

ORIGINAL ARTICLE

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AUTHOR'S INTRODUCTION

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TITLE:

Effect of Doctors' Empowerment on Quality of Health Service

Abstract

The study aims to identify the nature of the relationship between the empowerment of doctors and the quality of service in health organizations, on the basis that the empowerment of doctors is one of the engines influencing the quality of the health service, which is based on the principle of the optimal use of resources and efficiency that doctors and their skills should be utilized and not wasted, and the problem of the study pointed to the lack of interest in the changes studied in the field of application, so the study tried to achieve a set of goals advanced by the diagnosis of the reality and importance of the changes studied and the nature of the relationship between them, and the refore the importance of the study In an attempt to propose a set of solutions to the problems facing the organization studied, Al-sadr Educational Hospital was chosen as a field of application, as a number of doctors in the hospital studied were selected as a sample for study and the simple random sample method with the strength of (37) individuals, and the questionnaire was adopted as a tool To collect data and subject it to measures of honesty and stability using the statistical program (SPSS), the results revealed a correlation and moral impact between the empowerment of doctors and the quality of the health service, and therefore recommended the study to pay attention to the study of factors that would affect the quality of the health service.

Keywords: quality of health service, empowering doctors, hospitals, environment, patients.

Introduction

The issue of empowering doctors is one of the very important issues affecting the performance of doctors, especially in health organizations, since the physicians' segment always needs to give them more powers and make them take appropriate decisions for the cases they go through without referring to the chain of references, by sharing information and independence And the freedom to act and possess knowledge, that the neglect of this issue by the departments of health institutions will lead to negative results that will be reflected in the goals of that organization, and because the Iraqi doctor suffers greatly in the issue of empowerment, this variable has been chosen as an independent variable that can be reflected on the variable He sold the quality of the health service provided by the doctor to the beneficiary of the service, and it is expected that we will reach results through which we can identify the size of the powers granted to the doctor and determine the required size of those powers and determine the gap between the two cases in order to alert the hospital administration to this to improve the quality of the service provided for patients by doctors.

This research consists of fifth topics; the first was devoted to the scientific methodology of the research, while the second and third topic was devoted to the purpose of identifying the variables discussed in theory, while the fourth topic came for the purpose Diagnosing the reality and importance of the researched variables and testing the hypotheses of the research. Finally, the fifth topic was devoted to presenting the most important findings of the research and the recommendations that were presented to enhance the knowledge of the researched variables and how to raise the level of their reality.

The first topic: research methodology

First: The research problem

The issue of empowering doctors is an important and influencing factor in the health service provided to patients and it has a significant impact on the performance of hospitals in general and their ability to stay and continue in work, and one of the factors that will guide the doctors 'skills is empowering them that helps them in providing a quality health service, as is the quality The health service inside the hospital is one of the factors that also affect its performance, because these relationships can affect patients and doctors and thus their level of satisfaction with work and their willingness to make the utmost effort to serve their organizations, and therefore the problem of

research is reflected in the neglect of the role of enabling doctors in the quality of service And the importance of hospitals in their success and this is what touched when search field homeliness with members of the surveyed sample, also highlights the research problem through the following questions:

1. Is there sufficient awareness among the administration in the hospital examined of the nature of doctors' empowerment?
2. How much interest does the hospital administration have in its quality of service?
3. What is the extent of the contribution of enabling doctors to enhance the quality of service in the hospital searched?

Second: The importance of research

The topic of empowering doctors is one of the important issues in the quality applications of the health service, starting from the principle of employee participation and developing their capabilities, whose effects may be reflected on the performance of doctors, whether positively or negatively, and according to the interest of the hospital's research department and its philosophy on this topic, not to mention the laws and regulations that govern that institution. Health and the degree of flexibility that it includes, and the permitted authorization space for the director, so choosing such a variable and studying it and knowing the extent of its impact on the quality of the health service provided by the doctor to the patient in Al-sadr Teaching Hospital is very important to know the effects Which arises from the extent of dealing with this variable and the extent of that impact on the performance and impulsion of the doctor to provide the health service with high quality for the patient, as well as the extent of this issue is reflected on the organizational commitment of doctors in the researched hospital.

Third: Research objectives

The research aims to achieve the following:

1. Measuring the effect of empowering doctors in Al-sadr Teaching Hospital on the quality of the health service provided by them to patients.
2. Knowing the extent of interest of the Al-sadr Teaching Hospital Administration in the matter of empowering doctors for achieving the quality of the health service provided to patients.
3. Measuring the quality of health services provided to patients in Al-sadr Teaching Hospital from the perspective of doctors.

Fourth: Research hypotheses

The research based on two hypotheses:

1. There is a significant correlation relationship to enable the doctors in Al-sadr Teaching Hospital and the quality of the health service they provide to patients.
2. There is a significant significant relationship of influence to enable doctors in Al-sadr Teaching Hospital in the quality of the health service they provide to patients.

Fifth: The field, society and sample of the research

The research applied in the field of providing health services in Iraq, and the research community will consist of all doctors in Al-sadr Teaching Hospital, either. A random stratified sample of 37 doctors from various disciplines of doctors drawn in Al-sadr Teaching Hospital, which will be a true representative of the research community.

Sixth: Methods of data collection

The theoretical data will be obtained from the available resources in the library of the College of Administration and Economics at the universities of Kufa and Al-sadr, as well as what is available in the internet, while the data for the practical side was obtained through a questionnaire prepared for this purpose and was presented to a group of experts specialized in The field of business administration, which was distributed to the research sample, and Appendix 2 clarifies the names and exact specialties of the experts.

Seventh: Statistical Methods

Descriptive statistics methods were used, such as percentages and repetitions, as well as the use of simple linear correlation analyzes using the Spearman laboratories, as well as the use of simple linear regression coefficient to find out the effect of the empowerment of doctors in Al-sadr Teaching Hospital on the quality of the health service they provide to patients.

Eighth: the limits of research

1. Human frontiers: A sample of doctors studied at Al-sadr Teaching Hospital.
2. Spatial boundaries: The research applied at the Al-sadr Teaching Hospital located in the city of Al-sadr / Rusafa, which affiliated with the Department of Medical City.

3. Temporal limits: includes the period of completion of the research, including the preparation of the methodology and the theoretical aspect, as well as the time it takes to distribute the research questionnaire to the sample that was randomly drawn stratified and the duration of the research was from 22/6/2019 to 15/9/2019.

Ninth: Research community and sample

The health sector was chosen as the research community, on the grounds that this sector deals with an important component which is the human component, and Al-sadr Teaching Hospital was chosen as a field of application, as the research sample consisted of a number of doctors in the hospital and their number (37) individuals, were chosen by the sample method Simple randomness.

The second topic: empowering doctors

This topic is devoted to getting to know the concept of empowering doctors, its importance and some topics related to it, as follows:

First: the concept of empowering doctors and its importance

There is a difference between researchers and writers in defining the empowerment of doctors according to their views and opinions, from the point of view (Blanchard, 1996) enabling doctors is: "A modern management philosophy that focuses on caring for human resources in the supervisory lines of the organization because of their direct relationship to environmental changes, which requires their empowerment to be available They have direct behavior in critical situations (Abdel-Amir and Abdel-Rasoul, 2008: 52), and this was confirmed by both (Meredith & Murrel, 2000) when they made clear that empowerment occurs when a person is empowered to assume greater responsibilities and authority through training, trust, and support. Emotional (Al-Raqab, 2010: 25), and he knew it Z researchers stated: "Providing a degree of freedom for human resources in the organizational formations assigned to them the tasks they perform with a degree of independence from the results, reinforcing this by an effective information system that creates a rapid flow for them with a focus on human resources in the vital departments whose operations are directly linked with the customers of the organization." (Al-Douri, 2010: 36), and in the same direction he was defined as: "giving human resources the power, freedom and information to make decisions and participate in making them" (Daft, 2001: 501), or to allow human resources to participate in setting goals and providing appropriate solutions to business

problems and decision-making And act a For my self in certain situations (Abdel-Wahab, 2003: 15), and he described it (Gibson at el, 2003) as: "The process of giving human resources permission to make decisions regarding the completion of the tasks assigned to them on time" (Gulab, 2011: 446), and in the same direction He defined it as: "Granting human resources the authority and responsibility to make decisions related to product development and customer service" (Noe at el, 2006: 16), as it was defined as: "Transfer of responsibility and authority and an invitation to human resources to share the information and knowledge provided by the organization through its database." And in problem analysis, decision making, and therefore decision-making power, the subordinate becomes responsible The quality of what he decides or what he performs of his actions, which leads to a relative transfer of power from the president to the employee himself "(Erekat, 2009: 7).

After reviewing the previous definition, doctors can be empowered as a procedural definition for the purposes of the current research as: "One of the organizational policies that the organization adopts with the intent Enabling doctors to perform their duties more freely and in the manner that they do It is reflected in enhancing the performance of the organization as a whole. " As for the importance of empowerment, the process of empowering doctors has become necessary and imperative in light of technological progress, challenges, and the emergence of administrative leadership and contemporary changes for this.

There is an urgent importance and necessity for organizations to accelerate the adoption of the process of empowering doctors, as using the method of empowering doctors is an important means to increase the satisfaction of human resources from work, And customers from the service, and this leads to achieving the goals of the organization in growth, and the employee in job satisfaction, and customers in excellent service, and increase the need of organizations to respond to the requirements of the market and customers and face changes, focusing the work of senior management on issues but A long-term strategy and not being preoccupied with routine daily matters, enabling individuals to quickly make the right decisions, the need to optimize the use of available resources (human and material) and continuous development to face challenges and prohibit intense competition, work to blow up unused human energies to increase and improve productivity, reduce the number of levels The administrative organizational structure to facilitate opportunities for individuals and their participation in decisions and policies, assume responsibilities and delegate powers to them, provide an appropriate environment for work and a decent life to push them towards self-commitment and release their energies and capabilities Creative and innovative, empowerment covers a lot of human resources activities such as job design, job enrichment, participation and administrative re-engineering processes (Raqab 2010: 26-27).

Second: The goals of empowering doctors

There are a number of goals that organizations envision when implementing doctor empowerment programs, the most important of which are (Gulab, 2011: 451-452):

1. Increased motivation to reduce errors and increase the degree of responsibility of service providers for their actions.
2. Increase opportunities for innovation and creativity.
3. Support the process of continuous improvement of processes and products.
4. Increase customer satisfaction by ensuring that service providers are close to customers.
5. Increase the loyalty of service providers to the organization.
6. Increasing productivity through service providers' self-esteem, a sense of self-esteem and their value.
7. Form self-management teams to supervise service providers.
8. Reducing costs and increasing quality, and meeting customer requirements.

Third: Stages of empowering doctors

Many researchers have agreed that there are a number of stages that the doctors' empowerment process goes through in the organization, and the most important of these are the following (Al-Douri, 2010: 46-47):

1. The first stage: contemplating the organizational aspects and determining the conditions in it that lead to a feeling of weakness and lack of authority for the worker and may be a set of routine bureaucratic procedures that hinder their freedom to make decisions or due to poor communications or due to a culture of obedience to orders imposed from above, the director may act dictatorially and take decisions and inform them For the work team, or due to the unfairness of the incentive system, which discourages the active doctors.
2. The second stage: It includes some methods that deepen the sense of importance among subordinates, the use of joint management and the establishment of programs to set goals and implement pay systems based on features and job enrichment, as the director requests doctors to present their suggestions and make a decision based on the proposals as well as a successful feedback system.

3. The third stage: in which the specific conditions in the first stage that contribute to the lack of authority are removed, and this stage also provides information of the self-efficacy of the secondary workers from several sources, and this means a sense of the strength of the personal influence of the workers and the development of their sense and belief in their importance, so the manager and the team discuss the situation In detail, the administration requests the doctors within the team to submit their proposals and inputs, and the administration makes decisions and informs the doctors.

4. The fourth stage: The information gathered in the previous stage will lead to a sense of empowerment because the increased sense of the strength of the self-influence will strengthen the expectations of effort and performance and this stage continues to develop the relationship and decisions are taken jointly between the administration and the team, as the potentialers exert their efforts and insist in Feeling the effect and importance of the self which leads to the fifth stage.

5. Fifth stage: In the end, the empowerment feelings that emerged from the previous stage will translate into behavioral change that results in continuous efforts to achieve the goals of the organization, and this stage will be the final stage as the director entrusts the decision-making process to the team and the team works completely independently and makes decisions The task that they may inform the administration of, or may not do, according to what they deem appropriate (according to their affiliation).

Fourth: Dimensions of empowering doctors

Several researchers and writers have presented a number of dimensions through which to study the empowerment of doctors in the most prominent organizations that our current research has focused on (Aziz, 2011: 48-55):

1. Sharing information: Information is the main element in the strategy of empowering doctors, especially providing it at the lower levels through the use of reports or work teams, and the reason behind this is to make service providers more understanding of the reasons for decisions taken to be more committed to the organization's actions, so achieving empowerment requires the organization to provide More information for administrative levels and for more service providers, and without the information the management of the organization will not be able to be sure that the appointed individuals will be ready to assume responsibilities and release their creative energies.
2. Freedom and independence: Freedom to act is an important factor in enabling doctors if not the most important factor, because it gives them the speed to dispose of activities for the tasks they perform, and there are three types of freedom of action which are routine, creative freedom of action, restricted freedom of action, and freedom of action Routine touches businesses with various alternatives facing service providers, while creative freedom focuses on

what is not routinely repeated before them. As for restricted freedom, it represents the negative side of freedom of behavior, which the organization imposes on individuals of behaviors that do not make them roles in the description. functional.

3. Possessing knowledge: The main resources in today's organizations are no longer limited to capital, human resources and material resources. Rather, knowledge and intellectual capital has become the basis for these organizations to start towards innovation and creativity and then success and continuity.

Fifth: Obstacles to Empowering Doctors

There are many obstacles that may lead to a failure in the process of enabling doctors or impeding the organization's ability to implement it. The most important of these are the following (Sharif, 2002: 53-55):

1. Some human resources prefer spending long hours doing traditional work rather than sharing responsibility for the business and its results.
2. Many human resources do not want to engage in teamwork, which is the main technology for empowerment and their preference for individual work.
3. Many human resources carry values related to areas unrelated to work, which makes their participation in and integration into work unthinkable to them.
4. Organizations fail to conduct a comprehensive assessment of their organizational status and the possibilities they have for implementing empowerment before they submit their own programs.
5. Organizations attempt to develop a narrow definition of empowerment dominated by senior management and this causes confusion and lack of coordination in action.
6. Difficulty in achieving organizational normalization of work teams due to the presence of variations in many demographic factors within these teams that may impede conformity with management initiatives, including gender, race, nationality, and religion.
7. Mismatch between empowerment plans and the systems available and supportive of the organization, especially organizational structure, as the organizational structure approved in the organization may not encourage service providers to assume responsibilities for their actions.

The third topic: Quality of health services

This topic was devoted to the purpose of identifying the concept of quality of health services and some related topics, and to the extent related to the goals envisaged from this topic, as in the following paragraphs:

First: The concept of quality health services

Quality occupies an important position in the services sector in general and health in particular, as on the basis of which customers choose to deal with a service organization, and not others. (Kotler) defined the quality of services as a set of characteristics that have the ability to satisfy the needs of customers through services that are compatible with the expectations of customers (Ahmed, 2013). On the other hand, the quality of services is known as it is a criterion to the extent that the actual performance of the service matches the customer's expectations for this service or it is the difference between the customers' expectations for the service and their perceptions of the actual performance of it. Also, the essence of quality is here to meet the needs and requirements of patients from the health service provided to them, which requires Its compatibility with the prior use that the patient wants, and this compatibility is closely related to the value that it senses from the health service and the subsequent satisfaction and expressed it in the following relationship (Al-Saeed and Hind, 2015):

$$\text{Satisfaction} \leq \text{Perception} - \text{expectation}$$

The degree of satisfaction achieved with the service provided represents the difference between what the patient can perceive or obtain from the service, and what he expected to happen. The truth is that defining the quality of the health service is somewhat a complicated process because many aspects of the health service seem in most cases not clear to some of the parties concerned with it, especially with the presence of different views between the patient and the hospital administration and the owners for example, and each party will try to define the quality of the health service from his point of view Special and as follows (Al-Mulla and Muhammad, 2013):

1. The patient, his family and his companions: This is the kind and respectful treatment provided by the hospital.
2. Doctor and Other Health Personnel: Putting the most advanced knowledge, science and health skills at the service of the patient.

3. Owners: get the best doctors and the best facilities to provide service to customers.
4. Hospital Administration: Achieving efficiency in providing the service.

The World Health Organization (WHO) has defined quality of health service as conforming to or aligning with standards and correct performance, in a safe manner acceptable to society and at an acceptable cost, so that it leads to an impact on the percentage of sick cases, mortality, disability and malnutrition (Durra et al., 2018). In almost the same direction, it was defined as applying health sciences and technologies in a manner that maximizes public health, without increasing exposure to risks, and on this basis the degree of quality is determined by the extent of the best balance between risks and benefits. In a definition of an ethical nature, it can be defined as an expression of the health unit's responsibility as a component C to serve towards the rights of patients, and this definition in its content indicates the social responsibility of the health unit, whatever its form and functions, and as a product of the health service provided to the community in a way that fulfills its commitment to patients, their care and the preservation of their health safety (Sultan, 2012).

Second: The importance of quality in health services

Currently, health organizations must focus heavily on patients' desires and needs and work hard to fulfill these desires to obtain patient satisfaction. The importance of quality has been increasing during the fifties of the last century, and quality has become a competitive weapon that the health organization can possess to face its competitors and obtain patient satisfaction and expectations. There are several considerations that made health organizations give great attention to quality, including (Abdel-Wahab, 2015):

1. Auditors of health institutions have been examining a lot before embarking on the purchase of the health service, to the point that the procurement process is characterized by interwoven complexity, and patients are no longer reluctant to submit complaints about poor services.
2. The technological development may assist the administration in providing additional and appropriate service to patients, despite the fact that the services need a human touch from service providers with direct contact with government hospital auditors, either the back office or the job has contributed to supporting the front offices to achieve good quality of the health service.
3. Quality is a competitive advantage that compels departments to take into consideration as a result of growing competition in the services sector (Sultan, 2012).

Third: The quality of health services

Health organizations live in an open environment that interact with them, and as is the case with other organizations, whether industrial or service and high, the health services quality system, as is the case with the rest of the systems, consists of four basic components (Ferrell and et.al, 2014):

1. Inputs: It includes quality doctors, supplies, equipment, and material materials.
2. Operations: are procedures, protocols for diagnosis, treatment, and patient care.
3. Outputs: represented by infection rates, patients, and deaths, and the satisfaction of doctors and patients.
4. Feedback: It includes data and information about the hospital environment to know the extent of the beneficiaries' satisfaction with the services provided by the hospital and the extent to which these services are in conformity with the approved standards and standards. In light of this information gathered, the type of service is changed in line with the desires and needs of the beneficiary audience.

Fourth: Quality perspective in health services

A quality perspective is taken from three directions, according to the agency involved in using or receiving health services. My agencies (Ghahramanian and et.al, 2017):

1. A quality perspective for health and community service auditors: It is the health care that meets their need and provides them on time and at a reasonable price and is characterized by sympathy and respect. Patients and society focus on effectiveness and easy access to service, relationships and health staff and provide luxuries. Therefore, the medical staff must study the health status of the community and its needs and educate it on basic services as well as involve it in how to deliver these services to people in the best ways and means, as the community does not know its needs, especially preventive (Irfan and Ijaz, 2011)
2. Quality perspective for health service providers: It means that the doctor has the skill, experience, resources and capabilities that enable him to improve the service and treat patients, according to the available technical standards and the success of the methods, and health staff focus on technical efficiency, effectiveness and health safety, and health staff expect the health system to respond to its needs And its requirements that enable it to provide the best service to society, such as continuing education, qualification and increasing experiences.

3. A quality perspective for administrators: Administrators are usually concerned with administrative matters such as supervision and financial and legal matters and do not interfere in health care. Therefore, focusing on all dimensions of quality helps administrators to know the priorities and goals, and they must meet the needs of patients and the health team and they are responsible for distributing resources, setting payroll and organizing Health Personnel (Silv and et.al., 2018)

Fifth: Dimensions of quality in the health service

Quality has several dimensions that differ in their importance according to the surrounding environment, and these dimensions are compatible with health and health care, administrative and other support services, and they help in identifying problems and measuring their conformity with the standards set in advance, and among these dimensions (Al-Dulaimi, 2005: 36):

1. Reliability: That is, the hospital must provide an approved and correct health service from the start because this service is related to the patient's life.
2. Timely delivery: A very important factor in health services, as providing them at the right time and speed as possible means achieving the goal of the hospital in particular and those who seek service in general.
3. Response: That is, the hospital administration must be fully and at all times satisfied with the medical conditions it is facing.
4. Confirmation: This dimension represents one of the main pillars of the quality of health services. The more the hospital management emphasizes health quality and supports it with qualified staff and complete and modern requirements and requirements, the more it helps to provide health services fully (Sfantou and et.al, 2017).

Sixth: The elements affecting in the quality of health service

Providing a high-quality health service is one of the most difficult things, especially if the beneficiaries are heterogeneous. Therefore, the hospital administration is required to study the main elements that would affect the quality of the health service provided, which is represented by the following mechanisms (Izadi and et.al, 2017).):

- 1- Analysis of customer expectations: meaning understanding the expectations and needs of patients when designing the health service if this design does not exceed expectations mainly because it is the only way that enables them to achieve high quality in the service provided.

2- Determine the quality of service: Once the hospital understands the needs of patients, it must put in place the appropriate identification or description to help ensure that the required level of quality is achieved in the provided health service. This description is related to the performance of doctors in the hospital and the level of efficiency of devices and equipment used in the delivery of health services.

3- Doctors 'performance: When the hospital administration determines the standards for the quality of health services, commitment must be made in implementing them by the medical and technical staff at the hospital, and the hospital must work to find appropriate methods by which to ensure the proper performance of the medical, nursing, and service owners related to patients that their performance will be at the appropriate level What is required (Pecoraro, 2015).

4- Managing service expectations: It is important that the hospital administration expects beneficiaries to assess the quality of the health service provided to them or that will be provided at a later period, and these expectations must be rational and achievable, and that the administration does not make promises that cannot be achieved due to its magnitude or inconsistency with its capabilities In implementation or weakness in training and competence necessary in its internal communications to achieve this (Mosadeghrad, 2011).

Seventh: Measuring the quality of health services

There are many models for measuring and evaluating the quality of health services, and one of these models is the (Servqual Measure) scale, which is based on customers 'expectations for the level of service (hospital) and their perceptions of the level of service performance already provided, and then determining the gap or congruence between these expectations and perceptions, and that this model can be used In measuring five important gaps related to both the customer service organization and the two together, the gaps can be summarized as follows (Abdel Wahab, 2015):

1. The first gap: results from a difference between the expectations of the customers for the level of health service and the hospital administration's estimates of these expectations, that is, the administration's inability to know the expected needs and desires of the customers.

2. The second gap: It results from a difference between hospital administration estimates of customer expectations of the service and what the hospital is actually performing (the service already provided), i.e. failure to comply with the application of quality of service performance specifications by its providers.

3. The third gap: It results from a difference between the specific quality specifications and the level of actual performance, and one of the most important

reasons that lead to this gap is the low level of skill of health service providers (Dora and others, 2018).

4. The fourth gap: results from a defect in the hospital's credibility, what is being promoted, and what it actually provides in terms of service performance. One of the most important reasons for this gap is exaggeration in making promises of high levels of quality.

5. The Fifth Gap: is the product of one or more of the previous four Gaps and is caused by the difference between the perceived customer service and the actual service (Ahmed, 2013).

The fourth topic: the practical side

In this topic, the reality and importance of the main research variables and their sub-dimensions will be diagnosed in the light of the answers of the respondents, as well as an analysis of correlations and influence between them so that we can test the main hypothesis from which the research was launched:

First: Response Rate

Table (1) below shows the number of distributed and retrieved questionnaires and the general response rate.

Table (1) response rate

Status	number	percentage
Number of distributed questionnaires	45	100%
Number of retrieved questionnaires	39	86.6%
Number of fully completed questionnaires	2	4.4%
The number of questionnaires valid for statistical analysis	37	82.2%

Second: Respondent profile

In order to show an integrated picture of the nature of the sample of studies, the respondents answered a set of questions related to (gender, academic achievement, marital status, years of service) as shown in Table (2).

Table (2) Description of respondents sample

Gender		Certificate		marital status		years of service	
Males	25	Bachelor degree	22	Married	24	1-10 years	20
Females	12	Specialized	15	Single	13	11-25 Years	17

It is clear from Table (2) that the percentage of male workers in the researched organization is higher than the percentage of females, and that most of the respondents are from the non-specialization campaign, and they have a service of less than (10) years, and therefore this can help to increase accuracy and conviction when The answer to the paragraphs of the questionnaire, and therefore this will be reflected on the researcher's ability to achieve the desired goals from his research.

Third: Testing goodness of the measurement instrument

To test the quality of the gauge matching tool, the researcher used a number of methods, which are (apparent honesty and validity of construction and stability), as shown in the following:

1- Face validity:

The scale of the research was presented to a group of experts specialized in the field of business administration. In the light of the experts 'comments, some questions of the scale were reformulated to become more clear to the respondents. No

2- construct validity:

The confirmatory factor analysis was used by using the SPSS program to measure the validity of the construction or concept of the research scale, as shown below.

A- Confirmation factor analysis of the empowerment of physicians variable:

Table (3) below shows the confirmatory factor analysis of the doctors empowerment variable.

Table (3) Empirical Factor Analysis for Physicians Empowerment Variable.

Paragraphs	Coding	Estimate
Share information		

The availability of information contributes to making doctors more understanding of the reasons for the decisions made.	SI1	0.740
The hospital has sufficient information required at work in all departments of the hospital.	SI2	0.727
The availability of information helps reduce uncertainties by doctors' understanding of their working environment and sense of hospital ownership.	SI3	0.623
The hospital's pursuit of information enhances the self-commitment of doctors, gives them confidence and unleashes their creative energies.	SI4	0.812
Effective communication systems contribute to access to information relevant to decision-making.	SI5	0.926
Percentage of total agreement for information sharing dimension.	SI6	0.793
Freedom and independence		
The hospital management gives doctors the freedom to act quickly in critical situations during the performance of operations.	FAI 1	0.728
The doctor has the flexibility to perform business in the hospital.	FAI 2	0.751
Doctors are free to follow work behaviors that are not commensurate with their job description.	FAI 3	0.761
The hospital management allows a doctors to express their opinions freely when making decisions.	FAI 4	0.735
Doctors are given broad powers to take measures to restructure the business.	FAI 5	0.716
Percentage of total agreement for freedom and independence dimension.	FAI 6	0.728
Possession of knowledge		
The Participation, learning and information technology contribute to increased knowledge in the hospital's work in quantity and quality.	POK1	0.794
The hospital adopts intensive training programs for its doctors to develop their abilities.	POK 2	0.911
The hospital management is concerned with providing doctors with knowledge, skills and behaviors that improve their ability to meet the needs of customers.	POK 3	0.785
Providing data and information to the hospital supports the efficient and effective use of health knowledge.	POK 4	0.814
Hospital management encourages dialogue as a means of learning from other people's thoughts and experiences.	POK 5	0.835
Percentage of total agreement for possession of knowledge dimension.	POK 6	0.817

The results of Table (3) show that all of them are greater than the minimum limits for confirmatory factor analysis. This indicates that the data for the physician empowerment variable are valid for conducting other statistical analyzes.

B - Confirmation factor analysis of the quality of health services:

Table (4) below shows the confirmatory factor analysis of the variable quality of health services.

Table (4) Empirical factor analysis of the variable of health services quality.

Paragraphs	Coding	Estimate
Reliability of health services		
Use of departments and division for accurate information systems in hospital management.	RHS 1	.792
The flow of medical procedures according to their required dates.	RHS 2	0.818
Adoption of accuracy in medical documentation.	RHS 3	0.889
The patient will feel his life in honest hands.	RHS 4	0.805
Appropriate reception and waiting spaces are available.	RHS 5	0.771
Percentage of total agreement for health services reliability dimension.	RHS 6	0.759
Response of health services		
Personal attention to patients and giving great importance to their complaints and needs.	RHSs 1	0.759
The hospital has a reputation and a good standing.	RHSs 2	0.822
Dealing with patients is based on compassion, kindness and mercy.	RHSs 3	0.797
Always early readiness with all administrative and medical energies to provide the new things.	RHSs 4	0.861
There will be a compatibility between the service sites and the patient's easy access to them.	RHSs 5	0.805
Percentage of total agreement for health service response dimension.	RHSs 6	0.758
Confirm health services		
The hospital provides good skills and expertise and efficiency in the provision of health services.	CHS 1	0.810
Developing doctors' skills and expertise continuously in the field of health quality.	CHS 2	0.897
Health quality is the responsibility of everyone in the hospital.	CHS 3	0.725
The director of the hospital must have an administrative specialty in addition to medical specialties.	CHS 4	0.928
The director of the hospital must have an administrative specialty in addition to medical specialties.	CHS 5	0.794
Percentage of total agreement for health services confirmed dimension.	CHS 6	0.807

The results of Table (4) show that all of them are greater than the minimum limits for confirmatory factor analysis, and this indicates that data on the quality of health services variable are valid for conducting other statistical analyzes.

Fourth: Instrument reliability:

The stability of the scale was measured by knowing the duration of the internal consistency of its paragraphs using the Cronbach alpha coefficient as shown in Table (5) below:

Table (5) Stability of scale

The main variable	Dimension	Paragraphs number	Cronbach alpha
Doctors enable	sharing information	6	0.88
	Freedom and independence	6	0.85
	Possessing knowledge	6	0.81
Quality of health services	Reliability of health services	6	0.81
	Health Services Response	6	0.84
	Confirm health services	6	0.82

The results of Table (5) above indicate that the alpha coefficient for all paragraphs of the scale is greater than 0.70 and this indicates the availability of the internal consistency of its paragraphs as well as its validity to perform other statistical analyzes.

Fifth: Diagnosing the reality and importance of a variable enabling physicians

The variable enabling doctors was measured through three dimensions: "information sharing, freedom and independence, and ownership of knowledge." Table (6) shows a diagnosis of the reality and importance of these dimensions in the researched organization.

Table (6) Percentage of agreement on the items of the physician empowerment, the mean, the standard deviation and the coefficient of difference

Paragraphs	Percentage of agreement	the mean	Standard deviation	Difference factor
Share information				
SI1	74.3%	3.95	0.99	0.25
SI2	53.8%	3.76	0.85	0.23
SI3	83.4%	4.05	0.82	0.20
SI4	83.4%	4.05	0.88	0.22
SI5	66.7%	3.90	0.88	0.22
SI6	72.23%	3.94	0.56	0.14
Freedom and independence				
FAI 1	67.1%	4.08	0.75	0.18
FAI 2	61.9%	3.60	0.83	0.23
FAI 3	79.5%	3.64	0.96	0.26
FAI 4	70%	3.57	1.15	0.32
FAI 5	84.3%	3.79	1.02	0.27
FAI 6	72.56%	3.73	0.63	0.17
Possessing knowledge				
POK1	80%	3.55	1.23	0.35
POK 2	77.6%	3.81	0.95	0.25
POK 3	74.7%	3.64	1.25	0.34
POK 4	63.8%	3.86	0.87	0.23
POK 5	80.9%	4.05	0.66	0.16
POK 6	75.4%	3.78	0.79	0.21
Total Agreement for variable of enable doctors%	73.43%	3.82	0.56	0.15

1. **Information sharing:** After sharing the information, it was measured through (5) paragraphs, and to determine the overall importance of the dimension of information sharing, the percentage of agreement for this dimension was determined through the paragraphs related to it, and as shown in table (6) the percentage of agreement about it (72.23%), which is higher than the standard percentage of the agreement amounting to (66.7%), and this percentage clearly indicates the interest of the researched organization in transferring information between all its levels in a form that helps all doctors to share this information, and these results have strengthened the value of the mean for the total after Share the information you reported (3.94) It is higher than the value of the hypothetical mean of (3) and with a standard deviation (0.56) and a coefficient of difference (14.0),

and the value of the mean for all items after sharing information was higher than the value of the hypothetical mean.

2. Freedom and independence: The freedom and independence dimension was measured through (5) main paragraphs, and as shown in Table (6), the percentage of agreement on this dimension reached (72.56%) which is also higher than the standard percentage of the agreement, and these results reflect the confirmation of most Members of the sample surveyed by their organization granting them the freedom and independence necessary to carry out the tasks and duties assigned to them, and these results have strengthened the value of the mean of the total after the freedom and independence that amounted to (3.73) which is higher than the value of the hypothetical mean, with a standard deviation (0.63) and a coefficient of difference (0.17) , And the mean value for all paragraphs after Freedom and independence were higher than the value of the hypothetical medium.

3. The acquisition of knowledge: It is evident from Table (6) that after the acquisition of knowledge it was measured through (5) paragraphs, and the percentage of agreement on this dimension reached (75.4%) which is also higher than the standard percentage of the agreement, and these results indicate in clear terms Most of the respondents confirm that they have the necessary knowledge to perform their duties and duties, and these results have strengthened the value of the mean of the total after having the knowledge that amounted to (3.78) which is higher than the value of the hypothetical mean, with a standard deviation (0.79) and a coefficient of variation (0.21), and that the value of The mean of all items after having knowledge was higher than the value of the hypothetical mean.

Referring to the same table to determine the percentage of the agreement for the total empowerment of doctors, as its value reached (73.43%), which is higher than the standard percentage of the agreement of (66.7%). The hypothesis amounting to (3) and with a standard deviation (0.56) and a coefficient of variation (0.15), and based on these results it can be said that the research organization is working to implement policies to empower doctors in a form that helps its human resources to perform its various tasks and duties in the best possible way.

Sixth: Diagnosing the reality and importance of the variable quality of health services

The variable of the quality of health services was measured through three dimensions: "Reliability of health services, response of health services, and confirmation of health services." Table (7) shows a diagnosis of a more important reality.

Table (7) The percentage of agreement on the paragraphs of the variable of health services quality, mean, standard deviation and coefficient of difference

Paragraphs	Percentage of agreement	the mean	Standard deviation	Difference factor
Reliability of health services				
RHS 1	70.1%	3.64	1.08	0.30
RHS 2	62.8%	3.40	1.15	0.34
RHS 3	67.9%	3.62	0.84	0.23
RHS 4	78.4%	3.67	0.90	0.25
RHS 5	69%	3.26	1.19	0.37
RHS 6	69.64%	3.52	0.81	0.23
Health services response				
RHSs 1	64.3%	3.62	1.08	0.30
RHSs 2	74.4%	3.71	0.94	0.25
RHSs 3	69.3%	3.88	0.83	0.21
RHSs 4	72.9%	3.70	0.98	0.27
RHSs 5	82.6%	3.52	0.97	0.27
RHSs 6	72.7%	3.69	0.80	0.22
Confirm health services				
CHS 1	73.8%	3.83	0.85	0.22
CHS 2	67.4%	3.00	1.31	0.44
CHS 3	72.4%	3.43	1.15	0.34
CHS 4	76.5%	3.10	1.15	0.37
CHS 5	69.8%	3.53	0.98	0.28
CHS 6	71.98%	3.38	0.77	0.23
Total Agreement for variable of quality health services %	71.44%	3.53	0.73	0.21

1. **Reliability of health services:** After the reliability of health services was measured through (5) paragraphs, and to determine the overall importance of the reliability dimension of health services, the percentage of agreement for this dimension was determined through the relevant paragraphs, and as shown in table (7) the ratio reached The percentage of the agreement around it (69.64%), which is higher than the standard percentage of the agreement of 66.7%. This results in the arithmetic mean value The total after the reliability of health services, which reached (3.52), which is higher than the value of the hypothetical mean of (3) and a

standard deviation (0.81) and a coefficient of difference (23.0), and the value of the mean for all items after the reliability of the health services was higher than the value of the hypothetical mean.

2. Health services response: The health services response was measured by (5) main paragraphs, and as shown in Table (7), the percentage of agreement on this dimension reached (72.7%) which is also higher than the standard percentage of the agreement, and these results reflect Most of the respondents emphasize their organization's interest in providing new services, and these results reinforced the value of the mean for the total after the health services response which reached (3.69) which is higher than the value of the hypothetical mean, and with a standard deviation (0.80) and a coefficient of difference (0.22), as the value of The mean of all items after the health services response was higher than the value of ALO I premise.

3. Confirmation of health services: It is evident from Table (7) that after confirmation of health services was measured through (5) paragraphs, the percentage of agreement on this dimension has reached (71.98%) which is also higher than the standard percentage of the agreement, and these results indicate In clear terms, most of the respondents confirm the affirmation of their organization to bear some confirmation of health services when implementing its new operations, and these results have strengthened the value of the mean of the total after the confirmation of health services that reached (3.38) which is higher than the value of the hypothetical mean, and with a standard deviation (0.77) and a factor Difference (0.23), as the mean value for all paragraphs after tak The hand of health services was higher than the value of the hypothetical medium.

By referring to the same table to determine the percentage of the agreement for the total variable of health services quality, as its value reached (71.44%), which is higher than the standard percentage of the agreement of (66.7%), and the value of the mean for the total quality of the health services variable (3.53) is higher than the value The hypothesis mean (3) with a standard deviation (0.73) and a coefficient of variation (0.21).

Third: Analyzing the correlations between empowering doctors and the quality of health services

Table (8) shows the values of correlation coefficients between the response variable, the quality and dimensions of health services at the horizontal level, which include: "Reliability of health services, response of health services, and confirmation of health services", and between the explanatory variable, empowering physicians and their dimensions including "information sharing, freedom and independence, And possession of knowledge ", which represents the vertical level of the table, and the following are detailed to these results:

Table (8) the correlation between physician empowerment and its dimensions and the quality and dimensions of health services

Quality of health services Empowering doctors		Reliability of health services	Health services response	Confirmation of health services	Total quality of health services	Moral relationships	
						Number	Relative significance
Sharing information		0.617 **	0.573 **	0.588 **	0.604 **	4	100%
Freedom & independence		0.646 **	0.669 **	0.590 **	0.641 **	4	100%
Possessing knowledge		0.736 **	0.733 **	0.724 **	0.755 **	4	100%
Total human resource empowerment		0.833 **	0.824 **	0.808 **	0.848 **	4	100%
Moral relations	Number	4	4	4	4	16	
	Relative importance	100%	100%	100%	100%		100%

* Correlation is of mean significance at the level of 0.05

** Correlation is significantly significant at 0.01 level

1. Analysis of the correlation between the dimension of information sharing and the variable of health services quality and its dimensions: From Table (8), it is clear that the values of the correlation coefficients between the dimension of information and the quality of health services amounted to (0.617 **, 0.573 **, 0.588 **), respectively, They are all positive and statistically significant relationships at the level of (0.1), and the relationship between after information sharing and after the reliability of health services was the strongest correlation, while the relationship between after information sharing and after the health services response was the weakest relationship. The value of the correlation coefficient between the information sharing dimension and the total of the health services quality variable (0.604 **) is a positive and statistically significant relationship at the level of (0.01). Therefore, these results confirm the importance of information sharing in the success of the quality of health services in the sample.

2. Analysis of the correlation between the freedom and independence dimension and the variable of health services quality and dimensions: From Table (8) it is clear that the values of the correlation coefficients between the freedom and independence dimension and the quality of health services were (0.646 **, 0.669 **, 0.590 **), respectively, They are all positive and statistically significant relationships at the level of (0.1), and after freedom and independence has achieved the strongest correlation relationship with the response of health services, while the relationship between the freedom and independence dimension and after confirmation of health services has been the weakest relationship. The

value of the correlation coefficient between the freedom and independence dimension and the total quality of the health services variable was (0.641 **), which is a positive and statistically significant relationship at the level of (0.01). Therefore, these results, in clear terms, reflect the importance of freedom and independence in the success of the quality of health services in the respondent sample.

3. Analysis of the correlation between the dimension of knowledge acquisition and the variable of health services quality and dimensions: From Table (8), it is clear that the values of correlation coefficients between the dimension of knowledge acquisition and the dimensions of health services quality amounted to (0.736 **, 0.733 **, 0.724 **), respectively, They are all positive and statistically significant relationships at the level of (0.1), and the relationship between after the acquisition of knowledge and after the reliability of health services was the strongest correlation, while the relationship between after the acquisition of knowledge and after confirming health services was the weakest relationship. The value of the correlation coefficient between the dimension of knowledge acquisition and the total of the health services quality variable (0.755 **), which is a positive and statistically significant relationship at the level of (0.01), and accordingly these results confirm the importance of knowledge acquisition in the success of the quality of health services among the respondents.

Referring to Table (8), we find that the value of the correlation coefficient between the total variable for enabling doctors and the quality of health services variable reached (0.848 **), which is a strong positive relationship with significant significance at the level of (0.1), and at the sub-dimension level of the doctors empowerment variable, it achieved (16 A significant correlation relationship with the variable of health services quality and its dimensions, equivalent to (100%) of the total correlation relationships, and these results confirm the importance and role of enabling human resources in the success of the quality of health services, and therefore these results allow acceptance of the main hypothesis of research that It states: **"There is a significant correlation relationship to enable only Doctors at Al-sadr Teaching Hospital and the quality of health service they provide to patients. "**

Seventh: Analyzing the effect of enabling physicians on the success of quality health services

Table (9) shows the results of the analysis of the effect of enabling the doctors "the explanatory variable" through its three dimensions on the success of the quality of health services "response variable" by using the simple linear regression method and the results were as follows:

Table (9) the effect of empowering doctors on the quality of health services

Doctors enabled	a	B	R ²	F	moral level	
Sharing information	0.41	0.87	0.44	30.75	0.01	There is an effect
Freedom and independence	0.54	0.81	0.47	35.8	0.01	There is an effect
Possessing knowledge	0.70	0.75	0.65	47.6	0.01	There is an effect
Total empowerment enabled	0.32	0.81	0.74	51.3	0.01	There is an effect
Tabular F at the significance level 0.05 = 4.08		F Tabular to the significance level 0.01 = 7.31			n = 42	

1. Analysis of the effect of information sharing on the quality of health services: We note through table (9) that the calculated (f) has reached (30.75) value, and this value was greater than its tabular value (7.31) with a significant level (0.01), and with confidence limits (99%) , And this confirms the effect of "information sharing" on the response variable "quality of health services". It can also be observed from the table itself that the value of the constant (a = 0.41), and this means that there is a presence of information sharing (0.41). As for the value of (B = 0.87), it indicates that a change of one unit in after sharing information will lead to a change in the quality of health services of (0.87). As for the value of the determining factor (R²) it reached (0.44), which means that after sharing the information, it represents (44%) of the discrepancy in the quality of health services that entered the model, and that (56%) is a variation explained by factors that did not Model intervention.

2. Analysis of the effect of freedom and independence on the success of the quality of health services: It is evident from Table (9) that the calculated (f) has reached (35.8), and this value was greater than its tabular value (7.31) with a significant level (0.01), and with confidence limits (99) %), And this confirms that there is an effect of "freedom and independence" on the response variable "quality of health services". It can also be observed through the same table that the value of the constant (a = 0.54), and this means that there is an effect of the freedom and independence variable in the success of the quality of the service provided in the researched hospital. As for the value (B = 0.81), it indicates that a change of one unit in the dimension of freedom and independence will lead to a change in the quality of health services of (0.81). As for the value of the determination factor (R²) it reached (0.47), which means that after freedom and independence it explains what amount (47%) of the variation in the quality of health services that entered the model, and that (53%) is a variation explained by factors that did not Model intervention.

3. Analysis of the effect of knowledge acquisition on the success of the quality of health services: It is clear from table (9) that the calculated (f) has reached (47.6), and this value was greater than its tabular value (7.31) with a significant level (0.01), and with confidence limits (99) %), And this confirms the effect of "knowledge acquisition" on the response variable "quality of health services". It can

also be observed through the same table that the value of the constant ($a = 0.70$), and this means that there is an effect of having knowledge in the success of the quality of health services provided in the researched hospital. As for the value of ($B = 0.75$), it indicates that a change of one unit in the after-acquisition of knowledge will lead to a change in the quality of health services of (0.75). As for the value of the determining factor (R^2) it reached (0.65), and this means that after possessing knowledge, it explains what (65%) of the variance in the quality of health services that entered the model, and that (35%) is a variation explained by factors that did not Model intervention.

Referring to Table (9) to determine the effect of the total variable enabling doctors in the success of the quality of health services, we find that the calculated value of (f) was (51.3) which is greater than the tabular value (7.31) at the level of significance (0.01) and confidence limits (99%), These results confirm the existence of an effect to enable doctors in the success of the quality of health services, as the value of the constant reached (0.32a =) and this means there is an effect of having knowledge in improving the quality of health service provided in the researched hospital, and the value of (0.81B =), meaning that changing the empowerment of doctors By one unit it will lead to a change in the quality of health services by (0.81), while the value of (R^2) has reached (0.74), and this means that the amount of (74%) Among the variation in the quality of health services is an explanation variation due to the empowerment of doctors who entered the model, and that (26%) is a variation explained by other factors that did not enter the regression model. Also, the number of regression models that achieved an effect of significant significance and as shown in Table (8) amounted to (4) models out of (4), meaning that their percentage is equal to (100%) of the total influence relationships with significant significance. Since the overall empowerment of doctors has achieved a significant effect on the success of the quality of health services as well, there is a justification for not rejecting the main hypothesis of the research, which says: "There is a significant significant impact of empowering doctors in Al-sadr Teaching Hospital on the quality of the health service they provide to patients."

The fifth topic: conclusions and recommendations

First: Conclusions:

The research reached the following conclusions:

1. Confirm that most of the respondents confirm that the hospital in question applied policies enabling doctors in their daily operations.

2. The results of the analysis indicated that the human resources working for the researched hospital share information among themselves and in a manner that helps them to carry out their duties and duties in the best possible way.
3. The results of the analysis confirmed that most of the respondents enjoy freedom and independence in carrying out their jobs inside the surveyed hospital.
4. It was found from the results of the analysis that most of the human resources working for the researched hospital possess a degree of knowledge that helps it to carry out its various operations.
5. It became clear through the answers of the respondents, that the hospital respondent is working on implementing a number of tasks and duties that give it the quality status.
6. The results of the analysis confirmed that the researched hospital supported the reliability of health services within them and in a manner that helps them to provide new health services to patients.
7. The results of the analysis indicated that the researched hospital is working to provide new health services faster than other hospitals.
8. Most of the answers of the respondents confirmed that empowering doctors is one of the main sources to ensure the success of the quality of health services and their preservation for the longest possible period through the many advantages that can be provided to them, and this is confirmed by the correlations between the variable of empowering doctors and the quality of health services and their dimensions , As they were all strong and significant positive relationships.
9. It was found through the results of the analysis that the empowerment of physicians influenced, and in moral terms, a significant success in the quality of health services of the sample.

Second: Recommendations

1. The need for the researched hospital to determine the most important methods that can be adopted in enabling the doctors working in it in a manner that helps to raise the morale of these resources and improve their performance on the one hand and achieve the goals of the general organization on the other hand.
2. The researched hospital should allocate some of its resources in directing an information message to its human resources, especially doctors, regarding the most important advantages that can be achieved by sharing information.

3. Encourage decision-making and leadership practices by the doctors working in the hospital in question, with coordination between all the administration and the different organizational levels, to ensure that there is no conflict in the implementation of these decisions.
4. Working to establish communication links with scientific institutions, whether they are "universities or research centers", Iraqi, Arab or foreign, to find out what is new in the field of empowering doctors and the quality of health services.
5. Re-conducting the current research in other educational and commercial sectors and studying the possibility of generalizing its results in the Iraqi environment.

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