



## A COMPARATIVE STUDY OF EVIDENCE BASED PRACTICES BEFORE AND AFTER INTERNATIONAL ACCREDITATION AND PERCEPTION OF EMPLOYEES

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### ABSTRACT

**Purpose:** To compare the availability of evidence based practices before and after joint commission international accreditation as well as to assess employee perception about the impact of accreditation.

**Method:** Conducted a cross sectional study in 11 health centers belong to Dubai health authority. Prepared a checklist and questionnaire to assess the processes improvements as well as the perception of employees respectively. Studied perception by recruiting physician ( $n=106$ ) and nurses ( $n=194$ ) using convenience sampling technique. Done content validity of the tools with clinical quality experts. Conducted pilot study for the questionnaire and checked the reliability using Cronbach alpha (0.924). After obtaining ethical clearance and consent from subjects, the researcher personally visited the health centers and administered validated questionnaire to the participants. To study processes improvements, the researcher audited documents for availability of evidence based practices before and after accreditation using the validated checklist with 17 processes reflecting various domains of quality in healthcare.

**Results:** Observed tremendous improvement in the availability of evidence-based practices. The proportion of practices before and after the accreditation was statistically significantly different ( $p < .001$ ). Majority (96.3%) of doctors and nurses perceived improvements in practices after accreditation. Statistical significance was noted between qualification and perception of employees about the impact of accreditation ( $p < .001$ ). Similarly there was also positive association between length of service and perception ( $p < .001$ )

**Discussion:** Observed processes improvements ensuring quality of health care after accreditation. Likewise, majority of employees perceived that the accreditation has improved quality of patient care.

**KEYWORDS :** practices, accreditation, perception

### INTRODUCTION

Accreditation has grown and become popular as governments, the public have increasingly come to demand more and more openness about health care, and its delivery. Quality defects and areas of improvement are a lot in hospitals (Daucourt & Michel, 2003). Accrediting agencies are devoted to enhancing patient safety by delivering care standards, surveys, and professional guidance (Saufi & Fieldus, 2003). Accreditation programs should be encouraged as an instrument to revamp the status of healthcare services as the accreditation programs improve the processes of care provided by healthcare organizations (Alkhenizan & Shaw, 2011). Quality, safety structures and procedures are more evident in hospitals with accreditation and certification (Shaw, Groene, Mora, & Sunol, 2010). Hence, it is imperative to align accreditation, quality improvement and regulations in health care services to ensure patient safety and quality (Nicklin, Fortune, van Ostenberg, O'Connor, & McCauley, 2017). Achievement of accreditation will provide a mechanism for recognizing high-performing health departments (Bender & Halverson, 2010). Avia & Hariyati (2019) found the effect of accreditation through improved quality management, employee participation and quality results. Correspondingly, (Benedicte Juul et al., 2005) found the availability of quality clinical guidelines after accreditation. Quality improvement initiatives without undermining efficiency is possible while adopting accreditation standards (Takenori Inomata et al., 2018).

Moreover, healthcare professionals believe in hospital accreditation's positive role (Druica, Wu, Cepoi, Mihaila, & Burcea, 2020). Professionals have a high level of satisfaction with joint commission international as it improves international patient safety goals (Despotou, Her, & Arvanitis, 2020). Staff observed tremendous improvement in quality after accreditation (Trisno, Putra, & Purwanza, 2020). In nurse's opinion, medication reconciliation, fall risk assessment, skin care, which are part of accreditation, are important for quality and patient safety (Jaggi et al., 2018).

Since a lot of controversy exists, significance of getting a hospital accredited remains unclear. Policy makers and hospital leadership are in dilemma. Health professionals have difference in opinion and found it as unmanageable (Park, Jung, & Suk, 2017).

Health centers belong to Dubai health authority was newly accredited by joint commission international in the year 2016 and was reaccredited in 2019. Various documents and indicators were introduced to comply with international standards. Physicians and nurses were involved in implementing new policies and procedures. Hence, it is noteworthy to study on processes improvements and perception of employees to clear the skepticism about the benefits of accreditation.

### MATERIALS AND METHODS

Conducted a cross sectional study in eleven government primary health centers, belong to Dubai health authority. In order to assess processes availability before and after accreditation a checklist containing 17 processes on quality care was prepared by the researcher and was validated by the clinical quality experts. Conducted an audit of documents on clinical processes. Findings were documented in a Microsoft excel spreadsheet. Scored findings as zero =not available, one= partially available, two = fully available for the availability of processes before and after accreditation. Similarly, in order to elicit perception of employees, 300 subjects (physician and nurses) were chosen by convenient sampling technique with the inclusion criteria of direct involvement in joint commission international accreditation process. A structured validated questionnaire prepared by the researcher was administered to subjects after obtaining ethical clearance and informed consent. Reliability of the tool was tested using Cronbach alpha (0.924). The filled questionnaires were collected and the data was entered in a micro soft excel spreadsheet. All responses were scored using five point Likert scale with score one as strongly disagree and five as strongly agree. The Data was analyzed

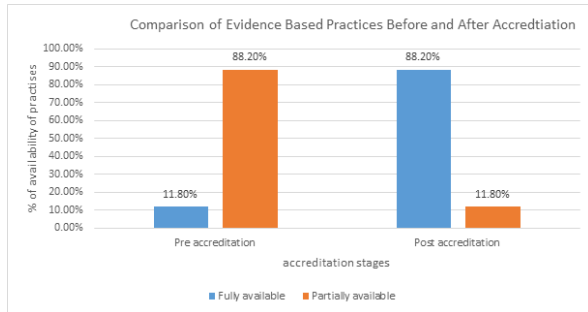
using SPSS Version 21 as per the study objectives and were interpreted using appropriate statistical tools.

**RESULTS**

**Availability of evidence based practices before and after accreditation**

Out of the listed evidence based practices, only 11.8% were fully available before joint commission international accreditation. Whereas, in the post accreditation phase 88.2% of the processes were fully available. The proportion of health care quality processes before and after the accreditation is statistically significantly different ( $p < .001$ ), suggesting improvements in quality processes after accreditation.

**Figure.1 Comparison of evidence based practices before and after accreditation**



**Table 1. Perception of employees about the impact of accreditation**

Quality Domains	Disagree (%)	Agree (%)
Safe	4.9	95.1
Timely	6.23	93.77
Effective	13	87
Efficient	10.35	89.65
Patient centered	20.7	79.3

As shown in the table majority of professionals agreed that the accreditation had great impact on quality of health care by making it safe (95.1%), timely(93.77%), effective (87%), efficient (89.65%) and patient centered (79.3%).

**Relationship between qualification and perception of employees on impact of accreditation**

The association between qualification and perception of staff about impact of accreditation was tested using Kruskal Wallis Test and showed a significant relationship ( $p < .001$ ).

**Relationship between length of service and perception of employees on impact of accreditation**

Kruskal Wallis test showed a significant relationship ( $p < .001$ ) between staff length of service and perception about accreditation.

**DISCUSSION**

The present study evaluated the impact of accreditation on quality of health care. Studied process improvements and perception of health care professionals. The study revealed that majority of the evidence-based practices were fully available after accreditation. Accreditation should always be encouraged to enhance quality and safety of health care services. Even though some studies show positive impact of accreditation, many researchers did not find any significant improvements in quality after accreditation. Hence, policy makers and hospital administration are skeptical about the benefits of accreditation. Bogh, Falstie-Jensen, Bartels, Hollnagel, & Johnsen (2015) examined performance measures in accredited hospitals and non-accredited hospitals and did not find any improvements. Therefore, the current study is very significant as the results shows tremendous improvements in the availability of evidence based practices post accreditation. This study will be a revelation for leaders and

policy makers to make appropriate decision in seeking international accreditation.

In the current study majority of physician and nurses perceived the positive impact of accreditation in improving quality and patient safety. Nurses and doctors should always be the focused group to assess the changes in quality patient care as they work round the clock in direct patient care. Accreditation process is a highly effective tool for boosting organizational cooperation and staff relationships, introducing quality improvement programmes, and fostering links between health care organizations and stakeholders (Pomey et al. (2010).

The present study also revealed the positive relationship between perception of employees and their length of service as well as qualification. Physicians and nurses with higher qualifications are influential in implementing accreditation standards. Furthermore, physicians and nurses with long work experience have better understanding of organizational culture and hence will be ready to put efforts in implementing accreditation and certification standards. Therefore, retention of professionals with long work experience is essential.

**CONCLUSIONS**

The study concludes that the process improvements and the feedback from the physician and nurses had facilitated a change in the preconceived notions about international accreditation and its impact on the quality of health care. Moreover, for better outcome, health care organization should consider qualification and work experience of professionals.

**Competing interests**

Authors declare that they have no competing interests.

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