

Research Article / Araştırma Makalesi

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The Importance of Human Resources in the Accreditation Process of Health Service Institutions*

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Abstract: The study aims to measure the contribution and impact of the human resources working in healthcare organizations during the accreditation process. The data collection tool, El-Jardali et al. (2008), to assess staff perceptions of the impact of accreditation on service quality and other factors affecting service quality, was adapted to be administered to all staff in the health facility with an accreditation certificate. For statistical analysis, descriptive statistics, one-way analysis of variance (ANOVA), Pearson correlation analysis and Tukey HSD test as post-hoc test were used in SPSS 25 programme, and multiple regression analyses were used to determine the relationship between the dependent variable and the independent variables. As a result of the research, it was found that the level of employees' agreement with the statements in the subscales 'Employee Involvement' and 'Recognition and Appreciation' differed professionally between the groups of nurses, midwives and doctors. In addition, it was found that the level of agreement with the statements in the Leadership, Commitment and Values sub-scales differed between all the groups.

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Sağlık Hizmet Kuruluşlarının Akreditasyon Sürecinde İnsan Kaynaklarının Önemi

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Özet: Çalışmada, sağlık hizmet kuruluşlarında görev yapan insan kaynağının akreditasyon sürecindeki katkısı ve etkisi ölçülmektedir. Veri toplama aracı, El-Jardali ve ark. (2008) tarafından akreditasyonun hizmet kalitesine etkisi ve hizmet kalitesine etki eden diğer faktörler hakkında çalışanların algılarını değerlendirmek için hazırlanan anket, akreditasyon belgesine sahip sağlık hizmet kuruluşundaki tüm personele uygulanması için uyarlanmıştır. İstatistiksel analizler için SPSS 25 programında tanımlayıcı istatistik, Tek Yönlü Varyans Analizi (ANOVA), Pearson Korelasyon Analizi ve Post-Hoc testi olarak Tukey HSD testi, ayrıca bağımlı değişken ile bağımsız değişkenler arasındaki ilişki durumunu belirlemek için Çoklu Regresyon analizleri yapılmıştır. Araştırma sonucunda 'Çalışanların Katılımı' ile 'Ödül ve Takdir' alt ölçeklerinde yer alan ifadeler için çalışanların katılma dereceleri mesleki olarak Hemşire-Ebe-Sağlık Memuru (SM) ve Doktor grupları arasında farklılık gösterdiği tespit edilmiştir. Ayrıca Liderlik, Taahhüt ve Değer alt ölçeğinde yer alan ifadelere katılım derecesi tüm gruplar arasında farklılık gösterdiği belirlenmiştir.

Anahtar Kelimeler: Sağlık Hizmet Kuruluşları, İnsan Kaynakları, Akreditasyon.**JEL Sınıflandırması:** I1, I11, J44**Başvuru Tarihi:** 16.08.2023**Kabul Tarihi:** 19.10.2023**Bu Makaleye Atf İçin:** Saygılı, T., & Yılmaz, S. (2024). The Importance of Human Resources in the Accreditation Process of Health Service Institutions. *Bilecik Şeyh Edebali Üniversitesi Sağlık Bilimleri Fakültesi Dergisi*, 2(1), 1-13.**Corresponding Author / Sorumlu Yazar.**

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GENİŞLETİLMİŞ ÖZET

Araştırma Problemi

Bu çalışma, sağlık hizmet kuruluşlarında görev yapan insan kaynağının akreditasyon sürecine katkısı ve bu süreçteki etkisinin ölçülmesi amacıyla yapılmıştır. Akreditasyon sürecinde ne kadar görev aldıkları, yönetimin ve personel arasındaki iş akışı, personelin akreditasyon sürecini faydalı görüp görmediği gibi konularda personelin görüşleri değerlendirilmiştir.

Araştırma Soruları

Personelin akreditasyon sürecine katılmasında eğitim durumu, meslek grubu, çalışma süresi etkili midir? Personelin akreditasyonun faydaları konusundaki değerlendirmesi eğitim durumu, meslek grubu, çalışma süresine göre farklılık göstermekte midir? Personelin akreditasyon süreci sonunda iyileştirme ve geliştirme çalışmaları kapsamında eğitim ve öğretim verildiğine dair değerlendirmesi eğitim durumu, meslek grubu, çalışma süresine göre farklılık göstermekte midir? Personelin akreditasyon sürecinin verimli ve başarılı geçmesi konusunda ödül ve takdir ile ilgili değerlendirmesi eğitim durumu, meslek grubu, çalışma süresine göre farklılık göstermekte midir? Personelin akreditasyon sürecinde yöneticilerin liderlik, taahhüt ve destek kapsamındaki yeterliliği konusundaki değerlendirmesi eğitim durumu, meslek grubu, çalışma süresine göre farklılık göstermekte midir?

Literatür

Akreditasyon kavramı, “Bir sağlık kuruluşunun, önceden belirlenmiş ve yayınlanmış standartlara uygunluğunun, herkesçe kabul gören tüzel bir kişilik tarafından değerlendirilip onaylandığı resmi bir süreç” olarak belirtilmiştir (Cengiz, 2018:22). Akreditasyon sürecinde, kuruluşların kalitesini, etkinliğini ve verimliliğini arttırmak amaçlanmış ve gönüllülük esası ile uluslararası kabul görmüş temel prensiplere dayandırılmıştır (Yıldız, 2010). Sağlıkta İnsan Kaynakları ise, ‘Kamu ya da özel tüm sağlık sektöründe çalışan, sağlık hizmeti üreten personelin tamamı’ olarak tanımlanmıştır (DPT, 2010). Dünya Sağlık Örgütü (DSÖ) Avrupa Bölgesi, 1998 yılında bölgede yer alan ülkeleri yönlendirmek amacıyla “21. Yüzyılda 21 Hedef” sloganıyla sağlık politikası hedefleri belirlemiştir. 18. Hedef ‘Sağlık için insan kaynakları geliştirilmesi 2010 yılına kadar, bütün üye ülkelerde sağlık çalışanlarının tümü ve diğer sektörlerde çalışanlar, sağlığın korunması ve geliştirilmesi için gerekli bilgi, tutum ve becerileri edinmelidirler’ olmuştur (Öztek, 2018:17-18). 2000 yılında yine DSÖ Tarafından yayınlanan Dünya Sağlık Raporu’nda sağlık sisteminin en temel girdisi olarak ‘İnsan Kaynakları’ vurgusu yapılmıştır (Avcı ve Ağaoğlu, 2014:85). 2003 yılında Sağlık Bakanlığı tarafından Sağlıkta Dönüşüm Programı (SDP) uygulamaya konulmuştur (Akdağ, 2008:20). SDP, OECD’ye göre bazı sorunların çözümü için tasarlanmış ve bu sorunlar arasında ‘Düşük hizmet kalitesi ile hastalara sınırlı cevap verebilirlik’ yer almıştır. SDP’ nin ana temalarından biri de ‘Nitelikli ve Etkili Sağlık Hizmetleri İçin Kalite ve Akreditasyon’ olmuştur (Çakmak ve Çakmak, 2017:51-52). Akreditasyon bir kalite alt yapısı olup, iyi bir hizmet sunan sağlık kuruluşlarının tanınmasında, kurumun değerlendirme sürecinde bir mekanizma oluşturulmasında, personelin çalıştığı kurumla gurur duymasında, personel arasında iletişimin kuvvetlenmesinde ve katılımın sağlanmasında, personel işe alınmasında, işletme politikalarının belgelendirilmesinde, çalışmalarda yeterliliğin sağlanmasında yararlı bir süreç olarak görülmektedir (Sarp, 2017:90). Akredite olan sağlık hizmet kuruluşu, ilgili standartlara uygun olarak hizmet sunduğu herkes tarafından kabul görmekte ve hizmet kalitesi güvence altına almış olmaktadır (Kayral, 2018). Sağlık kurumlarında son dönemin önemli konusu haline gelen ve gönüllülük esasına dayanan akreditasyon süreçlerinde belirlenen standartların uygulayıcısı olan insan kaynaklarına bu kapsamda çok önemli görevler düşmektedir. Akreditasyon standartlarını yerine getirebilmek için sağlık kurumunda görev alan personelin süreç hakkında yeterli bilgi, destek ve motivasyona ihtiyacı bulunmaktadır.

Metodoloji

Çalışmada kullanılan veri toplama aracı, El-Jardali vd. (2008) tarafından akreditasyonun hizmet kalitesine etkisi ve hizmet kalitesine etki eden diğer faktörlerin çalışanlardaki algılarını değerlendirmek üzerine hazırlanmış olan anket, çalışmamızda sağlık kuruluşunda çalışan personele uygulanmak üzere uyarlanmıştır. Çalışmada kullanılan ankette 5'li Likert tipi ölçek kullanılmış ve ilk bölümünde demografik veriler elde edecek sorular, ikinci bölümünde akreditasyon sürecine çalışanların katılımı, akreditasyonun faydaları, akreditasyon süreçleri ile ilgili eğitim ve öğretim, ödül ve takdir, yönetimin liderlik, taahhüt ve destek konuları hakkındaki ifadelerle çalışanların katılım derecelerini değerlendirilmiştir. Çalışmanın yapıldığı akredite olmuş sağlık kuruluşunda 181 personelin eksiksiz olarak doldurduğu anket verileri SPSS 25 istatistik programı ile analiz edilmiştir. Araştırmada kullanılan anketin güvenilirlik indeksini ölçmek için Cronbach Alpha, verilerin analiz uygunluğunu ölçmek için Faktör analizi, birbirinden bağımsız olan Akreditasyon, İnsan Kaynağı ve Liderlik ölçeğinde yer alan ifadelerle çalışanların katılım derecesini ölçmek için Varyans Analizi (ANOVA), değişkenler arasındaki ilişkinin kuvvetini belirlemek için Pearson Korelasyon analizi ve analiz sonucunda gruplar arası oluşan farkın hangi grup ya da gruptan kaynaklandığını bulmak için Post-Hoc Tukey HSD analizleri yapılmıştır. Ayrıca bir bağımlı değişken üzerinde birden çok bağımsız değişkenin etkisini ölçmek için çoklu regresyon analizi yapılmıştır.

Sonuç ve Öneriler

Araştırma yapılan sağlık hizmet kuruluşunda, ankete katılan personelin eğitim durumu incelendiğinde %37'si lise mezunu, %29,8' i ön lisans mezunu ve %18,8'i lisans mezunu olduğu tespit edilmiştir. Ankette yer alan ifadeler için çalışanların katılım derecesi ortalamaları analiz edildiğinde, en yüksek ortalamaya sahip alt ölçek 'Akreditasyonun Faydaları' (3,97±0,66) olduğu belirlenmiştir. Ayrıca, Akreditasyonun faydaları alt ölçeğinde yer alan 'Akreditasyon, hastanenin değişiklikler yapması için değerli bir araçtır' ifadesine (4,09±0,76) ortalama olarak 'katılıyorum' derecesinin üstünde bir ortalamaya sahip olduğu tespit edilmiştir. Eğitim ve öğretim alt ölçeği ile ilgili ifadelerle toplam katılım ortalamalarının genellikle 'katılmıyorum' ifadesinin üstünde ve 'kararsızım' ifadesine yakın olduğu belirlenmiştir. Eğitim ve öğretim alt ölçeği ile ilgili ifadelerden 'İş becerilerini ve performanslarını artırmak için gereken eğitim ve öğretim verilir.' ifadesi en yüksek (3,85±0,94), 'Akreditasyon denetimleri sonucunda yapılan önerilere dayalı olarak kalite iyileştirme fırsatlarını nasıl belirleyecekleri ve buna göre nasıl davranacakları konusunda eğitim ve öğretim verilir.' ifadesi (3,72±1,00) en düşük katılım ortalamasına sahip olduğu belirlenmiştir. Katılım derecesi ortalaması en düşük olan alt ölçek ise 'Ödül ve Takdir' (3,51±0,97) olmuştur. Liderlik, Taahhüt ve Destek ölçeğindeki ifadeler için katılım derecesi ortalaması 'Üst düzey hastane yöneticileri, mevcut hastane kaynaklarını (örneğin, para, insan, zaman, donanım) kalite iyileştirmeye tahsis ederler.' ifadesi (3,84±0,86) en yüksek, 'Üst düzey hastane yöneticileri, akreditasyon süreçlerini destekleyen bir ortamın sürdürülmesine görünür şekilde liderlik ederler.' ifadesi (3,77±0,99) en düşük katılım ortalamasına sahip olduğu tespit edilmiştir. Elde edilen bulgular çerçevesinde, çalışmaya katılan personel için eğitim seviyesi, meslek grubu ve çalışma süresi gibi gruplar arasında ayırım göstermeksizin, akreditasyonun faydalı bir süreç olduğu ve kurumun bu sayede geliştiği konusunda hem fikir olduğu belirlenmiştir. Sağlık kuruluşlarının nitelikli ve etkili sağlık hizmeti sunabilmesi için akreditasyon sistemine uyum sağlayacak ve standartları yerine getirecek bilgili personele ihtiyacı olacaktır. Bu çerçevede, personelin akreditasyon süreçleri hakkında eğitimlerle bilgi sahibi olunması sağlanarak işleyişe zorlanmadan uyum göstermesi ve bu süreçlerde aktif rol alan personelin ödül ve takdir gibi geri dönüşlerle memnuniyetinin yüksek tutularak kurumda kalması sağlanması gerekmektedir. Ayrıca tüm personele bu süreçte aktif rol verilerek işleyişin içinde tutulması kurumların akreditasyon süreçlerinde kolaylık sağlanacağı düşünülmektedir.

INTRODUCTION

When defining accreditation in health care institutions, the official process by which a health institution's compliance with predetermined and published standards is evaluated and approved by a publicly accepted legal entity is used. The international hospital accreditation program started with the hospital standards implemented by the American Medical Association in the United States in 1913, and the Joint Commission International (JCI) was established in 1994 to provide international service (Cengiz, 2018). It is aimed that the hospital standards applied in the USA are put into practice in other countries and that the health service organizations have the status of accredited hospitals through international auditors. Health service organizations voluntarily participate in the accreditation process because of quality competition, the desire to increase market share, being preferred by private insurance companies, organizational development, and playing an important role in hospital selection in health tourism (Güdük and Kılıç, 2017). Accreditation has been beneficial not only for the health service provider but also for the patient in many ways. These can be listed as reaching a quality-oriented institution, respecting and protecting patient rights, providing understandable education and communication, evaluating satisfaction, including it in the care decision and process, and valuing the family in the care process (Yıldız, 2010). To summarize, accreditation is a useful process in recognizing health institutions that provide good service, establishing a mechanism in the evaluation process of the institution, making the personnel proud of the institution they work for, strengthening communication and ensuring participation among personnel, hiring personnel, documenting business policies, and ensuring competence in studies. Accreditation is a quality infrastructure (Sarp, 2017:87-91). The accredited health service organization will be accepted by everyone it serves by the relevant standards, and the service quality will be guaranteed (Kayral, 2018). The institution accrediting the institution aimed to ensure continuity by making regular inspections and monitoring whether the normal conditions continue (Çakmak, 2009). The accreditation process aims to increase the quality, effectiveness and efficiency of organizations, and this process is voluntarily based on internationally accepted basic principles (Yıldız, 2010). As the most important component in this process, the standards expressing how the most appropriate quality application should be for health service organizations came to the fore. Standards are documents related to the health service organization that are understandable, applicable, measurable, accessible, generally not mandatory, and organized in a way that encourages continuous improvement in the accredited organization (Kavak, 2018). While the structure and content of the standards are being created, the cycle of planning, implementing, controlling and acting is constantly recommended while ensuring patient and employee safety during their implementation (Beylik, 2018). While preparing the standards, it must be ensured that they are prepared with the participation of all parties and per the use of all segments (Algan, 2015).

There are conditions that a health institution must fulfill to apply for accreditation. These conditions are (Çakmak, 2009);

- The health institution is licensed and has started to serve at least 6 months before the application,
- Providing 24-hour service as inpatient and outpatient service,
- At least 4 months of complete patient records,
- Having a management and organizational structure,
- Availability and functioning of quality management system documents,
- Committee/board/council operating procedures must be in place and functioning.

The healthcare provider started the accreditation process by filling out the research forum. The application form provides information on ownership status, demographics, and the type and extent of service provided (Ergenoğlu, 2006). When the JCI and the healthcare organization decide on the research date (usually within 90 days of application), they jointly prepare the research agenda that includes the organization's needs and research conditions. For audit preparation, the JCI provides audit preparation guides to hospitals. Three or 4 people are assigned for on-site accreditation inspection. These people are 1 doctor, 1 nurse, 1 administrator, etc., consisting of people with duties (Çakmak, 2009). The main source of income for accreditation bodies is the fees charged for the accreditation service at the time of application (Yıldız, 2010). On the audit day, auditors, administrative organization plans, the current number of hospitalizations and surgeries, quality management documents, 7 hospital management plans (medicine, disaster, risk, quality, infection, information, and strategic plans), patient and employee safety plans, and presentations are requested (Çakmak, 2009). As a result of the audit, the accreditation report of the institution is created. For an institution to be accredited, a certain score must be obtained (Yıldız, 2010). The score scale is determined as '0' if the institution does not meet the standard, '5' if it partially meets it, and '10' if it does (Çakmak, 2009). The auditing organization must score a minimum of 5 points for each JCI standard, an overall score of at least 7 for each section, an overall score of at least 8.5 from all standards, and must have a total of at least 5 points from all International Patient Safety Goals. The institution is accredited if it obtains the minimum points and above specified (Yıldız, 2010). A certificate is given to the accredited institution with an accreditation report and the certificate is valid for 3 years unless JCI cancels the accreditation (Çakmak, 2009). If there is a change in the structure, property, or services of the accredited organization within these 3 years, it is obliged to notify the JCI (Ergenoğlu, 2006). In the framework of changing conditions, the JCI may reaudit or may need to make a new accreditation determination (Yıldız, 2010). If the accredited institution does not notify the JCI of its changed conditions, or gives false information, the certificate is revoked, and the institution is not re-evaluated within one year (Ergenoğlu, 2006).

Applying the standards set in the international arena is important both financially and in terms of human resources for the accreditation program to operate healthily and efficiently in a health institution. There must be employees who are trained in this scope, who are adequately equipped, and who are conscious of minimizing medical errors and keeping patient satisfaction at the highest level. Disruptions caused by insufficient personnel resources in this regard will bring financial losses as well as time loss. For this reason, human resources in health emerge as an important issue. Human resources in health are defined as 'all the personnel working in the public or private health sector and producing health services' (DPT, 2010). Health human resources planning was defined by the World Health Organization (WHO) in the 1970s as 'the process of calculating the knowledge, skills, and abilities related to health human resources to initiate the improvement in the functions of the health system to achieve the desired positive changes in the society' (Özkan and Uydacı, 2015). In the following years, instead of this definition, "Health Human Resources Planning" was determined as having people in the right place, at the right time, with the right skills and number (Çavmak, 2017). In 1998, the WHO European Region set health policy targets for everyone with the slogan of '21 Goals in the 21st Century' to guide the countries in the region and asked all member countries to set their targets in line with these targets. Among the 21 Targets, the 18th Target has been determined as 'Developing Human Resources for Health Until 2010, all healthcare professionals and those working in other sectors in all member countries should acquire the necessary knowledge, attitudes and skills for the protection and development of

health' (Öztek, 2019). In the World Health Report published by the WHO in 2000, human resources were emphasized as the most basic input of the health system (Avcı and Aǧaođlu, 2014). Human resources in health have been defined as the heart and guide of the health system and the most important component of health policies in a country. It should not be forgotten that health human resources are the most important production factor in the success of the policies determined by a country and in reaching the intended target in the provision of health services (Özkan and Uydacı, 2015). There is a positive relationship between the structure of health human resources, the waiting time of the patients, the procedures performed for the patient, the quality and effectiveness of the health service, and the health status of society and health indicators (Avcı and Aǧaođlu, 2014). When planning these human resources, components such as quantity, proportional distribution, quality, timing, full employment, health needs, goals, and opportunities should be considered (Çavmak, 2017).

For years, different policies have been followed in human resources research in health. The current number will need to be maintained while focusing on closing the gap in human resources. Along with ensuring patient satisfaction, many factors, such as training personnel to adapt to the developing technology and zero errors in health, are required together. However, it should not be forgotten that the human resources that will provide this should be included in the process, and employee satisfaction and motivation should be ensured. Health human resources play a leading role in the accreditation process, which is one of the most important issues of the last period. The more healthcare professionals act by these standards, the more successful the hospital will be.

In the research, starting from this subject, a questionnaire was applied. Considering the information obtained as a result, we aimed to measure the contribution and effect of the human resources working in the accreditation process of the health service organizations in the accreditation process, and a study was conducted to analyze the details of the personnel.

2. MATERIALS AND METHODS

For the research, a private hospital with a JCI certificate in Istanbul was selected. A questionnaire was applied by randomly choosing among the employees. Questionnaire forms were distributed to the participants between 17 May and 21 June 2019 by the researcher and applied. A total of 181 people filled out the questionnaire completely. The questionnaire, which consists of two parts, includes demographic (personal) information in the first part and questions to determine the importance of human resources in the second part of the accreditation process.

2.1. Statistical Analysis

The SPSS 25 (Statistical Package for the Social Sciences) package program was used for statistical analysis. Descriptive statistics and frequency distributions were calculated in line with the characteristics of the variables in the study. One-Way Analysis of Variance (ANOVA), Pearson Correlation Analysis, Tukey's HSD test as Post-Hoc test when necessary, and Multiple Regression analysis were performed to determine the relationship between dependent variables and independent variables.

3. RESULTS

A total of 62.4% of the employees participating in our survey were female, and 37.6% were male. Administrative personnel, accounting for 49.2%, participated most in the survey as a professional group. When we analyze the employees who participated in the survey in terms of education level, 37% of them were high school graduates,

29.8% were associate degree graduates and 18.8% were undergraduate graduates. The average age of participants was 30.91 years. The average working period of the participants was determined to be 3.5 years. The effects of the participation degrees of the employees on the education level, occupational group, and working time were analyzed. As a result of this analysis, it was seen that the 'Benefits of Accreditation' and 'Education and Training' subscales did not affect education status, occupational group, or working time. For the other subscales, the degree of agreement with the statements differed according to the occupational group. Nurse-Midwife-Health Officer and Doctor in the 'Employee Participation' subscale, Nurse-Midwife-Health Officer, Administrative Staff and Doctor in the 'Award and Appreciation' subscale, and the participation of all occupational groups in the 'Leadership, Commitment, and Support Scale' difference was observed.

It is seen that the average degree of agreement with the statements regarding the employee participation subscale is generally above the statement "I am undecided" and close to the statement "I agree". 'These suggestions were an opportunity to make important changes in the hospital' had the highest mean (3.67 ± 0.93), and "I participated in making these changes" (3.33 ± 1.16) had the lowest mean of participation. The difference in the level of participation of the employees in the statements in the employee participation subscale according to their education level was not found to be statistically significant for the 1st, 2nd, and 3rd statements ($p > 0.05$). In other words, the degree of participation of the personnel working in the hospital with the expressions related to the participation subscale of the employees does not differ significantly according to the occupational groups. However, this interpretation does not apply to the 4th statement. For the 4th statement, the difference between the occupational groups was found to be statistically significant ($p < 0.05$) (see Table 1).

Table 1. Distribution and Comparison of Views on the Employee Involvement Subscale Statements by Occupational Group

		N	Ave.	SD	F	p
1. I was involved in making these changes.	<i>Technician-Technician</i>	23	3.78	0.90	1.175	0.323
	<i>Administrative Staff</i>	89	3.27	1.23		
	<i>Nurse-Midwife-Health Officer</i>	30	3.37	1.13		
	<i>Doctor</i>	18	3.17	1.10		
	<i>Other</i>	21	3.14	1.15		
	<i>Total</i>	181	3.33	1.16		
2. After the last audit. I heard the recommendations for our hospital (if the recommendation was made).	<i>Technician-Technician</i>	23	3.96	1.07	1.413	0.231
	<i>Administrative Staff</i>	89	3.67	0.95		
	<i>Nurse-Midwife-Health Officer</i>	30	3.43	1.07		
	<i>Doctor</i>	18	4.00	0.91		
	<i>Other</i>	21	3.67	0.86		
	<i>Total</i>	181	3.70	0.98		
3. These recommendations were an opportunity to make significant changes to the hospital.	<i>Technician-Technician</i>	23	3.96	0.77	1.818	0.127
	<i>Administrative Staff</i>	89	3.63	0.99		
	<i>Nurse-Midwife-Health Officer</i>	30	3.37	0.96		
	<i>Doctor</i>	18	3.94	0.87		
	<i>Other</i>	21	3.71	0.72		
	<i>Total</i>	181	3.67	0.93		
4. I have been involved in changes made as a result of accreditation recommendations.	<i>Technician-Technician</i>	23	3.78	1.09	2.823	0.026
	<i>Administrative Staff</i>	89	3.43	1.15		
	<i>Nurse-Midwife-Health Officer</i>	30	3.10	1.09		
	<i>Doctor</i>	18	4.06	1.06		
	<i>Other</i>	21	3.19	1.17		
	<i>Total</i>	181	3.45	1.15		

Ave.: Average, SD.: Standard Deviation

Tukey's HSD test was used as Post-Hoc test to determine which group caused the difference. For the 4th statement, it is seen that the difference between the occupational groups is between the nurse-midwife-health officer and Doctor groups ($p < 0,05$) (see Table 2).

Table 2. The Difference in the Degree of Employee Participation in the Statements Related to the Subscale of Employee Participation According to Occupational Groups

Dependent Variable		(I) Job	(J) Job	Mean Difference (I-J)	Standard Error	p
4. I have been involved in changes made as a result of accreditation recommendations.	Tukey HSD	Nurse-Midwife-Health Officer	Doctor	-0.95556	0.33528	0.039

In the Education and Training subscale, it was determined that the expression "Necessary education and training is given to increase job skills and performance" (3.85 ± 0.94) is very close to the degree of "agree". It has been determined in the analysis that educational status, occupational group, and working time do not affect the expressions in the 'Education and Training' subscale.

In the statements in the award and appreciation scale, the degree of agreement was determined to be above the degree of "undecided" and close to the degree of "agree". 'Interdepartmental collaboration is supported and encouraged to increase the efficiency of accreditation processes' expression has the highest value (3.64 ± 0.99), and 'Rewarded and appreciated (financially and/or otherwise) for successful execution of accreditation processes' expression has the lowest value (3.26 ± 1.25). It can be commented that 'the degree of participation of the personnel working in the hospital does not show a significant difference according to the occupational group' to the expressions related to the award and appreciation subscale for the 1st and 2nd statements among the occupational groups ($p > 0.05$). However, for the 3rd statement ($p < 0.05$), the degree of participation of the staff working in the hospital with the statements related to the award and appreciation subscale differed significantly according to the occupational groups (see Table 3).

Table 3. Distribution and Comparison of Opinions on the Statements in the Recognition and Appreciation Subscale by Occupational Group

		N	Ave.	SD	F	p
1. Reward and recognise (financially and/or otherwise) the successful implementation of accreditation processes.	Technician-Technician	23	3.13	1.21	1.743	0.143
	Administrative Staff	89	3.24	1.32		
	Nurse-Midwife-Health Officer	30	2.90	1.29		
	Doctor	18	3.67	0.84		
	Other	21	3.67	1.11		
	Total	181	3.26	1.25		
2. Interdepartmental cooperation is supported and encouraged to increase the efficiency of accreditation processes.	Technician-Technician	23	3.65	0.57	2.006	0.096
	Administrative Staff	89	3.74	1.06		
	Nurse-Midwife-Health Officer	30	3.23	1.10		
	Doctor	18	3.94	0.80		
	Other	21	3.52	0.98		
	Total	181	3.64	0.99		
3. The hospital has an effective system for all staff to make suggestions to management for the efficient running of accreditation processes.	Technician-Technician	23	4.08	0.67	4.522	0.002
	Administrative Staff	89	3.65	1.06		
	Nurse-Midwife-Health Officer	30	3.06	1.17		
	Doctor	18	4.06	0.80		
	Other	21	3.57	0.81		
	Total	181	3.64	1.03		

Ave.: Average, SD.: Standard Deviation

Tukey's HSD test was used as a Post-Hoc test to determine the group that differed between occupational groups. There was a difference between Technician-Technician, Nurse-Midwife-Health Officer, Administrative Staff,

and Doctor in the comparison of occupational groups, with a P value below 0.05. (see Table 4).

Table 4. Difference Analysis of Employees' Level of Agreement with Statements Related to the Recognition and Appreciation Subscale According to Occupational Groups

Dependent Variable	(I) Job	(J) Job	Mean Difference (I-J)	Standard Error	p
3. The hospital has an effective system for all staff to make suggestions to management for the efficient running of accreditation processes.	Technician-Technician	Nurse-Midwife-Health Officer	1.02029	0.27397	0.002
	Administrative Staff	Nurse-Midwife-Health Officer	0.58502	0.20869	0.044
	Nurse-Midwife-Health Officer	Technician-Technician	-1.02029	0.27397	0.002
		Administrative Staff	-0.58502	0.20869	0.044
		Doctor	-0.98889	0.29472	0.009

Finally, the average level of agreement for the statements in the Leadership, Commitment, and Support scale was determined to be close to the level of "I agree" with the statement "Senior hospital managers stated a clear vision to improve the quality of care and service" (3.85±0.92). When we look at the mean scores for all the statements in the questionnaire, the statement 'Accreditation is a valuable tool for the hospital to make changes' (4.09±0.76) in the Benefits of Accreditation subscale has an average above the 'agree' rating. When the average participation in the statements in the award and appreciation subscale is examined, it is awarded and appreciated for the successful implementation of the accreditation processes. It has the lowest rating with its average rating (3.25±1.25), slightly above the statement "I am undecided".

When the degree of participation of the person contributing to the study with the statements in the questionnaire was examined, it was determined that the subscale with the highest degree of participation was the benefits of accreditation (3.97±0.66), and the subscale with the lowest degree of participation was reward and appreciation (3.51±0.97) (see Table 5).

Table 5. The Average Level of Participation in the Scales

	Mean	Std. Deviation	N
Benefits of Accreditation Subscale	3.9730	0.66333	181
Employee Participation Sub-Scale	3.5370	0.83520	181
Education and Training Subscale	3.7882	0.87275	181
Reward and Recognition Subscale	3.5138	0.97782	181
Leadership, Commitment, and Support Scale	3.7980	0.81401	181

The percentage of independent variables explaining the dependent variable was 49% (see Table 6).

Table 6. Percentage of Variables Explained

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.706	0.499	0.487	0.47488

The established regression model was linear and statistically significant (F=43,80, p<0,05) (see Table 7).

Table 7. Model Linearity Analysis

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	39.511	4	9.878		
Residual	39.690	176	0.226	43.802	0.000
Total	79.201	180			

When the Variance Swelling Factor (VIF) values are examined, it is determined that there is no multicollinearity between the independent variables because these values are less than 10 (Dikmetaş et.al., 2011) (see Table 8).

Table 8. Multiple Regression Analysis between A Dependent Variable and An Independent Variable

	B	Std. Error	Beta	T	Sig.	VIF
<i>(Constant)</i>	1.631	0.193		8.469	0.000	
<i>Employee Participation Sub-Scale</i>	0.288	0.055	0.311	4.609	0.009	1.662
<i>Education and Training Subscale</i>	0.326	0.055	0.429	5.908	0.000	1.856
<i>Reward and Recognition Subscale</i>	-0.164	0.048	-0.242	-3.408	0.001	1.771
<i>Leadership, Commitment, and Support Scale</i>	0.361	0.057	0.443	6.327	0.000	1.722

DISCUSSION AND CONCLUSIONS

When the education level of the employees participating in the survey is examined in the health service institution, 37% of them are high school graduates, 29.8% are associate degree graduates and 18.8% are undergraduate graduates. In the research conducted by Yıldız (2010) on nurses, 61.7% of the respondents were found to be university graduates. When the average level of participation of the employees for the statements in the questionnaire is analyzed, the subscale with the highest average is “Benefits of Accreditation” (3.97 ± 0.66), and in the study of El-Jardali et al. (2008), for the nurses’ “Benefits of Accreditation” subscale, the mean of agreement with the statements in the scale was determined to be (4.11 ± 0.66). It is determined that the participation average obtained as a result of the study is close to the study of El-Jardali et al. (2008). In the benefits of accreditation subscale, the statement ‘Accreditation is a valuable tool for the hospital to make changes’ (4.09 ± 0.76) has an average above ‘agree’. In the study conducted by Yıldız (2010), the statement ‘Accreditation allows to improve patient care’ had the highest average participation (3.95 ± 0.95). El-Jardali et al. (2008) and Yıldız (2010) stated in their studies that accreditation plays an important role in the process of improving patient care and increasing the quality of service. The results obtained as a result of the studies of Yıldız (2010) and El-Jardali et al. (2008) support the results of this study.

The total average of participation in the statements related to the education and training subscale is generally above the statement of “disagree” and close to the statement of “undecided”. ‘Required education and training are provided to improve their job skills and performance.’ statement is highest (3.85 ± 0.94), ‘Education and training are provided on how to identify quality improvement opportunities and act accordingly based on recommendations made as a result of accreditation audits.’ Statement (3.72 ± 1.00) is analyzed to have the lowest mean of participation. In Yıldız’s (2010) research, unlike this research, the statement “Nurses are given the necessary education and training to increase their job skills and performance (with the nursing education program)” (4.02 ± 0.87) has the highest degree of participation.

The scale with the lowest average participation degree is ‘Award and Recognition’ (3.51 ± 0.97), and as a result of examining the participation averages of the expressions in the award and appreciation subscale, ‘It is rewarded and appreciated for the successful realization of the accreditation processes’ (3.25 ± 1.25) and slightly above the expression “undecided”, it is determined that it has the lowest mean of participation degree. In the study conducted by Yıldız (2010) on nurses, it was determined that the ‘Award and Recognition’ subscale had the lowest participation average (2.71 ± 1.02), and this result supports this research conducted for all employees.

In the Employee Participation subscale, it can be thought that the degree of participation in the statement “I participated in making these changes” (3.32 ± 1.15) is between “I disagree” and “I am undecided”, and with this result, the employees did not take an active role in the process.

In the expressions on the Leadership, Commitment, and Support scale, the average degree of participation was

the highest (3.84 ± 0.86) for the statement “Senior hospital managers allocate existing hospital resources to quality improvement”. It was found that ‘Senior hospital managers visibly lead the maintenance of an environment that supports accreditation processes’ (3.77 ± 0.99) has the lowest average participation. As a result of the research conducted by Yıldız (2010), the expression “Senior hospital administrators stated a clear vision to increase the quality of care and service” was the highest (3.60 ± 1.00), and it was determined that the statement “senior hospital managers allocate existing hospital resources (for example, money, people, time, equipment) to quality improvement” (3.26 ± 1.18) had the lowest average participation. The statement of the study with the highest participation average is determined in the analysis results of the research conducted by Yıldız (2010) that it has the lowest participation average. As a result of the research conducted by El-Jardali et al. (2008), the mean participation rate of this scale was determined to be (4.02 ± 0.67). When the averages of participation degrees for all statements in the survey are examined, it was determined that the statement ‘You are rewarded and appreciated (financially and/or otherwise) for the successful performance of accreditation processes’ has the least degree of agreement (3.25 ± 1.25). In Yıldız’s (2010) study involving nurses, it was determined that the same statement (2.18 ± 1.21) had the least participation on average. The results of the analysis support each other in these two studies.

The statement ‘Accreditation is a valuable tool for the hospital to make changes’ (4.09 ± 0.77) was the most common in our study. In contrast, in Yıldız’s (2010) research, the statement “Nurses are given the necessary education and training to increase their job skills and performance (with the nursing education program)” (4.02 ± 0.87) was the expression with the highest participation.

In the study, it has been seen that those in the Technician-Technician profession see the accreditation process as an opportunity, a process that allows for the improvement of patient care and better use of the internal resources of the hospital. However, it has been determined by the results of the analysis that they were not included in this process with the answers they gave to the survey questions about participating in the accreditation process. In addition, it was determined that the group with the lowest rate of participation in the statement ‘accreditation increases the motivation of the employees and encourages teamwork and cooperation’. It is thought that not including the group that shows a positive level of participation in the process compared to other occupational groups regarding the importance of this process and not finding a place in teamwork will reduce their motivation.

It was determined that the nurse-midwife-health officer group, which is thought to be the most important implementer of accreditation standards, showed a low degree of agreement with the statements stating that the process was an opportunity and beneficial and that they agreed with the changes made. It has been determined from the results of the analysis that they have the opinion that top management is insufficient in this regard and that the education and training process is insufficient along with the award appreciation process. When the averages of participation of this group to the statements in the scales are compared, it is determined that the award and appreciation subscale has the lowest average participation degree. It is generally thought that the biggest source of motivation for staff is rewards and appreciation. It can be seen as an expected situation for the personnel to consider all processes where motivation is not provided as unnecessary and unimportant. The other reason why they see the accreditation process as unnecessary is the thought that this process will increase their workload and that doing the work within the framework of certain standards will cause the work to slow down.

It has been determined that doctors (according to the Nurse-Midwife-Health Officer group) with higher

participation rates think that senior managers are successful, that the education and training process can be carried out, that the reward and recognition system work, and that accreditation is beneficial. The difference between these two groups is thought to be because the salary scale of the doctor group is different, and they are less interested in the procedures than the nurse-midwife-health officer group. In addition, it is seen that the degree of agreement of the Doctor group with the statements about their participation in the accreditation process is low. It is thought that the reason for this difference between the nurse-midwife-health officer group, while the technician-technician group finds accreditation useful in general, and the opposite opinion, may be due to the process and working conditions with the patient. It is seen that the place where both groups meet at a common point is motivation. It is thought that the lack of activities that will increase motivation in these processes will negatively affect the willingness of the personnel to do business. In some management groups, these processes are considered a necessity of the job, and they consider motivating activities to be unnecessary. However, the survey results support that this idea is wrong. In particular, the negative participation of the nurse-midwife-health officer group in the statements directed against senior management can be interpreted as their motivation and satisfaction levels being low and they are having problems. It is expected that this group will show resistance to such processes, and this resistance will inevitably lead to consequences that will negatively affect the success of the accreditation process. The number of personnel who stated that they did not participate in the accreditation process and did not hear the suggestions is too high to be underestimated. It is an expected result that the employee who does not have an idea about the process they are involved in, and what the standards to be applied will do, sees these processes as unnecessary. It is thought that the more personnel are involved in the process and have knowledge, the more their contribution to the process and their perspective on these processes will change.

AUTHOR CONTRIBUTION STATEMENT

All authors have contributed equally.

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CONFLICT OF INTEREST STATEMENT

There is no conflict of interest with any institution or person within the scope of the study.

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