

PRIMARY RESEARCH

Effect of accreditation with respect to extent of employee involvement and personal growth: A study done among employees in rehabilitation centres in Abu Dhabi

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Abstract

Accreditation has become a hallmark of quality in health care organizations across the world even in developing countries. To enhance quality of care as well as to add value for the organization many centres are currently getting accredited by international organizations which provide accreditation. Health care organizations are competing to provide 'safe and quality care' as well as to reach highest level of customer satisfaction with excellent performance by the employees. During an accreditation process employees play a major role, and they are the key people for carry forward the benefit of accreditation. Most of the studies on accreditation has been based on how it enhanced quality of care and significantly limited investigated aspects of staff expectation and benefit of accreditation from their point of view. This study attempted to analyse this aspect of accreditation: what the staff expect during an accreditation process, benefits for them because of it and how much understanding do they have about accreditation. This study uses survey questionnaire to collect information for quantitative analysis. In this research survey will be done to analyse the effect of accreditation in improving the quality of care. This study recommends center, more research studies on effect of accreditation in specific to rehabilitation centres as well as specific to the accreditation bodies for e.g.: 'like JCIA and CARF'. As well as to include various areas which can be impacted by accreditation including staff expectation in addition to quality of care, enhancement/addition of services, safety and patient satisfaction.

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INTRODUCTION

As per 'the International Society for Quality in Healthcare accreditation is a process in which trained external peer reviewers evaluate a health care organization's compliance with pre-established performance standards. Unlike licensure, accreditation focuses on continuous improvement strategies and achievement of optimal quality standards, rather than adherence to minimal standards intended to assure public safety.' It's usually a voluntary program, and during this process 'trained external peer reviewers' assess 'a healthcare organization's compliance and compare it with pre-established performance standards. Accreditation initially started in 'United States with the formation of the Joint Commission on Accreditation of Healthcare Organiza-

tions (JCAHO) in 1951' which currently has spread world widely. Accreditation has evolved presently across the international health care sectors. Currently, having accreditation is considered synonymous to high of excellence in all aspect of center performance. As part of accreditation process various factors such performance of whole organization, management, center culture, staff performance, outcomes of service provided, and customer centeredness is evaluated against the standard set. On basis of this the performance of organization is judged and whether the organization is providing services and meeting all stakeholders needs. Accreditation is implemented in health care sector to mainly enhance service excellence and safety of patients. During the process of accreditation, based upon the

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standard which describes the expected highest standard of performance set by the accreditation body, the performance of organization is assessed and recommendation for betterment or suggestions for maintaining the standard is given. This process is done by external an agency and currently there are more than 70 such agencies around the world, which is exclusively prepared and employ standards for health care providers. Overall accreditation programs improves services and paradigm of care, with various evidences to support that accreditation enhances clinical services. A set of standards is provided by the accreditation body including all areas of services and initially provide necessary training to the staff. The center needs evaluate its 'processes, policies, and procedures' and will need to develop or modify services to meet the set standards. This process helps to identify any gaps and to rectify same to comply to set goals. It may require structural changes and management will implement these changes in order to meet the set goals of accreditation body. Once the center is ready, an on-site survey will be done the external auditors who are normally experts and peer reviewers from the same field. Once the centre gets accreditation, review process will be done periodically like yearly/biannually for compliance to the standards. Having set measures enables the health facilities to in cooperate measures to achieve improved quality of services by keeping highest sets of goals for patient safety needs.

Accreditation improved quality care by raising staff in providing for patient care and outcomes. As part of accreditation each department function is analysed, and necessary changes done. In addition to this organization uses accreditation to open new services. With this process each department function is brought to same level which in turn adds to patient care by ensuring excellent care in all departments. Accreditation will give a clear picture on yearly improvement the centre makes in its operations, patient care, outcomes, and stakeholder satisfaction.

Present research dearth rigorous in-detail study of processes in accreditation and how it correlates to employee performance. The objective of the research topic is to engender new understandings for the managers how the employee perceives this process in supporting their professional and personal growth. This will help leadership team to develop new measures to enhance employee understanding and positive approach towards accreditation. This in turn will benefit in higher performance of employee and there by attributing to centers aim to achieve highest level of performance. Many studies have shown one of the factors that can maintain the effect of accreditation over the years,

is staff motivation and adhering to the procedures and policies set as per standard.

Research Relevance

Most of the studies conducted about accreditation focused on benefit of same on care-quality and effect on patient safety. Only a few studies researched on effect of accreditation from point of view benefit for employees and how it helps them. Many times, during process of accreditation, employees feel it as a need for the organization and implemented by higher management rather than as a tool for their development as well. Sometimes employees feel it as additional work due to the new policies and procedures as well as the new demand of documentation. However, on the contrary emphasize on benefit on personal growth, professional development, quality of life, better work conditions and improved professional services has been less perceived by the employee. It also improves the teamwork and staff participation in making decisions and being part of organization growth. It enhances working environment for the employee and there by employee satisfaction.

Aim of the Study

This study aims to analyse staffs' understanding about accreditation and how it can help them in professional growth among health workers within the emirate of Abu Dhabi, UAE

Objectives of the Study

Considering all the points above mentioned that having staff participation is very important in successful implementation of programs which can be enhanced. In order for this staffs need to have understanding of the program. This research is aimed to identify understanding of employee about accreditation and how it can help their growth at their workplace. How the employee understands the process of accreditation in general and how it can impact employee growth in view of employees will be the main research question considered. The study intent to assess the following.

Research Objective

The study is done to conclude the extent of understanding of accreditation among health care workers in Abu Dhabi. As well as the study tries to explore the employee expectation on management for the preparation and during process of accreditation.

Significance/ Justification of the Study

Working in a rehabilitation facility and being part of the leading team in accreditation process its being observed that, there exists a gap in understanding of employee be-

tween employee personal benefit when the center goes through accreditation. Personally, I have felt that accreditation improved professional standards and there by quality of care. As well as it provided opportunity for new learning and supported in recognition from higher managers. However, this may or may not be perception of all employees and this require evidence-based information, so that managers can support and boost their employees being actively participating in the process rather than feeling it as something they need to comply on.

Also, it's being observed that involving employee in the process supported and guided by the managers, they had a positive perception about the process and leads to increased self-confidence that the whole process will bring positive effects. This will give a clear understanding that in addition to being a strong tool to improvise the organization quality, it will enhance professional and personal standards. 'Strives in communication regarding the significance of accreditation and resistance from staff for the process' (Fadi El-Jardali and Randa Hemadeh et al) (2) was highlighted as two factors in accreditation process. So having an understanding for the managers what the employee expect during this process will help in productive process. That is one another reason behind this research plan. When staff involvement, is supported it will trigger professional growth, understanding of quality needs and being able to vocalize their opinions which in turn will improve quality. Whenever there is new changes brought up encouraging staff participation will result in better outcomes.

LITERATURE REVIEW

Evolution of Accreditation

Al-Alawy, Azaad Moonesar, Ali Mubarak Obaid, Gaafar, and Ismail Al-Abed Bawadi (2021) in two different articles, in their research introduction stated that health care sectors have on going demand to enhance high quality of care with good access in reasonable cost. In order to achieve this, organizations have widely accepted accreditation around the globe. The process of accreditation was instigated in the 1960s and from that time to until now, there has been execution of accreditation by health care facilities around the world accepting 'local and international standards'.

Devkaran and O'Farrell (2015) cited that initially accreditation was voluntary process for hospitals and by now, in some countries, hospital accreditation is directed by the accreditor in order to enhance 'patient safety, quality of care, and accelerate the transference of evidence based best practices by health care workers'.

Braithwaite et al. (2006) accreditation has progressed into

a keystone in today's health-care systems and over 70 programs are used across various countries 'North America to Europe and many developing countries'. Accreditation, excellence and incessant progress is integral part of many health care systems. Globally, from 1970s, many schemes of accreditation have established and 'the International Society for Quality in Health Care (ISQua)', governs same and there over 70 countries registered with same. Currently in various parts of the world accreditation is presently recognized as an imperative component in quality development accomplishments.

Jovanovic (2005) in his research paper summarized 'that the number of programs around the world has doubled every five years since 1990'. Currently accreditation standards are offered for various types of 'healthcare organization, such as hospitals, clinical laboratories, homecare, and nursing care, ambulatory care providers, transport care providers, rehabilitation centres etc.'

Nicklin, Fortune, van Ostenberg, O'Connor, and McCauley (2017) the advances of accreditation programs has been sluggish and irregular over the world with main challenges like lack adequate staff and other 'stakeholder support', idealistic prospects and inadequate funds 'and/or incentives'. Rehabilitation is one of the emerged fields in health care services and extensively evolved over years and accreditation became part of rehabilitation services in order to improve quality and safety in rehabilitation centers. It also enabled to identify patient centered approach in care and to develop programs as per the requirement of patient population served. As written by Martinkewiz (2022), 'when the Commission on Accreditation of Rehabilitation Facilities was formed, the field of 'rehabilitation' included "three main tributaries advances in the science of physical medicine; treatment centers offering services in the areas of physical therapy, occupational therapy, speech therapy, etc.; and sheltered workshops, homebound employment programs, and vocational training projects'.

'Accreditation in the health and social services sector' primarily appeared in the area of medicine and in 1944 'national standards' for hospitals were initiated, and additional progress came through the establishment 'of the Joint Commission on Accreditation of Hospitals (JCAH) in 1951'. The JCAH was a association of the majority of 'organizations representing hospitals and physicians in the United States', and developed as the first 'private accreditation standards merged into government guideline, as a necessity for hospitals to obtain insurance service (Jost, 1994).

In United States measures for the rehabilitation services were established largely through the association of govern-

ment firms and private firms which provides rehabilitation services and accreditation organizations. Late 1950s first initiative ‘to develop national standards’ was taken and in 1957, first workshop was done discussing the need for standards and accreditation by the rehabilitation centers [Leahy and Holt \(1993\)](#).

In 1960’s association for visually challenged and aging developed their own services of standards. ‘In September 1966, the Association of Rehabilitation Centers (ARC) and the National Association of Sheltered Workshops and Homebound Programs (NASWHP) incorporated the Commission on Accreditation of Rehabilitation Facilities (CARF) in the state of Illinois, as a not-for-profit organization.’ ‘CARF’ is the main accreditation body for rehabilitation services around the world currently and many centers are accredited with ‘CARF’. In 1967 CARF publically started its operations, and in 1968 officially hurred their accreditation program.

As stated in research introduction by [Dowla and Chan \(2010\)](#), evaluating ‘the excellence in medicinal care, including rehabilitation’ is important in continuing and refining the healthcare sectors including countries like America. ‘A 2001 IOM report defined quality as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with the best available evidence’. So, accreditation has become a standard for valuation of excellence and safety in rehabilitation sectors. (29) Also as per this study on ‘quality improvement (QI) initiatives’ in stroke rehabilitation, the program followed ‘CARF standards’ and aim for all staff is to work to the objectives of enhancing the care-quality and ‘patient safety issues’.

‘According to the Commission on Accreditation of Rehabilitation Facilities [Dowla and Chan \(2010\)](#), a comprehensive Integrated Inpatient Rehabilitation Program is a program of coordinated and integrated medical and rehabilitation services that is provided 24 hours a day and endorses the active participation and preferences of the person served throughout the entire program.’

Research Evidence for Accreditation

There has been mixed evidence for effect of accreditation as per various research done. Some of the research being positive correlation to effect of accreditation and on contrary some studies showed no significant relationship for the benefits of accreditation. The following content is to outline research evidence for accreditation as per various studies done.

As per the result analysis of systematic review of 13 articles

published by [Greenfield, Pawsey, and Braithwaite \(2011\)](#) of which the results analysed in 4 categories ‘overall findings, standards development; implementation issues; and impact of standards’. Some of the studies showed improvements in quality and in others reflected ‘lack of measurable effects recorded’. The study concluded the need for ‘empirical evidence examining the development, writing, implementation and impacts of healthcare accreditation standards.

Various perspectives on accreditation efficacy in taming healthcare results are researched on various studies. A cross sectional study done by [Lutfiyya, Sikka, Mehta, and Lipsky \(2009\)](#) the statistical value showed that accredited critical access hospitals scored high in quality measures as compared to non-accredited hospitals.

[Dowla and Chan \(2010\)](#) used a ‘grounded theory approach’ to ‘understand the effect of accreditation in quality of healthcare’ which showed that accreditation measures has an effect on ‘quality of care’.

A study done by [Braun et al. \(2008\)](#) demonstrated primary centers who followed accreditation program showed extra commitment ‘to risk management, environmental safety and quality improvement’.

[Hijazi et al. \(2018\)](#) conducted study on ‘The Impact of Applying Quality Management Practices on Patient Centeredness’ in Jordan. As per the ‘multiple-case study design’ ‘accreditation was the most decisive factor in driving patient centeredness among all study groups’. That means it helped to improve the quality of care.

[Al-Alawy et al. \(2021\)](#) 1 the objectives of the study were ‘to explore the impact of hospital accreditation and inform policy decision-making. The participants agreed that the main factors for accreditation were ‘to improve quality, implement evidence-based practice, continuity of accreditation and popularity’. Accreditation led to ‘improvements include quality of care, patient care, organizational processes and patient satisfaction’.

As stated in study by [\(Greenfield et al., 2011\)](#). ‘health care services accreditation’ is a measure for improvement in quality and external validation tool which is being extensively executed across 70 countries around the world.

As per study done by [Algahtani, Aldarmahi, Manlangit Jr, and Shirah \(2017\)](#) due to effect of episodic accreditation, the hospital in they selected for their study had provided continued quality services over the years. The study focused on ‘perception of staff on accreditation in KSA’ which is a single institution study analyzing the ‘Participation in accreditation, benefits of accreditation, and quality of results of accreditation’. The results showed highest scores

in “accreditation enables the improvement of patient care” and “over the past few years, the hospital had maintained a high quality health services”. ‘Statistically significant positive’ relation between ‘quality of results versus the benefits of accreditation and employee participation’ obtained.

Based on study done in Jordan by [Halasa, Zeng, Chappy, and Shepard \(2015\)](#) the JCI accreditation process may have improved several aspects of patient care, including a reduction in return to ICU within 24 hours of ICU discharge, reduction in staff turnover, and completeness of the medical records. As per studies cited from USA as mentioned in the same literature accredited hospitals ranked high in terms of factors like : improved emergency reaction arrangement, staff preparation and scheme for patient’s safety initiation and execution of same. There was increase in statistical calculation for quality index by 38% for hospitals with accreditation as related to baseline value. In comparison with ‘Donabedian theory’, the study findings showed that accreditation helped in a consistent enhancement ‘in the structural and outcome measures’ during the accreditation period as compared with the pre-accreditation period. It boosted and hastened observance to quality criterions. Their outcomes displayed that rendezvous in the accreditation practice is positively concomitant with decreases in the rate of ICU readmission and staff retention. As well as the process helped in improving accomplishment of medical records systematically this was not the case for non-accredited hospitals.

As per analysis done [El-Jardali et al. \(2014\)](#) in their study ‘the scale of Quality Results’, demonstrated approximately 90% of participants agreed that their centers are showing steady measurable quality improvements in the quality of customer satisfaction, administration, and quality of care, despite financial constraints. With regards to patient satisfaction, more than 90% of respondents agreed that their centers perform a good job in assessing current and future patient needs and resolving complaints. They have done the research using ‘cross sectional method’ on ‘the impact of accreditation of primary health care centers’ as perceived by staff and managers. As per the linear regression analysis ‘in the scale of Quality Results’, there is ‘improvements in the quality of customer satisfaction, and quality of care’. As per the study result ‘with regards to patient satisfaction’, the center meets ‘current and future patient needs’.

97.4% of the participants in the study done approved that accreditation is a useful process, and it made a progressive effect on the centers: improved receptiveness of centers for vicissitudes (94.6%), advances in health care partnership (92.6%), and better-quality ‘standards and catering of

healthcare services.

[El-Jardali et al. \(2014\)](#) stated that with respect to ‘patient satisfaction’, accreditation enhanced patient satisfaction and trust and reduced ‘concerns and complaints’ as well as led to increase in ‘number of patients’ seeking for the services. It also helped in expansion of customers into wide geographical area.

As per study done by [Carrasco-Peralta, Herrera-Usagre, Reyes-Alcázar, and Torres-Olivera \(2019\)](#) accreditation lead to positive impact on safety outcomes and improved measures to achieve patient satisfaction. Accreditation seemed to be the most pivotal factor in leading to ‘patient centeredness’ among centers.

As per systematic review done by accreditation seem to improve ‘the structure and process of care’, with a large number of research evidence to support that these programs enhances clinical outcome measures.

[Nicklin et al. \(2017\)](#) summarized in their introduction that as per various studies they referred accreditation has a positive correlation in enhancing ‘organizational structures and processes’ the raising standard for quality and safety standards as well as care and ‘professional development’.

A study on effect of hospital accreditation on quality done by [Devkaran and O’Farrell \(2015\)](#) following ‘time series analysis’ showed that ‘JCIA accreditation’ and the benefits are maintained over the three years period. Also, it was observed from this study that over the time period liseven with same manager period of observation, accreditation improvement evidenced that it’s challenging to sustain. The study showed requirement to monitor and reassure that the staff to remain in the same work level to sustain the gains as result of ‘standards. As per this study it reveals that accreditation can add to improvement in business however if not implemented correctly it can lead to organizational system that is complex to stand and participate staff in a positive manner. So, these flaws can lead to lack of staff satisfaction and staff feeling accreditation as a burden than a chances for growth which in turn can affect their productivity. 2

As per [Saleh, Alameddine, Mourad, and Natafqi \(2015\)](#) study done in another ‘primary care showed that no significant difference in following measures of accreditation between the centers and their counterparts.

As per study done by [Jovanovic \(2005\)](#) showed that accreditation resulted in ‘a positive impact on quality as well as on customer satisfaction’. These results were in support of this research inferences on quality; however, the results contradicted with the customer satisfaction’s results since it was found in this study that accreditation did not significantly affect customer satisfaction. Moreover, it was argued that

improvement initiatives were only observed when organizations were preparing for the survey. The initiatives did not have a long-lasting effect over time, which contradicted what is generated in this study especially that this research was conducted after one year of attainment of accreditation.

Studies on Perception of Staff on Accreditation

There are only limited studies focused on employee perception on accreditation or benefits gained by employee as an effect of accreditation. Most of the studies has focused on quality, safety and customer care. The available research on point of view of employees and benefits gained for them through accreditation is described below.

Hussein, Pavlova, Ghalwash, and Groot (2021) analysed the 'Changes at the professionals' level' as effect of accreditation in the "systematic review" conducted. As per the same, 10 studies which conducted research on this factor revealed that negative or no effect of accreditation at the experts' level. It also identified that there has been negative impact employee perception on job stress i.e., it increased stress, anxiety, and depression especially as part of preparation. On the contrary improvement was observed in 'job satisfaction and sleep function post-accreditation'. On this systematic review they found that there is only the restricted research done, uncertainty exists whether accreditation affects job gratification or the work environment.

El-Jardali et al. (2014) reported that accreditation facilitated in enhancing staff motivation and team collaboration. Halasa et al. (2015) assessed 'the perception of health professionals of the impact of JCI accreditation on the quality of health care'. Comparing measures in the pre-intervention year for all participating hospitals showed that, on average, the rate of staff turnover was higher for the to-be accredited hospitals (36.1%) compared with the control hospitals (24.7%). and improved staff retention.

El-Jardali et al. (2014) research analysis showed that accreditation reinforced associations between the 'centers and the communities they serve' enhanced employee work circumstances, improved 'management and leadership' and supported relations between the 'centers and patients and local authorities'.

Carrasco-Peralta et al. (2019) reported that employees felt that there is a shift in view of decision-making to be more democratic post accreditation, through more meetings and enhanced participation of all staffs in projecting themselves as a substance for change.

'The impact of accreditation on a primary healthcare organization in Qatar' done by Ghareeb, Said, and El Zoghbi (2018) analyzed the effect of accreditation in bringing

changes through endorsing organizational knowledge as well as quality enhancement initiatives. The results showed 'a significantly positive correlation between staff perception of accreditation and of quality of care'. They also found that accreditation improved the 'values shared in the organization, as well as in the use of internal resources, employees were aware of and involved in the changes that were happening in preparation for accreditation' as well as showed awareness of the recommendations. 27 In this study employees reported improvement in quality performance as well human resource management and finance. A study done in Zimbabwe by Myezwa (2001) to develop a quality assurance program for use of rehabilitation department. The analyses outcome was the organizations providing rehabilitation services will benefit from a program to ensure quality.

Limited studies are done specific to rehabilitation even after widely use of accreditation services across globe which opens a study platform to find the benefit of same specific to rehabilitation services.

Perception on rewards and Recognition, Awareness, Role in Accreditation, Support and Training Given

Greenfield, Lawrence, Kellner, Townsend, and Wilkinson (2019) reported that accreditation improved the efficiency of administrative systems, including 'human resource management' which the employees felt as a positive effect.

El-Jardali et al. (2014) reported based upon their study that only 62.5% participants in their study responded that they were remunerated and acknowledged for enhancing quality by human resources management. Approximately 75% of participants gave the opinion that colleagues appreciated for their contribution.

Study by El-Jardali et al. (2014) cited that 90% of participants agreed that they had awareness regarding 'accreditation process, its aims and objectives' and were dedicated to contributing in it. 78.2% of the employees participated specified that had adequate training and sustenance to achieve their responsibilities for the process. 77.9% specified that they were appreciated by their managers for their role played in the accreditation process.

Greenfield et al. (2011) noted that the employee's role in accreditation leads their intention to priorities facets of the accreditation program. Their willingness to be part of it and the remunerations that accumulate to them can be certainly self-rewarding. It helps the staff to have motivation to work as a team to acquire new skills and authenticate their ability to progress. Employee involvement in the accreditation process encouraged a 'quality and safety culture' that

crossed structural borders. The understandings into employee inspiration can be used to involve workers to encourage learning, and advance amenities. The process was professed to augment the responsiveness and participation of employees in quality matters by managing employees in accomplishment their duties and permitting them to participate in decision-making process.

El-Jardali et al. (2014) stated that managers felt staff resistance from staff, especially from 'older staff and physicians' as a main challenge while preparation of accreditation. This was overcome by 'extensive workshops' conducted for staff members focusing on various areas like need for improving quality and accreditation. Analysis in this study publicized that strategic measures to enhance quality and staff involvement were related to better outcomes in results. With upsurge in staff participation in accreditation augmented 'their professional development' and responsiveness in quality matters and fortified them to share their views, which added to enhance quality outcomes. Also, the study revealed that employees were not every so often remunerated or renowned for their efforts, which might influence their contentment and the 'sustainability' of enhancements.

El-Jardali et al. (2014) study done on effect of accreditation in hospitals in Lebanon established a substantial relations 'between quality results and staff involvement'. Paccioni, Sicotte, and Champagne (2008) in their study established that employees who were not part of accreditation process could not recognize the benefits of this process on their healthcare center.

As per study done by Carrasco-Peralta et al. (2019) that there is contrary views on enhancement in 'professional development', perceived as a chance to expand 'the working, economic, training and research conditions. Accreditation did not bring furthered work openings; however, it resulted in improved chances for training which is more adapted to individual requirements.

Pomey et al. (2010) concluded in their study that 'administrative staff and managers' are most well-informed and profoundly participated in hospital accreditation which shows the need for education of clinical staff who plays key role in delivering care to patient.

As per study of Stoelwinder (2004) A on view of doctors on accreditation stated that the professionals felt accountability more towards their patients and related stake holders than to the governing bodies for accreditation Many physicians can have negative feeling as their viewpoint of priority can shift from patients as they may need to focus on following the guidelines by the accrediting body.

Systematic review done by Greenfield et al. (2011), identified that much research discloses a multifaceted picture on results of accreditation. Much research was supportive to the fact that process resulted in positive effects on two factors: stimulate transformation in health care 'and professional development'. From the studies included, varying results were recognized in supportive to staffs' attitudes to accreditation.

Dowla and Chan (2010), stated in their research on certain occasions, 'quality improvement' measures have demonstrated unsatisfying due to challenges related in for assessment, 'financial and professional interests' which may not always correspond with quality measures. Professional perception is a key factor in successful implementation for the accreditation program. Due to the need for measures to assess quality, if staffs only focus on areas which is being measured for accreditation, other areas of services can be neglected for improvement. As well as only if rewards are given on basis of outcome measures that can lead to less focus and reduced attempts by staff to focus on other areas of care.

As per the literature review done by Ghareeb et al. (2018) demonstrated that primary care centers enhanced their standards 'in the areas of teamwork, access to care, patient safety, care processes and quality of care' as a result of accreditation.

Ghareeb et al. (2018) research demonstrated as per employees' feedback given, they perceived that the center showed good amount of improvement in terms of quality and performance as an effect of accreditation. Data analysis related on staff involvement showed that whenever staff were actively involved in the, they demonstrated a healthier understanding 'of quality in areas relating to leadership, finance, continuous quality improvement efforts, and collection of data and measurements' and they became self-confident about the positive impact's accreditation got during 'preparation, implementation, and recommendation phases'. In addition, 'the correlation analysis between accreditation and quality of care sections' showed strong results which proved that employees accepted accreditation to be 'a valuable tool' which brought improvements in quality improvements at the center. Research displayed that when there is strong involvement from employees it led to successful accreditation. In addition to that employees who were 'supporters of accreditation' had the belief that the program is as an effective way for improving quality and enhanced 'transparency and teamwork. It was found out that accreditation did have a positive impact on quality as well as on customer satisfaction. Also, this study revealed

most of the employees felt that the center they work is being considered 'as a personal place' which enabled 'high commitment and loyalty', and the employees felt the 'managers were very caring and focusing on employees' growth and development'.

The staff who were positive about accreditation felt that 'the culture to be of a group type', they felt as an integral part of the team, and as an employee they felt they had the ability to 'affect quality, patient care, policy and management'. 'Analysis of accreditation and culture correlation', revealed a positive correlation between 'staff perception of accreditation and their perception of culture type whenever the culture was identified as group'.

Leadership Support

Employees have different views on support given by leadership team during the process of accreditation. As well as this is an area where less research has been conducted. The following research had some aspects of leadership in their research analysis which showed that employee has mixed opinion on support given to them and when managers are supportive the implementation of accreditation is more effective.

On their 'systematic review' Hussein et al. (2021) identified 'Leadership support' as one of the factors in improving employee participation and contribution in the process.

El-Jardali et al. (2014) study results showed that above 90% of participants 'strongly agreed' that leadership is the motivating factor behind upgrading of quality of services. Leaders with unblemished visualization for enhancing quality partake in events and assign resources appropriately in measures to achieve the quality goal. As per feedback given by managers participated in this study indicated that with training and education given for staff preparation for the process and through that workers perceives accreditation as an chance for 'professional development and for providing high-quality services' It also augmented effective communication and team collaboration among employees.

Ghareeb et al. (2018) research analysis showed high scores in leadership which in turns means that 'the leaders of the organization had strong focus and emphasis on quality values and that quality values were integrated in the management system of the organization'.

RESEARCH METHODOLOGY

As per Alkhenizan and Shaw (2011), achieving the proposed aims requires the process of research which includes systematically collecting data and analysing the same to prove the hypothesis.

Deductive research approach is used in this research i.e., data collected to analyse the research problem. This study is using quantitative methodology to assure high quality research analysis.

Data Collection Methods

In this study Primary data collection done as 'descriptive cross-sectional Survey'. So, data gathered from rehabilitation staff using survey. Survey questionnaire designed with the help of Google Forms, and distributed to the target people via email, SMS and other messaging platforms.

Study participants

: Survey questionnaires' to be sent to rehabilitation staffs in UAE, who are involved in the process of accreditation and will maintain confidentiality in collecting information. Written/verbal Consent will be sought from the persons willing to participate in the study, by providing explanation with respect to study details through telephonic conversation /email communication. The questionnaire will be mailed or shared through other social media.

Sampling method

: Sampling method helps to select people from a huge crowd to be included in the research. With probability sampling statistical measures are used and whereas in nonprobability sampling subjective analysis is used for choosing the samples. This study is done with 'convenience sampling method' in which the participants are included up on their accessibility and availability which helps in saving time with assured quality.

RESEARCH FINDINGS AND ANALYSIS

This section gives details about 'the analysis done, and research findings' based upon the 'analyses conducted. This study employed quantitative analysis of data collected from 72 participants using a survey questionnaire. The questionnaire included a few questions on 'demographics and a major portion on research related questions. Also, from ethical point of view one question was included for voluntary participation in survey. The following section details the findings of analysis done.

Social Demographic Characteristics

Analysis of these factors is done using 'pie chart' which shows relative frequencies of each variable i.e how much each variable represents the 'whole pie'. 'Relative frequency' helps to relate how repeatedly the values happen in

relation to the 'over all sample size'. 'Pie charts' symbolize relative frequencies by displaying how much of the whole pie each category represents. The following pie diagram represents the age distribution of people who participated in the survey.

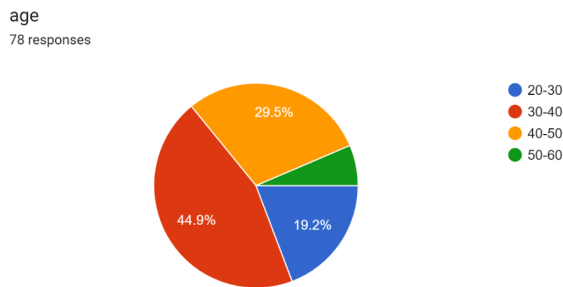


FIGURE 1. Age Demographics

Rendering to the above pie chart figure, out of 72 participants, the majority of participants 44.9% are between 30 to 40 years. 29.5% of the participants are between the ages of 40 to 50 and 19.2% belong to 20 to 30 age groups.

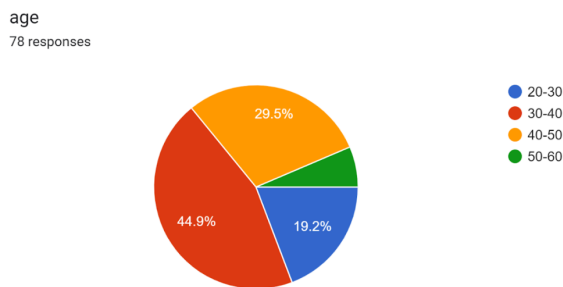


FIGURE 2. Gender Demographics

Gender as a variable in this study majority is female of 75.6% and 24.4% are males.

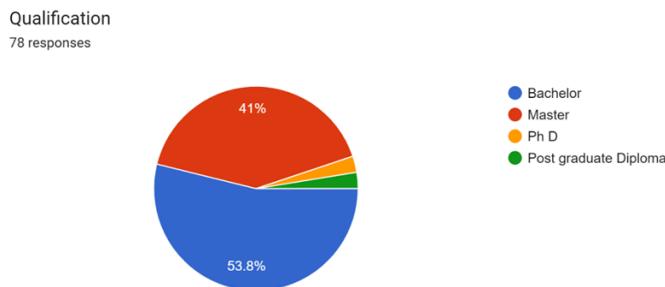


FIGURE 3. Qualification

As per the diagram majority of employees who participated in the survey were bachelor's and master's degree

i.e., 53.8% and 41% respectively. The remaining group consisted of Ph D holders and post graduate diploma holders.

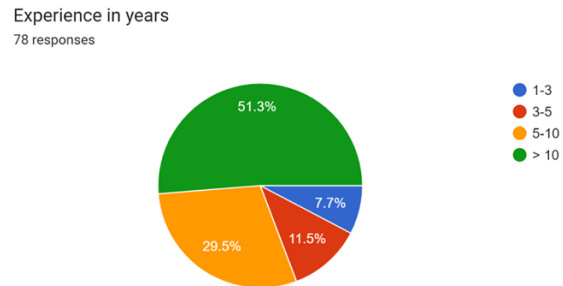


FIGURE 4. Experience

Most of the participants i.e., 51.3% experienced above 10 years of age. The remaining participants were less than 10 years which is distributed as 7.7% between 1 to 3 years, 11.5% between 3 to 5 years of age and 29.5% between 5 to 10 years of age.

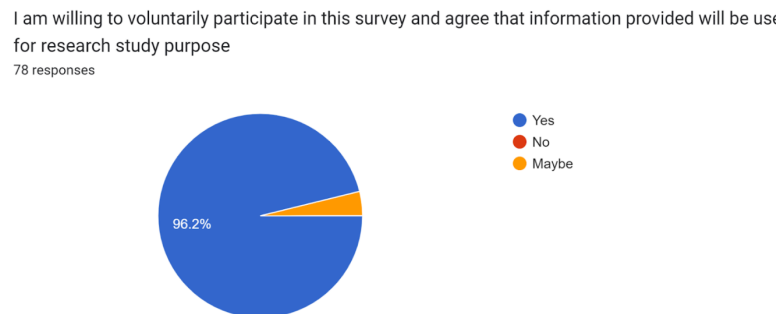


FIGURE 5. Voluntary Participation

96.2% of the participants agreed of voluntary participation in the survey as well as the use of information provided by them in analysis. 3.8% of the population responded as 'maybe' for the same.

"Frequency analysis" of the main research question is done using bar charts as depicted below. A '4-scale Likert scale' was used to collect the responses to 'closed ended questions' formed based upon the objectives of research. The participants were given 4 options to express their views 'by agreeing or disagreeing' to the question.

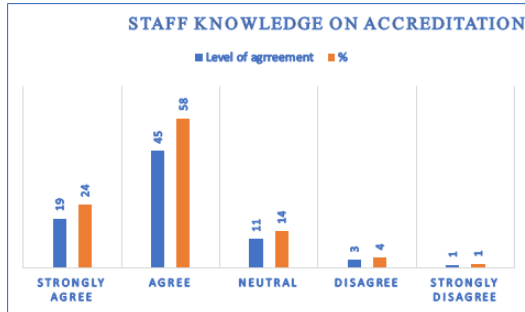


FIGURE 6. Staff Knowledge on Accreditation

As a health care professional, I can demonstrate adequate knowledge of accreditation programme in a rehabilitation center: including its background, accreditation bodies, need, effects and research evidence for the same. The first question was about employee ability to demonstrate knowledge on accreditation programme when it happens in a rehabilitation center. Figure 6 shows that 24% of individuals agreed to this statement, and 58% participants strongly agreed to this statement. That means the majority of the participants have confidence that they have adequate information about various aspects of accreditation. Only 5% of participants disagreed with the statement, and 14% did not want to express their opinion.

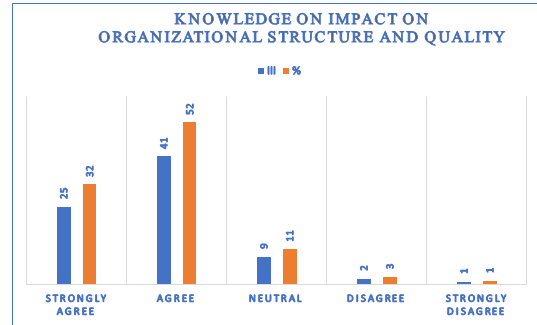


FIGURE 8. Knowledge Impact on Organizational Structure and Quality

I have adequate knowledge on how accreditation can impact on organizational structure and quality of service delivery in a rehabilitation center. In response to the question to assess participants knowledge on impact of accreditation on organizational structure and service delivery, the majority of participants agreed that they have adequate knowledge about same. Only a very small minority of participants i.e., 3 people who disagreed and expressed that they do not have the knowledge about impact of accreditation.

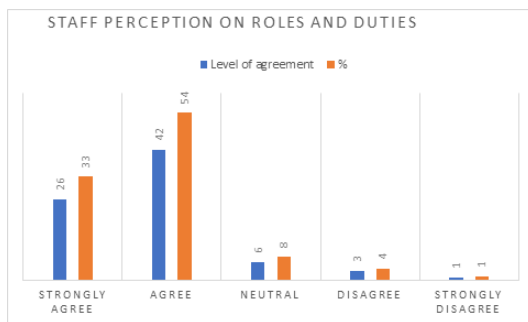


FIGURE 7. Staff Perception on Roles and Duties

During an accreditation program, I can demonstrate adequate perception on my roles and duties with respect to accreditation as part of a team and individually. The next question is on employee perception of their ability to demonstrate understanding of their roles and responsibilities at individual and team level during an accreditation process. 26 participants strongly agreed and 42 people agreed with this statement. This shows that the majority can play their role well as per them. However, 4 people disagreed and 6 were neutral on their opinion.

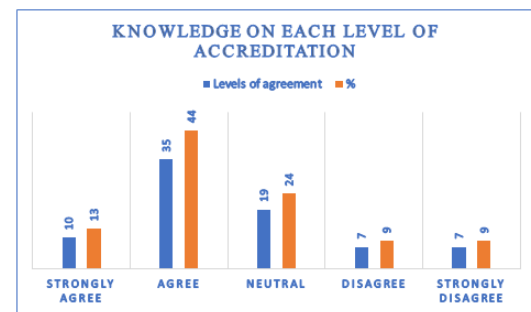


FIGURE 9. Knowledge on Each Level of Accreditation

I can demonstrate adequate knowledge on what happens on each level of accreditation process at a rehabilitation centre. In accreditation process an employee needs to demonstrate knowledge on what's happens on each level of the process and 57% of the professionals agreed that they can demonstrate the same. 24% of the people preferred not to express their opinion and 18% expressed that they won't be able to demonstrate knowledge for same.

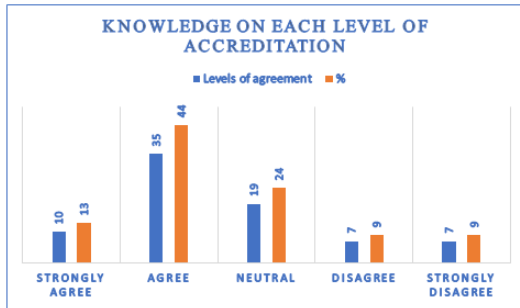


FIGURE 10. Adequate Knowledge on Objectives and Intentions of Accreditation

I can demonstrate adequate knowledge on objectives and intentions of accreditation program at a rehabilitation centre

For the question 5, 54 participants expressed agreement that staff should know about objectives and intention of accreditation program. 11 professionals disagreed and expressed opinion that they won't be able to show adequate knowledge on aims and intents of accreditation.

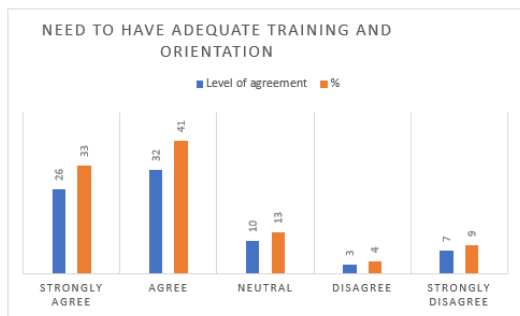


FIGURE 11. Need to have Adequate Training

I need to have adequate training and orientation for my successful contribution to accreditation program

For the next question, 58 participants agreed that they will need training and orientation to play their role. However, 10 did not agree on same and 10 expressed neutral opinion on same.

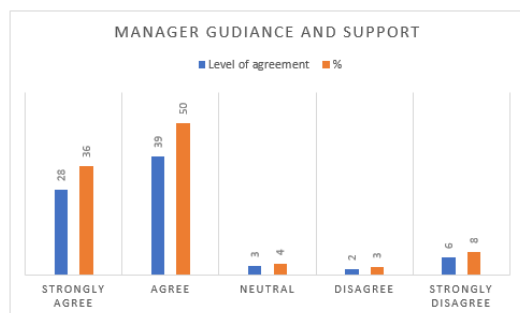


FIGURE 12. Manager Guidance and Support

I expect my manager to guide and support me throughout accreditation process.

For the above particular question, 67 people ie, majority of professionals agreed that they need manager guidance and support for their performance in accreditation program. 8 professionals disagreed to this opinion.

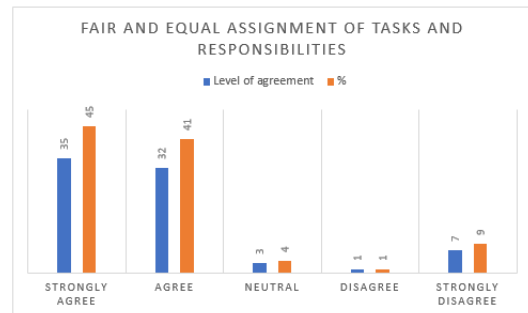


FIGURE 13. Fair and Equal Assignment of Tasks and Responsibilities

I expect my manager to assure fair and equal assignment of tasks and responsibilities for accreditation process.

67 participants either strongly agreed to agreed that they expect their manager to distribute tasks and roles fairly. 8 professionals disagreed to same and 3 people reacted neutrally to same.

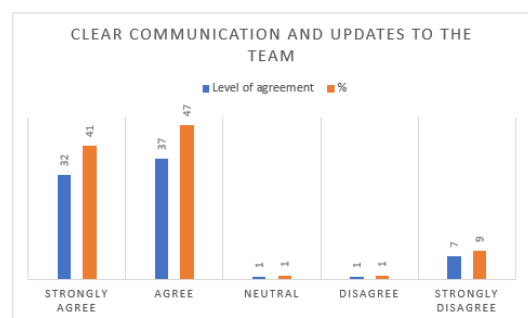


FIGURE 14. Clear Communication and Updates to the Team

I expect my manager to have clear communication and updates to the team throughout accreditation process.

88% of the participants agreed the importance of clear communication and updates from the manager for successful participation in accreditation. Only minority i.e., 9% disagreed to this opinion.

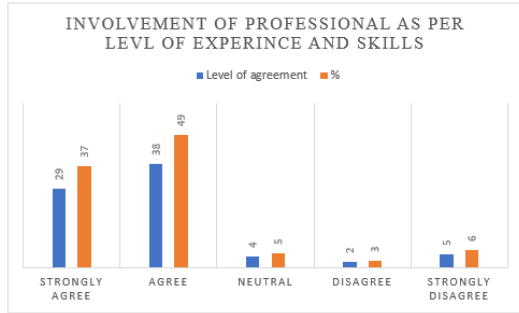


FIGURE 15. Involvement of Professional as Per Level of Experience and Skills

I expect my manager to involve staff and assign responsibilities in accreditation as per their level of experience and skills in accreditation program.

Most of the times, professionals expect their manager to consider the level of exercise and their skills when assigning duties and responsibilities. 86% of the professionals shown agreement for the same and 9% disagreed to the same.

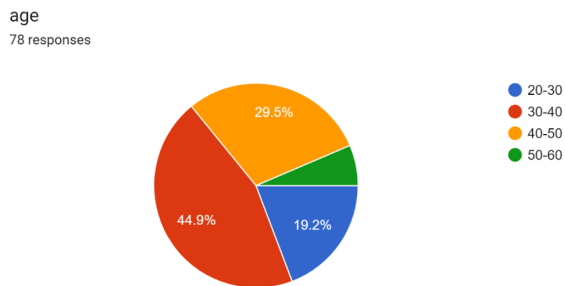


FIGURE 16. Research Model

Fig 16: I voluntarily like to be part of accreditation process as I find it as an opportunity to grow and enhance my quality of work. Some researchers cited that some professionals felt that accreditation added additional workload to them, so the above question. 79% of the professionals agreed to the same and 9% of the people disagreed too same.

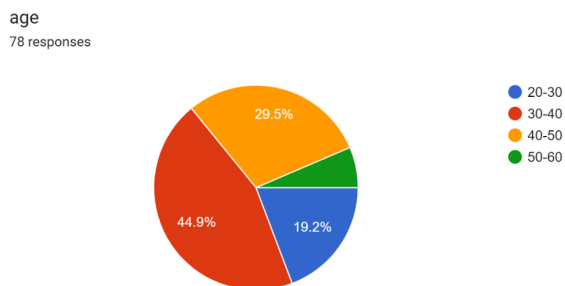


FIGURE 17. Research Model

Fig 17: I expect that accreditation focuses on staff training and it will create additional training opportunities: i.e.,

training pertaining to accreditation as well as training to enhance clinical skills with respect to each person’s profession.

Professionals’ need to be having on going training to enhance quality of service provided and many times staff looks accreditation as an opportunity for the same. The above question addressed same and 68 participants ie. 87% of the total agreed to same and only 5 people disagreed to the same. 5 people did not want to express their opinion to the question.

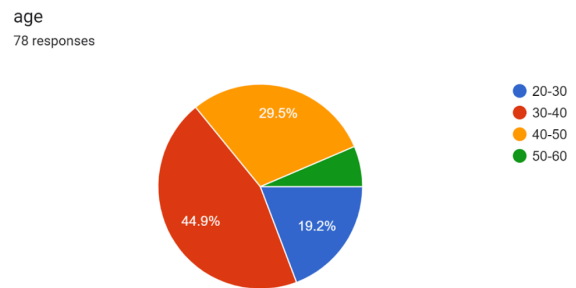


FIGURE 18. Research Model

Fig 18: I expect that I will be appreciated by manager and team for my contributions in accreditation program Appreciation is a major factor of motivation for employees to enhance their work contribution at any workplace. In this study 66 participants agreed to the same. However, a few people (6%) disagreed and 9% had neutral opinion about same.

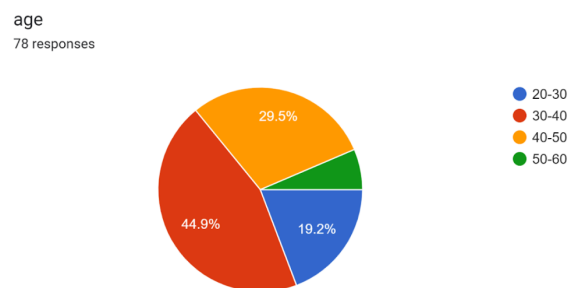


FIGURE 19. Research Model

Fig 19: I expect that my role in accreditation will be reflected in my annual appraisal and rewarded accordingly. Employee motivation to work and improvement in performance and thereby enhancing quality of work is related to performance appraisal and rewards. In relation to this question 86% of the participants agreed to the factor that they expect role played will in appraisal will be linked to their appraisal and will be rewarded accordingly. However, 9% of them disagreed and expressed that they do not expect

to be rewarded on basis of their role in accreditation.

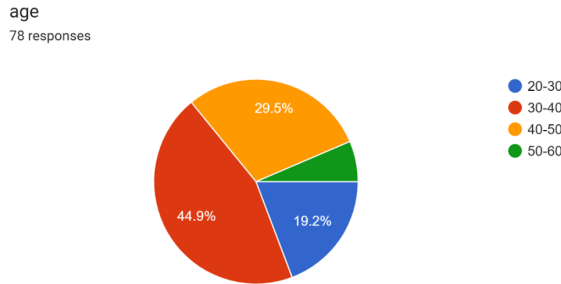


FIGURE 20. Research Model

Fig 20: I would like to be part of accreditation program as I expect that I will be rewarded monetarily. 86% of participants expect that they will be rewarded with money for their contribution in accreditation program. 9% of the participants disagreed to this question and expressed that they are not expecting any monetary rewards for their role played.

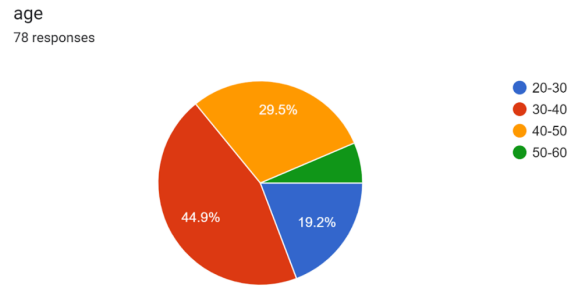


FIGURE 22. Research Model

Fig 22: I expect that my contribution and roles in accreditation will bring career development including promotions and personal development. The next research question was about career and personal development, and in this regard, 39 participants agreed to this statement as well, as 28 individuals strongly agreed, which means because of role played in accreditation professionals can have personal benefit. However, some of the participants disagreed with this statement i.e., 2 participants disagreed, and 5 participants strongly disagreed, which means they do not find any effect of accreditation on personal development.

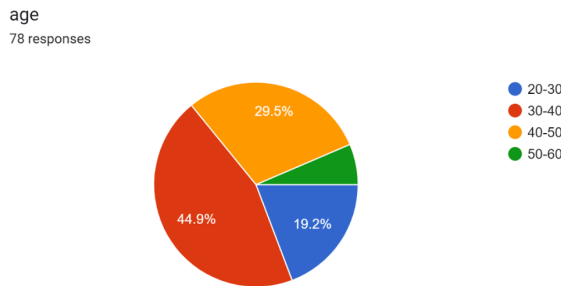


FIGURE 21. Research Model

Fig 21: I expect accreditation will create an opportunity to review my services and skills, there by contribute to my professional growth. 86% indicated agreement that accreditation will provide an opportunity for reflection own employee and their by help in professional growth. 5% of participants preferred to be neutral and 9% expressed disagreement to the question that means they do not find it as an opportunity for growth.

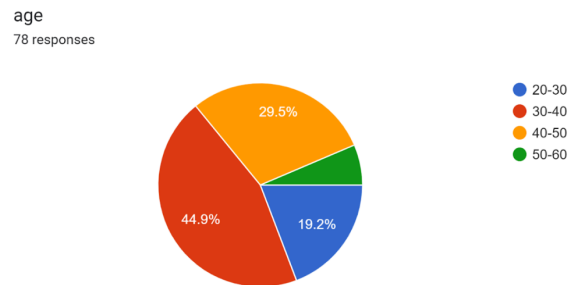


FIGURE 23. Research Model

Fig 23: I would like to be part of accreditation as it will enhance my quality of care and my team members there by contributes to the common goals of centre to strive in service excellency. The next question was about whether quality of care by professionals will be improved due to the accreditation process and regarding this question the majority of the participants agreed. 39 participants agreed, and 28 participants strongly agreed with the question. That means accreditation improved quality of care provided by the employees. However, 2 participants disagreed, and five strongly disagreed to this statement, which means they do not think that accreditation can make a change in their service quality.

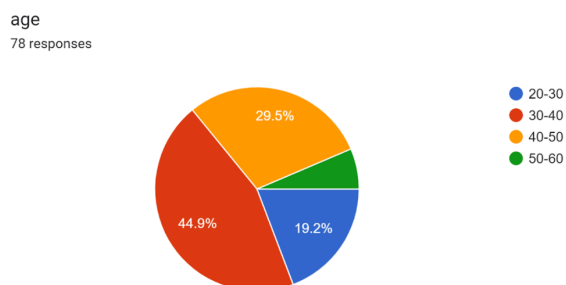


FIGURE 24. Research Model

Fig 24: I expect that accreditation will improve effective communication and teamwork among members of the team. The last question is about whether accreditation enhanced effective team communication and 39 participants agreed to this statement, and 28 participants also strongly agreed with them. That means professionals expect that accreditation will promote communication between team members effectively. However, 2 participants disagreed with this, and five individuals strongly disagreed, which indicates that these people do not expect that accreditation can help in improving team communication.

Knowledge, attitude, and perception about accreditation among health professionals

DISCUSSION

In this part evidence collected from the literature review and the result of study is discussed with the help of existing information.

Accreditation is currently 'a trademark of quality' in 'health-care' sectors around the world, becoming popular even in 'developing countries. Many of the research studies have focused on the effect of accreditation on quality of service, patient safety and patient satisfaction (Saleh et al., 2015). A few limited studies only done on effect of accreditation in view of employees benefits and expectations. Accreditation is associated with increase employee satisfaction as well as success related to leadership team who are open to center development. A few studies stated that when staff are involved actively the quality of services has improved. As well as the staff participation in accreditation helped them to accelerate their 'professional development' as well as improved their knowledge in quality related areas which in turn enhanced quality of services provided by them. A study done in Lebanon on based upon hospitals cited that as effect quality of care has enhanced and that staff participation assisted in quality enhancements (El-Jardali et al., 2014). Enhanced professional development is a major identified in 'a systematic review' on accreditation in health centres.

In this research conducted also its evidenced that employees look accreditation as an opportunity for professional growth as well as to enhance their skills. Some study findings demonstrated that employees 'were not often rewarded or recognized for their efforts', which can affect their contentment and in turn affect in carry forward of achievements they made as part of accreditation as they will feel less motivated (El-Jardali et al., 2014). Most of the participants in the study also raised the same opinion that they expect their role in accreditation to be linked with rewards and growth. One study cited that the staff who are not actively involved in accreditation, they could not feel the positive effect of same. This shows the need for active staff participation in stages of accreditation when its being introduced so that employee will support the change than resist same (Saleh et al., 2015). This survey analysis also shows similar results on staff expectation that they need to be actively involved in the process. Encouraging various category of professionals and confirming their drive are censoriously imperative to merge accreditation values into practice.

Recommendations

A very limited studies are done on analysing the effect of accreditation in favour of employees especially. This is the first study which focused on expectation of employees during an accreditation process. The reason for this study was in accreditation process the employees play key role and are one of the major contributing factors for successful accreditation process as well as to maintain the effect obtained during the post accreditation time. So, knowing the employee expectations will help the managers to plan accordingly and to take necessary measures to meet the staff views. The study used quantitative methods for data collection and may be in the future adding a qualitative component will support further validation of results.

This study recommends, more research studies on effect of accreditation in specific to rehabilitation centres as well as specific to the accreditation bodies for e.g., 'like JCIA and CARF'. As well as to include various areas which can be impacted by accreditation including staff expectation in addition to quality of care, safety, patient satisfaction.

It is extremely suggested that future research to be conducted on area of effect of accreditation in view of employee benefit i.e., how much the accreditation process met the employee expectations. This topic is recommended due to the reason in any organization when employees are not trained, not rewarded/appreciated, not promoted or not assigned positions/responsibilities they will feel accreditation as an

extra work than being committed to it. This in turn will affect the goals of accreditation and sustaining the outcomes in long run. Quality of service in an organization can be enhanced by motivated employees who vision the center goals as their goals.

It will be ideal to select one or two organization and to conduct a survey prior and post accreditation like what is the expectation of employee prior to accreditation, necessary actions by management on same and how these measures impacted post accreditation satisfaction of staff. This will form as a model for many organizations to follow.

This study can be also further conducted by considering wide number of participants to have more representatives as the number of respondents in this study was smaller population. Also many of the articles referred for this study, were conducted in hospital settings and there is only limited studies entirely focusing on rehabilitation sectors. Rehabilitation services are growing world widely and many of the centers are getting accredited and there is organization specific for accreditation of such centers. So future studies can be done various aspects of accreditation including effect

of accreditation on patient care, quality, safety, stake holder perception/expectations related to accreditation and effect of accreditation on stake holders. This will provide a standard of reference for deciding the need for accreditation for rehabilitation center and what can be the benefit of same and what parameters the center needs to be following on various aspects. Also, economic burden of accreditation on centres and any effect it can have on increasing the cost of service for rehabilitation services can also be looked up in future studies.

CONCLUSION

From this entire research, it can be stated that most employees view accreditation as a positive factor in enhancing quality of services and they expect it to be linked to personal benefits for them. A higher management team who efficiently provides support and deals with employees on the basis of their skills is highly expected by the majority of employees. Additionally, the majority of the staff reported that quality of service can be enhanced by accreditation which is the ultimate goal of any health care center.

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