

# A Study on the Attitude of Healthcare Professionals Towards Quality Accreditation

Kunal Rawal<sup>1</sup>, Nishtha Pareek<sup>2</sup>

<sup>1</sup>Research Scholar, Banasthali Vidyapith and Department of Commerce and Management, SGT University, Gurugram, Haryana, India

<sup>2</sup>Faculty of Management Studies, WISDOM, Banasthali Vidyapith, Aliyabad, Rajasthan, India

## ABSTRACT

Accreditation of hospitals is considered one of the most relevant mechanisms to achieve improvement in the quality and safety of healthcare (8). Worldwide, accreditation is gaining popularity as an effective mechanism for external assessment of healthcare quality. It is considered a method to address the issue of healthcare quality and safety. Accreditation is the independent and systematic assessment of a hospital against defined standards and recognition of a certain level of achievements of those standards by an external body. It is a process of certifying the credibility of an organization. In healthcare, accreditation recognizes and certifies the capability of a healthcare organization in delivering an acceptable standard of healthcare services, which is based upon excellent and safe practices. In this study, healthcare professionals' attitude toward quality accreditation is examined to know about their accountability. Total of 604 healthcare professionals such as; consultant physicians/surgeons, duty doctors, nursing staff, paramedical staff/allied healthcare staff, hospital administrators/managers, others (housekeeping in-charge/blue collar employees and healthcare academicians from public, private and run by Trust located in the North and Central India were randomly chosen. Through the application of factor analysis two components are explored, i.e., service quality and adaptability. One way of ANOVA was applied and found that a difference among the categories of healthcare professionals is observed for these components.

**Keywords:** Healthcare Organization, Accreditation, Systematic Assessment Service Quality and Adaptability.

*Adhyayan: A Journal of Management Sciences* (2022); DOI: 10.21567/adhyayan.v12i2.03

## INTRODUCTION

For all healthcare associations, hospitals and healthcare specialists, quality and safety in healthcare have long been a matter of concern. Accreditation emerged as a comprehensive approach and has been a choice by healthcare organizations worldwide. It is being widely used as a preferred tool with the objective of improving quality and patient safety in healthcare organizations. As a result of the lack of quality in healthcare, the severity of problems resulting from it was reported by the Institute of Medicine in 1999 in its landmark report 'To err is human: building a safer health system', attracting the attention of the media, policymakers, and healthcare professionals. As per the report approximately a year, 98,000 people die because causes of attributed to medical errors. After calculating because of these errors the financial costs resulting were estimated to be big enough to be counted amongst the top most public problems. The report found that the causes behind such losses are improper quality care and a shortage of

**Corresponding Author:** Kunal Rawal, Research Scholar, Banasthali Vidyapith and Department of Commerce and Management, SGT University, Gurugram, Haryana, India, e-mail: kunalrawal02@gmail.com

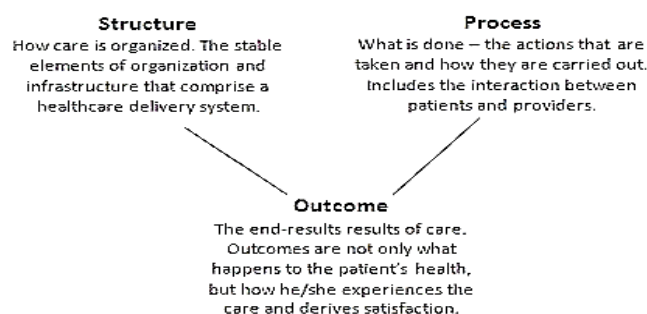
**How to cite this article:** Rawal, K., Pareek, N. (2022). A Study on the Attitude of Healthcare Professionals Towards Quality Accreditation. *Adhyayan: A Journal of Management Sciences*, 12(2):13-19.

**Source of support:** Nil

**Conflict of interest:** None

safetymeasures in healthcare delivery across hospitals.

In 2016, the National Board for Accreditation of Hospitals and Healthcare Providers (NABH) was started. It was established to work for accreditation programs for healthcare. The National Board for Accreditation of Hospitals (NABH) has proposed the outlined standard of comprehensive services for healthcare organizations. To get accreditation from the NABH, Quality Council of India the hospital has to achieve standards which constitute 105 standards & 683 objective elements. Accreditation



**Fig. 1:** Structure, process and outcome model of healthcare quality Source: Measuring and optimizing healthcare quality [internet], cited May 16, 2017, at [www.qualitydigest.com](http://www.qualitydigest.com)

standards are categorized among patient-centered standards and management-centered standards.

### Quality and Patient Safety in Healthcare

Quality is a general word that is used by everybody in their day-to-day communication. Everybody has their own meaning of the term 'Quality' and it is also differently meant by different types of people. To perceive a quality level of product the customer may keep in mind the following features, its performance, look, feel, finish, fit, and many more. During the services, the quality of service may be accessed by the features like how much the customer is satisfied by the service. To conduct any type of study that is related to quality improvement, it is not important to define and understand quality. Although, due to various ways quality is perceived and explained make it a Herculean task to discover the all-encompassing definition of quality. The model has been diagrammatically represented in Figure 1.

### Rationale of the Study

Hospitals should continuously aim to enhance the patient experience and always try to provide the best services. On some points, it is very difficult to survey the nature of care. In the healthcare sector, all records can be used to find out the crucial areas for improvement and the loopholes in the quality of services given by hospitals. The cost of care is influenced by quality accreditation. In a Hospital, care costs increase due to accreditation due to the fulfillment of essential requirements in secondary care. In a Hospital with tertiary care, due to the standard operating procedure (SOP) followed the cost of care came down mostly. Hence, the procedure of accreditation is very useful for bigger Hospitals to enhance the quality of care at an affordable cost. To conduct the survey the two main

aspects are taken i.e., the experience of the patient and the cost of treatment. After conducting the satisfaction survey of patients, the satisfaction level was assessed from various groups including the quality of the staff involved in care, facilities, and equipment, and efficacy of cost.

### Review of Literature

Healthcare professionals had an incredulous attitude toward accreditation. The Management of Hospitals believes that accreditation is an effective tool for improvements to meet the needs of the patients' care and make them feel responsible towards society. Accreditation programs were perceived as being burdensome and bureaucratic by healthcare practitioners. Chitkara, N. *et al.* (2021) executed a study to know about the attitude regarding accreditation. Medical staff attitudes toward accreditation and their understanding of NABH standards were investigated in this research with the goal of determining the degree of attitude and knowledge of medical personnel. The findings of the research demonstrated that after six months of working in a hospital on the path to NABH certification, medical personnel had a more positive attitude and increased understanding of accreditation.

Mandeep *et al.* (2020) conducted a study to determine the degree of attitude toward accreditation held by medical professionals, as well as their level of awareness about NABH standards. The findings of the research demonstrated that after six months of working in a hospital on the path to NABH certification, medical personnel had a more positive attitude and increased understanding of accreditation. It is critical that medical staff members have a thorough understanding of NABH certification as well as a good attitude toward it. Furthermore, the same may be done with adequate training and a supportive hospital atmosphere.

Agustine, E. & Pujiyanto (2019) conducted a study in Indonesia. The findings of the research included in this review revealed that favorable opinions of health professionals toward hospital accreditation had an influence on increasing the quality of health care. There are several aspects that influence the success of accreditation, including the quality of care provided, leadership, and organizational culture. It is necessary to develop ways to improve how certification may be used to improve the quality of care and build leadership and culture. It is anticipated that the results will give significant insights to those who are planning for or implementing accreditation.



**Table 1:** Profile of Healthcare Professionals

Parameters	Category	Frequency	Percentage
Gender	Male	216	35.8
	Female	388	64.2
Age	Upto 30 Years	398	65.9
	31–40 Years	154	25.5
	41–50 Years	36	6.0
	More than 50 Years	16	2.6
	Consultant Physicians/Surgeons	34	5.6
	Duty Doctor	47	7.8
Designation	Nursing Staff	190	31.5
	Paramedical Staff/Allied Healthcare Staff	56	9.3
	Hospital Administrators/Managers	170	28.1
	Others (Housekeeping in-charge/Blue Collar Employees	80	13.2
	Healthcare Academicians	27	4.5
Working Experience	Upto 5 Years	414	68.5
	5.1–8 Years	53	8.8
	8.1–10 Years	49	8.1
	More than 10 Years	88	14.6
	Public	208	34.4
Type of Hospital	Private	386	63.9
	Run by Trust	10	1.7

Pourrabia, P. & Hosseini, S. (2018) conducted a study to examine nurses' opinions of and attitudes concerning the influence of hospital accreditation on their service quality at an eye hospital in Tehran in 2016. According to the current research findings, the hospital accreditation program had a favorable impact on the quality of care from the viewpoint of the nurses who participated in the survey. Accreditation, hospital, nurses, quality improvement, and service quality are some of the key phrases.

Ehlers, L. *et al.* (2017) conducted a study to assess attitudes toward certification and the Danish quality model (DDKM) among Danish hospital personnel. Accreditation was abolished by the Danish government in 2015 due to negative public opinion. Through the use of a web-based questionnaire, a cross-sectional survey was conducted. All Danish hospital administrators, quality improvement personnel (managers and workers), hospital surveyors, and clinicians (doctors and nurses) in nine chosen specialties participated in the study. Physicians were more cautious than the general public, although the public was favorable overall.

Alharthi, S. & Alshehri, A. (2017) conducted a study wherein patients and PHC staff members were asked

to rate the influence of accreditation on the quality of treatment they received. They were also asked to compare the quality of healthcare services offered by accredited and non-accredited primary healthcare facilities. In the Makkah area of Saudi Arabia, cross-sectional research was undertaken at two primary health care (PHC) clinics that have received CBAHI certification and two PHC centers that have not received accreditation. According to the employees' viewpoints, certification of primary healthcare facilities positively influences the services they provide to patients.

Park, T. *et al.* (2017) conducted a study in which it is necessary to provide "strong proof of the success of accreditation" to entice additional hospitals to participate in the certification process. The purpose of this research was to identify and examine the attitudes of healthcare personnel about hospital accreditation, as well as the influence of hospital accreditation on the quality of healthcare in Korea, in order to improve the quality of healthcare. The findings revealed that healthcare personnel had a strong knowledge of the purpose, need, and intention of the healthcare certification system, but they also revealed that there are limits to the accreditation criteria itself.

**Table 2: Reliability Statistics**

<i>Cronbach's Alpha</i>	<i>N of Items</i>
.839	15

Jagadale, S. *et al.* (2016) conducted a study to determine the attitude of medical staff towards accreditation as well as their level of knowledge regarding the NABH standard. The survey findings indicated that, six months after the accreditation process at the Krishna Hospital in Karad, the vast majority of physicians and nurses, as well as all other medical personnel, had a favorable attitude toward the acceptance of the NABH. According to the findings of this research, personnel at Krishna Hospital in Karad had a favorable attitude toward the implementation of NABH.

Petrusevska, A. *et al.* (2016) conducted a study to gain an understanding of the attitudes of healthcare professionals working in Macedonian hospitals, as well as to gain an understanding of the value of accreditation on quality of care as perceived by the staff members, as well as possible strategies to improve implementation of accreditation during a pre-accreditation period in R. Macedonia. From the findings, it can be inferred that healthcare professionals in our research see accreditation as a tool that may stimulate the process of enhancing overall performance in a healthcare organization, ultimately leading to the achievement of the end aim of providing high-quality services to patients.

### Research Gap

Many studies had been done on service quality in hospitals but this present study has taken steps to improve the quality through the implementation of accreditation as per norms so that all those who involve in the arena, will feel accountable in carrying on their duties. No research has talked about the knowledge of healthcare professionals on accreditation which is essential to get to know about their responsibilities and as well as their accountabilities. The process of accreditation enhances the performance of healthcare professionals committed to providing care to patients.

### Objective

To study the attitude of healthcare professionals towards quality accreditation (Table 1).

### Research Methodology

**Research Design:** Research is exploratory and descriptive.

**The sample size** for this research was 604

**Table 3: KMO and Bartlett's Test**

<i>Kaiser-Meyer-Olkin Measure of Sampling Adequacy.</i>		.900
Bartlett's Test of Sphericity	Approx. Chi-Square	3818.687
	df	105
	Sig.	.000

**Sample area for this research was** - Hospitals in North India and some parts of central India

**The sampling Technique** used for this research was a convenient sampling method. This sampling technique is appropriate for our respondents and allows us to reach every possible respondent who was ready to share their feedback and financial data. Secondly, the credentials of a few respondents were not appropriate/or not existing.

**Sampling Unit:** Consultant Physicians/Surgeons, Duty Doctors, Nursing Staff, Paramedical Staff/Allied Healthcare Staff, Hospital Administrators/Managers, and Others (Housekeeping in-charge/Blue Collar Employees and Healthcare Academicians were the participants for the Hospitals located in Northern and Central India.

**Instrument Scale: The attitude of Healthcare Professionals towards Quality Accreditation** had 15 variables; quality improvement systematic work, the image of hospitals, updations of healthcare professionals, increases the workload administrative procedures, decreases the stress level, employee productivity, specified time frame, ensuring better patient care, enhances patient satisfaction, less adaptability, etc.

**Tools for Data Collection:** Data were collected from primary sources. Self-administered questionnaire as primary data collection was used to receive their responses and discussions were held with Consultant Physicians/Surgeons, Duty Doctors, Nursing Staff, Paramedical Staff/Allied Healthcare Staff, Hospital Administrators/Managers, Others (Housekeeping in-charge/Blue Collar Employees and Healthcare Academicians regarding the same. Secondary data was collected from extensive literature available like existing published research work,

**Data Analysis:** After the data was collected it was organized and analyzed. A computer program called Statistical Package for Social Sciences (SPSS) version 20.0 was used for the analysis of closed-ended questions. ANOVA was applied to test the hypotheses.

## RESULTS

The reliability scale on the attitude of healthcare professionals towards quality accreditation is comprised





**Table 4:** Factor Description

<i>Factor</i>	<i>Eigen Value</i>	<i>Variance</i>	<i>Statement</i>	<i>Loading Value</i>
Service Quality	5.163	34.417	Accreditation Improves the Quality of Healthcare services	.786
			Accreditation is beneficial for Hospitals	.765
			Accreditation improves the hospital's image	.745
			Patients are benefitted from the processes in an accredited organization	.739
			Accreditation makes the work more systematic	.733
			Accreditation secures patient rights	.706
			Accreditation creates a sense of Quality and patient safety among the public	.703
			Accreditation enhances patient satisfaction	.678
			Accreditation help healthcare professionals to update themselves through participating in Seminars/Workshops/Conferences	.656
			Accreditation upgrades the administrative procedures in hospitals	.635
Adaptability	3.071	20.475	I perceive that accreditation has a negative impact on employee productivity	.843
			Accreditation reduces the satisfaction level of healthcare professionals	.832
			In my viewpoint, Accreditation is merely for the sake of a name	.756
			There is less adaptability in hospital staff towards Accreditation	.723
			I feel Accreditation increases the workload of the hospital staff	.682

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. a. Rotation converged in 3 iterations

of 15 statements with a value of .839 so it was carried out for further analysis (Table 2).

A KMO sampling measure revealed a KMO value of 0.900, indicating that the sample size is adequate for the current study (Table 3). The Chi-Square score of 3818.687 is significant at the 0.000 level of significance, suggesting that the null hypothesis is rejected. As a result, it is demonstrated that the item matrix is not an identity matrix, and the value disclosed that the data is normally distributed and acceptable for factor analysis.

$H_{01}$ : There is no significant difference among the designation of healthcare professionals towards their attitude for service quality of accreditation.

The table shows the mean difference among the designation of healthcare professionals towards their attitude toward service quality of accreditation (Table 4). The mean value of Nursing Staff (42.4474) is the greatest followed by Hospital Administrators/Managers (42.2529), Duty Doctors (41.8511), and Healthcare Academicians (41.4074) so on but among all Consultant, Physicians/Surgeons have the least value (38.7059). The value of F is 5.088 which is significant at

.000<0.05 concluding that there is a difference among the designation of healthcare professionals towards their attitude toward service quality of accreditation. Hence, the null hypothesis 'There is no significant difference among the designation of healthcare professionals towards their attitude for service quality of accreditation' is not accepted.

$H_{02}$ : There is no significant difference among the designation of healthcare professionals towards their attitude toward adaptability of Accreditation. ANOVA on service quality and adaptability is shown in Table 5 and 6.

The table shows the mean difference among the designation of healthcare professionals towards their attitude toward adaptability of Accreditation. The mean value of nursing staff (17.2632) is the greatest followed by healthcare academicians (17.2222), paramedical staff/allied healthcare staff (16.2679), duty doctors (16.1489) so on but among all consultant, physicians/surgeons have least value (15.1176). The value of F is 4.136 which is significant at .000<0.05 concluding that there is a difference among the designation of healthcare

**Table 5: ANOVA on Service Quality**

<i>Designation</i>	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>F Value</i>	<i>Sig.</i>
Consultant Physicians/Surgeons	34	38.7059	5.92135	5.088	.000
Duty Doctor	47	41.8511	4.99991		
Nursing Staff	190	42.4474	4.88545		
Paramedical Staff/Allied Healthcare Staff	56	40.3750	5.61026		
Hospital Administrators/Managers	170	42.2529	5.21271		
Others (Housekeeping in-charge/Blue Collar Employees)	80	39.8250	4.98040		
Healthcare Academicians	27	41.4074	6.71542		
Total	604	41.5497	5.32610		

**Table 6: ANOVA on Adaptability**

<i>Designation</i>	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>F-value</i>	<i>Sig.</i>
Consultant Physicians/Surgeons	34	15.1176	4.45016	4.136	.000
Duty Doctor	47	16.1489	4.55392		
Nursing Staff	190	17.2632	4.15624		
Paramedical Staff/Allied Healthcare Staff	56	16.2679	4.52665		
Hospital Administrators/Managers	170	15.2176	4.19280		
Others (Housekeeping in-charge/Blue Collar Employees)	80	15.9750	4.20059		
Healthcare Academicians	27	17.2222	4.33531		
Total	604	16.2152	4.32970		

professionals towards their attitude for adaptability of Accreditation. Hence, the null hypothesis 'There is no significant difference among the designation of healthcare professionals towards their attitude for adaptability of Accreditation' is not accepted.

## CONCLUSION

The study found that the attitude of healthcare professionals is influenced by service quality and adaptability of accreditation, as service quality focuses on the systematic procedure of task accomplishments. The result disclosed that nursing staff is more concerned with the accreditation process as they are more accountable because, on real grounds, they have to speak out. Accreditation helps in enhancing their individual skills. On the other hand, Consultants, Physicians, or Surgeons are less concerned as they are not supposed to give the reasons for all the work or other administrative duties so it makes a difference. In the same way as the adaptability of accreditation, Nursing staff is more concerned with this factor compared to others. The result concluded that accreditation creates the safety and security of patients and makes feel healthcare professionals about their seriousness towards their duties. This process

enhances productivity and creates a good image of Hospitals.

## SUGGESTIONS

- To follow up with the complaints of patients rapidly and with transparency, keep activating part of the quality assurance department in a public hospital that contains an adequate number of developed equipment, machinery, and technologies that assist the progress of the work of professionalized administrative staff and healthcare professionals.
- To increase workshops and holding conferences in and outside the nation which increases and exchanges experiences and knowledge of healthcare professionals which will lead to an increase in the role of the research and development department.
- Another suggested point is to increase the awareness of administrative staff that their job work profile is for humane not-for-profit organizations.
- Public hospitals should also focus on investing more in commercial campaigns to enhance the patients' nationalism towards their nation by getting treatment within their country.



## REFERENCES

- Al-Hanawi MK, Alsharqi O, Almazrou S, Vaidya K. (2018) Healthcare finance in the Kingdom of Saudi Arabia: a qualitative study of householders' attitudes. *Applied Health Econ Health Policy*. 16 (1):55–64.
- Alharthi, S. and Alshehri, A. (2019) Study on Accreditation Experience in Makkah region. *International Journal of Scientific & Engineering Research* Volume 10, Issue 1, pp.192.
- Chitkara, N. *et al.* (2021) Eye and the COVID-19 J. Multidisciplinary. *Res. Healthcare* Vol. 7, No. 1 pp.49–51.
- Ehlers, L. *et al.* (2017) Factors that may influence South African nurses' decisions to emigrate *Health SA Gesondheid*, 12 (2) (2007), pp. 14-26
- Jagadale, S. *et al.* (2016) "A study to evaluate change in attitude of medical staff towards acceptance of Nabh in Krishna Hospital, Karad." *Journal of Evolution of Medical and Dental Sciences*, vol. 5, no. 84, 20 Oct. pp. 6244.
- Klazinga N., (2000) "Re-engineering trust: the adoption and adaption of four models for external quality assurance of health care services in western European health care systems". *International Journal of Quality Health Care*: 12:183-9.
- Mandeep, chitkara naveen, goel sandeep Study to evaluate change of attitude toward acceptance of NABH guidelines: An intra-institutional experience Department of Neurosurgery, NASABrain and Spine Centre, Jalandhar, Punjab, India 2014; 1(2).p.52-55
- Montagu D. 2003. "Accreditation and other external quality assessment systems for healthcare: Review of experience and lessons learned. London: Department for International Development Health Systems Resource Centre"; retrieved from [http://www.dfidhealthrc.org/publications/health\\_service\\_delivery/Accreditation.pdf](http://www.dfidhealthrc.org/publications/health_service_delivery/Accreditation.pdf).
- Park, T. *et al.* (2017) conducted a study according to which, it is necessary to provide "strong proof of the success of accreditation *American Journal of Community Psychology*, 51, 385-397.
- Petrusevska A., Kjosevska E., Isjanovska R., Zafirova B., Spasovski M., Zisovska E., 2015. "Evaluating Perceptions of the Healthcare Providers Concerning Accreditation Healthcare Organizations in the R. Macedonia". *Journal of US-China Public Administration*. Volume 12, Number 6, (Serial Number 116)485-497
- Pourrabia, P. & Hosseini, S. (2018) Assess the Level of Knowledge and Attitude among staff Nurses on Nursing Informatics in KVM Super Specialty Hospital, Cherthala with a view to Develop a Self-Instructional Module. *Asian J. Nursing Education and Research*. 8(2): 215-219.
- Rousseau, D.M. (2006), "Is there such a thing as 'evidence based management'?" *Academy of management review*, Vol. 31, pp. 256–69
- Ruiz, U. and Simon, J. (2004), "Quality management in health care: a 20-year journey", *International Journal of Health Care Quality Assurance*, Vol. 17, pp. 323-33.
- Vincent, C., Batalden, P.B. and Davidoff, F. (2011), "Multidisciplinary centres for safety and quality improvement: learning from climate change science", *BMJ Quality and Safety*, Vol. 20, pp. 173-8
- Wallin, L., Boström, A.M., Harvey, G. *et al.* (2002), "Progress of unit based quality improvement: an evaluation of a support strategy", *Quality & Safety in Health Care*, Vol. 11, pp. 308-14
- Yang, C. (2003), "The establishment of a TQM system for the health care industry", *The TQM Magazine*, Vol. 15, pp. 93-8.