Section: Research Paper

THE ATTITUDE OF TOP MANAGEMENT TOWARDS SETTLING QUALITY STANDARDS IN THE HEALTHCARE INDUSTRY: A QUALITATIVE REPORT

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ABSTRACT

Accreditation helps control performance. Stakeholders' certification commitment is crucial to integrating standards into daily practice. This study examines hospital administrators' views on accreditation established by the quality council of India's national accreditation program for hospitals and healthcare. The hospital directors and administrators were interviewed to conclude this study from different single and multispecialty hospitals and healthcare institutes in India. Virtual, audiotaped, verbatim transcribed, and NVivo-12 thematically analyzed. The normalization process theory guided the study's conceptual framework and heuristic conclusions on normalizing accreditation standards (coherence, participation, activities, and monitoring) (May, C.R., 2009). Accreditation pleased hospital directors, especially those with more experience. The hospital administrators encourage the need and significance of accreditation. This approach standardized daily processes. The standards' clarity, the accessibility of full-time quality professionals, and the alignment of accrediting objective elements and standards with hospital policies and strategies enabled hospital executives to comprehend accreditation (coherence) and involve personnel (cognitive participation). This goal-driven involvement started deliberate operational efforts to incorporate quality standards (collective actions) (Campbell SM, 2000). Distribution of the standard set to the pertinent owners, evaluation of deficiencies, the creation of remedial plans, and project prioritizing within time constraints were all involved in the integration process. Notwithstanding structural and economic conditions, conditions on increased safety culture, team spirit, communication, public trust, safety issue reporting, and process standardization. Objective assessment of accreditation benefits (reflexive monitoring) was necessary to correct issues, improve performance, and sustain performance after integration (Brubakk K, 2015). Standards integration requires knowledge of certification and how operations integrate standards. According to the normalization process idea, culture, cooperation, and leadership impact how measures are combined in a sequential, connected manner. The outcomes clarified the operating accreditation technique, which may help stakeholders and policymakers make informed decisions.

KEYWORDS: Accreditation, Attitude, Quality, Hospital Administrator, NABH, Healthcare industry

1. INTRODUCTION

All healthcare delivery systems prioritize continuous quality improvement (Campbell SM, 2000) [10]. On a worldwide level, accreditation has become an intensifying technique for quality improvement (Bogh SB, 2018) [5]. Accreditation is the process through which a third party evaluates a healthcare institution's compliance with predetermined standards (Greenfeld D.,2012) [20]. Using certification as a stand-alone quality improvement strategy, according to a recent review, might not ensure outcomes and provide stakeholders with an inflated impression of the effectiveness of accreditation (Algunmeeyn, A., 2020)[1]. The contextual diversity of accreditation requirements, the paucity of solid causal research on its utility, and the considerable expenditures involved with achieving accreditation standards may all contribute to the differing views on the worth of certification (Ehlers LH., 2017) [14].

Similarly, more consistent data about stakeholders' perceptions of certification's efficacy must be collected (Andersen, M.K., 2017).[3] While some studies praise accreditation's contribution to improving organizational performance and standardizing practices, others criticize it for interfering with patient care, being tardy, expensive, bureaucratic, and unconcerned with outcomes (Hussein M, 2021) [22]. The role of certification in encouraging performance improvement by bridging the know-do gap (Bogh, SB., 2018) [5]. Assessing the effectiveness of accreditation requires understanding the procedures used to integrate standards into business practices.

Several context-specific factors influence the capacity of healthcare organizations to incorporate standards (Joseph L, 2021) [23]. The leaders' desire to acquire certification is one of the critical elements in this scenario. It could be beneficial to look at how leaders interpret accreditation to boost acceptability and adjust accreditation design to hospital requirements (Szecsenyi J, 2011) [27]. This examination will give you a better understanding of the factors that push variable performance to comply with accrediting criteria or normalize them. To address these issues, this study provides information on hospital directors' thoughts on India's standardized certification requirements.

India has more than 1140 public and private hospitals. The Quality Council of India, under the Ministry of Health and Family Welfare, is the critical player in this system. The current healthcare system is moving toward value-based, patient-centered care. Along with other management initiatives, a mandated accreditation scheme has been implemented to raise the quality of healthcare services. The National Board for Accreditation of Healthcare Institutions (NABH) is the acknowledged accrediting agency determining whether hospitals achieve performance standards. The well-defined NABH accreditation procedure is underpinned by the International Society for Quality in Healthcare Standards. A hospital receives a three-year accreditation certificate if, after an onsite evaluation, the compliance level passes the present conditions. The functioning of the certification process or hospital administrators' thoughts on accreditation in the Indian context, however, have not been studied.

This study aims to: (1) explore hospital directors' attitudes toward the Indian National Accreditation Programme and (2) investigate how accreditation standards are normalized in hospital operations. The normalization process theory (NPT), a sociological middle-range theory, provides heuristic explanations for incorporating complex interventions, like accreditation, into routine practice.

2. METHODOLOGY ADOPTED IN THE STUDY

Research Design & Sample of the Study

An in-depth qualitative interview approach was used to thoroughly examine the research goals in keeping with the exploratory character of the study. The inclusion was restricted to hospitals with one accreditation visit. It had been accredited for at least six months before the interview because exposure to repeated accreditation visits could affect hospital directors' perceptions and compromise our findings' validity. Twenty hospitals met our inclusion requirements, according to the NABH website's publicly available list of recognized hospitals. The top executives of these hospitals (henceforth referred to as "hospital directors") were asked to participate in the research as long as they had held their jobs for at least six months before and after the accreditation visit. According to an earlier study, it was believed that this amount of time would be sufficient for them to become sufficiently exposed to and knowledgeable about the accrediting procedures. Two of the 20 hospital directors we contacted could not satisfy our schedule requirements, and three others were rejected for personal reasons. The remaining 15 registrants were sent a permission form and an explanation document. If the email received an affirmative answer, it was assumed that consent had been given. After then, individual interviews were planned at times convenient to the participants.

2.1. Qualitative interviews and transcript preparation

Throughout June to August 2022, the primary researcher digitally conducted and videotaped each interview utilizing Zoom videoconferencing technology. Virtual qualitative interviews have received plaudits for their affordability and security, mainly when participants are spread out geographically (Archibald, M.M., 2017) [4]. Consent statements were confirmed before the discussions began, and it was highlighted that participation was optional. After thoroughly examining the available literature, the research team painstakingly created an interview guide to lead the interviews. To uncover different facets of the certification application, the manual included a series of open-ended questions that the NPT guided (see Supplementary A). Inquisitive queries were also used to help explain any possibly perplexing details. After 12 interviews, nothing new was discovered, and the last three interviews corroborated this, demonstrating topic saturation and adequate sample size. Each interview lasted 40 minutes on average. The interviewer then verbatim translated the audiotapes, and as soon as was practical, she sent the transcriptions to the participants for feedback.

2.2 Transcript analysis and theoretical framework

The primary researcher went through the transcriptions to familiarise himself with the information and find appropriate codes. The thematic content analysis combined related textual passages into a single code and organized the interconnected principles into a meaningful subject. Afterward, multiple thematic improvements were assumed to avoid duplication and guarantee the logical grouping of detected topics. Notably, the NPT was used as an experimental model to clarify how certification works, from introduction through normalization (May CR, 2009). Coherence, cognitive participation, collective actions, and reflexive monitoring are the four integrated constructs the theory distinguishes between to focus on the work necessary for utilization (May, C.R., 2022) [24]. This theory provides a rigorous analytical framework to understand the dynamics influencing the deployment and

integration of a new intervention, such as accreditation, into routine practice (Fredriksen, E., 2021) [17]. As a result, we concluded that NPT could adequately describe the dynamic activities stakeholders need to incorporate certification requirements into business practices (Asiedu, G. B, 2019) [5]. As a result, the NPT components were used to group emergent themes taxonomically. The iterative codes were organized using the NVivo-12 program. Supplementary B provides a coding tree that serves as an example.

2.3 Qualitative trustworthiness and reporting

Numerous affirmations of credibility, transferability, and dependability were used to establish the reliability of our research. Credibility was ensured through techniques such as evaluating the effectiveness of the interview guide, allotting enough time to gather data, iterative questioning, continuous peer debriefings, member verification, and theoretically guided analysis.

Table 1: Demographic Details of the Sample Participants.

Gender	Male	15 (100%)
	Female	0 (0%)
Professional Background	Physicians	8 (53%)
	Health Administrators	4 (27%)
	Others	3 (20%)
Educational Background	Graduation degree	9 (60%)
	Post-Graduation Degree	5 (33%)
	Doctorate	1 (7%)
Total experience in the profession	4-6 Years	3 (20%)
	7-9 Years	5 (33%)
	More than 9 Years	7 (47%)
Total experience in the current designation	0-3 Years	7 (47%)
	4-6 Years	5 (33%)
	More than 6 Years	3 (20%)
Involvement in accreditation	Yes	7 (47%)
	No	8 (53%)

Source: Created by author.

To guarantee the applicability of the results in other circumstances, it was also thought essential to conduct systematic coding verification, achieve topic saturation, and follow the research procedure precisely as intended. Additionally, the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was believed to increase reporting quality, guarantee reliability, and make drawing understandable and auditable conclusions easier (Tong, A., 2007) [28]. Open-ended yet anonymous remarks backed up the conclusions. The participants were identified by the letter "P," followed by an Arabic number indicating the interview's sequence.

3. RESULTS

Fifteen hospital directors, most doctors with more than six years of experience, were interrogated. In their present positions for three years or fewer, 47% had worked (Table 1). To be accredited, the hospitals were surveyed between July 2019 and October 2020. The majority of them (60%) were public, (73%) offered acute care, and (86%) had less than 300

beds. For every 25 to 30 beds, these hospitals employed one full-time quality professional on average.

A total of 621 textual fragments were categorized into 29 codes according to themes, and these codes were then utilized to combine 11 different but related articles. No theme differences were found despite differences in participant and hospital characteristics. The NPT notions of coherence, cognitive engagement, collective actions, and reflexive monitoring were used to tabulate the developing themes, as described in Table 2.

3.1. Coherence

Responses to what constitutes accreditation were varied and impacted by several factors. Participants with less experience defined accreditation as a management tool that helped organize business operations and promote the quality of care (Goetz K., 2014) [19]. Those with more experience or previously encountered accreditation processes described accreditation as an evaluation tool to identify system deficiencies or a marketing tool to enhance reputation. Among the participants, one said:

'I am the hospital director today but a patient tomorrow. Quality improvement is the target, while accreditation is a supporting tool that stimulates the process of implementing quality systems' (P12)

Table 2: Themes and coding details of sample participant's responses

NPT Construct	Themes	Codes
Coherence: How hospital directors understand and recognize hospital accreditation programs individually and collectively.	Sense-making toward the accreditation program Understand accreditation standards	• Define accreditation • Understand accreditation processes • Recognise the anticipated benefits of accreditation • Standards clarity and relevancy • Alignment of accreditation standards with organizational strategic goals
Cognitive participation: How hospital directors sustain engagement in accreditation implementation individually and collectively	Attitude Time consumption Organizational engagement	• Perceiving change positively • Sceptical approach toward change • Time required for initiation and integration • The role of leaders in driving accreditation • Motives for leaders' participation • Motives for team participation
Collective actions:	Integration and	• Gap analysis and taskforces

How hospital directors integrate accreditation standards with daily business operations.	operationalization Workability	formation • Enact a set of implementation practices • Monitoring the progress of implementation • Direct financial expenditure • Indirect financial expenditure • Driving factors of accreditation implementation • Restraining factors of accreditation implementation
Reflexive monitoring: How do hospital directors reflect and appraise the accreditation program and its effect?	Appraise accreditation program Evaluate effectiveness & worthiness. Practice differently	• Appraise surveying activities • Appraise surveyors (i.e., evaluation team) • Impact at the organizational level • Impact at the patient level • Impact at the staff level • Impact on the clinical outcomes • Impact on the economic outcomes • Moving towards patient-centeredness • Deploy quality and patient safety culture • Utilise a team-based approach • Embrace performance management and benchmarking

Source: Created by Author.

When first exposed to the accreditation program, the participants expressed four main concerns: its requirement, the relevance of the standards in specialist hospitals, the significant percentage of professionals with low-quality literacy, and a lack of a quality culture. To speed up the coherence phase and include hospital teams in the process, the participants stressed the need for clear standards, the availability of full-time quality specialists, and the alignment of accrediting requirements with hospital strategic goals. As one of the participants said:

'I think obligating accreditation might defeat its purpose and give the process an inspection favor […], it contradicts the commitment to duty of the health professionals toward patients' (P4)

3.2 Cognitive participation

All participants frequently emphasized hospital directors' significance in advancing certification adoption. They both underlined the value of collaboration and frontline employee participation in coproduction. Two management strategies were identified from the investigation in terms of engagement. Most participants thought certification might enhance the practice after the initial strategy. As a result, they gladly took on managerial and technical responsibilities in driving the transition. The approach's primary motivators were the commitment to safety, reaching strategic objectives, boosting the learning process, and improving external reputation.

In the second strategy, participants preferred to delegate quality-related tasks and sought certification with the least effort. The participants attributed this skepticism to the drawn-out certification procedure, the unwillingness of health professionals to join, and the size of the expected improvements. Marketing, legal requirements, and pressure from governing organizations were key justifications for involvement. According to one participant, ‘each standard represents a quality to be attained, and each attainment requires certain changes whether on small or hospital-wide scales. I was not ready to begin this experience while surrounded by hesitant co-workers’ (P7)

To encourage the participation of frontline employees in the change process, several strategies were used, including involving them in the design phase, offering incentives, launching awareness campaigns, keeping quality on the agenda of departmental meetings, and presenting standards alongside solid factual evidence (i.e., an empirical-rational strategy). As seen by the following quotation, this interaction was the crucial spark for entering the action phase, ‘the most often asked question along the way was “Why is this standard important?” supporting the explanation with evidence was the secret buy-in strategy to get everybody onboard and kick-off implementation, particularly healthcare professionals’ (P12)

3.3 Collective actions

To incorporate standards into routine operations, the participants used a variety of intentional operational actions. Standard sets were first sent out to the appropriate parties to acquaint the owners with the material. Additionally, task groups were established to do gap analyses, create corrective plans, prioritize activities, and set reasonable deadlines. Systems of communication and oversight were also put in place simultaneously to boost productivity, promote collaboration between and within task forces, and guarantee fast action-taking. Then, projects were started, including training, infrastructure restoration, and policy formulation. Sometimes, to comply with the requirements, some actions needed to be spottier or inadequately implemented (i.e., workarounds). The following excerpt demonstrates this premise:

‘the required time considerably surpassed our estimates and plans. We tend to use shortcuts as we were in a race against the clock, and we postponed determining what went wrong until after the survey visit’ (P1)

Several aspects affected the integration process. The participants' principal problems were tight budgets, a lack of skilled labor, and inadequate infrastructure. Nevertheless, despite the participants’ challenges and demands, proper support for the procedure and task forces at this

time was crucial in achieving certification. One of the participants described the difficulties as follows:

'accreditation process was not without cost. In addition to the direct expenses such as workforce recruitment and training. An indirect cost was demonstrated by pulling our health professionals away from their clinical duties' (P14)

3.4 Reflexive monitoring

Most participants believed it was essential to comprehend new practices, prevent undermining accreditation effectiveness, and maintain performance improvements to conduct an impartial review of accrediting worthiness after integrating standards. To learn from the results achieved, the assessment process involved surveying operations, going through the time-saving shortcuts used, and finding residual non-conformance (Brubakk K, 2015) [9].

The participants thought accreditation was generally positive. As stated, integrating standards accompanied the modification of numerous internal practices linked to patient-centeredness, safety, and performance management. This improved the safety culture inside the organization, as seen by the emergence of a standard language for quality among the personnel. The development of teamwork, improved communication, standardization of processes, public trust, and increased reporting of safety problems was outlined. Instead of the accreditation visit, these impacts were ascribed to the preparation work. Interestingly, although participants reported no unintended consequences other than co-worker stress due to the process, several reflective concerns were voiced regarding surveyor variability, the validity of using a snapshot sample to evaluate performance, and the ability of accreditation to deliver long-term patient and financial results. Participant 1 said:

'I have seen processes such as outpatient waiting time, cancellation rate in the operating room, and hand hygiene compliance improved considerably. However, I cannot presume an impact on patient outcomes following the survey; probably more time is needed to determine that' (P8)

4. DISCUSSION

4.1 Statement of principal findings

This qualitative research discovered that hospital directors had a positive perspective on accreditation, especially those with more expertise or prior exposure. In reality, several variables helped hospital administrators understand accreditation and launch several procedures to normalize standards into daily operations. The NPT constructs in our analysis described these normalization processes. A significant benefit of the normalization was the improvement of the corporate safety culture, teamwork, communication, public confidence, reporting of safety problems, and standardization of processes.

4.2 Strengths and limitations

This is the first research that we are aware of that looks at hospital directors' views toward accreditation and the processes through which certification standards are normalized in Indian hospitals. While our findings apply to various situations, their transferability must still consider contextual variations. Regarding restrictions, our results may have been biased due to the recollection bias that qualitative research, by its very nature, includes. However,

combining a theoretical framework, trustworthiness approaches, theme saturation, and methodological coding helped structure a conclusion that is entirely consistent with accreditation articles and boosted the credibility of our results. Due to the known overlap between the NPT constructs, themes were rigorously assigned mutually exclusive throughout the analysis to avoid redundancy and preserve the inductive aspect of the research.

4.3 Interpretation within the Context of the broader literature

In line with other research, participants' general attitudes regarding certification were positive. Years of experience, however, could have had a conflicting impact since Ellis et al.'s research suggests that individuals who had more years of experience or had previously been exposed to certification saw accreditation as having more significance.[15]

Our results show that the implementation stages of certification are connected and sequential per the NPT framework. According to the participants, culture, cooperation, and the extent to which hospital administrators comprehend and manage certification significantly impact how each stage progresses. In our research, participants' attitudes towards leading throughout the implementation process were significantly affected by their ability to understand the accreditation program and standards, or "coherence." The cultural resistance to bringing a significant change during standards integration necessitates blurring the border between leaders and frontline employees, or "cognitive participation," despite the participants' hierarchically powerful position. This group effort validates earlier research that stressed the need for collaboration in complex treatments. However, motivating frontline employees was a challenging endeavor that needed tailored strategies to be effective.

A series of intentional acts known as "collective actions" were required to establish standards in everyday operations throughout the implementation phase. These activities were reportedly hampered by budgetary constraints, institutional inadequacies, and leaders' doubtful attitudes.

There needs to be more clarity between the actual practice and the evidence provided to the accreditation survey team due to time limits, stress among co-workers, and other factors (Debono D., 2014) [11]. The reportedly experienced focus confirmed the need for appropriate practices to assist colleagues during certification. Finally, "reflexive monitoring" was employed in the post-survey evaluation to discuss what went wrong and worked well. In line with other research, promoting patient safety culture was the often cited beneficial impact. However, several issues were brought up by the participants, including the variation in surveyors, the usefulness of particular criteria, and the unpredictability of results. The latter may be partly explained by the fact that accrediting standards emphasize organizational structure and procedure more than results.

4.4 Implications for Policy, Practice, and Research

Our findings highlight the significance of investigating hospital directors' perspectives when creating and executing accrediting programs. Stakeholder alienation and frustration with the certification process may emerge from failure to include them. We support recent publications that call on accrediting organizations to plan and diagram the certification process from the ground up. Due to the high degree of similarity in accreditation programs worldwide, the contextual lessons from this study offer stakeholders and policymakers evidence to assist them in implementing and evaluating accreditation effectively (Laghubitta A., 2016). Despite cultural differences, these lessons must demonstrate implications that cut

across boundaries. The tactics that solidify the participation of stakeholders must be considered in future research, some of which may be based on NPT. A longitudinal study of the evolution of leaders' attitudes toward accreditation through repeated certification cycles may also be valuable.

5. CONCLUSION

Investigating hospital directors' perspectives on accreditation shows factors affecting how standards are implemented and supporting certification programs' long-term viability. Understanding accreditation and the processes through which standards are routinely incorporated into operations is crucial to standards integration. According to this survey, hospital directors had favorable perceptions about certification. The findings show that standards integration stages are sequential, connected, and impacted by culture, collaboration, and leadership participation using NPT models (Althubaiti A., 2016)[2]. The results contribute to the operational process of accreditation's clarification, which may assist stakeholders and policymakers in making wise judgments about the implementation of accreditation.

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