

ANALYTICAL STUDY OF THE IMPACT OF IMPLEMENTATION OF HOSPITAL ACCREDITATION ON INDIVIDUALS EMPLOYED IN HOSPITALS OF DELHI

Dr. Ashar Imam

Lecturer (Management)

Hamdard Institute of Medical Science and Research, New Delhi

ABSTRACT

Quality of health care is defined based on various criteria's and classifications. One of the classifications of quality of healthcare is technical quality and a client quality. Technical quality is more of clinical quality and client quality is more of interpersonal care quality. The technical quality of care is more of diagnostic and therapeutic processes and client quality of care is more of manner and behaviour of the provider in delivering and communication to the patient. Technical quality is also a functional quality which concentrates on assessing patient's perception on functioning. Institute of Medicine of USA defined the quality of healthcare from the perspective of technical aspect as —the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and were consistent with current professional knowledge.

Keywords: *Technical Quality, healthcare, delivering and communication etc.*

INTRODUCTION

The basic purpose of this chapter is to provide an overview of research design, sampling design, data collection methods and statistical tools used for analysis of data. This chapter gives an outline of how the research is carried out from the stage of problem definition to data collection till data analysis. This will help reader to understand flow of data collection, data measurement and analysis of data in order to achieve the objectives of research.

These benefits reflect the current expectations by healthcare organizations and systems, clients, and the public as a whole. They result from the impacts of an organization's self-assessment, which allows a close look at its strengths and areas for improvement and modification of its priorities; and the accreditation survey and reports, which provide recommendations from

surveyors who represent their peer group and have significant experience in the healthcare field, as well as assisting organizations to focus on outcomes measurement to allow them to benchmark themselves with other healthcare organizations.

The positive impacts of accreditation within the literature are noted as follows:

- Improves communication and collaboration, both internally as well as with external stakeholders and community partners.
- Strengthens interdisciplinary team effectiveness, contributing to better patient outcomes
- demonstrates commitment to quality, accountability, as well as increased credibility of healthcare organization
- Strengthens professional development, organizational learning and capacity building
- Increases effective risk management and mitigation, including enhanced patient safety sustains improvements in quality and organizational performance
- Enables ongoing self-analysis of performance in relation to standards
- Codifies policies and procedures
- Decreases variances in practice between healthcare providers
- Provides consistency and meaning associated with the objective peer review process
- Provides an impetus for change and its effective management

LITERATURE REVIEW

Operationally quality is "a multi-attribute characteristic which can be expressed by a generalized overall rating which is based on multidimensional measurements that reflect the rank ordering of preferences and their relative importance" (Monroe and Petroshius, 1973). Quality definitions are both micro and macro in nature. The micro quality definition is about short-term perspective and macro quality is about long-term perspective. There are three major components of quality in healthcare, conformance quality, design quality and fitness for use quality (Woodside, 1991). —Service quality is defined as initiatives that aim to engender a customer focus in an organization or activity to drive organizational change and improve performance" (Trosa, 1994). There is a clear hierarchy of quality objectives in the health care sector namely risk management,

resource management, managing patient tangibles and managing patient perceptions (Jirsch, 1993). Physicians always see the quality of patient care on clinical aspects rather than the focus on patient comfort and convenience. From the patients' point of view, patient education, patients' charter and involvement and assessment of patient satisfaction are the factors of quality. From the clinical point of view, mortality and morbidity statistics, utilization reviews, relevant usage of procedures and drugs, standardizing the treatment, time management are the factors of quality. Hospitals have to be benchmarked on their performance on the above parameters (Pickering, 1997). Comparing to the manufacturing sector, defining quality in health care services is very elusive (Omachonu, 1990). Quality of healthcare is still a complicated and indistinct concept (Gronroos, 2000). Quality of healthcare service is a multidimensional concept which reflects a judgment about whether services provided for patients are appropriate and whether the relationship between doctor and patient is proper (Martinez Fuentes, 1999).

RESEARCH METHODOLOGY:

Research methodology is a way to systematically solve the research problem. It is understood as a science of studying how research is done scientifically. It involves logical reasoning and has various steps that are generally adopted in research.

Objectives

1. To review and synthesise themes within the existing literature in the area of organisational change and quality implementation and impacts, with particular reference to quality in healthcare and hospital accreditation;
2. To explore the experiences of individual team members with reference to the implementation process surrounding the first phase of accreditation;

Hypothesis:

H0: Accreditation plays no significant role in boosting the employee satisfaction

H1: Accreditation plays a significant role in boosting the employee satisfaction

Sample Size

For this research; the universe of study consists of NABH Accredited Hospitals of Delhi. The universe of the study is 15 NABH hospitals. The approximate Clinicians 950, Nurses 3500 and Non-Clinicians 1550 delivering care are around 6000.

LIMITATIONS OF THE STUDY:

- This study is limited to Delhi city only. Result of the study may differ, if conducted in other regions. It measures the impact of hospital accreditation on quality, credibility and employee satisfaction only.
- The study is restricted to factors like quality, credibility, and satisfaction level of employees towards hospital accreditation.

DATA ANALYSIS AND INTERPRETATION

An attempt is made to study the impact of accreditation on satisfaction level of employees, one-way ANOVA test is applied taking designation of individuals as grouping factor and overall satisfaction level of employees as dependent variable, where following results has been obtained:

Table1: Descriptives

Overall satisfaction level from the accreditation process.

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Clinician	95	3.0632	1.31125	.13453	2.7960	3.3303	1.00	5.00
Nurse	350	3.5429	1.31648	.07037	3.4045	3.6813	1.00	5.00
Non-Clinician	155	3.2323	1.38085	.11091	3.0132	3.4514	1.00	5.00
Total	600	3.3867	1.34419	.05488	3.2789	3.4944	1.00	5.00

The above indicates the mean and standard deviation in column three and column four respectively, standard error is shown in column five. The mean result of clinician is found to be lowest i.e. 3.0632 which indicate that they are least satisfied by the accreditation, highest mean is

found to be in nurses i.e. 3.5429 which indicates that they are most satisfied due to accreditation process. Based on the above results it is found that non-clinicians are moderately satisfied because their mean is found to be 3.2323.

Table 2: ANOVA

Overall satisfaction level from the accreditation process.

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	22.176	2	11.088	6.244	.002
Within Groups	1060.117	597	1.776		
Total	1082.293	599			

The above Table 5.4 gives the ANOVA value i.e. F-value in the fifth column and the sig. value i.e. p-value in the sixth column. The p-value is compared with the alpha value of 0.05. The p-value of 0.002 is found to be less than the alpha value of 0.05 ($F = 6.244$; $P\text{-value} < 0.05$). Since, the p-value obtained is less than the alpha value of 0.05, the satisfaction level is concluded to be significant. Hence the hypothesis, "Accreditation have no significant role in boosting the employee satisfaction" is **rejected** and alternate hypothesis i.e. "Accreditation plays a significant role in boosting the employee satisfaction" is **accepted**.

Findings

- During the research it is found that majority of the respondents were male and out of the total respondents, majority of the respondents i.e. 26.17% belong to the age group of 26-35 years, 19.83% belong to the age group of more than 55 years, 18.83% belong to the age group of 46-55 years 17.83% belong to the age group of less than 25 years and remaining 17.33% belong to the age group of 36-45 years.
- The data has been collected from three category of respondents, viz., Clinical employees, nurses and non-clinical employees. During the research the data analysis has been done on 95 clinical employees, 350 nurses and 155 non-clinical employees. Hence, the data of 600 respondents has been collected.

- During the research it is found that majority of the respondents having an overall work experience of 4-6 years, followed by employees having experience of more than 6 years, between 2-4 years and less than 2 years respectively. This shows that those who are involved in accreditation process are having a good working experience in their respective fields.
- It is further found during the research that it is a practice of majority of the hospitals to involve their qualified staff into the accreditation process. Hence, it is found that majority of the respondents agree that they are very much involved in the accreditation process, followed by respondents who are involved at a great deal, very few of the respondents were not at all involved in the accreditation process.

CONCLUSION

Overall, it is concluded that accreditation of hospitals has a positive significant impact of working and service quality of employees. Accreditation is helpful not only to hospitals, but also to patients and employees also. Due to accreditation patient's care has been enhanced, health care quality has increased, motivation level of the employees has increased, teamwork has been encouraged, organizational values have been developed, effective utilization of internal resources has increased, needs of patients have been responded in a better manner, needs of peers are also taken care of and most important majority of the employees agree that they are now been above to contribute to the development of their organization.

BIBLIOGRAPHY

1. Adams, L., "The role of health information technology in improving quality and safety in RI: can new money solve old problems?", *Medicine and Health Rhode Island*, Vol. 92 No. 8, August, 2009.
2. Al Tehewy M, Bssiouni S, Habil I, EL Okda S. Evaluation of accreditation program in non-governmental organizations' health units in Egypt: Short-term outcomes. *Int J Qual Health Care*. 2009;21:183–9.
3. American Medical Association, "International medical graduates in American medicine: Contemporary challenges and opportunities," A position paper by the AMA-IMG Section
4. Anjali Patwardhan, A retrospective on access to health care; *International Journal of Health Care Quality Assurance* Vol. 20 No. 6, 2007 pp. 494-505 q Emerald Group Publishing Limited, 2009.
5. Avedis Donabedian (1982). *Quality, Cost, and Health: An Integrative Model*, *Medical care*, 20(10):975- 992 Avedis Donabedian (1983). *Quality assessment and monitoring – Retrospect and prospect*, *Evaluation & the health professions*, 6(3): 363-375