Original Article

Exploring the hospital accreditation challenges from nursing managers' experiences: A qualitative study

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Abstract:

Context: Hospital accreditation (HA) is the systematic evaluation of the accepted standards by an independent organization, which consists of specialized and skilled people to improve the safety and quality of health-care providers.

Aims: This study was conducted to explore HA challenges from nursing managers' viewpoints.

Settings and Design: This qualitative study was conducted by a content analysis approach.

Subjects and Methods: Twelve nursing managers of one hospital were recruited by the purposive sampling method. Data were collected through focus group discussions and also unstructured and deep interviews

Statistical Analysis Used: Conventional content analysis was performed. Rigor's study was done through credibility and confirmability, transferability, and dependability.

Results: During the analyzing process, the 3 main themes and 11 sub-themes including "negative emotions toward the process of evaluation (stress on staff, ignoring the staff, and "evaluator's negative view)," "inappropriate evaluation procedure (nonprofessional performance of evaluators and inappropriate metrics scoring)," and "increased workload (lack of personnel and overdocumentation)" emerged.

Conclusions: Nursing managers experienced some enhancement over three courses of HA but their experiences revealed some barriers, which are thought-provoking. Considering these challenges by the Ministry of Health and accreditation units of medical universities can facilitate the implementation of HA.

Keywords: Accreditation, Administrative, Hospital, Nurse, Nursing manager

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INTRODUCTION

Technological development, increasing client expectations, safety, and health-care system (HCS) mistakes have led to a greater focus on evaluating the performance of HCSs. Hence, hospitals use accreditation to control and improve the quality of care and the promotion of their organization.[1] Hospital accreditation (HA) is the systematic evaluation of the accepted standards by an independent organization, which consists of specialized and skilled people to improve the safety and quality of HCSs.[2,3] HA may be done voluntarily or under a legal requirement. In France, for example, accreditation has been mandatory since 1996, but in Germany, it is optional.[4] In Iran, HA was implemented since 2012 to promote activities and practices based on standards.[5] Although HA has acted as a stimulus for organizational promotion, studies have challenged it.[6] The results of a study in Germany on heart hospitals showed that HA may be a step toward quality management, but there were limitations in improving patient satisfaction.[4] Bahadori *et al*. believed that HA in Iran with great emphasis on documents and policies that cannot be implemented in the clinical setting leads to a heavy workload of nurses more than other health-care members.[7] Nevertheless, HA has not yet been able to show a significant relationship with health-care delivery services.[8] In a study conducted by Bahadori *et al*. in Iran, the results revealed that quality management and leadership were the most important predictors of effective accreditation.[9] Furthermore, executive factors have the greatest impact on accreditation results.[5] So far, the studies conducted in this field have been descriptive and no qualitative study has been conducted to deeply explore the experiences of hospital managers as the most effective people in the field of HA. Furthermore, qualitative research is a useful method of describing an event, values the experience of the participant, and can offer valuable insight into nursing situations.[10] Hence, this study was conducted to explore HA challenges from nursing managers' viewpoints in Sari, Iran.

MATERIAL AND METHODS

Research design and setting

This is a qualitative study, which used focus group discussion (FGD) to explore the experiences and perceptions of nursing managers toward HA. The present study was conducted at one educational hospital of Mazandaran Province, Iran, in 2019.

Sample size and sampling procedure

Participants were selected through a purposive sampling method according to the following inclusion criterion: willingness to participate and experience at least one course of HA. The exclusion criterion was the unwillingness to participate. Therefore, 12 participants took part in the FGD including head nurses, clinical supervisors, infection control supervisors, matron, and the head of the quality improvement department.

Data collection tool and procedure

FGD is seen as synonymous with interviews, especially the semi-structured "one-to-one" and "group interviews".[11] In the current study, the focus group (FG) was a group interview session with semi-structured questions. This meeting was directed by a leader of a research team to gather information about HA. Participants' experiences were explored through interaction among nursing managers. In the FG, the open form of the questions made the extensive, deep, and rich results that were explored by the participants' own words. Nonverbal responses such as participants' physical condition also complement information about verbal responses.

The FGD took place in the meeting room at the hospital.[10] Three researchers participated in the discussion. Direct communication with all nursing managers was performed, and the purpose of the study was explained. All of the nursing managers were assured that their identity was confidential and they could share their experiences and perceptions freely. In addition, FG was recorded with permission and transcribed verbally by two researchers. Then, one of the researchers made brief notes to clarify discussions and asked additional questions.

In general, two sessions that each meeting lasted approximately 1 h were conducted to obtain data saturation. The discussion approach was developed by three of the researchers. The interviews were directed by one researcher, a faculty member of Mazandaran University of Medical Sciences. The FGD was started by asking questions about perceptions and experiences of HA: (a) Please explain your experience with HA, (b) Can you share your experiences with us in the frame of an example? In addition, follow-up questions such as, (c) Which factors are effective in persuading you to participate in the implementation of this program?, (d) What are the obstacles to implementing this plan?, and (e) Please explain it? So that, nursing managers had equal opportunity to share their experience and their experiences were noted.

Data analyses

Data analysis was carried out based on the steps proposed by Granheim and Landman. All of the interviews were transcribed, typed, and read several times to extract the

original codes. The codes were then merged and classified based on their similarities, and finally, the hidden concepts were extracted from the data. Reviewing of the whole text coding, comparison of the codes based on their similarities and differences, and their categorization into subcategories were performed through a more abstract label. Through careful and deep reflection on the initial categories, the researchers' agreement on the categorization of the codes, categories and sub-categories, comparison of the categories with each other, and the hidden contents of the categories were expressed eventually in the form of the study themes. Rigor's study was done through credibility and confirmability, transferability, and dependability achieved by the coding procedure, in which two researchers analyzed a written interview independently and subsequently developed open codes together. Each concept was labeled and similar labels were arranged in the same category. Member checks, peer checks, and deep engagement with data were done to the trustworthiness of data.[11]

Ethical consideration

This study was approved by the Mazandaran University of Medical Sciences (Ethical code IR.MAZUMS.REC.1398.4990). The participants were informed about the purpose and procedure of the study. Moreover, they were assured of their anonymity by the researchers, and written informed consent was obtained.

RESULTS

In the present study, 58.3% of FG participants had a bachelor's degree in nursing with a mean (standard deviation) management work experience of 11.25 (7.42) years [Table 1].

Table 1: Demographic characteristics of nursing managers

Variables	Frequency (%)
Gender	
Female	10 (83.3)
Male	2 (16.7)
Educational level	
BSc.	7 (58.3)
.MSc	5 (41.7)
Management level	
First level	6 (50.0)
Middle level	2 (16.7)
High level	4 (33.3)
Participation in accreditation	
Three times	12 (100)
Age, mean (SD)	44.25 (5.92)
Clinical work experience, mean (SD)	20.58 (5.82)
Management work experience, mean (SD)	11.25 (7.42)

SD: Standard deviation

FGD emerged with 438 primary open codes. Eventually, after several reviews and summarizing the data, group discussions were classified according to the 3 main themes and 11 sub-themes. Main themes according to nursing managers' perception and experience of HA included "negative emotions toward the process of evaluation," "inappropriate evaluation procedure," and "increased workload" [Table 2].

Table 2: Themes and sub-themes of hospital accreditation challenges from nursing managers' viewpoints

Main themes	Sub-themes
Negative emotions toward the process of evaluation	stress on staff ignoring the staff evaluator's negative view
Inappropriate evaluation procedure	non-professional performance of evaluators Inappropriate metrics scoring
Increased workload	Shortage of personnel extensive content of accreditation lack of cooperation Lack of supportive sources Over-documentation asynchronization of educational and treatment accreditation

Negative emotions toward the process of evaluation

In all phases of FGD, nursing managers reported a sense of negative emotions toward the process of evaluation that consisted of "stress on staff," "ignoring the staff," and "evaluator's negative view." These factors led to a waste of all the efforts that nurses have made throughout the year to improve their performance, and eventually, due to the poor experience of these conditions, they have a negative view of evaluation. Nursing manager's experiences revealed that some factors made stressful conditions; one of the head nurses said "The sudden arrival of a team consisted of at least ten people in the ward made all the nurses become stressed and forgot all the content of accreditation" (participant 9).

Another factor that has led to a negative view of this process was the experience of inappropriate communication of the evaluator. Another head nurse stated, "The evaluator did not contact me as the head of the ward after entering our ward, and this means ignoring" (participant 8).

Even so, the nursing managers believed that the evaluators look negatively from the beginning of the evaluation and they assessed only the negative points, not to strengthen the positive points. One of the participants said, "The evaluator went to the ward and told our nurses that "did you do clinical work?". The nurses said yes. Then he said well (with a threatening manner)" (Participant 5).

Inappropriate evaluation procedure

Nursing managers, after experiencing three courses of HA, believed that the evaluation process was not appropriate. This theme consisted of two main sub-themes: "nonprofessional performance of evaluators" and "inappropriate metrics scoring."

They described the nonprofessional performance of evaluators as "short time of evaluation," "considering

the personal experience of the evaluator in the evaluation process," "inconsistency between metrics and nurse's responsibility," "unclear evaluation," and "various opinions of evaluators."

Nursing managers expected at least half of the documents prepared have been reviewed by the evaluators, given their extensive experience and time spent doing the documents requested by the evaluators. One of the nursing managers stated "We were asked to prepare a lot of documents, but our unit was evaluated in <2 min and none of the documents was reviewed" (participant 3).

Nursing managers believed that we should be evaluated based on the criteria announced by the Ministry of Health. However, one of the nursing managers described his experience, "The evaluator generalized his personal experience in his own life to our ward. He checked the patient's surgery consent. He said that because my wife performed surgery elsewhere, they did not get these consents from me at all, so you filled this by yourself" (participant 10).

The nursing manager had an inappropriate experience of inconsistency between metrics and nurse's responsibility so that they could not get the required score in a certain criterion. For example, one of the nursing managers stated "We always lost the score of the patient document because the physician and medical residents' orders do not have a time and date, although this issue was not in our responsibilities at all" (participant 1). Although another nursing manager said "The informed consent form must be completed and signed by the physicians, they never do that and we always lost the score of this part due to incompleteness. Although sometimes they asked us to singed instead of physicians!! (Participant 4).

Nursing managers spend a lot of time on the metrics announced by the Ministry of Health. They believe that the metrics are ambiguous and each person may have a different perception of one metric and then follow a different pathway than the others. Since the evaluators are nursing managers of other hospitals, they do not give us a proper score due to the different documentation and our performance with their hospital. A nursing manager described her experience as "Some of the metrics were vague. Therefore, we agreed to work in a certain direction. Interestingly, a private hospital performed according to our documentation, but when the scores were announced, our score in that section was much less than that hospital (Participant12). Two evaluators gave two different opinions on the same thing" (Participant 8). Since evaluations in all hospitals in the country are performed by different teams of nursing managers and nurses, evaluators have different views on the same issue. A head nurse said, "We have been told many times in the meetings that if you do not reach the goal, you should consider the same percentage for the new year, but the evaluator did not agree" (participant 2).

Increased workload

Nurses endure many challenges in the hospital and the purpose of accreditation is to improve the performance of hospitals. However, this method of accreditation has led to an increased workload of nurses. Nurses and nursing managers face various challenges that facilitate occupational burnout. On the other hand, a shortage of personnel leads to increased fatigue in the workplace. Therefore, extensive content of accreditation has led to more fatigue of nurses in the clinical setting and they could not get the desired score. One of the nursing managers said "Evaluators evaluated in different ways included safety, health, infection control, and staffing. We all trained personnel by face-to-face method, but on the day of the evaluation, they were not accountable, because the contents were too much" (participant 11). Another nursing manager described her experience "We are not against the standardization of care and everyone supports it, however, even though they said accreditation became paperless, we still have documentation" (participant 5).

Another reason that intensifies the nursing workload is the lack of cooperation between managers with nurses. Accreditation is a complex process that requires comprehensive cooperation at all levels of hospital and university. For example, a nursing manager said "lack of synchronization of educational and treatment accreditation causes some challenges. For example, medical residents perform their duties properly at the time of educational accreditation, but at the time of treatment accreditation, they filled document incompletely" (participant 8).

DISCUSSION

The current was conducted to explore HA challenges from nursing managers' viewpoints in Sari, Iran. The finding revealed the nursing manager's experience of HA courses. The finding showed that nursing managers' experiences consisted of some challenges in the level of managerial. These challenges might affect the HA and stay away from the main goal of HA, the improvement of the quality of care. Similar to the Sheikhy-Chaman *et al.* study that clinical nurses believed HA had a moderate effect on the goals such as improvement of the quality of

care.[12] Our finding revealed negative emotions of nursing managers toward the process of evaluation. Stress was one of the emotions that they experience. The evaluation process in the developed countries included three people: a physician, a nurse, and a health management expert.[13] Nevertheless, the nursing managers in our study stated nurses endure the most work pressure. They also complained about a large number of evaluators in each clinical ward while most of them did not need to be present for evaluation. In the present study, nursing managers perceived HA as an inappropriate evaluation procedure. Some of the experiences that made them perceive this inappropriate evaluation were the short time that the evaluators assign for each clinical ward and nonprofessional evaluations. They also complained of insufficient training in this regard. They stated that in the first periods of HA ambiguous and multifaceted metrics caused difficult experiences for us as managers. The results of Mosadeghrad *et al*. study confirmed these experiences. In their study, insufficient training and low-skilled evaluators, differences among evaluators in interpreting metrics, and also limited time allocated for evaluations were the main challenges in HA.[14] The results of the present study showed this method of accreditation leads to they experience an increased nursing workload in the health-care setting. Ambiguous and changeable metrics and overdocumentation are the main cause of this unpleasant experience. Thus, nurses are the major group who are responsible for the HA organization. This finding is compatible with the qualitative study conducted by Saadati *et al*. in Iran. The results showed HA improved patient safety but extra documentation and work stress were the negative experiences that hospital managers and nurses endured as a great group among occupational groups.[15] Another experience that affects nursing managers was the poor cooperation of other health-care providers such as physicians. The deficiencies in completing the documents lead to a decrease in the hospital score and the nursing managers being held accountable. This experience was also seen in the Yousefinezhadi *et al*. study. They believed that the lack of physicians' involvement was one of the main barriers of policy in implementing HA.[16]

CONCLUSIONS

The findings showed the importance of implementing HA in the health-care setting. Nursing managers are the main group who experienced HA challenges. They experienced some enhancement over three courses of HA but their experiences revealed some barriers, which are thought-provoking. Considering these challenges by the Ministry of Health and accreditation units of medical universities can facilitate the implementation of HA.

Conflicts of interest

There are no conflicts of interest.

Authors' contribution

MK: Data collection, analysis, and interpretation and writing the first draft of the article. HJ: Designed and supervised the work. MB: Data collection. VSH: Designed and supervised the work and also data collection, analysis, and interpretation. All of the authors read and approved the articles.

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