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HURDLES IN MOVING TOWARDS NABH ACCREDITATION-A STUDY ON RESISTANCE TO CHANGE IN A TERTIARY CARE HOSPITAL

Healthcare

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ABSTRACT

Objective: To identify the hurdles in moving towards NABH accreditation in a tertiary care hospital in Bangalore and to study the apprehensions and reasons for the resistance to change from the employees. **Methods:** It is a cross-sectional descriptive study done by using a quantitative survey for collecting data from the employees and also a semi-structured interview was conducted to explore the hurdles faced by the managers and the measures used to overcome them. Interpretation and findings of the quantitative survey are done based on the total score obtained for each of the variables and cross-tabulating the score of the variable with the demographic variables. The data obtained through qualitative semi-structured interviews was taken for thematic analysis and triangulation of the data from the two different sources was also done. **Results:** Out of 100 employees selected for the quantitative survey of 29 questions, 59 % were females, and the sample was equally distributed to two age groups of 30 to 40 years, and 40 to 50 years. 48% of staff were satisfied with the institution's long-term and short-term plans. 65 % of staff agreed that they have opportunities to express their ideas to the top management on the NABH implementation. 15 semi-structured interviews were conducted and it found that Infrastructure, Human Resource management, clinical aspects, and documentation are the key areas of hurdles in moving towards NABH Accreditation. **Conclusions:** The major hurdles include communication problems, fear of the unknown Hurdles, lack of time for documentation, infrastructural limitations, turnover of manpower, human resource management issues, clinical aspect issues, and documentation issues. The above-mentioned challenges were mitigated by the managers by giving training and motivated them about the benefits of NABH accreditation.

KEYWORDS

Hurdles, NABH, Resistance, Change

INTRODUCTION

Service quality has become a major concern for both hospitals and patients. The increase in competition coupled with the increased patients' perception of service quality makes it difficult for hospitals to provide services that meet patient satisfaction. In a qualitative study conducted in an Iranian hospital, it was revealed that limited knowledge of the personnel, inadequate training of the staff, and lack of commitment of managers and physicians, were the most important challenges towards the successful implementation of accreditation[1].

National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a national body providing accreditation to hospitals. One of the most important barriers to the implementation of accreditation programs is the skepticism of healthcare professionals in general and physicians in particular about the positive impact of accreditation programs on the quality of healthcare services. "A study conducted in Krishna hospital, Karad, revealed that doctors and nurses including all other medical employees showed positive attitude towards the accreditation process.[2] A research, conducted to identify the sources of resistance to change in healthcare at a section of Sentara Leigh Hospital in Norfolk, Virginia, found out that there are communication barriers that lead to information distortion and also organizational silence[3].

Sound knowledge and a positive attitude toward NABH accreditation among the medical staff are very important. The same can be accomplished with proper training and a good hospital environment.[4] A study conducted in SKIMS revealed that a policy should be generated regarding the discharge process of a hospital wherein steps and time taken should be clearly defined and all measures should be taken to adhere to NABH standards.[5] Even though overall patient satisfaction was high in many hospitals, some areas required attention such as waiting time for phlebotomy procedures, lack of proper seating arrangement, techniques of sample collection, knowledge of universal precautions, etc.[6]

The major objective of this study is to identify the hurdles in moving toward NABH accreditation and how to overcome them. The study is conducted in a 1350-bed Tertiary Care Teaching Hospital located in south Bangalore of Karnataka State in India.

Methodology

It is a cross-sectional descriptive study done in the selected organization immediately after its NABH pre-accreditation and during its further movement toward full accreditation. This study is based on data collected from 100 employees as well as 15 senior managers using quantitative and qualitative methods respectively.

Tool And Technique

This study was done using two different tools on the two different samples.

a) The scheduled questionnaire was used for data collection from the employees. The questionnaire carried 4 questions on demographic details and 29 Questions on the reasons for resistance to change from the employee's side. The key variables used in this tool were: (a) Communication exchange, (b) fear of the unknown, (c) trust in management, (d) participation in the change process, (e) openness to change (f) turnover of trained, privileged staff, (g) lack of time.

The questions were set on a five-point Likert scale. The scoring pattern followed is strongly agree = 5, agree = 4, neutral = 3, disagree = 2, and strongly disagree=1.

b) A semi-structured interview was the tool to explore the hurdles faced by the managers.

Plan Of Analysis

The quantitative survey was analyzed using Likert's scale scoring. Interpretation and findings of the quantitative survey are done based on the total score obtained for each of the variables and cross-tabulating the score of the variable with the demographic variables. The data obtained through qualitative semi-structured interviews was taken for thematic analysis. To arrive at reliable inferences and conclusions, triangulation of the data from the two different sources was also done.

RESULT

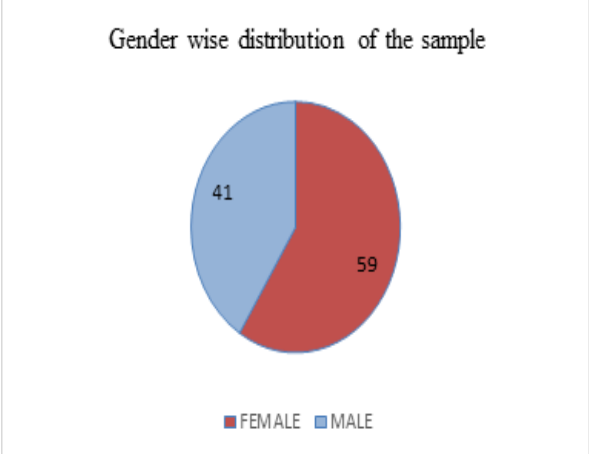

Chart 1: Gender-wise Distribution Of Sample

Quantitative data was collected for this study using a questionnaire administered to the selected sample of employees. The sample was almost equally distributed in the three age groups of 30 to 40 years and 40 to 50 years, nearly 23 percent each. However, the distribution was more lenient to below 40 years with a cumulative frequency of 61 percent. Seniors with the age of above 50 years of age were only 15 percent. From the study, seven variables were considered as the key factors as hurdles in moving towards NABH accreditation. They are Communication exchange, fear of the unknown, trust in management, participation in the change process, openness to change, turnover of trained, privileged staff, and lack of time.

Table 1: Gender-wise Distribution Of The Sample

	Frequency	Percent	Cumulative Percent
F	59	59.0	59.0
M	41	41.0	100.0
Total	100	100.0	

Question-wise Frequency And Percentage

Table:2 The Decision Of NABH Standard Implementation Has Been Properly Communicated

	Frequency	Percent	Cumulative Percent
Disagree	10	10.0	10.0
Neutral	2	2.0	12.0
Agree	51	51.0	63.0
strongly Agree	37	37.0	100.0
Total	100	100.0	

The above table shows that there were no employees who strongly disagreed with the NABH standard implementation communication given to them. Cumulatively 12 percent stand neutral and disagree.

Table 3: Opportunities Available To Express Ideas To Top Management On NABH Implementation

	Frequency	Percent	Cumulative Percent
Strongly Disagree	2	2.0	2.0
Disagree	12	12.0	14.0
Neutral	21	21.0	35.0
Agree	41	41.0	76.0
Strongly Agree	24	24.0	100.0
Total	100	100.0	

The above table shows that 65 percent of employees "agreed" to say that they have the opportunities available to express their ideas to the top management on NABH implementation. 21 percent stand a neutral position.

Table 4: I Had The Fear Of Losing My Job During The NABH Standard Implementation Process

	Frequency	Percent	Cumulative Percent
Strongly Disagree	29	29.0	29.3
Disagree	45	45.0	74.7
Neutral	12	12.0	86.9
Agree	7	7.0	93.9
Strongly Agree	6	6.0	100.0
Total	99	99.0	
Missing System	1	1.0	
Total	100	100.0	

The above table shows that 29 percent strongly disagree, 45 percent disagree and a cumulative 74 percent disagree with the question of whether they had the fear of losing their job during the NABH standard implementation process.

Table 5: Feel Of Not Fitting Into The System And Process During The Change Management

	Frequency	Percent	Cumulative Percent
Strongly Disagree	27	27.0	27.0
Disagree	47	47.0	74.0
Neutral	13	13.0	87.0
Agree	10	10.0	97.0
Strongly Agree	3	3.0	100.0
Total	100	100.0	

The above table shows 27 percent of employees strongly disagree and 47 percent disagree with the question feeling of not fitting into the system and process during the change management. 13 percent stand neutral and 13 percent agreed to the question.

Table 6: Fear Of Not Making Any Progress During The NABH Implementation Cycle As Per The Target Declared

	Frequency	Percent	Cumulative Percent
Strongly Disagree	32	32.0	32.0
Disagree	43	43.0	75.0
Neural	8	8.0	83.0
Agree	13	13.0	96.0
Strongly Agree	4	4.0	100.0
Total	100	100.0	

The above table shows 32 percent of employees "strongly disagree", 43 percent "disagree" and a cumulative 75 percent of the question fear not making any progress during the NABH implementation cycle as per the target delegated.17 percent agreed and 8 percent stand neutral.

The qualitative data collected for this study using semi-structured interviews with the senior managers were recorded, transcribed, and coded. The interview reports were analyzed with this structure of codes and themes as presented below.

INFRASTRUCTURE

One of the major hurdles identified while interviewing the selected respondents was that the institution has infrastructural inadequacies. The question thrown to the respondents was "What are the hurdles in terms of infrastructure?" A senior manager with long-term experience in this hospital said, "Only the provisional NOC for fire and safety is obtained till now". Another one pointed out that "insufficient portable fire extinguishers' stands as a hurdle. While talking about infrastructural limitations, one of the general managers said: "This hospital is too large", while another one said "The hospital lacks infrastructure. It was found that the hospital does not have a holding area where patients can wait till their beds are ready and enough space to keep medical records. It was also observed that there are problems with the air conditioning in the operation theatre.

Human Resource Management

One of the major hurdles faced by all of the managers is insufficient employees to carry out the departmental work. The departmental head of a service unit raised the challenge of acquiring Karnataka registration for their staff, of which may be from other states. The hospital safety department expressed the opinion that Junior Doctors and PGs are not attending the training program. A senior Manager and the vigilance department considered crowd control as a major hurdle. Staff turnover is a major challenge faced by the nursing department and the housekeeping department. Most of the department heads noticed staff absenteeism without informing the concerned authority. The housekeeping department opined that staff show carelessness in carrying the soiled linen without properly covering the boxes and they are not using personal protective equipment.

Thirty-five years of experienced senior managers expressed that they have well-defined plans and strategies but, implementation and execution of those were significantly slow. One of the senior managers with experience of twenty-five years revealed that HODs attend the meetings but, communication is not reached to the lower-level employees.

It was also noticed that proper training should be given to all staff at regular intervals. Staff awareness, laziness, carelessness, and language problems were identified as a major hurdle in the accreditation process. Under reporting of incidents was observed as a major problem by the nursing department. One of the senior managers shared the observation that, employees were not aware of the importance of the NABH process and were reluctant to the changes during the NABH implementation process.

Clinical Aspects

It was identified that doctors are not prescribing in capital letters, have incomplete pre-anesthetic consent, and do not record the drug allergy in patient files. They are making their own policy about the schedule of consultation. Another area of challenge that a manager faced was, that there was no formulary of Medicine, doctors used to order different brands as they wished. It is observed by the Nursing department that staff are not aware of the healthcare-acquired infection. The senior Nursing manager expressed that Pharmacologists are not regularly visiting the wards to check critical medicines.

Documentation

One of the major hurdles identified while interviewing the selected

respondent, especially in the nursing and medical record department was improper documentation. It was also observed that there was no protocol regarding the movement of medical records from various departments to MRD.

DISCUSSION

The sample for the questionnaire survey was equal among both male and female genders. The highest proportion of the sample were bachelors, less than 30 years of age, and above 6 years of experience.

The sample in general agreed that they are in good communication with the organization. However, among the respondents with post-graduate educational qualifications, we noticed that a neutral or negative opinion about communication has gained the upper hand.

The samples in general agreed that they have trust in management. The age group in between 30 to 40 says that they have less trust in management. It is noticed that when the employees are becoming more experienced in the hospital, the trust in the management is slowly decreasing.

The samples in general agreed that they had enough participation in the decision-making during the NABH implementation process. It is noticed that the age group 50 and above got more participation. It is noticed that experienced employees between 2 to 4 years old show more disagreement with the participation in the change process.

The sample in general agreed that they have openness to change. 100 percent of the post-graduates in the sample agreed that they have openness to change.

The samples in general did not agree with the turnover of trained and privileged staff. It is also noticed that the age group between 30 to 40 shows more disagreement. Among the respondents with post-graduate educational qualifications, we noticed a neutral and higher negative opinion about the turnover of trained and privileged staff.

Measures Taken By Managers To Overcome The Hurdles Are As Follows:

Managers are providing training to each staff about NABH standards and objectives. When there are issues related to absenteeism, they report the incident to the HR department. Management is issuing notice to the staff to attend the training conducted by the concerned department. A committee was appointed to study the future manpower recruitment in every department. The hospital management has taken the initiative to procure all equipment needed for the NOC of fire and safety. Each manager was assigned to motivate the staff about the benefits of NABH accreditation. When there are any hurdles identified by the managers, those will be reported to the top management.

Limitations Of The Study

The study did not attempt a questionnaire survey upon a sample size based on scientific calculation as the size derived in calculation was beyond the reach of this short-duration study. Hence a size of 100 was estimated as a feasible size.

The respondents in the employee category had language barriers as many of the staff speak Kannada, Tamil, or other local languages. But with the support of translators, we have tried our best to overcome such limitations.

Doctors and contract employees were excluded from the study.

Suggestions

1. When the hospital is going for NABH accreditation it should make sure that external documents and statutory regulatory requirements are kept ready.
2. Human resource Management should make sure when staff are appointed in the hospital, they have the required certificates.
3. When there is a staff shortage, only qualified and experienced staff should be employed.
4. The facility department should conduct continuous preventive maintenance.
5. Whenever a new project is introduced in the hospital, the staff should be convinced about the importance and benefits.

CONCLUSION

The study identified that there are a few hurdles faced in the process of change towards an accredited hospital. They are communication problems; fear of the unknown, lack of time for documentation, and trust in management. They are infrastructural limitations, turnover of manpower, human resource management issues, clinical aspects issues, and documentation issues.

The above-mentioned challenges were mitigated by the managers by giving training, and thereby motivating the staff about the benefits of NABH accreditation.

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Ethical Clearance

Ethical clearance for the study was obtained from the Institute Ethics Committee (IEC). Informed consent was taken from the employees who participated in the questionnaire survey.

Conflict of Interest

The Author has no conflict of interest to declare.

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