

AN EMPIRICAL STUDY ON PERCEPTION OF HOSPITAL EMPLOYEES TOWARDS ACCREDITATION

Ms. Sharon Michelle Phillip Dalgado
Research Scholar

Dr. D. N Khadse
Research Supervisor & Assistant Professor, Department Of Commerce,
Dhanwate National College

Abstract: A comprehensive review is conducted of organizational structure, policies & procedures, compliance with federal/state/local laws, leadership, patients' rights & responsibilities, fiscal operations, human resource management, provision of care, patient records, quality outcomes, performance improvement, infection control, and patient/employee safety. At the time of survey, organizations demonstrate how they have maintained continuous compliance with the Accreditation body Standards for Accreditation. The objective of this study is to find the perception of hospital employees towards accreditation process. It is found during the research that implementation of compliance of the guidelines of accreditation committee is bit confusing and hence it creates chaotic situation. Apart from this, doctors and nurses to allocate more time to administrative tasks at the expense of time with patients. However, majority of the respondents believe that there are positive changes in organizational structure after accreditation.

Keywords: Accreditation, employee perception, process, etc.

1. INTRODUCTION

There is a global trend towards the pursuit of healthcare quality, driven forward as countries attempt to engage in the more effective management of resources and services, amidst concerns about increasing costs, competing priorities and patient safety. One approach to managing quality on an organisation-wide basis, and in a hospital context, is through the implementation of accreditation, which involves the assessment of work and organisational practices against predefined standards, conducted by multidisciplinary clinical and support services teams. The level of compliance against these standards is

then evaluated by an external team of surveyors, on behalf of an independent body, and on the basis of this, an accreditation rating is arrived at for the organisation. Arising from this, the multidisciplinary teams move forward into the continuous improvement phase of the accreditation cycle, in order to action identified risks and opportunities for the development and enhancement of health services. In terms of the implementation process and impacts associated with organisation-wide quality approaches such as accreditation, the literature highlights that these are not well understood, nor reported on in any depth, from the perspective of those actively involved with, and closest to them. Furthermore, with reference to present times, accreditation has only relatively recently (2002) been adopted as the key vehicle for improving the quality of healthcare in publicly funded acute-care hospitals. As such, a paucity of literature exists within these particular areas. As a timely response to the recognised gaps in knowledge and understanding, and by positioning the study within the wider body of literature relating to organisational change and specifically, the Weisbord (1976a) change model, the research has posed the following research question: What are the experiences of individual team members in terms of the accreditation implementation process and the individual and organisational impacts associated with this, in a large acute-care hospital context? The aim of Accreditation is to achieve perfections and performance of excellence through the practice of modern quality management applications. Each Accreditation journey is unique to its respective organization which exhibited by the organizational culture.

1.1 Accreditation:

Accreditation is usually a voluntary program, sponsored by a non-governmental organization (NGO), in which trained external peer reviewers evaluate a healthcare organization's compliance and compare it with pre-established performance standards. Quality standards for hospitals and other medical facilities were first introduced in the United States in the “Minimum Standard for Hospitals” developed by the American College of Surgeons in 1917. After World War II, increased world trade in manufactured goods led to the creation of the International Standards Organization (ISO) in 1947. Accreditation formally started in the United States with the formation of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 1951. This model was exported to Canada and Australia in the 1960s and 1970s and reached Europe in the 1980s. Accreditation programs spread all over the world in the 1990s.³ There are other forms of systems used worldwide to regulate, improve and market the services of

healthcare providers and organizations, including Certification and Licensure. Certification involves formal recognition of compliance with set standards (e.g., ISO 9000 standards) validated by external evaluation by an authorized auditor. Licensure involves a process by which governmental authority grants permission, usually following inspection against minimal standards, to an individual practitioner or healthcare organization to operate in an occupation or profession.³ Although the terms accreditation and certification are often used interchangeably, accreditation usually applies only to organizations, while certification may apply to individuals, as well as to organization.

In the Healthcare purview, Accreditation is a process of review that healthcare organizations participate in to demonstrate the ability to meet predetermined criteria and standards of accreditation established by a professional accrediting agency. Accreditation represents agencies as credible and reputable organizations dedicated to ongoing and continuous compliance with the highest standard of quality. On-site surveys are conducted every three years by industry experts.

2. Literature Review:

Alaloola (2008) led an exploration study to discover persistent fulfillment at a Tertiary Care Center in Riyadh. Patients were greatly satisfied with the cleaning of the treatment room (90%). They were unhappy, on the contrary, by the bankruptcy of the interpreter (57.6%). They were very pleased with the time went through with specialists (90.1%) and how they were approached with deference and respect (74.8%). What's more, patients were altogether happy with the crisis staff, which enabled relatives to go with the patients experiencing treatment (60.9%). Release solution and related data was all around appraised (67.1 %) and post release mind data for the most part (56.4 %). There was noteworthy fulfillment with drug specialists approaching patients with deference and poise (79.4 %), disclosing how to utilize their prescriptions (78.1 %) and that every single endorsed medicine were accessible from the drug store (60.7 %). At last, patients were altogether disappointed with crisis mind staff data (52.7 %), while they were essentially happy with the military police being accessible to give bearings if necessary (77.6 %), staff regarding the Saudi culture (82.8 %) and conveying ease (82.1 %).

According to Vivek Hittinahalli (2013), NABH accreditation and its status in country: National Board for Accrediting the hospitals is a federal body answerable for giving quality certification to hospitals. The procedure of getting the certificate enhances the structure and procedure of care, with a sign that demonstrates accreditation programs

enhance clinical results. Patients and medical coverage organizations in therapeutic tourism don't come unless they see the sign of value affirmation and security and that through universal accreditation.

3. Statement of the Problem:

A comprehensive review is conducted of organizational structure, policies & procedures, compliance with federal/state/local laws, leadership, patients' rights & responsibilities, fiscal operations, human resource management, provision of care, patient records, quality outcomes, performance improvement, infection control, and patient/employee safety. At the time of survey, organizations demonstrate how they have maintained continuous compliance with the Accreditation body Standards for Accreditation. The objective of this study is to find the perception of hospital employees towards accreditation process.

4. Objectives:

The major objectives of this research are:

- a. To identify the process of hospital accreditation
- b. To study the perception of hospital employees towards accreditation process.

4. Methodology:

This study attempts to assess the perception on hospital employees towards accreditation process. The study is descriptive in nature and for this purpose, the primary data is collected through interviews and scheduled questionnaire distributed to NABH accredited hospital employees of Nagpur. The data on accreditation is collected from Secondary sources through reports, published books, journals, etc. The data has been collected from 100 respondents using the convenient sampling technique. A simple statistical technique is applied to calculate their percentage. Maps and charts were prepared to support the relevant data.

5. Findings:

A survey was conducted from the employees working in NABH accredited hospitals of Nagpur in order to find their perception towards accreditation process, where following results have been obtained:

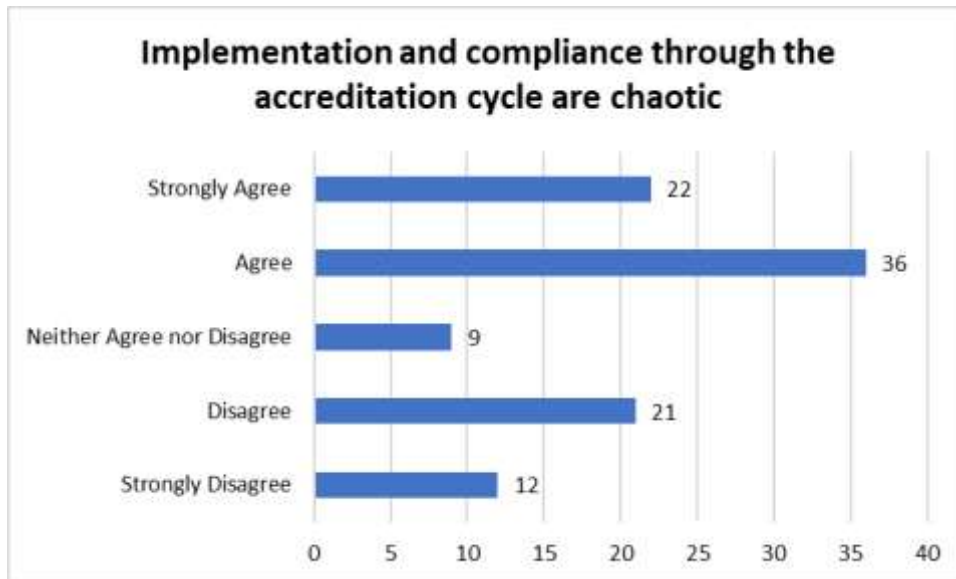


Fig. 1 Implementation and compliance through the accreditation cycle are chaotic

(Source: Primary Data)

Results from the figure 1 showed that majority of the staff i.e. 36% perceived the NABH implementation to be chaotic and characterised by uncertainty, which is supported by 22% of the respondents who strongly agree to this. However, 9% of the staff members neither agree nor disagree to this. Whereas, 21% of the staff members do not find its implementation confusing. Remaining 12% of staff strongly disagree to the above statement.

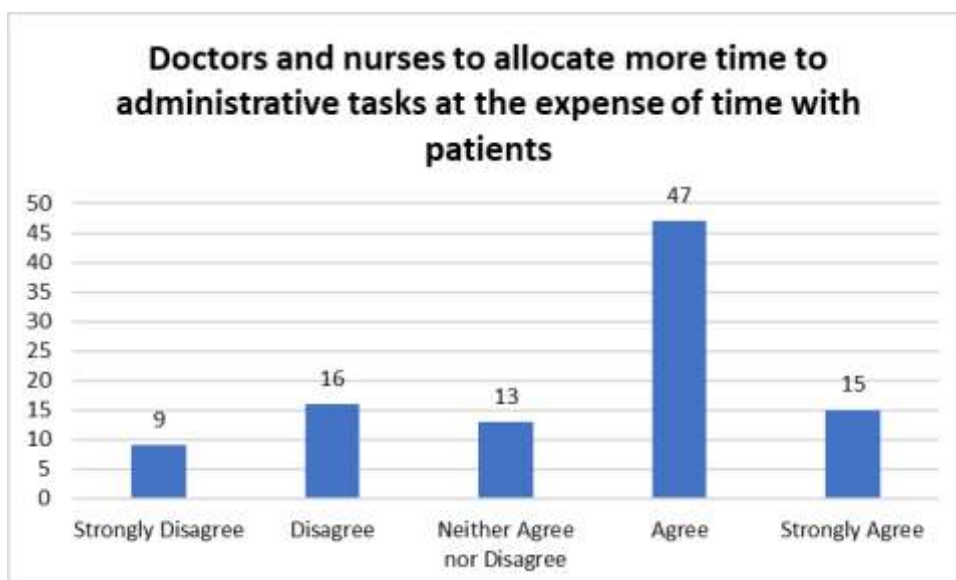


Fig. 2 Doctors and nurses to allocate more time to administrative tasks at the expense of time with patients

(Source: Primary Data)

It is found from figure 2 that majority of the staff i.e. 47% believe that doctors and nurses to allocate more time to administrative tasks at the expense of time with patients. Developing guidelines was the most time-consuming task. They indicated that the greater the workplace responsibility, the more work they were required to do in preparing for accreditation. Other improvement initiatives, which they perceived as more relevant to patient care, were paused during preparations. 15% of the respondents strongly agree to this. 13% of the respondents neither agree nor disagree to this, whereas, only 16% and 9% of the respondents disagree and strongly disagree to this.

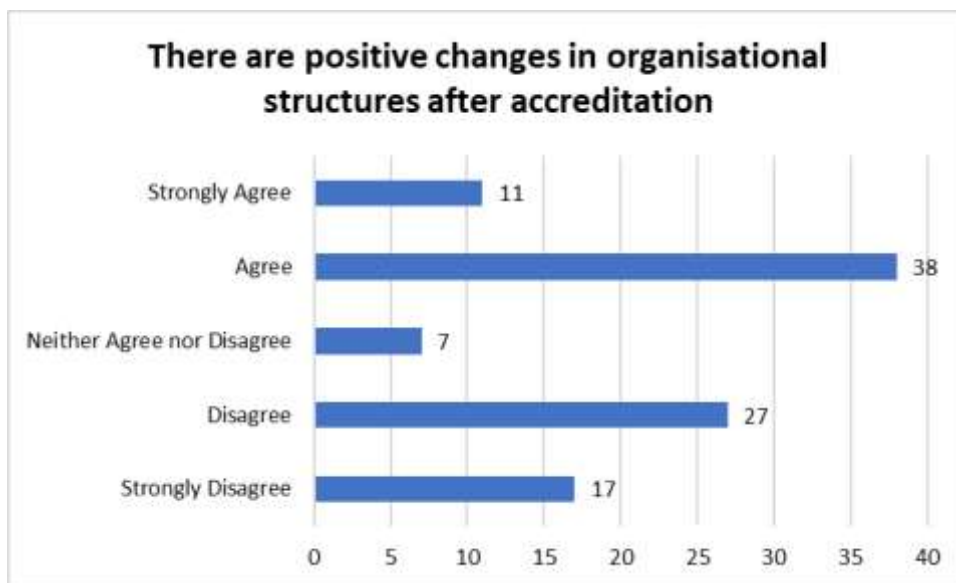


Fig. 3 There are positive changes in organizational structure after accreditation
(Source: Primary Data)

It is also found from figure 3 that majority of the staff member i.e. 38% agree that there are positive changes in organizational structure after accreditation, which is supported by 11% of the respondents who strongly agree to this. 7% of the respondents, neither agree nor disagree to this. Whereas, 27% of the respondents disagree to the above fact and remaining 17% strongly disagree to this. Participants meant that after accreditation, hospital staff were in a better position to implement new initiatives owing to experience with change, creating a new structure and a shared language.

6. Conclusion:

Hospital managers and staff should acknowledge that accreditation is a daunting task that involves the entire organisation. It critically reviews the entire hospital, including areas

that are often neglected. While being conducted, accreditation dominates hospital staff agendas, sometimes at the expense of patient care and other improvement initiatives. It is found during the research that implementation of compliance of the guidelines of accreditation committee is bit confusing and hence it creates chaotic situation. Apart from this, doctors and nurses to allocate more time to administrative tasks at the expense of time with patients. However, majority of the respondents believe that there are positive changes in organizational structure after accreditation. Overall, it is said that accreditation helps in improving the quality of the hospitals, however, getting accredited is an herculean task.

7. References:

- a. Alkhenizan, A. and Shaw, C. (2011), ‘ Impact of accreditation on the quality of healthcare services: a systematic review of the literature’ . *Annals of Saudi Medicine*, Vol 31 No. 4, pp 407-16.
- b. Arce H. Hospital accreditation as a means of achieving international quality standards in health. *International Journal for Quality in Health Care*, 1998, 10:469– 472.
- c. Blas, E. 2004, "The proof of the reform is in the implementation", *International Journal for Health Planning and Management*, vol. 19, p. S3-S23.
- d. Bogh, Søren & Blom, Ane & Raben, Caroline & Braithwaite, Jeffrey & Thude, Bettina & Hollnagel, Erik & von Plessen, Christian. (2018). Hospital accreditation: staff experiences and perceptions. *International Journal of Health Care Quality Assurance*. 31. 00-00. 10.1108/IJHCQA-06-2017-0115.
- e. Falstie-Jensen, A. M., Larsson, H., Hollnagel, E., Norgaard, M., Svendsen, M. L. and Johnsen, S. P. (2015a), ‘ Compliance with hospital accreditation and patient mortality: a Danish nationwide population-based study’ , *International Journal for Quality in Health Care*, Vol 27 No 3, pp 165-74.
- f. Taylor, M. J., McNicholas, C., Nicolay, C., Darzi, A., Bell, D. and Reed, J. E. (2014), ‘ Systematic review of the application of the plan-do-study-act method to improve quality in healthcare’ . *Quality and Safety in Health Care*, Vol 23 No 4, pp 290-8.
- g. Triantafillou, P. (2014), ‘ Against all odds? Understanding the emergence of accreditation of the Danish hospitals’ , *Social Science and Medicine*, Vol 101, pp 78-85.