



IMPACT OF JOINT COMMISSION INTERNATIONAL ACCREDITATION (JCIA) ON HEALTH CARE PROCESSES AND THE CHALLENGES FACED BY PHYSICIANS AND NURSES.

Management

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ABSTRACT

Purpose: To evaluate the impact of joint commission international accreditation on health care processes as well as to assess the challenges faced by the physicians and nurses.

Method: Conducted a cross sectional study in 11 health centers belong to Dubai health authority. Prepared a checklist and questionnaire to assess the changes in the processes brought by accreditation as well as the challenges faced by employees respectively. Studied perceived challenges 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 visited health centers and administered questionnaire to the participants. To evaluate the process improvements, the researcher audited documents for the availability of processes before and after accreditation using the validated checklist, which consisted of 25 processes reflecting various domains of quality, employee engagement, interdisciplinary collaboration and communication.

Results: Observed tremendous improvements in the availability of processes. The proportion of processes before and after the accreditation was statistically significantly different ($p < .001$) for quality of health care. However for employee engagement ($p=.250$) and interdisciplinary collaboration and communication ($p=1.000$) no statistical significance were noted even though there were significant improvements. Majority (57.5%) of doctors and nurses perceived that the accreditation processes were challenging.

Discussion: Observed processes improvements ensuring quality, employee engagement, interdisciplinary collaboration and communication after accreditation. However, majority of the employees perceived that, the accreditation was challenging in terms of workload, communication and documentation.

KEYWORDS

Impact, accreditation, challenges

INTRODUCTION

The global interest in improving health care quality has caused many decision makers to seek international accreditation. Majority of past researches conducted in late decade in developed and developing countries investigated the impact of accreditation programs on healthcare organizations related to its structures, processes, outcomes and patient satisfaction reported positive impacts. Performance outcome nine out of twelve have reported as improved in one of the studies (Al shawan, 2021). In the study (Desveaux, Mitchell, Shaw, & Ivers, 2017) it was stated that the accreditation process has the potential to influence quality through a series of mechanisms. Completion of medical records were one of the outcome monitored after accreditation (Shofiatun Nisa, 2018). Similarly changes in mortality rate and risk was found out by researchers (Man, Schold, & Uchino, 2017; Mikami et al., 2018). Pomey et al. (2010) found that the accreditation process was a highly effective tool for boosting organizational cooperation and staff relationships, introducing quality improvement programmes.

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).

Even Though accreditation has many benefits, the stress caused by the accreditation process cannot be neglected. In a survey (Elkins et al., 2010) hospital employees expressed their symptoms of sleep deprivation, anxiety, depression and job dissatisfaction during the accreditation process and the study strongly recommended to initiate corrective actions to help professionals especially nurses to cope with increased levels of job strain. Health care professionals are doubtful about the impact of accreditation and viewed the accreditation programs as inflexible and challenging (Alkhenizan & Shaw, 2012). Mental stress were prevalent during the course of accreditation due to more duty hours, time pressure and large numbers of information. The work stress had an influence on staff family life as well (Alshamsi, Thomson, & Santos, 2020). There are mixed views on the effect on health care accreditation, and future studies are recommended for decision making on accreditation (K.S, Barkur, & G, 2020).

Health centers belong to Dubai health authority were newly accredited by joint commission international in the year 2016 and were 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 challenges faced by employees to clear the skepticism about the benefit 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 25 processes on quality care, employee engagement and interdisciplinary collaboration and communication 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. Likewise, in order to elicit challenges faced by 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. Scored all responses 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 was interpreted using appropriate statistical tools.

RESULTS

Improvements in health care quality processes

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 with proper policies and procedures, form and templates, reporting and monitoring. The proportion of health care quality processes before and after the accreditation was statistically significantly different ($p < .001$), suggesting improvements in quality processes after accreditation.

Improvements in employee engagement processes

Out of the listed processes, 80% of processes were fully available after joint commission accreditation compared to the pre accreditation stage of 20% availability. However the improvements were not statistically significant ($p=.250$).

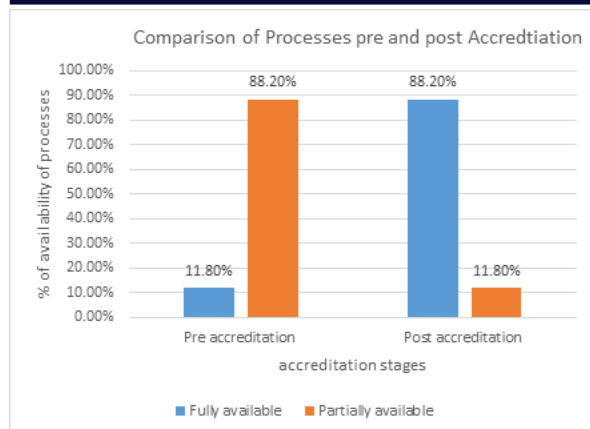


Figure.1 Comparison of processes on quality health care before and after accreditation

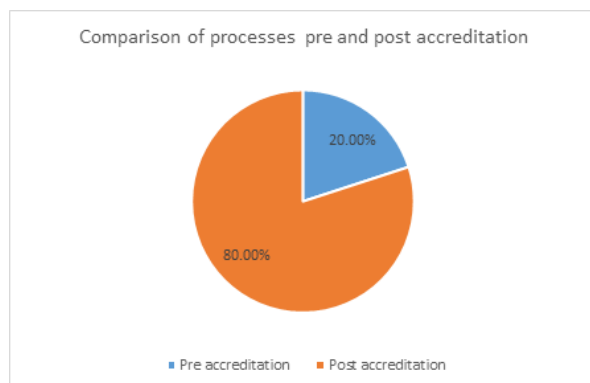


Figure 2. Comparison of full availability of employee engagement processes pre and post accreditation

Processes improvements in interdisciplinary collaboration and communication

In the post accreditation phase majority of processes (66.7%) were fully available. However the improvements were not statistically significant ($p=1.000$).

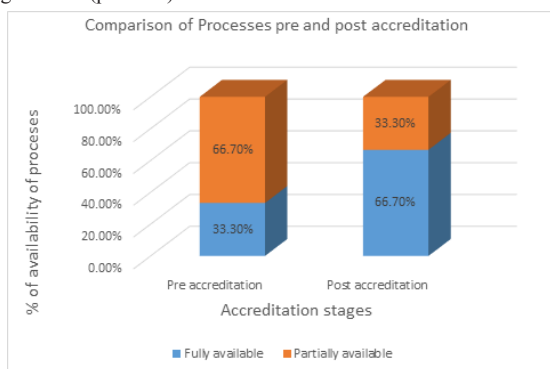


Figure 3. Comparison of processes on interdisciplinary collaboration and communication before and after accreditation

Challenges faced by physicians and nurses

Majority (57.5%) of doctors and nurses perceived that the accreditation processes were challenging. They perceived various challenges as shown in Table 1.

Table 1. Challenges faced by employees

Components of challenges	Agree (%)	Disagree (%)
Increased work load	68	32
Communication issues	87.7	12.3
Additional task and complex documentations	82.6	17.4

DISCUSSION

The present study evaluated the impact of accreditation on various health care processes contributing to quality and patient safety. Studied process improvements and perception of health care professionals on challenges faced in relation to joint commission international accreditation. 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) also examined performance measures in accredited hospitals and non-accredited hospitals and did not find any improvements. Hence, the current study is very significant as the results shows tremendous improvements 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 various challenges during the processes of accreditation. Nurses and doctors should be given enough support to reduce stress during the processes of accreditation (Manzo, Brito, & Corra, 2012).

CONCLUSIONS

The study concludes that the process improvement has facilitated a change in the preconceived notions about international accreditation and its impact on health care services. Furthermore, for better outcome, health care organization should support the employees during the implementation phase of accreditation standards.

Competing interests

Authors declare that they have no competing interests.

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