



Regression model for the quality of work life in terms of empowering doctors in Public Health Institutions

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Abstract

The main objective of this study is to determine the impact of doctors empowerment on work life quality. To serve this purpose, empowerment is taken into consideration as four dimensions – participation in the decision-making, delegation of powers, training, work teams –The effect of doctor empowerment on the level of work life quality was examined by taking these dimensions into consideration as a whole and separately.

The findings suggest that there is a statistically significant effect for all dimensions of doctor empowerment on the quality of work life. Furthermore, work teams, training, and delegation of powers are the most closely related and representative dimensions if it comes to proposing a model for the relationship of empowering doctors to the quality of the work life in public institutions of neighborhood health.

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1. Introduction

Managers, entrepreneurs and researchers in the field of management consider the employee to be the main resource and source of the enterprises' competitive advantages, and they also see employee participation and empowerment as the most important reasons for the success of enterprises (Sofijanova, 2013; Al-Asoufi & Akhorshaideh, 2017). When examining the nature and dimensions of empowerment, it is noted that empowerment leads to beneficial outcomes for both employees and institutions (Baruch, 1998). Studies on employee empowerment reveal that it leads to organizational commitment (Janssen, 2007; Han & al, 2005; Kim & al, 2011; Aggarwal & al, 2018), motivation (Kim & al, 2012; Zhang & Bartol, 2017), encouraging creative behavior (Sergio & Tima, 2013) and performance (Mustafa & Talib, 2012; Bose, 2018; Fernandez & Moldogaziev, 2013)

They also found that job quality is a requirement for job satisfaction and improved performance (Gayathiri & Ramakrishnan, 2012; Harr & al, 2014). The Institutions' concern for the quality of employee life at work supports the creation of a safe, healthy and appropriate work environment in which forms of employee participation in management and decision-making processes are available on the one hand and attention to family and family life on the other hand, in a way that achieves a balance between the employee's environment at work and his family requirements, because the quality of work life represents business and the actions and practices carried out by senior management in order to satisfy and make employees happy, confident and secure in their career and family life.

In this context, studies have touched upon the importance of employee empowerment dimensions as basic elements required achieving quality of life in the job by helping them to be more able to perform their work, through various forms, including: delegation of authority (David & al, 1980). The success of implementing quality work life programs in the work environment depends on the actual and real participation of employees in the administrative process and employee participation in decision-making (Alajmi & Al Mansour, 2019). Some studies contributed to clarifying the role of empowering employees in developing the quality of their career by training them to deal with work challenges properly, providing them with information and knowledge, and giving them the opportunity to define their work style (Ahmadi & al, 2011), and teamwork (Susan, 1997; Hanaycha, 2016). In the present study, empowerment was conceptualized as a multifaceted motivational construct that manifests itself in four dimensions: meaning, competence, self-determination, and impact. Given this perception, empowerment is seen as a tool of gratification and persuasion where the power and control of inner work increases the employee's conviction about the effectiveness of the workplace and leads to a high level of quality of working life. On this basis, the relationship between empowerment and quality of working life will be examined in the Algerian environment where, to the best of the researcher's knowledge, there are no previous studies that have considered this particular issue.

From the above, the main question is: **“Is it possible to formulate a model for the relationship between the empowerment of doctors and the quality of work life in the Public establishments of Health?”**

1.1 Research Hypotheses

H1: There is no effect of empowering of doctors on the quality of work life in (PEHP) Kais and Al-Dabila at a level of significance $\alpha \geq 0.05$

H2: There is no effect of the doctors empowerment dimensions on the quality of work life in (PEHP) Kais and Al-Dabila at a level of significance $\alpha \geq 0.05$.

H3: There is no differential effect of the doctor's empowerment dimensions on the quality of work life in (PEHP) Kais and Al-Dabila at a level of significance $\alpha \geq 0.05$.

1.2. Research limitations and implications

The major limitation of this study is that it covers doctors employed at two public neighborhood health institutions (PEHP) Kais and Al-Dabila only. Another important limitation of the study is the exclusion of some variables mentioned in the literature. This apart, it is thought that the study will provide some insights for managers in terms of enhancing quality of professional life and the effect of empowerment on quality of professional life as well as making a contribution to the literature.

2. Theoretical framework of the study

2.1. Empowerment

In modern management thought, empowerment is an updated terminology, where (conger and kanungo) were among the first to call it out in 1988 (CONGER & KANUNGO, 1988, p. 472). Bruce defines empowerment as "a management method by which managers and other members of the institution participate to influence the decision-making process, which is not determined by positions of formal power, but rather is defined by systems of training, reward and power sharing, leadership style and organizational culture"(MANUELA & BRUCE, 2003, p. 102). Empowerment is also defined as "a state of mind that the employee possesses as a result of his feeling of control, awareness and being aware of all the requirements of the work that he performs and his readiness to bear the results of his work and participation in taking responsibility with regard to the performance of the team to which he belongs, and equality in rewards based on individual or group work (PERVAIS & MOHAMMED, 2002, p. 102). Arnold, et al. (2000) and Ahearne, et al. (2005) developed multi-dimensional definitions of employee empowerment that treats empowerment as a leadership approach or style.

Ahearne, et al.'s (2005) empowering leadership style involves leadership behaviors that enhance the meaningfulness of work, foster participation in decision making, express confidence in high performance, and provide autonomy from bureaucratic constraints.

Researchers differed in setting specific dimensions of empowerment. As for the current study, it relied on the study of (Arnold, & al, 2000) and (Ahearne, & al.'s, 2005) who developed multi-dimensional definitions of employee empowerment that treat empowerment as a leadership approach or style. (Ahearne, & al.'s, 2005) empowering leadership style involves leadership behaviors that enhance the meaningfulness of work, foster participation in decision making, express confidence in high performance, and provide autonomy from bureaucratic constraints (Sergio & Tima , 2013, p. 7)Based on these studies, the dimensions of empowerment can be identified as follows:

2.1.1. Participation in the decision-making

Participation in decision making is the extent to which employers allow or encourage employees to share or participate in organizational decision-making. It consists of the expression of ideas, feelings, and opinions, thus employees who contribute their thoughts and ideas with organizational leaders will also have a desire to engage in their work more fully. Employee engagement may be thought of as the degree to which employees bring their whole selves to work and are immersed in serving their organizations (Yoerger, Crowe, & JOSEPH, 2015, p. 7). Participation in broader organizational decisions has a greater effect on the well-being of workers than the ability to influence decisions about work tasks, this effect persisting even under conditions of high work intensity (BOURDU, PERETIE, & Martin, 2016, p. 83)

2.1.2. Delegation of powers

Empowerment represents an approach to managing individuals represented in the transfer of sufficient powers to employees so that they can freely perform the tasks entrusted to them without direct interference from management, with the need to give employees the authority to set goals for their work, make decisions and solve problems within the scope of their responsibilities and powers. Placing the employee at the center of organizational change by giving him the desire and the means to be responsible for him rather than being a "companion" is one of the main characteristics of an enabling institution. This responsibility can be obtained thanks to the confidence placed in employees who are able to demonstrate their sincere commitment to the desire to improve the performance of the institution in the long term. (BOURDU, PERETIE, & Martin, 2016, p. 116)

2.1.3. Training

Employers may offer job-specific training to provide employees with the relevant skills to enable them to perform their duties efficiently. Job-specific training is also necessary to fill a newly hired employee's skills gap. The immediate application of skills acquired through such training may boost employee confidence and productivity, similar to the institution's commitment to professional development. (Kate & Julie, 2012, p. 12) Training is the first element of development approved by institutions and one of the main factors for motivating and preserving individuals, by providing opportunities for continuity, enhancing vocational skills and increasing their productivity through the application of newly approved skills in their jobs and creating an educational environment within the institution to facilitate job coordination. The institution can also activate the training process for its employees by giving them responsibilities that take effect from their training, through. (SUSAN H. M., 2010, pp. 42-45).

- Expanding their jobs circle to include new and higher responsibilities, so that it is commensurate with their training achievement and does not conflict with their desires;
- Inviting employees to contribute to the planning and decision-making process at the departmental level and the institution as a whole, and appointing them as heads of projects and teams;
- Enabling the employee to attend external seminars and internal training courses, and giving him the possibility to choose those he is interested in, so that he is not directed only to what the institution desires.

When employees feel that they are using their skills and contributing fully to the success of their institution, they are more satisfied with their jobs and more engaged (Kate & Julie, 2012, p. 9).

2.1.4. Work teams

(Robbins, & Judge, 2007) believes that building teams work eliminates the meaning of bureaucracy within the institution and reinforces the spirit of teamwork among employees, which will contribute to their development, better understanding of each other and open communication in work groups (Al-DAMOUR & al, 2012, p. 385). Work teams are considered one of the channels for achieving needs, because the behavior of employees in institutions is most of the time as members of teams, and among the main motives for joining them are the following: (TOHIDI, 2011, p. 1141)

- The interdependence of team members on one another, as they largely share values, trends and goals, economic and ethnic backgrounds, with the possibility of developing acceptable behavioral standards;
- Team membership provides cultural, social and psychological security;
- The need for friendship, support and belonging for self-realization, as the individual feels valued when he belongs to a team;
- The need for mutual cooperation in work and overcoming boredom.

2.2. Quality of work life

The concept of work life quality is one of the modern concepts in business institutions, and in the field of resource management, mankind with its beginnings going back to the end of the sixties, and the beginning of the seventies of the twentieth century. According to Robbins (1989), quality of work life is “a process by which an institution responds to employee needs by developing mechanisms to allow them to share fully in making the decisions that design their lives at work. (Sission, & Storey, 2000) defined quality of work life as the quality of the relationship between staff and the total work environment, and concern about the impact of work on the individual as well as on organizational effectiveness, and the idea of participation in solving organizational problems and decision making. Cummings and Worley (2005) believed that quality of work life is a reflection of the way of thinking about people, work and institutions that involves a concern for employees’ wellbeing and organization (ALAJMI & Al MANSOUR, 2019, p. 45). Quality of Work Life is also defined as the level to which people who are working in the institution yield both personal and work satisfaction by achieving the goals of the institution (HEMANATHAN, PRAKASAM, & Merlin, 2017, p. 2). According to (Hayrol, Jegak, ASIAH, & Noor, 2010, pp. 65-66). The quality of work life standards were defined as follows: personal relationships, institution policies and management style, organizational support, personal and family life, security and satisfaction in the institution, work environment, well-being and personal health.

2.2.1. Balance between personal and professional life

The topic of work-life balance has tremendous implications for human resource professionals since it affects nearly all functions of HR: from recruitment to retention, advancement, and retirement. The strategies, policies, and programs of the human resource function should take into account the fast-changing demand by employees for a more balanced lifestyle. Certainly, as a pre-requisite, the organizational culture must be supportive of balanced lifestyles for employees. The systems and policies of career development and advancement, succession planning, performance management, work structures, and compensation should also be tailored to those wishing to take sabbaticals, share jobs, work from home, work less hours or on a part-time basis

(MUNA & MANSOUR, 2009, p. 122). Boudreau & Ramstad believes that improving the quality of employees' lives is a strategic issue related to managing and maintaining competencies, and has recently been considered a new model for human resource management, especially in terms of flexible work, remote work, and full-time or job breaks when possible, to improve the quality of life of employees within the organization And beyond, and support their commitment to the foundation (SANCHEZ-HERNANDEZ & GRAYSON, 2012, p. 284). (Bolt,1996) advocates that individuals cannot be effective leaders if they are ineffectual in their personal lives ...The personal dimension concentrates on helping to clarify and develop the individual's purpose, vision, values, and talents to integrate work goals and priorities into his or her personal life. Other topics should include self-empowerment and personal responsibility; an appreciation of nature, science, the arts, and the humanities; emotional and physical well-being; and the development of continuous-learning mind-set (MUNA & MANSOUR, 2009, p. 125).

2.2.2. Reducing work stress

2.2.3. According to (Ashok Panigrahi, 2016) if an employee has little control over the work and is not empowered; he loses interest in the work and feels nervous to meet the expectations of his superiors. The authoritarian administrative style also affects the employee fatigue due to the inability to take decisions freely, the lack of control over their work, and the existence of job restrictions. Also, situations that require behavioral changes for the employee put him under stress due to the need to act in an unnatural way. Psychological needs for autonomy, competence and relationships with others are fundamental to preserving and developing the conditions for well-being at work and motivation. The most modern entrepreneurs accept the idea that a "happy" employee can make his or her customers "happy", a phenomenon which is amplified by new modes of institution comprising fewer hierarchical levels, giving more autonomy to the employee and a manager's role more focused on coordination. QWL can therefore find its place if it pursues these objectives (BOURDU, PERETIE, & Martin, 2016, p. 41).

2.2.4. Stability and job security

The quality of the work environment affects the relationships and interaction between the parties and determines the extent of employee cooperation. A high-quality environment is characterized by high confidence, commitment and reciprocity between the concerned work parties. The work environment can be described as an artifact of organizational culture in which quality-enhancing behaviors become a reflective part of the employee's work, this environment and the associated employee quality enhancement determines the ultimate source of competitive advantage in a dynamic environment (PERVAIS & MOHAMMED, 2002, pp. 114-117). The participation of employees in the institution's plans, providing them with information, personal and professional growth, harmony, encouragement at all levels, leads to the creation of a comfortable work environment and the achievement of satisfaction and a sense of stability among the employees (TESTA, 2008, pp. 28-30).The employees also need administrative support and a sense of confidence, by creating a work environment that allows the employee to be empowered and stimulated his preparations to provide a high degree of commitment(LEARNING, 2006, p. 2). An uncomfortable and insecure work environment is one of the most important causes of poor professional life Quality and high turnover (Deconinck & Stilwell, 2004, p. 227).

3. EXPERIMENTAL

3.1 Design/methodology/approach

A questionnaire of 24 items was employed in order to collect data on empowerment as well as Quality of professional life; it was scored on a five-point Likert scale. The sampling procedure used here was random sampling (non probability convenience sampling technique) where 108 doctors were chosen from among the 123 Doctors in the public sector, including generalists, specialists, dental surgeons and pharmacists employed at two public neighborhood health institutions (as recommended by Raosoft Hyperlink) . The independent variables for this study are the four aspects of empowerment which are participation in decision-making, delegation of authority, training, and work teams. A dependent variable for this study is Quality of Work Life (QWL). For the purpose of the analysis, SPSS .V20 program was used as descriptive and inferential analyzes were used. Descriptive statistics such as mean, standard deviation, and correlation were used to determine any relationship between empowerment and QWL, For the purpose of analysis Pearson's correlation coefficient test, simple and multiple linear regression were used to suggest a model for the relationship of doctors empowerment dimensions to QWL in the PEHP of Kais and El-Dabila.

3.2 Statistical treatment

3.2.1. Questionnaire reliability

The reliability of a study instrument is its degree of reliability and validity, which is supposed to be measured (Polit & Hunger, 1985). The less variation the instrument gives in repeated measurements of the phenomenon reflects its high reliability, where reliability can be equated with stability.

- **Test of validity using the Alpha de Cronbach's coefficient**

Cronbach's coefficient alpha is used to measure the validity of the questionnaire among each domain and the mean of the complete areas of the questionnaire. The normal range for the coefficient value is between (0.0 and +1.0), and higher values reflect a high degree of internal consistency.

Table1. Cronbach's coefficient alpha for each field and the entire questionnaire

Field	Cronbach's Alpha
Participation in the decision-making	.711
Delegation of powers	.874
Training	.802
Work teams	.719
Quality of professional life	.834
All paragraphs of the questionnaire	.938

Source: Prepared by authors

The Cronbach's alpha coefficient was calculated for each domain of the questionnaire. The values obtained are in a range of 0.711 to 0.938. This result is considered high and guarantees the reliability of each field of the questionnaire. This indicates that all the variables of the study have an acceptable degree of reliability that can be relied upon in the study. Also, this coefficient measures whether the study tool actually measures what it was designed to measure, and its

general coefficient for the study reached 94% for the complete questionnaire, which indicates an excellent reliability score for the entire questionnaire.

• **Test of Stability using the Split Half coefficient**

Split Half coefficient is used to measure the Stability of the questionnaire among each domain and the mean of the complete areas of the questionnaire. The normal range for the Split Half coefficient value is between (0.0 and +1.0), and higher values reflect a high degree of Stability.

Table2. Split Half coefficient alpha for each field and the entire questionnaire

N°	Field	Split Half
1	Participation in the decision-making	0.800
2	Delegation of powers	0.833
3	Training	0.977
4	Work teams	0.855
5	Quality of professional life	0.834
	All paragraphs of the questionnaire	0.880

Source: Prepared by authors

The above table represents the Split Half Coefficient, which ranges between 0.800 and 0.977, and it was 0.880 for all the questionnaire items .The high rates indicate the Stability and reliability of the questionnaire significantly, and this makes it a good tool for studying and analyzing the studied phenomenon.

3.2.2. Internal consistency of the questionnaire

This analysis enables to know the consistency of each paragraph or dimension of the questionnaire with the domain to which it belongs, by calculating the Spearman Correlation Coefficient between each paragraph of the dimension in a first stage to show how consistent they are with the dimension and then between the dimensions and the variable as a whole.

Table3. Spearman correlation coefficient between each dimension and the total degree of the variable

	S _p	P	Mean	SD
Questionnaire	1	1	3,7175	,69244
Dimensions of empowerment	,949	//	3,7085	,69136
Participate in decision making	,807	,000**	3,6881	,79385
Delegation of powers	,826	,000**	3,6881	,88299
Training	,834	,000**	3,7737	,92616
Work teams	,711	,000**	3,6972	,85772
Dimensions of career quality	,944	//	3,7281	,77865
Balance between personal and career life	,835	,000**	3,7890	,88965
Reducing work stress	,854	,000**	3,7317	,86983
Stability and job security	,909	,000**	3,6789	,92489

** . Correlation is significant at the 0.01 level (2-tailed)

Source: Prepared by authors

The above table shows the Spearman correlation coefficient between each dimension and the axis to which it belongs, as the level of statistical significance for the correlation coefficient is less

than $\alpha = 0.01$, meaning that the paragraphs of the axis are consistent and honest to do the purpose of the study.

4. RESULTS AND DISCUSSION

Data was subjected to regression and correlation with a view to test the three hypotheses and the results were as follows:

4.1. First hypothesis test:

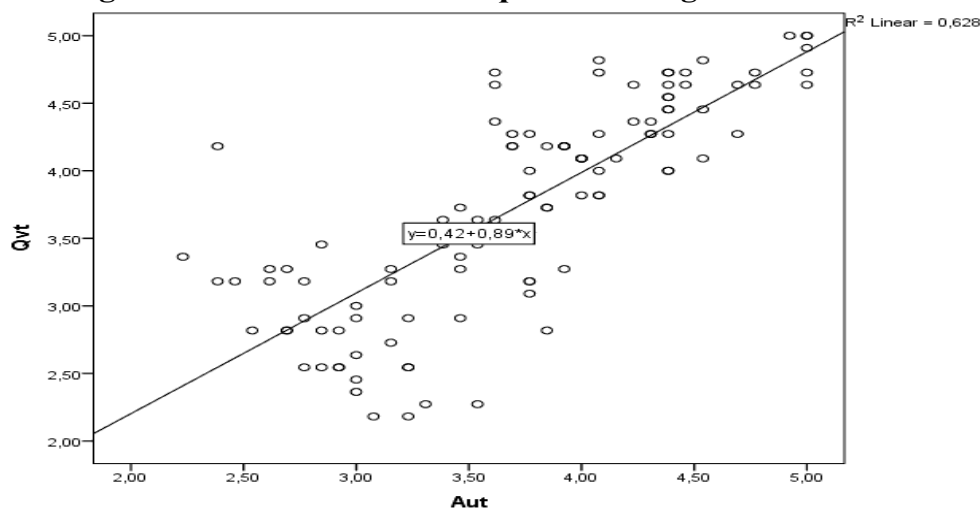
Table4. Simple regression analysis of the effect of empowering doctors on quality of work life

source of squares	Sum of freedom	Degree of freedom	Average of Squares	R	R ²	F	P-value (sig)
Regression	41.137	1	41.137				
Error	24.342	107	.227	.793 ^a	.628	180,826	.000 ^b
Σ	65.479	108					
Coefficients	B	Beta	t	sig	Regression model		
Constant	.418		1,668	.098			
Empowerment	.893	.793	13,447	.000	Y= 0,418+x0,893		

Source: Prepared by authors

The first hypothesis that stated that: There is no effect of empowering doctors on the quality of work life in (PEHP) Kais and Al-Dabila at a level of significance $\alpha \geq 0.05$ was not supported since $p=0.000$ ($p < 0.05$) for t-test, this means that statistically significant relationship exist between empowering doctors on the quality of work life. The significance of Fisher's test is 0,000 for all dimensions and it is less than 0.005, this indicates the testability of the model. The value of the coefficient of determination to empower doctors explains 62.8% of the quality of work life, while the rest is explained by other variables.

Fig.1. the diffusion and the equation of regression line



Source: Prepared by authors

Empowering doctors increases quality of work life by 0.42 for every unit increase. R Square value of 0.628 and R value of 0.793 further indicates that empowering doctors accounts to 67.9% of quality of work life.

4.2. Second hypothesis test:

Table5. Simple regression analysis of dimensions of the doctors empowerment impact on quality of work life.

R	R ²	F	P	Coef	B	T	sig	Regression Model
,635 ^a	,403	72,302	,000 ^b	Constant	1,431	72,302	,000	Y= 1,431+x0,623
				AX	,623			
,655 ^a	,430	80,564	,000 ^b	Constant	1,599	80,564	,000	Y= 1,599+x0,578
				BX	,578			
,661 ^a	,437	82,989	,000 ^b	Constant	1,631	82,989	,000	Y= 1,631+x0,556
				CX	,556			
,568 ^a	,322	50,843	,000 ^b	Constant	1,823	50,843	,000	Y= 1,823+x0,515
				DX	,515			

Source: Prepared by authors

The second hypothesis that stated that: There is no effect of the doctors empowerment dimensions on the quality of work life in (PEHP) Kais and Al-Dabila at a level of significance $\alpha \geq 0.05$ was not supported since the significance of the t-test is 0,000 for all dimensions and it is less than less than 0.005. This means that statistically significant relationship exist between doctors empowerment dimensions on the quality of work life in (PEHP) Kais and Al-Dabila. The value of the coefficient of determination (R^2) for the dimension of participation in decision-making explains 40.3% of the quality of work life. The value of the coefficient of determination (R^2) for the delegation of authority dimension explains 43.0% of the work quality. The value of the coefficient of determination (R^2) for the training dimension explains 43.7% of the work quality. The value of the coefficient of determination (R^2) for the teamwork dimension explains 32.2% of the quality of work life. As for the remaining ratios, it is explained by other variables. The significance of Fisher's test is 0,000 for all dimensions and it is less than 0.005. This indicates the testability of each model.

4.3. Third hypothesis test:

To test this hypothesis, the Pearson correlation coefficient will first be tested in order to identify the level and signal of the correlation between the dimensions of doctors' empowerment and quality of work life. Then a standard multiple regressions will be calculated in order to find out the magnitude of the variance and to interpret all dimensions.

Table6. Pearson correlation coefficient between the dimensions of doctors empowerment and quality of work life

P-value	p	value
AX	,635 ^{**}	0,000
BX	,655 ^{**}	0,000
CX	,661 ^{**}	0,000
DX	,568 ^{**}	0,000
Empowerment	,793 ^{**}	0,000

****.** Correlation is significant at the 0.05 level (2-tailed).

Source: Prepared by authors

All correlation values are positive, greater than 0.5 and statistically significant at the level of

significance 0,05, so there is a positive and strong relationship.

Table7. Standard multiple regression analysis of the difference in impact between dimensions of empowerment and quality of work life.

source squares	of Sum freedom	of Degree of freedom	Average of squares	R	R ²	F	P
Regression	41.143	4	10,286				
Error	24.336	104	,234	,793 ^a	,628	43,955	,000 ^b
Σ	65.479	108					
Coefficients	B	Beta	t	Sig			
Constant	,418		1,615	,109			
AX	,893	,418	2,447	,016			
BX	,278	,316	4,001	,000			
CX	,206	,245	2,969	,004			
DX	,213	,235	3,250	,002			

Source: Prepared by authors

The third hypothesis that stated that: There is no differential effect of the doctors empowerment dimensions on the quality of work life in (PEHP) Kais and Al-Dabila at a level of significance $\alpha \geq 0.05$ was not supported since the significance of the t-test is 0,000 and it is less than 0.05 for the dimensions BX, CX, DX, so it is considered a statistical function, while the dimension AX is not statistically significant at the level of significance 0,05.

4.4. The model of the relationship between doctors empowerment and quality of work life

To develop a model that illustrates the relationship between doctors empowerment and quality of professional life the differences will be calculated by gradually excluding the variables by progressive multiple regression according to the partial correlation as shown in the table below:

Table8: Exclusion of variables by progressive multiple regression according to partial correlation

Model	Dimensions	Partial correlation	T	-value
01	meanAX	0,416	,716	000
	meanBX	0,452	,214	000
	meanDX	0,350	,847	000
02	meanAX	0,294	,155	002
	meanDX	0,351	,839	000
03	meanAX	0,233	,447	016

Source: Prepared by authors

It is evident from the table that the dimension AX, which carries the least partial correlation (23.3%), has been gradually excluded. The significance of its t-test in the model (03) is estimated at 0.016 which is greater than 0.005, so it is not statistically significant. Then, the progressive multi-correlation of the various possible models is studied, where the dimensions are gradually introduced, to calculate the amount of representation and the extent of the effect, as shown in the following table:

Table9: Multiple regression analysis of effect difference between the dimensions of doctor's empowerment and quality of the work life.

Model	Coef	B	Beta	T	Sig	R	R ²	F	P
01	Constant	1,631		6,885	,000	,661 ^a	,437	82,989	,000 ^b
	CX	,556	,661		,000				
02	Constant	1,037		4,304	,000	,743 ^b	,552	65,243	,000 ^c
	CX	,358	,426	5,377	,000				
	BX	,364	,413	5,214	,000				
03	Constant	,601		2,368	,002	,779 ^c	,779 ^c	54,044	,000 ^d
	CX	,249	,296	3,624	,000				
	BX	,343	,389	5,198	,000				
	DX	,250	,276	3,839	,000				
04	Constant	,418		1,615	,109	,793 ^d	,628	43,955	,000 ^e
	CX	,206	,245	2,969	,004				
	BX	,278	,316	4,001	,000				
	DX	,213	,235	,250	,002				
	AX	,195	,199	2,447	,016				

Source: Prepared by authors

The significance of Fisher's test is 0,000 and it is less than 0.05 and this indicates the testability of the model. The fourth model, which includes dimensions (AX, BX, CX, DX) represents 62.8% of the quality of work life and is the highest among models 1, 2 and 3. Also, a non-statistically significant value of the t-test was recorded at the significance level of 0.05 for the dimension AX in addition to that it has the lowest partial correlation value in the model (23.3%). The same can be verified by applying hierarchical regression, as shown in the table below.

Table10. Multiple hierarchical regression analysis of variance in the effect of doctors empowerment dimensions on work life quality.

Model	Coef	B	T	Sig	Partial correlation	R	R ²	F
01	Constant	1,431	5,179	,000				
	CX	,623	8,503	,000	,635	,635 ^a	,403	72,302
								,000 ^b
02	Constant	,945	3,574	,001				
	CX	,375	4,623	,000	,410	,725 ^b	,525	58,640
	BX	,380	5,220	,000	,452			,000 ^c
03	Constant	,713	2,815	,006				
	AX	,256	3,155	,002	,294	,768 ^c	,591	50,487
	BX	,276	3,793	,000	,347			,000 ^d
	CX	,280	4,093	,000	,371			
04	Constant		2,005	,109				
		,418	2,568	,016	,233			
	AX	,195	152	,000	,365	,793 ^d	,628	43,955
	BX	,278	781	,004	,280			,000 ^e
	CX	,213	569	,002	,304			

Source: Prepared by authors

The significance of the Fisher test is 0,000 and it is less than 0.05 and this indicates the testability of the model, the fourth model that includes the dimensions (AX, BX, CX, DX) represents 62.8% of the quality of job life, and it shows non-statistically significant values of the special t-test For the dimension AX, in addition to the fact that it carries the lowest partial correlation value in the model (23.3%), so it can be excluded due to its lack of contribution to the studied relationship and reliance on Model N° (03) which includes the dimensions (BX, CX, DX) and represents

60.7% of the quality of job life as a result of the dimensions of empowering doctors in (PEHP) Kais and El-Dabila.

The results of the current study denied the hypotheses of the research, as the data analysis showed the following results:

- There is a statistically significant effect of the doctors empowerment dimensions on the quality of work life in (PEHP) Kais and Al-Dabila at a level of significance $\alpha \geq 0.05$.
- There is a statistically significant differential effect of the doctors empowerment dimensions on the quality of work life in (PEHP) Kais and Al-Dabila at a level of significance $\alpha \geq 0.05$.
- Teams work, training, and delegation of authority are the most related and representative dimensions when it comes to proposing a model for the relationship of the dimensions of the empowerment of doctors to the quality of work life in (PEHP) Kais and Al-Dabila.

5. CONCLUSION

In this study, which aims to determine the effect of physician empowerment on the quality of career, the majority of doctors surveyed reported that they do not participate in decision-making. It is clear that lack of participation is closely related to employee satisfaction and their quality of life at work, given that a comfortable and good career is not only related to providing the possible tasks and training to complete them and working in teams, whether self-managed or centrally, as well as delegating the powers that allow doctors to complete the work in an appropriate and timely manner without returning to the direct officials, but it is also directly related to the factors that enable employees to take decisions that affect their quality of life in the institution.

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