly contributes to improving primary school quality. This research also aligns with research by Lee and Polachek (2014) which found that increases in school expenditures reduce dropout rates but have limited effects on student test scores. It suggested that school budget expenditures can improve school quality by reducing dropout rates, indicating a high correlation between budgeting and school quality. Burckbuchler (2009) also supported the relationship between budgeting and student achievement, stated that school district officials see a positive relationship between budgeting and increased student achievement. Additionally, Lips et al. (2008) concluded that increased per-pupil spending positively impacts student achievement.

Thus, that the conclusions are (1) the 23 school budgeting health indicators can mark healthy or unhealthy school budgeting, and (2) improving school quality can be achieved by enhancing school budgeting health. Budgeting health has a strong, significant, and positive relationship with school quality, as budgeting serves as a tool for planning and control and aids management in maintaining a strong position. Moreover, budgeting is crucial for realizing schoolwork programs, and helping schools successfully implement their targets.

Testing school resource organization health indicators

Testing 23 school resource organization health indicators reveals that all indicators can be markers of healthy school budgeting. Most respondent schools frequently engage in these 23 health indicators of resource organization. School resource organization health has a significant and positive relationship with school quality. The determinant of school resource organization health on school quality is 59.7%, with the remainder influenced by other factors.

This research also strengthens Usman's (2016) findings on educational resources in Nigeria, emphasizing that educational resource accessibility is vital and integral to school administration, aimed at enhancing all factors in the teaching-learning process to ensure quality service delivery by schools to the community. The OECD noted that effective resource utilization in schools does not happen by chance but within an institutional context that can either facilitate or hinder effective resource allocation and use (Liambi et al., 2015). The OECD further identified the need to strengthen principal competencies, noting that administrators' and leaders' competencies with resource-use responsibilities in schools impact their ability to strategically plan, evaluate investment outcomes, and effectively allocate resources among different priorities.

Testing school program implementation health indicators

Testing 15 school program implementation health indicators reveals that all indicators can describe the health of school program implementation. Almost all respondent schools

implement these 15 indicators, indicating the importance for schools to be ready to implement school programs. Determination coefficient calculations reveal that 20.5% of the variability in school quality in Cimahi City's middle schools is influenced by the health of school program implementation, with the remaining 79.5% influenced by other factors (planning, budgeting, organization, leadership, and evaluation). The health of school program implementation significantly impacts school quality in Cimahi City's middle schools, with a beta (b) value of 0.453, indicating that every unit change in the school program implementation health variable affects the "school quality" variable by 0.453 points.

Best practices in school program implementation, emphasizing the importance of principal leadership, and support, and actively monitoring and encouraging program use to enhance overall implementation success (Day & Sammons, 2016). Skilled and motivated teachers, along with supportive principals, are likely to maintain effective long-term implementation. Working together, principals and teachers are strong partners for program success. Hasibuan (2005) also noted that management is essential for any organization, as only with good management can an organization grow, succeed, and progress. The management process includes planning, organizing, actuating/implementing, directing, and monitoring to achieve set goals effectively and efficiently. The feasibility of plans is tested during implementation, making this phase crucial in management. During implementation, the school must have a strong organizational structure, leadership capabilities, smooth communication, improvement and enhancement cycles, monitoring, and regular supervision. It aligns with the author's research, indicating that healthy implementation of work programs positively and significantly affects school quality in Cimahi City's middle schools.

The impact of school leadership health on school quality

Determination calculations show that 52.3% of the variability in school quality is influenced by leadership health, with the remaining influenced by other factors, such as vision and mission formulation, work plan preparation, and school program implementation (Triatna, 2010). School leadership health significantly impacts school quality in Cimahi City's middle schools, with a positive and significant relationship. Thus, improving school quality can be achieved by enhancing the 'health of school leadership' variable. This finding aligns with Sallis (2014) stated that the leader's function is to enhance quality and support staff in maintaining quality. This research also supports Minarti (2011) that key leadership functions include having an integrated quality vision for the institution, a clear commitment to quality improvement processes, and communicating a quality message.

The impact of schoolwork program evaluation health on school quality

Research shows that the health of work program evaluation significantly impacts school quality in Cimahi City's middle schools. Effective work program evaluation can positively impact school quality, while ineffective evaluation can have adverse effects. Other factors influencing school quality include vision and mission formulation, work plan preparation, and program implementation (Triatna, 2010). Each unit change in the "School Work Program Evaluation Health" variable correlates with a 0.661 change in school quality, indicating a strong relationship between the variables, with a positive direction.

This finding is consistent with Engkoswara and Komariah (2010) that effectiveness cannot be separated from school quality, and school quality encompasses all components within the education system, meaning school effectiveness is evaluated not only by results but by the synergy of various components in achieving set quality goals. Additionally, Sammons (1995) described characteristics of effective schools, including high effectiveness in teaching and learning processes, strong school leadership, a safe and orderly school environment, effective staff management, a culture of quality, a cohesive and dynamic teamwork, autonomy, school and community participation, transparency in management, willingness to change, continuous evaluation and improvement, responsiveness, and good communication.

Based on data and expert opinions, the conclusion is that effective and healthy work program evaluation can enhance school quality in Cimahi City's middle schools. Effective evaluation provides feedback in the form of conclusions and recommendations for schoolwork program implementation, serving as a reference for future planning, budgeting, organizing, implementation, and evaluation processes.

The impact of overall school management health on school quality

Overall, the health of school management, including planning, budgeting, resource organization, program implementation, leadership, and evaluation, has a strong influence ($RX123456Y=0.86$) on school quality in Cimahi City's middle schools. The determinant of school management health on school quality is substantial at 73.5%, with the remaining 26.5% influenced by other factors. This equation illustrates the relationship and influence of each variable on school quality. A positive and significant relationship exists between school management health and school quality, where each unit change in these variables affects school quality accordingly.

Conclusions

Conclusions focus on answers to the formulation of the problem or research objectives and the impact of research results on science and its implementation. Conclusions must be in line with the findings and discussion. Findings and discussion can be paraphrased into one paragraph as a conclusion. In addition, the conclusion must include recommendations and explanations regarding further studies that can be carried out or their implementation. Avoid numbering in writing conclusions.

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