

**EMPOWERMENT OF THE HEALTHCARE EMPLOYEES FOR HAVING
ACCREDITATION A HEALTHCARE ORGANIZATION**

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Abstract

In the study it is aimed to determine how to empower employees in order to prepare them to accreditation process by based on the knowledge level of health organization's employees. n=513 people participated in the study. As a result of the statistical analysis, a significant difference was found between the participants' level of participation in the benefits accreditation provided to the organization and their gender ($p=0.001$), and their educational background ($p=0,025$). A significant difference was found between the participants' feeling empowered and their educational background ($p = 0.017$), and their position in the organization ($p = 0.040$). In the study, it was found that the knowledge level of the employees about the accreditation is not at the desired level and that the employees do not feel empowered enough. Positive and statistically significant relationships were found between quality objectives, the benefits accreditation provided to the institution and personnel empowerment. To be successful in the accreditation process, it is recommended to start personnel empowerment practices, to provide the necessary in-service training to the personnel and to ensure their participation in the process.

Keywords: Accreditation, Personel Empowerment, Healthcare Personnel Empowerment, Health Organization's Accreditation

**SAĞLIK KURUMU AKREDİTASYONU İÇİN SAĞLIK ÇALIŞANLARININ
GÜÇLENDİRİLMESİ****Özet**

Sağlık kurumunun, akreditasyon sürecine kurum çalışanlarını hazırlayabilmesi için, çalışanların akreditasyon hakkındaki bilgi düzeylerinden yola çıkılarak, personelin nasıl güçlendirileceğinin belirlenmesi amaçlanmıştır. Çalışma Şubat-Haziran 2017 tarihleri arasında Ondokuz Mayıs Üniversitesi Sağlık Uygulama ve Araştırma Merkezi çalışanlarına yönelik yapılmıştır. Literatür tarama ve uzman görüşlerinden faydalanarak hazırlanan anketin uygulanması ile veriler elde edilmiştir. Elde edilen verilerin analizi için SPSS 20.0 (Statistical Package for the Social Sciences) programından yararlanılmıştır. Çalışma yapılan grupların kendi içindeki farkları belirlemek için Tek Faktör Varyans Analizi (ANOVA), iki grup arasındaki farkın belirlenmesi için Bağımsız İki Grup Arası Farkların Testi, değişkenler arasındaki ilişkinin gösterilmesi için korelasyon ve çoklu regresyon analizleri kullanılmıştır. Çalışmaya 513 (n=513) kişi katılmıştır. Çalışmaya katılanların anketlere katılımı incelenmiş, istatistiksel analizler sonucunda akreditasyonun kuruma sağladığı faydalar açısından sadece cinsiyet ($p=0,001$), eğitim durumu ($p=0,025$) arasında farklılık bulunmuştur. Personel güçlendirme açısından sadece eğitim durumu ($p= 0,017$) ve kurumdaki görev ($p= 0,040$) arasında farklılık bulunmuştur. Kalite hedefleri, akreditasyonun kuruma sağladığı faydalar ve personel güçlendirme arasında pozitif ve istatistiksel olarak anlamlı ilişkiler bulunmuştur. Kurumun akreditasyon sürecinde başarılı olabilmesi için personel güçlendirme uygulamalarına başlaması, personele gerekli hizmet içi eğitimlerin verilmesi ve sürece katılımının sağlanması önerilmektedir.

Anahtar Kelimeler: Akreditasyon; personel güçlendirme; sağlık çalışanları; sağlık çalışanlarının güçlendirilmesi.

1. Introduction

Rapid changes and developments recently occurring in every field have also affected health. The demand for health services is increasing both qualitatively and quantitatively. Organizations need to increase their performance in order to meet the increasing service demand and the quality expected from the service. With competition increasing day by day in health area, organization performance and the provision of quality services have become crucial concepts in competition with other organizations. Individuals benefit from healthcare have become more conscious and started to pay attention to many criteria in hospital and physician preferences. On the one hand, health organizations face great pressure on improving clinical and perceived quality and reducing costs in health systems. On the other hand, competition is increasing steadily. This makes it inevitable for healthcare organizations to adopt functionally different ways and methods.

2. Basic concepts

2.1 Accreditation

One of the tools used to respond to pressures on health organizations is the accreditation, which can also be defined as quality certification for the organization. It will be possible to determine and evaluate the quality of the services only if it can be measured and comparable according to the neutral standard criteria that services must provide. Accreditation in terms of serving the purpose of determining and evaluating quality is a quality management system applied to reveal the important factors to be followed in the health service provided to people (Akıncı 2016).

Accreditation is considered and preferred as a good way to improve the quality of services provided in the field of health (Shaw 2004). Accreditation is important in areas, such as healthcare, that affect human life, because it ensures the implementation of standards that improve quality and ensure the correct functioning of the system in achieving the goal (Sarıduman 2016).

According to Hoş (2016), accreditation is a process that enables the understanding of “quality”, “patient safety” and “continuous improvement” into the corporate culture by ensuring the participation of employees within the organization.

According to Joint Commission International [JCI], accreditation is a process in healthcare organizations that is established by an independent and singular unit, which generally doesn't have an official identity, in order to improve the quality of service, and evaluates whether or not the organization meets certain requirements (Karabulut 2009).

Accreditation standards show that the service provided by the accredited organization is offered in the same quality as the world has been accepted and applied, since they are general standards accepted by quality authorities all over the world. This emphasizes that those who benefit from the accredited health organization receive the highest quality service available (Akıncı 2016).

According to Shaw (2004) the purpose of accreditation is to meet the expectations of patients from the organization (correct diagnosis and treatment, to provide the necessary information to the patient, to respect the patient, to show a smiling face to the patient, to provide the environment cleaning in the hospital, to provide the services at affordable prices), to increase the performance of the health service providers, enabling the beneficiaries to decide on which service is better, improving the quality of service, evaluating the performance of the organization impartially, increasing the sense of trust nurtured against the organization, attracting the attention of the professional employees and satisfying the personnel, contributing to the education of the employees, patients and relatives of the organization, insurance payments more making it easier, creating a decrease in professional insurance premiums, ensuring the evaluation of quality and safety, gained skills in continuity to improving the

development of health organizations in patient care, stated direction and clear recommendations, ensuring that experts are present at all stages of quality control, increasing the reputation of the organization in public, defining the quality with objective criteria in health institutions and organizations, monitoring the health institutions and organizations by accreditation providers and regulators.

Accreditation in health organizations; is to establish national standards developed to reduce changes in medical practices, eliminate inappropriate medical care and reduce expensive fees (Özüçelik 2010). The accreditation will increase the reputation of the organization in the eyes of the public, provide the organization with a competitive advantage and will be a valid reason to be preferred by the service recipients (Akyurt 2013).

In addition to all the benefits, accreditation has a great impact on increasing the communication and collaboration among colleagues, positive developments in the image and reputation of the organization, instilling a sense of trust and belief in the name of the organization, and providing competence in activities (Yıldız 2010).

2.2 Personnel empowerment

To consider personnel empowerment as a management concept; It can be defined as the process by which employees are given the power to make decisions based on aid, sharing, training and teamwork, or to increase the power they have and to develop people (Koçel 2015; Güney 2004). In other words, Empowerment expresses the practices and conditions that employees have more confidence in their knowledge and expertise, so they feel motivated, trust in their own decisions, want to act without the guidance of others, believe that they can control the events in line with their own initiative, and enable them to fulfill the duties that they think are meaningful for the organizations and that are relevant to the objectives of the organization. (Beşyaprak 2012). Empowerment is to reach the level of desire to ensure that the employee volunteers while contributing to the objectives of the organization, independently and using his/her creativity in his/her actions (Budak et al. 2004).

When all definitions are analyzed, it is seen that empowerment is a concept beyond “dissemination of responsibility, participatory management or any management definition. Empowerment is to make individuals stronger. However, this power is to enable individuals to create the desired environment by strengthening their ability to provide personal development to individuals, to make them more knowledgeable, to increase their self-confidence, to have more positive and beneficial relationships with people around them rather than to organizational hierarchy or material issues (Şen 2010).

Keeping pace with the rapid change and development of advanced and complex technologies used in health field has become mandatory for more effective and quality service delivery. Health personnel should be flexible in the face of this change, they should be able to improve their skills by training to overcome their technical deficiencies in order to keep up with the change, they should gain administrative skills to train and guide other healthcare workers by increasing their skills in problem solving. Since health organizations are labor intensive, providing more efficient and quality service depends on the personnel working in the organization. One of the organizations where personnel empowerment activities should be carried out intensely is health organizations (Ro and Chen 2011).

The human factor plays a major role in the effort to improve the outcomes. Well-motivated and appropriately qualified personnel are among the most important factors in the success of the healthcare services provided (Dussault and Dubois 2003). In general, human resources are accepted as the determinant of success or failure of any transformation in health (Papathanasiou et al. 2014). Considering the importance of human resources, it is necessary to ensure that the health organizations are able to achieve their goals, as well as their human resources have a high level of expertise and talent, and their commitment to the organization (Hoshyar 2007). Nowadays, one of the indicators of success and strength of health

organizations is to ensure that they perform their duties by consuming less energy and with higher quality thanks to the empowerment of human resources (Nikniaz et al. 2007).

There is inequality of power distribution between healthcare professionals. In order to enable healthcare personnel to make independent decisions, it should be ensured that people are affected, and the power is distributed and shared among people. Empowerment of health personnel will be ensured by this power sharing (Turgay 2006).

Healthcare is an area where specialization is high and various professionalism work together. Taking the responsibility of the work of the health worker will make him feel stronger, and this will ensure that the employee is professionalized in his work in the ongoing process (Budak et al. 2004).

Studies show that personnel empowerment practices are inadequate in health organizations. In general, there is an organizational culture in health organizations that limits the participation and free thinking of employees and is managed by a hierarchical system. Health personnel working in such an environment that is not suitable for empowerment will have low autonomy levels, will not be able to respond directly to patient needs, and problems will arise with their team members, and existing problems will increase. Healthcare providers should adopt a form of management that supports empowerment. It should be ensured that in-service trainings have an effect that increases the self-confidence of the employees in the decision-making process. Thus, employees will be able to provide higher quality services, be more self-sufficient under difficult conditions and be more effective in their jobs (Ro and Chen 2011).

2.3 Empowerment of employees for accreditation in healthcare organizations

Nowadays, accreditation has become especially important for health organizations. By providing the accreditation standards of health organizations, the quality of their services and customer satisfaction will increase, thus health organizations will be able to provide competitive advantage. Since the organizations serving in health field are labor intensive, it is necessary to ensure the participation of the personnel for any innovation, development, or arrangement to be made. Voluntary participation of the personnel is of great importance for the organization to be successful in the accreditation process. Participation of the personnel in the accreditation process can be achieved by having enough information about the accreditation process and the contributions of accreditation to the organization and to the personnel. It will be inevitable for the employees to participate in the accreditation process if they know the benefits accreditation will provide to the organization and the ease it will achieve in achieving the organizational goals. The motivation and commitment of the empowerment personnel is high. Therefore, it will strive to improve its organization and keep up with innovations.

In this study, it is aimed to determine how the personnel will be empowered to prepare the employees of the organization for the accreditation process of the health organization based on the knowledge levels of the employees about accreditation. In this study, it is aimed to measure the knowledge level of the employees about accreditation process and to determine the effect of personnel empowerment activities on the accreditation process.

3. Methods

Based on the knowledge levels of the employees about accreditation determine how the employees will be empowered to prepare the employees for the accreditation process of the health organization is aim of this study.

The study was conducted between December 2016 and May 2017. The universe of the study is 2943 people in total, including health personnel and administrative personnel working in Ondokuz Mayıs University Health Practice and Research Center in Samsun. The sample of the study consists of 513 employees who voluntarily participated in the study and

randomly selected from the universe (n=513). In the study, the survey method was applied to obtain the data.

The survey consists of three parts. The first section is the Independent Variables section with questions about demographic information. The second part is the Health Accreditation Section, which was created to determine the knowledge levels of healthcare personnel about accreditation. And the third part is the Personnel Empowerment Section, which aims to determine the impact of empowerment practises on the accreditation process. This section includes a empowerment questionnaire(scale) included in order to determine how employees feel empowered and an open-ended question asked to "state their opinion on how the organization will prepare employees for accreditation process". The questionnaire was prepared by searching the literature and getting expert opinion. The preliminary study of the survey was applied to 50 people, and as a result of the preliminary study, necessary arrangements were made on the survey. While creating the questions in the Personnel Empowerment Section, Rabia Koç's 2008 thesis, " Personel güçlendirme ile çalışanların örgüte bağlılığı arasındaki ilişkiye yönelik bir uygulama", was used. Reliability analysis of the Empowerment Questionnaire used by Koç was examined, and Cronbach Alpha reliability coefficient was found as 0,890. Data obtained through the questionnaire In the SPSS 20.0 (Statistical Package for the Social Sciences) program, Single Factor Variance Analysis (ANOVA) is used to determine the differences among the groups studied, and "Testing the Differences Between Two Independent Groups" to determine the difference between the two groups. Correlation and Multiple Regression analyzes were used to show the relationship between variables.

Research applied to employees working in the Samsun Ondokuz Mayıs University Health Practice and Research Center. The fact that the results obtained by the research cannot be generalized to other hospitals and employees is the limitations of this research.

It is assumed that accurate information will be provided with our data collection tool, and efforts will be supported through information obtained in the decision-making phase of the hospital management and quality unit. In addition, it was assumed that the information provided from the literature examined by the researcher during this study was correct, the answers given by the employees in the research questionnaire were correct and reflected the real situation.

4. Results

Validity and reliability analysis of the study was carried out, Cronbach Alpha coefficient was calculated as the reliability coefficient of the analysis. Cronbach Alpha coefficient shows that the range of 0.00-0.40 the survey is not reliable, the range of 0.40-0.60 is low reliability, the range of 0.60-0.80 is reliable, the range of 0.80-1.00 highly reliable (Karasar 2016). Cronbach's Alpha reliability coefficient of the study is 96.3% (Accreditation Benefits Provide to the Organization 0.975; Personnel Empowerment Scale 0.927) has high level of reliability. It was observed that the answers given by the participants were consistent with each other.

When descriptive findings are examined it is determined that 63.3% (n=328) of the employees participating in the research are women, 35.1% (n=180) are over 40 years of age. The classification of the age variable was created considering the cumulative frequencies of the data. 67.3% (n=345) of the employees participating in the research are married, 31.2% (n=160) of them are undergraduate degree. 15.6% (n=80) of the employees participating in the research are Physicians, 38.0% (n=195) of them Nurses, 13.8% (n=71) of them Administrative and Financial Personnel, 19.7% (n=101) is Other Health Personnel, and 12.9% (n=66) is Other Administrative Personnel. The Administrative and Financial Personnel group includes supervisors, informatics (data processing) officers, office staff, officers, accountants, financial

data entry officers, public relations specialists, nurse services managers and hospital managers, Other Healthcare Professionals group includes emergency medical technicians, biologists, labors, technicians, and Other Administrative Personnel group includes secretaries, counselors, health officers, caregivers, cleaning personnel. According to “length of service” variable 1.8% (n=317) of the participants have been working in the organization for more than 4 years. The classification of the “length of service” variable was created taking into account the cumulative frequencies of the data.

When the distribution of employees according to whether they have heard the term “accreditation” before or not 66.9% (n=343) stated that they had heard the term “accreditation” before. People who stated that they heard the term “accreditation” before were asked where they heard that term and it is found that 49.6% (n=170) of the employees heard it through printed oral publications, 32.9% (n=113) of them with in-service training, 2.3% (n=8) of them by taking part in the application, and 15.2% (n=52) of them from other sources. Other sources include situations such as having personnel who have previously been involved in the process in another organization, and being informed through the work done by other organizations etc.

When the distribution of the employees according to their inclusion in a study related to the accreditation process in health so far is analyzed it is found that 16.8% (n=86) of the employees were previously involved in the accreditation practice, 83.2% (n=422) were not previously involved in the accreditation practice. N=5 people did not answer the questionnaire.

The distribution of the participants in the study regarding the level of participation in the “Necessity of Quality Objectives For Achieve the Accreditation Standards in Health” is summarized in Table 1.

Table 1. Distribution of employees' participation levels in “Necessity of Quality Objectives For Achieve the Accreditation Standards in Health”

	I never agree		I disagree		undecided		I agree		I Strongly Agree		Total		Mean	Standard Deviation
	n	%	n	%	n	%	n	%	n	%	n	%	M	SD
Patient safety	30	5.8	26	5.1	59	11.5	175	34.1	223	43.5	513	100	4.04	1.13
Employee safety	21	4.1	26	5.1	42	8.2	162	31.6	262	51.1	513	100	4.20	1.06
Rightness	29	5.7	22	4.3	59	11.5	190	37.0	213	41.5	513	100	4.04	1.10
Patient orientation	11	2.1	11	2.1	98	19.1	218	42.5	175	34.1	513	100	4.04	0.90
Employee Orientation	18	3.5	42	8.2	87	17.0	229	44.6	137	26.7	513	100	3.83	1.02
Continuity	14	2.7	11	2.1	79	15.4	218	42.5	191	37.2	513	100	4.09	0.92
Effectiveness	11	2.1	19	3.7	83	16.2	238	46.4	162	31.6	513	100	4.02	0.90
Efficiency	11	2.1	23	4.5	74	14.4	208	40.5	197	38.4	513	100	4.09	0.94
Timeliness	12	2.3	21	4.1	121	23.6	185	36.1	174	33.9	513	100	3.95	0.97
Productivity	3	0.6	27	5.3	90	17.5	158	30.8	235	45.8	513	100	4.16	0.93
Healthy Work Life	21	4.1	44	8.6	65	12.7	152	29.6	231	45.0	513	100	4.03	1.13
Questionability	34	6.6	29	5.7	89	17.3	166	32.4	195	38.0	513	100	3.89	1.17
Relevance	22	4.3	28	5.5	66	12.9	206	40.2	191	37.2	513	100	4.01	1.05
Continuous Learning	11	2.1	19	3.7	67	13.1	225	43.9	191	37.2	513	100	4.10	0.91
Evidence Based	14	2.7	31	6.0	83	16.2	208	40.5	177	34.5	513	100	3.98	0.99
Reliability	23	4.5	18	3.5	53	10.3	188	36.6	231	45.0	513	100	4.14	1.03

When Table 1 is analyzed it is seen that employees generally responded at the level of “I agree” and “I strongly agree” to the “necessity of quality objectives”. When the means and the standart deviations are analyzed, it is found that the quality standard with the highest level of

participation is “Employee Safety(4.20[^]1.06)” and with the lowest level of participation is the “Employee Orientation(3.83[^]1.02)”.

The distribution of the participants regarding the level of participation in the “Benefits of Accreditation Provide to the Health Organization” is summarized in Table 2.

Table 2. Distribution of employees’ participation levels in “Benefits of Accreditation Provide to the Health Organization.”

	I never agree		I disagree		undecided		I agree		I Strongly Agree		Total		Mean	Standard Deviation
	n	%	n	%	n	%	n	%	n	%	n	%	M	SD
Accreditation ensures quality.	1	0.2	25	4.9	115	22.4	220	42.9	152	29.6	513	100	3.97	0.85
Accreditation based on continuous quality improvement.	1	0.2	17	3.3	83	16.2	252	49.1	160	31.2	513	100	4.08	0.78
Accreditation provides prestige to the organization	0	0.0	15	2.9	89	17.3	216	42.1	193	37.6	513	100	4.14	0.80
Accreditation is a tool for effective process management.	1	0.2	18	3.5	104	20.3	212	41.3	178	34.7	513	100	4.07	0.83
Accreditation supports effective financial resource management.	1	0.2	26	5.1	179	34.9	182	35.5	125	24.4	513	100	3.79	0.87
Accreditation supports self-evaluation.	0	0.0	21	4.1	126	24.6	209	40.7	157	30.6	513	100	3.98	0.84
Accreditation based on continuity of care.	0	0.0	13	2.5	113	22.0	223	43.5	164	32.0	513	100	4.05	0.80
Accreditation based on patient satisfaction	1 4	2.7	22	4.3	110	21.4	219	42.7	148	28.8	513	100	3.91	0.95
Accreditation cares about personnel satisfaction.	2 3	4.5	53	10.3	137	26.7	184	35.9	116	22.6	513	100	3.62	1.08
Accreditation increases personnel motivation.	1 8	3.5	45	8.8	155	30.2	190	37.0	105	20.5	513	100	3.62	1.01
Accreditation supports communication and collaboration .	1 4	2.7	13	2.5	170	33.1	190	37.0	126	24.6	513	100	3.78	0.93
Accreditation provides ethical management.	9	1.8	10	1.9	157	30.6	190	37.0	147	28.7	513	100	3.89	0.90
Accreditation supports professional service delivery	1 1	2.1	6	1.2	113	22.0	206	40.2	177	34.5	513	100	4.04	0.89
Accreditation provides effective resource management	3	0.6	12	2.3	186	36.3	181	35.3	131	25.5	513	100	3.83	0.85
Accreditation supports safe medication management	3	0.6	22	4.3	165	32.2	188	36.6	135	26.3	513	100	3.84	0.88
Accreditation supports secure audit presentation	3	0.6	9	1.8	159	31	194	37.8	148	28.8	513	100	3.93	0.84
Accreditation provides efficiency in human resources management	5	1.0	12	2.3	168	32.7	221	43.1	107	20.9	513	100	3.81	0.82
Accreditation regulates policies and procedures	4	0.8	21	4.1	134	26.1	227	44.2	127	24.8	513	100	3.88	0.85

Accreditation supports business peace	5	1.0	21	4.1	156	30.4	206	40.2	125	24.4	513	100	3.83	0.87
Accreditation supports team work in organizations	5	1.0	23	4.5	128	25.0	241	47.0	116	22.6	513	100	3.86	0.85
Accreditation promotes good practice.	0	0.0	25	4.9	128	25.0	243	47.4	117	22.8	513	100	3.88	0.81
Accreditation supports security culture	0	0.0	25	4.9	125	24.4	253	49.3	110	21.4	513	100	3.87	0.79
Accreditation improves patients' health outcomes	3	0.6	19	3.7	156	30.4	203	39.6	132	25.7	513	100	3.86	0.86
Accreditation allows to improve patient care .	1	0.2	18	3.5	160	31.2	220	42.9	114	22.2	513	100	3.83	0.81
Accreditation allows the development of values shared by all professionals in the hospital	3	0.6	20	3.9	123	24	235	45.8	132	25.7	513	100	3.92	0.83
Accreditation allows the hospital to better respond to the needs of the community.	2	0.4	25	4.9	128	25	237	46.2	121	23.6	513	100	3.88	0.83
Accreditation allows the hospital to better respond to the organizations it is associated with (other hospitals, private hospitals, etc.)	2	0.4	19	3.7	125	24.4	241	47	126	24.6	513	100	3.92	0.81
Accreditation contributes to the hospital's cooperation with other organizations in the health care system .	0	0	14	2.7	147	28.7	218	42.5	134	26.1	513	100	3.92	0.80
Accreditation is a valuable tool for the hospital to make changes	3	0.6	22	4.3	124	24.2	222	43.3	142	27.7	513	100	3.93	0.86
Hospital involvement in accreditation allows the hospital to be more ready to respond to these changes when changes are introduced in the hospital	5	1	12	2.3	121	23.6	241	47	134	26.1	513	100	3.95	0.82
Accreditation is an important tool for organizational planning.	0	0	7	1.4	118	23	246	48	142	27.7	513	100	4.02	0.75
Accreditation enables to work with zero error.	$\frac{2}{5}$	4.9	42	8.2	152	29.6	189	36.8	105	20.5	513	100	3.60	1.05

When Table 2 is analyzed, it is found that the employees generally responded to benefits accreditation at the level of "I am indecisive", "I agree " and "I strongly agree ". When the means and the standard deviations are analyzed it is found that employees agree with the statement “Accreditation provides prestige to the organization” at the highest level($4.14^{0.80}$), and “Accreditation enables to work with zero error” at the lowest level($3.60^{1.05}$).

The level of involvement in the quality objectives and the benefits of accreditation is intended to help identify employees' level of knowledge about accreditation.

Distribution of participants about their participation level in the questions asked whether they feel empowered or not is summarized in Table 3.

Table 3. Distribution of employees' participation in question about "If they feel themselves empowered"

	I never agree		I disagree		undecided		I agree		I Strongly Agree		Total		Mean	Standard Deviation
	n	%	n	%	n	%	n	%	n	%	n	%	M	SD
I feel independent while doing my job.	58	11.3	144	28.1	158	30.8	107	20.9	46	9	513	100	2.88	1.13
When I encounter any problems related to my job, I am encouraged to solve these problems.	31	6.0	184	35.9	84	16.4	171	33.3	43	8.4	513	100	3.22	1.01
I can solve problems related to my work by using initiative without the approval of my superiors.	39	7.6	99	19.3	161	31.4	158	30.8	56	10.9	513	100	3.18	1.10
I am encouraged by managers to think creatively and express our ideas freely.	82	16.0	131	25.5	139	27.1	108	21.1	53	10.3	513	100	2.84	1.22
I will be appreciated by my managers when I show superior service	98	19.1	131	25.5	130	25.3	117	22.8	37	7.2	513	100	2.73	1.21
Employees in my workplace are cared for and valued.	95	18.5	107	20.9	159	31.0	119	23.2	33	6.4	513	100	2.78	1.81
Managers take a democratic attitude and allow employees to participate in decisions.	114	22.2	117	22.8	157	30.6	88	17.2	37	7.2	513	100	2.64	1.20
The achievements we have achieved in our job are rewarded as required.	134	26.1	159	31.0	157	30.6	34	6.6	29	5.7	513	100	2.35	1.10
Managers provide the necessary support for employees to be more successful in their jobs.	107	20.9	114	22.2	162	31.6	101	19.7	29	5.7	513	100	2.67	1.17
I consider myself eager and motivated to fully transfer the knowledge and skills I have to the work I do.	46	9.0	80	15.6	147	28.7	180	35.1	60	11.7	513	100	3.25	1.12
Managers give us the opportunity with providing	89	17.3	139	27.1	180	35.1	66	12.9	39	7.6	513	100	2.66	1.13

necessary
environment for
innovation and
improvement in
the workplace.

When Table 3 is analyzed, it is seen that the employees generally responded to the questions at the level of "I disagree", "undecided" and "I agree". When the means and the standard deviations are analyzed it was found that the employees agree with the statement "I consider myself eager and motivated to fully transfer the knowledge and skills I have to the work I do." at the highest level (3.25^{1.12}), and they agree with the statement "Managers take a democratic attitude and allow employees to participate in decisions." at the lowest level (2.64^{1.20}).

Distribution regarding the opinions of the employees on how the organization can prepare themselves for health accreditation practices is summarized in Table 4.

Table 4. Distribution regarding the employees' opinions on how the organization can prepare themselves for the accreditation efforts

Opinions	n	%
Providing employees with training on the subject, creating awareness about accreditation through regular meetings and seminars.	190	43.37
Ensuring personnel motivation	48	10.94
Creating an innovative, supportive and reassuring organization and management approach	48	10.94
Starting accreditation practices and ensuring voluntary participation of employees	35	8.00
Sharing information with the employees, giving importance to the employees' opinions and ensuring their participation in the decision	33	7.53
Providing the environment and physical conditions required for the personnel to increase work efficiency	32	7.30
Ensuring quality standards in the institution and compliance of the personnel with the standards	15	3.42
Establishing a fair management approach where all employees are equal	13	2.96
Preventing employees from being pressured due to their mistakes	9	2.05
Ensuring that employees adopt the organization and identify with it	8	1.82
Emphasis on personnel satisfaction	7	1.59
Total	438	100

Note: n = 75 people did not answer the question.

When Table 4 is analyzed it was found that 43.37% (n=190) of the employees stated that the organization should inform the employees through in-service trainings on accreditation and raise awareness about accreditation through regular meetings and seminars.

The distribution of Accreditation Benefits to the Organization and Employee Empowerment Scores by descriptive variables are summarized in Table 5.

Table 5. Distribution of benefits of accreditation to the organization and personnel empowerment scores by descriptive variables

		Benefits of Accreditation Provide to the Organization					Empowerment				
		n	Mea n	SD	MWU/K W Test	p*	n	Mean	SD	MWU/KW Test	p*
Gender	Female	328	3.96	0.035	25.201	0.001	328	2.86	0.047	28.309	0.207
	Male	185	3.77	0.048			185	2.78	0.065		
Age	≤33	180	3.89	0.049	1.487	0.475	180	2.83	0.057	0.280	0.863
	33-40	160	3.91	0.052			160	2.86	0.074		
	≥40	173	3.85	0.048			173	2.82	0.068		
Marital Status	Married	345	3.89	0.033	29.528	0.728	345	2.80	0.046	31.142	0.170
	Single	168	3.90	0.054			168	2.90	0.068		
Educational Background	High school	54	3.84	0,080	11.157	0.025	54	2.84	0.134	3,230	0.017
	Associate Degree	94	3.83	0,075			94	2.80	0,088		
	Undergraduate	160	4.00	0,051			160	2.99	0,066		
	Postgraduate	128	3.90	0,056			128	2.81	0,077		
	Expertise in Medicine	77	3.72	0,065			77	2.56	0,093		
	Physician	80	3.76	0,068			80	2.57	0,088		
Position	Nurse	195	3.92	0,048	5,897	0.207	195	2.86	0,062	10,011	0.040
	Administrative and Financial Personnel	71	3.95	.071			71	2.95	0,094		
	Other Health Personnel	101	3.87	0,067			101	2.90	.086		
	Other Administrative Personnel	66	3.87	0,063			66	2.83	.124		
	Length of Service	≤4 Years	196	3.86			0,047	32.179	0.495		
> 4 Years	317	3.90	0,036	317	2.85	0,051					

Not: * $p < 0.05$

When Table 5 is analyzed, it was found that the Accreditation Benefits scores differ significantly according to gender ($p=0.001$), and to the educational background (0.025). The level of education has an impact on the awareness of the benefits of being accreditate provided to the organization for the employees. This significant difference is between Undergraduate and Expertise in Medicine ($p=0.011$). When the results are examined, it is observed that the undergraduate level employees are more conscious in terms of the benefits of accreditation to the health organization.

It was found that the Personnel Empowerment scores showed a significant difference according to the educational background($p=0.017$). This difference arises from Expertise in Medicine education level. There is a significant difference between Expertise in Medicine and Undergraduate ($p=0.001$). There is a significant difference between Expertise in Medicine and Postgraduate($p=0.038$). There was no significant difference between the other groups. When the means and standard errors were analyzed, it was found that employees with Expertise in Medicine level education felt less empowered compared to other education level employees.

When the analysis of the Personnel Empowerment score according to their position in the organization was examined, it was found that the Personnel Empowerment scores showed a significant difference according to the position ($p=0.040$). This difference is arises from the physician group. A significant difference was found between physicians and nurses ($p=0.019$). A significant difference was found between physicians and other health personnel ($p=0.010$). There was a significant difference between physicians and administrative and

financial personnel ($p=0.006$). No significant difference was found between nurses and other health personnel ($p=0.999$). When means and standard error were analyzed, it was found that physicians had less impact, and administrative and financial personnel had a higher impact on personnel empowerment.

The correlation coefficient analysis between the personnel empowerment score of the participants in the study and the level of participation in the quality objectives to achieve accreditation standards was investigated with the correlation of Pearson Product Moments, and the relationship was found to be significant ($p\leq 0.05$). It has been observed that employees with high empowerment perception are aware of the necessity of quality objectives in order to achieve accreditation standards. As the success of personnel empowerment practices increases, the level of awareness about the necessity of quality objectives increases.

The relationship between the personnel empowerment score of the participants and the awareness of the benefits provided by the accreditation of the health organization, and the coefficient analysis were investigated with the correlation of Pearson Product Moments, and the relation between them was found to be significant ($p\leq 0.05$). It has been found that employees with high empowerment perception are conscious about the benefits provided to the organization by the accreditation of the health organization. As personnel empowerment practices increase, the situation of employees being aware of the benefits accreditation provides to the organization increases.

According to multiple regression analysis between personnel empowerment and accreditation benefits and necessity of quality objectives in order to achieve accreditation standards, quality objectives and benefits of accreditation to the organization explain 94% of the change in personnel empowerment ($R^2:0.940$). It has been determined that there are positive and statistically significant relationships between personnel empowerment and quality objectives ($\beta:0.108$) and the benefits of accreditation provide to the organization ($\beta:0.346$) ($p=0.018$; $p=0.000$).

5. Discussion

Various factors such as increasing and increasingly aggravated competition, technological developments and the necessity to keep up with them and becoming more conscious of consumers cause pressure on organizations. These pressures have an impact on health as well as in all fields, making hospitals obliged to work more actively on accreditation. Accreditation is available in private hospitals in Turkey mostly. In universities and public hospitals, it should also be widespread. In order to do that necessary conditions must be created. People who will benefit from the service become more conscious day by day and they expect faster and higher quality service from hospitals. Accreditation of the organization will contribute to the quality of the services by providing them according to certain standards. Thus, the organization will meet the expectations of the individuals in service delivery, the trust in the public and the reputation of the organization will increase, and the organization will become more preferred for patients and employees. The accreditation process is as difficult as it will contribute to the development of the organization. Since the preference of a hospital accredited by providing standards will increase, its competitiveness will increase in the same proportion. Therefore, organizations should consider accreditation as a tool to ensure continuity and aim for it. Accreditation will become indispensable for organizations in the future. Being aware of this, organization should do the necessary work to ensure the quality of service provided to everyone, prepare the organization for the accreditation process, start accreditation practices as soon as possible and include all stakeholders in.

Al-Qahtani et al. (2012) in their study to determine the perceptions of nurses about the quality of health services provided by accredited and non-accredited hospitals stated that there were statistically significant differences between the perceptions of nurses working in

accredited and non-accredited hospitals about quality service delivery. This difference has been observed for all items and sub-items, except for the “human resources” scale. Nurses working in accredited hospitals responded at higher means in all items and sub-items except for reward and recognition sub-item compared to nurses working in non-accredited hospital.

Yıldız and Kaya (2014) in their study to investigate the perceptions of nurses on the impact of accreditation on the quality of care and the outcomes of care, found that the evaluation scores of the nurses regarding the benefits of accreditation are generally high. The overall mean scores of the participants regarding the benefits of accreditation are $3.70^{0.78}$. Participants participated in the item “Accreditation makes it possible to improve patient care” ($3.95^{0.95}$) at the highest level. In the study carried out by us, the employees responded to the necessity of quality objectives in general “I agree” and “I strongly agree”. When the means are analyzed, it is found that the quality standard with the highest level of participation is “Employee Safety” ($4.20^{1.06}$), and lowest level is “Employee Orientation” ($3.83^{1.02}$). The employees participating in the research generally responded to the benefits of accreditation at the level of “I am indecisive”, “I agree”, and “I strongly agree”. It has been found that employees agree with the statement “Accreditation provides prestige to the organization” at the highest level ($4.14^{0.80}$) and “Accreditation enables to work with zero error” at the lowest level ($3.60^{1.05}$).

Us and Dikmetaş Yardan (2016) in their study for evaluate the compliance of hospital surgery and internal polyclinics with JCI Accreditation Standards according to healthcare personnel, found that employees participation in the benefits related to human resources is at the lowest level.

Öztürk et al. (2019) in their study, to evaluate the opinions of the personnel regarding the benefits of accreditation working in a non-accredited university hospital, found that employees have generally participated in propositions about the benefits of accreditation; however, they stated that the participation rates for the benefits for the personnel were lower than the participation rates for the benefits related to the health organization. According to Öztürk et al., this result may indicate that the awareness of the employees about the benefits of accreditation is low.

In the study conducted, the results confirming the above findings were obtained. For the employees to be included in the accreditation process, they need to know about the accreditation process and the benefits that process will provide to the organization. In the study, it was concluded that most of the health personnel participating in the research had heard the term accreditation before; however, this majority is not enough for today's conditions where accreditation has become especially important. According to the results obtained from the study, it was revealed that the employees could not grasp the necessity of the quality objectives and the benefits of accreditation will provide to the organization, employees, and beneficiaries. The number of people who heard the term in-service training and accreditation is less than expected. It is concluded that the organization's training on accreditation practices and accreditation is not fully enough. In order to prepare the organization for the accreditation process, it is necessary to provide the employees with the necessary training about the process and to inform the employees about the process. In their study for evaluate the perceptions of hospital managers affiliated to the Ministry of Health in Ankara regarding quality management, Akar et al. (2015) found that 40.7 % of managers evaluate the current level of knowledge about quality systems philosophies and techniques as medium; 46.7% stated that they have never received any training on quality. In the study, a significant relationship was found between hospital managers' quality management training and understanding of quality management principles. In his study on the nurses working at Hacettepe University Adult Hospital in order to evaluate the effect of accreditation on service quality and other factors affecting service quality from the perspective of nurses, Yıldız (2010) determined that there is

a significant relationship between having more information about quality improvement practices, and accreditation and having a better understanding of the importance of quality improvement efforts.

Öztürk et al. (2019) in their study found that there was a statistically significant difference in terms of benefits points of accreditation according to the status of receiving service from a previously accredited organization. They found that the accreditation benefit points of those who did not know if they had received services from an accredited organization were lower than those who previously received service from an accredited organization. According to Öztürk et al. it can be said that this result obtained is an indicator that it enables the personnel receiving service from an accredited organization to make more concrete comparisons between the two organizations, thus helping the person to better identify the differences of the two organizations.

In the study conducted by Özüçelik (2010), the accreditation knowledge levels of health employees who were directly involved and not involved in the accreditation process were examined, and it was found that there was a significant difference between the knowledge levels of health employees who participated directly in the process, in favor of the personnel who participated directly.

In the study, findings confirming the results of the above studies were reached. 2.3%(n=8) of the healthcare professionals participating in the study stated that they were aware of the accreditation by taking part in the process. It can be said that the rate of employees directly involved in the accreditation process is exceptionally low. Employees directly involved in the process will be able to face accreditation and the benefits it provides and they will be able to analyze and internalize them better, thus increasing the awareness of the accreditation and the benefits it provides to the organizations.

Akar et al. (2015) stated that no significant difference was found in the perceptions of administrators regarding the application of quality systems according to age, gender, length of service, and educational background.

Öztürk et al. (2019) found that the benefits of accreditation of female employees who participated in the questionnaire were higher than male employees', and participants in the doctorate education level compared to the other education level participants. Although there is no significant difference according to the age variable, it was concluded that the participants in the 36-40 age group had higher benefits than accreditation compared to those in other age groups. When the scores of the benefits of accreditation according to the length of service were examined, it was found that there was no statistically significant difference between the groups and that all groups considered accreditation as beneficial.

Us and Dikmetaş Yardan (2016) stated that considering the scores given by the participants to the JCI accreditation sub-dimensions according to the length of service, participants with between 10-14 years mostly participated in and made conformity assessment.

Al-Qahtani et al. (2012) stated that there was no significant relationship between nurses' educational level, professional status, and their perceptions on quality.

In the study conducted by Jaber (2014) to evaluate the perceptions of nurses about the effect of JCI accreditation on the quality of health services, a statistically significant relationship was determined between the length of service of the nurses in the organization and their quality perceptions.

In the study conducted by Escoto (2006) on the service quality perceptions of nurses, it was determined that there was no statistically significant relationship between nurses' educational status and quality perceptions.

Yıldız (2010) found that the average of the participants who have undergraduate degree, administrative duty and less working time, have higher average participation rates than other participants.

Us and Dikmetaş Yardan (2016) found that the evaluation points of the participants showed a significant difference according to the educational status; It is concluded that the participants who have received doctorate education have higher accreditation conformity assessment scores after the participants who have received high school education compared to other education level participants.

In the study conducted by Duclos et al. (2008) for determine the perception of health professionals in various categories, it was stated that there was no overall difference between their perceptions of quality. There is no significant relationship between professional status, length of service and quality perceptions in the organization; It was found that there was a significant relationship between age and quality perceptions.

In the study conducted by Yıldız and Kaya (2014), the nurses participating in the study evaluated the demographic variables and their perceptions about the effect of accreditation on quality. It is found that there was no significant relationship between and their perceptions. The difference between the mean scores of the accreditation benefits of the participants is not statistically significant in terms of age, length of service and educational status. The mean scores of the nurses with administrative responsibilities ($3.97^{0.78}$) regarding the benefits of accreditation were found to be higher than the mean scores of nurses without administrative responsibilities ($3.66^{0.77}$).

In the study, the benefits of accreditation are not significantly different in terms of age, marital status, position in the organization and length of service; It is concluded that there is a significant difference according to gender. Female employees have higher awareness of the benefits of accreditation provide to the organization than male employees. Although there is no statistically significant difference between the positions of the employees participating in the research and the benefits of accreditation to the organization, it was observed that the benefits scores of administrative and financial personnel were higher than other professions. It has been found that the benefits of accreditation to the organization differ significantly according to the education background. This significant difference is between Undergraduate and Expertise in Medicine ($p=0.011$) groups. When the results are examined, it is observed that the under graduate level employees are more conscious in terms of the benefits of being accredited to the organization This difference can be attributed to the fact that the level of expertise in medicine education is related to physicians and that physicians are more related to the service delivery part. People at the undergraduate and postgraduate level are mostly in the units where the administrative and financial affairs of the hospital are carried out. The beginning of the administrative and financial personnel accreditation process is more familiar with situations such as announcing the accreditation to the employees and make them join it, and the bureaucratic part of the process. Therefore, it can be interpreted that their awareness of accreditation and the benefits it provides to the organization may be higher than other personnel.

The fact that the health organization is ready for change is an important factor in the success of the accreditation process. The accreditation process aims to change the organization from head to toe in order to provide higher quality service. In this process, not only the organization but also the employees are involved in the change. In order for the process to be successful, the personnel need to be prepared for the change process. Personnel should be provided with an environment where they can access the necessary information and resources at every point of the process, and where they can express themselves. All this can happen with the empowerment of the personnel. The personnel empowerment efforts aim to create an environment in which personnel participate in the decision, where information and resources are shared with the personnel, where the personnel is able to make innovative decisions, express themselves, and implement the decisions they make. Considering the responses of the participants to the personnel empowerment scale, it was concluded that the employees felt

empowered below expectations. According to the level of participation of the employees in the statements on the personnel empowerment scale, they are not encouraged enough by their managers to implement their entrepreneurial thoughts and ideas and new ideas; they are not appreciated and rewarded for their outstanding achievements in their work, they do not feel independent enough while doing their work; when they encounter a problem related to their work, they are not encouraged to solve these problems on their own; it was concluded that the incentives of the managers to participate in the decision of the personnel were not sufficient.

In order to prepare the employees for the accreditation process, the necessary physical and relational trust environment should be created for managers to be open to innovations and to make the personnel more efficient. An appropriate environment should be provided for employees to act independently in their work. Employees should be encouraged to solve the problems they encounter regarding their jobs, and they should intervene when they cannot. Employees should feel appreciated for their work, and their success should be rewarded. Employee independence in their jobs will enable them to adopt their jobs and volunteer to take more responsibility for their job. Employees who take more responsibility in their job voluntarily increase their efficiency at work, thus increasing the efficiency of the organization. One of the more responsibilities that employees take will be to engage in accreditation practices that the organization will provide prestige by providing better quality service and to make voluntary efforts to make the process successful. When the responses to empowerment were examined in the study, it was found that empowerment did not differ significantly by gender. The fact that the personnel working in the organization feel empowered does not vary according to gender. Ceylan (2002), in his study conducted in order to examine the relationship between demographic characteristics and empowerment perceptions of the employees in the banking sector, found no significant relationship between empowerment perception and demographic characteristics of employees such as gender and length of service; concluded that there is a significant relationship between empowerment perception and education level. It was determined that the perceived empowerment level increased as the education level increased.

Seçgin (2007) determined that employees' perceptions of empowerment differ significantly according to their level of education. According to the study, it has been concluded that employees with college or higher education level has higher empowerment perception than the employees whose education level is secondary or lower than secondary education.

Yasit (2014) found in his study that personnel empowerment did not differ significantly according to marital status, gender and age ($p \geq 0.01$); there is a significant difference in terms of education, length of service, position.

Şen (2010) found in his study with regard to personnel empowerment perceptions of nurses working in tertiary health organizations that the variables of age, gender, marital status, position at work, working time, working time in the organization were not effective on the personnel empowerment scale; It concluded that the educational status variable was effective on the personnel empowerment scale. The perception of personnel empowerment varies according to the level of education, which confirms the results in other studies; however, contrary to the fact that people feel empowered as the level of education increases in other studies, it was concluded that undergraduate employees are more conscious about the benefits that accreditation will provide to the organization compared to other education level employees and they feel empowered than other education level employees. This result can be attributed to the fact that undergraduate graduates are more fresh, exciting, and dynamic.

In our study, it was found that empowerment differs according to the position in the organization. This difference is between physicians and other professional groups. When the means and standard errors were analyzed, it was found that physicians felt less empowered

than other occupational groups. It was found that employees who are in the administrative and financial personnel occupation group had a higher impact on personnel empowerment. It is normal as a result of having a higher impact on empowerment, as administrative and financial personnel take over the mission of dominating the personnel empowerment understanding. In this regard, the administrative personnel group has a great job in raising awareness of the members of the organization and establishing this culture by establishing it in the organization.

Hospitals, where the healthcare personnel work, are areas that busy and where stress is extremely high. This stress can be higher in physicians, as physicians are the group that is in direct contact with patients and even the slightest error of them can cause irreversible consequences such as loss of life. The findings in the study can be interpreted as this stress and intense tempo may cause physicians to feel depleted and inadequate over time. Özkula and Durukan (2017) in their study, on 258 volunteer physicians working at Başkent University Ankara Hospital, stated that the features such as the duration of work, number of patients examined daily, administrative work, support for researches, hours of study in charge are related to all three sub-dimensions such as emotional exhaustion, depersonalization and a sense of personal accomplishment. Çavuş and Demir (2010) in their study to determine what kind of relationships between psychological personnel empowerment, work environment and burnout, they found that the more meaningful and important the work the employee does, and the less emotional burnout they experience with their autonomy. They also stated that there is a linear relationship between emotional burnout and autonomy. At the same time, it is seen that the worker becomes insensitive as the meaning and importance he attributes to his job decreases. Burnout is a common phenomenon in healthcare professionals.

Health organizations are organizations that require professionals from many different disciplines to work together. In addition, human resources are extremely important for them, which are labor intensive organizations. It is crucial for all the employees in the health organization to work in a team and in a coordinated manner for the timely and high-quality presentation of the service provided. All professional groups need to be empowered so that the personnel working in the organization can work in cooperation and communication.

When the relationship between personnel empowerment and the level of knowledge of individuals about the benefits of accreditation is analyzed, it is concluded that there is a high level of significant and statistically significant relationship between them. Employees with high empowerment perception have been found to be more successful in understanding the benefits of the accreditation provide to the organization. Employees will become more aware of the benefits accreditation will provide to the organization, as the organization is successful in empowerment efforts, and the personnel feels empowered. In order to be successful in the accreditation process, the organization must provide the training of its employees in its efforts to empowerment. There is a belief in management and a part of the personnel that accreditation is a cost increasing factor for the organization rather than a quality tool. It can be said that this belief is since accreditation is not fully recognized, not enough practices related to accreditation and personnel are not included in these practices. In order to realize the benefits of accreditation, practices that may include personnel should be started as soon as possible, and accreditation should be introduced to the personnel with the necessary training. Conducting the process by volunteers with enough knowledge about accreditation is important for the success of the studies.

6. Conclusion

For the organization to ensure the motivation of the personnel and make them stronger, it is necessary to start personnel empowerment practices. In organizations where empowerment is applied and successful, the self-confidence and commitment of the personnel increases, thus employees makes voluntary efforts to growth their organizations. In addition, it is ready for

change with its innovative thoughts. Since accreditation is a process that will radically change the organization, empowerment practices should be started as soon as possible to prepare the personnel for this process. As a result of the successful activities for empowerment, it is considered that the success of the organization in accreditation process will also be affected. If the work done for empowerment is sufficient, the empowered personnel will participate in every arrangement that will carry organization forward, in this case, the empowered personnel will be one of the important factors that will bring the accreditation process to success.

In the literature, it has been found that there is no existing study on the effect of the personnel empowerment process and empowered personnel on the accreditation process. Studies on this subject should be increased and the subject should be examined more.

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