

The Extent to Which Jordanian Doctors and Nurses Perceive the Accreditation in Private Hospitals

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Abstract

This study aims to know if the doctors and nurses in the Jordanian private hospitals have a perception about the accreditation, and if there's a different between the doctors and nurses perception and understanding the accreditation standard at their hospitals. The results of this study showed that Doctors and nurses have a positive attitude regarding their perception of accreditation standards, Related to the Management and leadership, Strategic planning for quality, Human Resources utilization, Quality Management, and the Accreditation process and implementation, with no different between their perception, On the light of the study results the following recommendations may be submitted, the work and more training, Motivate doctors and nurses to implement accreditation standards, making the accreditation standard as major requirement for the license, a controlling role for the Council of Accreditation in Jordan.

Keywords: Accreditation, Private hospitals, Doctors, Nursing, Jordan

1. Introduction

Decision makers at all levels are seeking objective data for evaluating healthcare organizations, accreditation have been introduced as a systematic response to evaluating healthcare organizations, accreditation standards are intended to be optimal and achievable, and they are designed to encourage continuous quality improvement efforts within accredited organization. (Salmon, Warren, and Et al, 2003)

A challenge is to develop valid and meaningful indicators of key hospital structures, processes, and outcomes expected to be affected by an accreditation program, so that specific changes arising from accreditation could be tracked across multiple sites and over time. (Brook R, McGlynn E, and Skekelle P. 2000)

Accreditation is a process whereby an organization is assessed on a set of pre-determined standards. (Klazinga N., 2000). It intends to promote quality improvement through diverse approaches., the main purpose of the accreditation is to develop the procedures and regulations to provide the service and improve the quality of health care services and the expected results from the treatment (Duckett, SJ., 1998). Hospitals accreditation is an integrated process comprising a set of steps by which to evaluate the hospital to know whether it achieves a set of standards and principles designed to develop the safety and the quality through the provided health care services, the evaluation is generally performed by a neutral national, independent agency, not belonging to the hospital (Montagu D., 2003)

In the light of the huge competition seen in the private hospitals encountering locally, internationally and regionally, and because of the importance of therapeutic and medical services quality as the excise in all their operations, and because accreditation of the hospitals represents an integrated process consisting of a set of procedures by which to evaluate hospitals performance to know how they meet a set of standards and principles designed to develop safety and quality through the provided health care.

From this point emerges the importance of this study in its attempt to determine the extent of knowledge and perceptions of accreditation at the Jordanian private hospitals and doctors and nurses awareness about the importance of accreditation standards regarding that doctors and nurses form the basic elements in health and medical care, and their understanding and awareness about these standards will help to raise the level of the provided services, and to ease receiving accreditation certificate.

1.1 Hospital Accreditation

There is a universal agreement that accreditation could be the most important method by itself to improve the quality of the health care's structures: within the accreditation frame, and institutional recourses evaluated periodically to ensure services quality according pre-accepted standards. (Loeb J., 2001)

Hospital Accreditation had been defined as "A self-assessment and external peer assessment process used by health care organization to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve" (Forcioli.p., 1998).

Critically, accreditation is not just about standard setting; there are analytical, counseling and self-improvement dimensions to the process (Betty Krauss, and others, 2000). There are parallel issues around evidence-based medicine, quality assurance and medical ethics, and the reduction of medical error is a key role of the accreditation process. Hospital accreditation is therefore one component in the maintenance of patient safety. (Buetow SA & Willingham J., 2003).

There are many concepts associated with accreditation, most important are the (Total quality management : (TQM), quality of service in health care, and some other terms (concepts) related to accreditation .

1.2 Total Quality Management:(TQM)

TQM combines a set of management principles with a set of tools and techniques that enable employees to carry out these management principles in their daily work activities. (Viswanathan HN & Salmon JW., 2000).

1.3 Quality of service in health care

Quality of service in health care is that service for those who seek modern methods to improve the quality of the health care they provide emphasis on development and education rather than inspection, providing a thorough review of all aspects of an institution's structure systems, and processes, with particular emphasis on what patients experience. (J. Duncan Moore, 1997)

1.4 Terms (concepts) related to accreditation

1.4.1 Accreditation body: - The organization which it is responsible for implementing the accreditation program and granting the accreditation status. (Wikipedia)

1.4.2 Accreditation committee: Committee refers to commission's consular that is responsible for the control process and accreditation decision making. (Suitherasan S & Aunguroch y, 2008)

1.4.3 Accreditation Duration: The period for granting a hospital an accreditation or to a preliminary health care center after found to be fit significantly with the accreditation party's standards and to preserve the accreditation for the period it is needed to find an acceptable solution to any found problem (generally three years). (Richard Rawlins, 2001)

1.4.4 Accreditation standards: Set procedures to determine the conformity degree with the standards at the hospitals and the organizations of health affairs administrations & Preliminary health care there are many standards in the hospital such as: patients services, diagnostic services...etc. (World Health Organization, 2003).

1.5 Duties and Assignments of Health institutions accreditation council: Insuring the availability of the best level of safety quality in health care services through developing and reviewing classifying the universally accepted standards for institutions and health care programs, and to insure conformity with these standards, and accreditation health institutions and health care programs that meet, enhance the continuous improvement of the health care services. (World Health Organization, 2003).

1.6 Accreditation Organizations

There are many, but the most known are: - The international association for health care quality (ISO ua), The Joint Association for accreditation health organizations in the United States. (JACHO), The Japanese council for health care quality (JCQHC). NIZA organization in Netherlands, the American college for the illness specialists in the United States- Labs Accreditation. (CAP-IAP), The American Association for the blood Banks in the United States (AABB). (World Health Organization, 2003)

1.7 Hospitals need Accreditation for the following reasons

1- Hospitals should be places of safety, not only for patients but also for the staff and for the general public (Gary S. Silverman & Marin K. Silven, 2003)

2- Quality of hospitals and interest to many other bodies, including governments, NGOs targeting healthcare and social welfare, professional organizations representing doctors, patient organizations, and shareholders of companies providing healthcare services (Scrivens E., 1997).

3- Because an accreditation certificate should be able to demonstrate that the structure and conditions for quality management are available in the hospital. (Joseph S. Flippo and E. Nolan, 2002)

4- Accreditation improves the interactive process between the auditors and hospital managers which is reported as contributing both to the achievement of higher standards for individuals in hospitals and to greater networking among managers (Schvye PM., 2002).

5- The accreditation enhances the quality improvement in the hospital and allows for accountability.

2. Purposes and Benefits of hospitals' accreditation

Improving health systems merging and engaging hospitals as an active entity in the health care net, quality continuous improvement using the accreditation process to make changes in practices, making decisions with awareness providing the information regarding health care quality, improving accountability and organizing of the health care establishments and making it accountable in front of the legal boards and other boards like professionals, government. (AL-Assaf, A. and Schmele J., 1999)

The benefits of the accreditation are to ensure a disciplined and systematic approach to Training program, Strengthens community confidence in the quality and safety of care, treatment and services, Provides deeming authority for Medicare certification, Accreditation stimulates continuous improvement, it enables hospital in demonstrating commitment to quality care, and it raises community confidence in the services provided by the hospital and provides opportunity to healthcare unit to benchmark with the best. (Bosafi, Kamal, 2009)

Accreditation provides an objective system of empanelment by insurance and other Third Parties. And provides access to reliable and certified information on facilities, infrastructure and level of care (Richard Rawlins, 2001).

2.1 Beneficiaries' parties from the accreditation system

2.1.1 patients Restoring confidence in the local health institutions as the beneficiaries from the service are able to make comparisons between the services they receive with the similar services provided by other institutions in the local or the international region and Ensuring to receive accurate and relevant information before and after diagnostic procedures and the medication.

- Saving time and expenditure for the patient due to the reduction of re-checkups, unsuccessful experiments in treatment.

2.1.2 Health Institution: Applying quality systems, improving performance and commitment with the standards regarded as with more benefits to the health institutions applying the systems according to the best clinical practices recognized internationally and administratively

- Increasing the health institution opportunity to attract the best health providers and gain their loyalty and commitment to their work. (Joseph S. Flippo and E. Nolan, 2002)

2.1.3 Society: Improving services, achieving social justice, and increasing the patients' opportunities to access the health service, and reduced restoring confidence between society and health care institution. (Stephen L. Arnold, Charles T. Kozel & Lily D. Velarde, 2004).

2.2 Accreditation Process

An overview of the Accreditation process adopted by the Board of accrediting bodies (FLETA) (Shaw C., 2000):

2.2.1 Application: The process to seek accreditation is initiated when an Applicant applies to the Office of Accreditation (OA) for a review of their academy or a particular training program. This begins with an application, which includes a written commitment from a Senior Official of the Applicant who has the authority to enter into such an agreement.

2.2.2 Self-Assessment

A Self-Assessment team is established by the Applicant to verify compliance with the standards.

2.2.3 Assessment

A team of assessors, selected jointly by the OA and the Applicant, The assessors evaluate the Applicant's academy or program compliance with all applicable standards. (Gennip, Elisabeth M.S VAN, and Smith, Peter A.E. Sillevs, 2000)

2.2.4 Board Review Committee (BRC)

The senior official and the Accreditation Manager for the Applicant, the Assessment Team Leader and OA Program Manager should be present at the formal public hearing in order to answer questions and describe the current status of the academy or program to the BRC.

2.2.5 Board of Accreditation Approval

An applicant may be granted Provisional Accreditation when Corrective Action Plans are expected to be completed prior to the next Board meeting. If accreditation is deferred, the Applicant is responsible for making appropriate corrective actions and rescheduling for Board review.

2.2.6 Re-Accreditation

Accreditation is maintained during the three-year period (in general) by submitting annual reports. The annual report should be a brief description of the program's compliance adherence and should contain specific information with appropriate documentation regarding significant changes, which may alter the accreditation status of the program. (Giraud A., 2001)

3. Previous Studies: (Conclusions)

3.1 Studies of (Ray, 1995): "Accrediting Hospitals: Accreditation should move from structure and process to outcome"

Hospitals and homes in the independent sector were regulated through registration health authorities, and the Hospital Advisory Service was responsible monitoring the long stay sectors in the NHS; additional systems for regulating standard were deemed largely unnecessary. Since 1991, however, purchasers have been required to seek new ways of ensure the services that they commission are of high quality (Ray Robinson., 1998).

3.2 Studies of (Cruz, 1997), "Preparing your program for JCAHO sub acute accreditation"

The Joint commission on Accreditation of Healthcare Organizations (JCAHO) has defined sub acute care in recognition of that a common definition for such a new area of care was needed. The encompasses patients who no longer need an acute facility but are to skilled nursing facility care. Health facilities seeking JCAHO accrued should have a clear organizational chart and should have policies and procedures applying specifically to subscribe care. Such health facile then use JCAHO accreditation as a marketing tool (Pillars De La Cruz., 1997).

3.3 Studies of El- Jar Dali, et al, (2008), "The Impact of Hospital accreditation on quality of care: perception of Lebanese nurse"

The variable 'Quality Results' indicates that nurses perceived an improvement in quality during and after the accreditation process. Predictors of better quality results were Leadership, Commitment and Support, Use of Data, Quality Management, Staff Involvement and hospital size. The variable quality management as measured by the scale Quality Management had the greatest impact in medium- sized hospitals while the subscale measuring Staff Involvement had the grates impact in small-sized hospitals.

According to Lebanese nurse, hospital accreditation is a good tool for improving quality of care. In order to ensure that accreditation brings effective quality improvement practices, there is a need to assess quality based on patient outcome indicators (El- Jar Dali, Fadi. Et al., 2008).

3.4 Studies of Beecham, (1992), "GPS' survey supports accreditation"

Doctors in the United Kingdom consider themselves over and underpaid. About 70% of the 36.000 general practitioners contact returned a survey. Two-thirds of respondents want their contracts remove the 24 hour commitment requiring them to response to medical at all hours. Over half feel that doctors should have the choice of be salaried if they prefer that to the current independent contractor stat general practitioners. About 40% thought that average pay of 38.000 pounds sterling is too low, and that doctors with out-of-hours responsibility should earn 45.000 pounds sterling, while without out-of-hours responsibility should receive 35.000 to 45.000 pounds sterling (Beecham, Linda., 1999)

3.5 Studies of Gennip and Sillevs, (2000): "The Netherlands Institute for accreditation of Hospitals"

The Expert project seminar in Scheveningen in May 1998 focused on the application of the four models (ISO, accreditation, visitation, and the European Foundation for Quality Management) for external evaluation of health care services. The 'Dutch case' was one of the cases presented at this seminar. This paper is an elaboration of this case, seen from the point of view of accreditation. It presents the features of the Netherlands Institute for Accreditation of Hospitals, Established in 1998, within its environment (Gennip, Elisabeth M.S VAN, and Smith, Peter A.E. Sillevs., 2000).

4. Study Objectives

The objectives of the study are:-

- To know if the doctors and nurses in the Jordanian private hospitals has a perception about the accreditation at their hospitals.
- To know if there's a different between the doctors and Nurses perception and understanding the accreditation standard at their hospitals.
- Providing a theoretical framework about the importance of accreditation and its standards for the hospitals.

5. Importance of the study

The Importance of the study could be determined by the following:

- The study will help to identify and understand the doctors and nurses' real awareness about accreditation standards, which helps in addressing and correcting weaknesses, and supporting strengths in services providing.
- This study is considered one of the first studies that investigate accreditation issue at the Jordanian private hospitals, and the extent of the doctors and nurses awareness regarding accreditation standards.

6. The Research Problem

This study attempting to answer the following questions:

1. What is the extent of doctors and nurses perception regarding the application and implementation accreditation standards in Jordan private hospitals?
2. Is there a gap between the doctors and nurses perceptions and knowledge about accreditation slandered at Jordanian private hospitals?

7. Study's hypothesis

7.1 First hypothesis

H0: Doctors at the private hospitals in Jordan have no perception about accreditation standards.

H1: Doctors at the private hospitals in Jordan have the perception about accreditation standards.

7.2 Second hypothesis

H0: nurses at the private hospitals in Jordan have no perception about accreditation standards.

H1: nurses at the private hospitals in Jordan have the perception about accreditation standards.

7.3 Third Hypothesis

H0: There are differences with statistical significance between the level of Doctors' and nurses perceptions and knowledge regarding accreditation standards.

H1: There are no differences with statistical significance between the level of Doctors' and nurses perceptions and knowledge regarding accreditation standards.

8. Methods and procedures

8.1 Study's Methodology

Statistical descriptive method was used to cover the theoretical frame of this study, while the analytical method was used to cover the study's practical side.

8.2 Study's Population and sample

Study's population consists of doctors and nurses at the Jordanian private hospital, since a questionnaire will be distributed a sample consisting of (600) doctors and nurses. **Take in** consideration that the Population of Jordan are around (5) five million, of which (65%) are less than (30) years old. In Jordan, there are (67) private hospitals with around (26000) employees, (15%) of them are doctors, (30%) are registered nurses, the rest are doing different jobs. Also in Jordan theirs are (28) Governmental hospitals with around (5000) doctors and (19000) registered nurses.

8.3 Data Collection Methods

The main instrument of this study relays on the questionnaire.

8.4 Study's Instrument

A study instrument was developed in the front of a questionnaire after reviewing previous studies in the field of the study.

It consisted of two parts

- 1) Preliminary data including (Age, Gender, social status, hospital receiving credence, evaluating participation in the credence.
- 2) Measuring doctors and nurses perception regarding accreditation standards at the Jordanian private hospitals.

This part was designed according to likart scale, and consists of (35) clauses with the answers (strongly disagree, disagree, don't know, agree, strongly agree,), given the weights (1, 2, 3, 4, 5). The higher the mean, indicates to higher degree of consent on the clause.

8.5 Internal Consistency between the measures clauses

Grynbach Alpha confections were obtained for internal consistency between the clauses attitudes scale, as Grynbach coefficients reached 91.7%, and it is a high value that indicates to the study's instrument constancy.

8.6 Statistical Methods Used

Statistical methods that fit the study's variables were used and questioned; simple statistical methods were used like repetitions, percentages, arithmetical means, and standard deviations. Also T-test analysis, were used.

8.7 Study determinants

The study is only limited by analyzing the extent to which doctors and nurses at the Jordanian private hospitals understand the standards of accreditation, the representatives hospitals from all the Jordanian private hospital (around 62 hospitals)are:

Al-Israa Hospital, Jordan Hospital, Istaklal Hospital, Specialty hospital

9. Results

It appears from the table No. (1) that the percentage is equal between the doctors and nurses, (50%) for each the higher percentage of the Study sample is male (52%) while the female reached (48%).It's seen that the greater percentage is (47%) for those (doctor and nurses) whose age between (31-40) years old, but the highest percentage (20%) from doctors whose age between (41-50) years old ,where as the lowest percentage (6%) for those age between (51-60) years. It is noticed that the higher percentage (54%) of the sample were married. The higher percentage (34%) for those (doctor and nurses) whom has (6-10) years experience, notes that the highest percentage (19%)from nurses has (1-5)year experience, while the lowest percentage (10%) was for those experience less than one year. The higher percentage was (43%) for those holding Bachelor degree.

Through Table No (2) explains the means and standard deviations for the study sample individuals answers to the measure classes, it is noticed that there was a generally a high consent as the total mean. For the doctors answers reached (3.99), where as the mean of the nurses answers reached (4.02)which is higher than the hypnotized means (3), that indicates that both doctors and nurses has apperception about the standard of accreditations related to the Management and leadership.

At the social's clause level, it is noticed that the most consent was on the clause No (3) with answers mean (4.13) for nurses and clause no. (4) For the doctors with answer mean (4.11)

Table No (3) explains the means and standard deviations for the study sample individuals answers to the measure classes, it is noticed that there was a generally a high consent as the total mean. For the doctors answers reached (4.13), where as the mean of the nurses answers reached (4.05)which is higher than the hypnotized means (3), that indicates that both doctors and nurses has apperception about the standard of accreditations related to the Strategic planning for quality.

At the social's clause level, it is noticed that the most consent was on the clause No (2) with answers mean (4.19) for nurses and the same clause no. (2) For the doctors with answer mean (4.23).

It appear from Table No (4) explains the means and standard deviations for the study sample individuals answers to the measure classes, it is noticed that there was a generally a high consent as the total mean. For the doctors answers reached (4.03), where as the mean of the nurses answers reached (4.08) which are higher than the hypnotized means (3), that indicates that both doctors and nurses has apperception about the standard of accreditations related to the Using Human Resources.

At the social's clause level, it is noticed that the most consent was on the clause No (2) with answers mean (4.19) for nurses and clause no. (1) For the doctors with answer mean (4.13).

Table No (5) explains the means and standard deviations for the study sample individuals answers to the measure classes, it is noticed that there was a generally a high consent as the total mean. For the doctors answers reached (4.05), where as the mean of the nurses answers reached (3.96) which are higher than the hypnotized means (3), that indicates that both doctors and nurses has apperception about the standard of accreditations related to the Quality Management.

At the social's clause level, it is noticed that the most consent was on the clause No (1) with answers mean (4.02) for nurses and the same clause. (1) For the doctors with answer mean (4.21).

Table No (6) explains the means and standard deviations for the study sample individuals answers to the measure classes, it is noticed that there was a generally a high consent as the total mean. For the doctors answers reached (4.12), where as the mean of the nurses answers reached (4.10) which is higher than the hypnotized means (3), that indicates that both doctors and nurses has apperception about the standard of accreditations related to the Accreditation process and implementation.

At the social's clause level, it is noticed that the most consent was on the clause No (5) with answers mean (4.20) for nurses and the same clause no. (5) For the doctors with answer mean (4.23).

10. Testing Study's Hypothesis

First hypothesis

H0: Doctors at the private hospitals in Jordan have no perception about accreditation standards.

H1: Doctors at the private hospitals in Jordan have the perception about accreditation standards.

Table No (7):-It is seen from T- Test results for one sample the presence of differences with statistical significance at level ($\alpha \leq 0.05$) between answers mean and the mean of the proposed scale which is (3) as the calculated T value reached (13.220) and its statistical significant (0.000).

So the alternative hypothesis is accepted, which means there are positive attitudes by the doctors towards hospitals accreditation standards. I believe that the results from testing the hypotheses are acceptable and correspond with the results that found from the tables (1, 2, 3, 4, and 5).

Second hypothesis

H0: nurses at the private hospitals in Jordan have no perception about accreditation standards.

H1: nurses at the private hospitals in Jordan have the perception about accreditation standards.

Table No (8):-It is seen from T- Test results of one sample the presence of differences with statistical significance at level ($\alpha \leq 0.05$) between answers mean and the mean of the proposed measure's mean.

So the alternative hypothesis is accepted, which means the presence of nurses positive attitudes by the towards hospitals accreditation. I believe that the results from testing the hypotheses are acceptable and correspond with the results that found from the tables (1, 2, 3, 4, and 5).

Third Hypothesis

H0: There are differences with statistical significance between the level of Doctors' and nurses perceptions and knowledge regarding accreditation standards.

H1: There are no differences with statistical significance between the level of Doctors' and nurses perceptions and knowledge regarding accreditation standards.

Table No (9):-It is seen from T- Test results of one sample the presence of differences with statistical significance at level ($\alpha \leq 0.05$) between doctors mean answers (4.04). And those of the nurses (3.98) as the calculated T-value reached (0.532) and the statistical significance for it (0.96).

So the Null hypothesis is accepted, which means that doctors and nurses positive attitudes towards hospitals accreditation are a close to each others.

11. Conclusions, Discussion, and Recommendations

11.1 Results of this study showed the following

1) The study showed that doctors and nurses attitudes towards accreditation standards are close which explains that most of doctors and nurses have positive attitudes regarding their perception of accreditation standards

2) The study shows that both doctors and nurses has apperception about the standard of accreditations related to the Management and leadership,

With mean reached (4.02) for the nurses and (3.99) for the doctors.

3) The study shows that both doctors and nurses has apperception about the standard of accreditations related to the Strategic planning for quality.

With mean reached (4.05) for the nurses and (4.13) for the doctors

4) Both doctors and nurses has apperception about the standard of accreditations related to the Human Resources utilization.

With mean reached (4.08) for the nurses and (4.03) for the doctors.

5) Both doctors and nurses has apperception about the standard of accreditations related to the Quality Management With mean reached (3.96) for the nurses and (4.05) for the doctors.

6) The doctors and nurses has apperception about the standard of accreditations related to the Accreditation process and implementation with mean reached (4.10) for the nurses and (4.12) for the doctors.

7) Generally, The presence of nurses' positive attitude towards hospitals accreditation standards

8) Generally, The presence of doctors' positive attitudes towards hospitals accreditation standards

11.2 Discussion of the results

I think as researcher that the result of the study because of the following reasons:-

- The Jordanian private hospitals playing a good role in dissemination the concepts and standards of accreditation through some training course, workshop, and conferences for their employee, especially doctors and nurses.
- All the private hospitals in Jordan seek for accreditation certificate from an international agency, so some of their requirement for vacancies, a good knowledge in accreditation slandered and concepts.
- The Jordan government initiated a new council called – the Jordanian accreditation council for health organization- so this council disseminated and marketing the importance and the roll of accreditation in improving the level of health services.
- There's very high competition between the private hospitals in Jordan ,in addition to the health tourism in Jordan, that situation make all the hospital training their employees to improve the ability, skills, perception , and knowledge of them about accreditation.

11.3 Recommendations

On the light of the study results the researcher recommends the following:

- The work and more training to raise doctors' awareness regarding accreditation importance and its effect on the health services at the Jordanian private hospitals.
- The work and more training to raise nurses awareness regarding accreditation importance and its effect on the health services especially nurses services at the Jordanian private hospitals.
- Motivate doctors and nurses to implement accreditation standards, because of the important role they play on raising services quality at the Jordanian private hospitals.
- Making the accreditation standard as major requirement for the license of the private hospitals in Jordan.
- Making a controlling role for the new Council of Accreditation in Jordan.
- The work to conduct more studies and researches regarding the importance of accreditation on the health services at the Jordanian private hospitals

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Table 1. Show General Characteristics of the study sample individuals

JOB	NUMBER		PERCENTAGE		TOTAL	
	Doctor	Nurse	Doctor	Nurse	Doctor+ Nurse	PERCENTAG
Doctor	300	-	50%		300	50%
Nurse	-	300		50%	300	50%
GENDER						
Male	208	110	34%	18%	318	52%
Female	92	190	16%	32%	282	48%
AGE						
Less than 30 years	40	88	7%	15%	128	22%
31-40years	109	172	18%	29%	281	47%
41-50 years	120	29	20%	5%	149	25%
51-60 years	31	11	5%	1%	42	6%
SOCIAL STATUS						
Married	200	125	33%	21%	325	54%
Single	95	155	16%	27%	250	43%
Divorced / Widowed	5	20	1%	2%	25	3%
EXPERIENCE						
Less than a year	18	52	3%	7%	70	10%
1-5 Years	30	103	5%	19%	133	24%
6-10 Years	108	95	18%	16%	203	34%
11-15 year	91	40	15%	6%	131	21%
16 years and more	53	10	9%	2%	63	11%
SCIENTIFIC QUALIFICATION						
Diploma or less	-	85	0%	14%	85	14%
BA/ Bachelor	62	200	10%	33%	262	43%
MA/ Master	78	15	13%	3%	93	16%
PhD\ Medical board	160	-	27%	0%	160	27%

Table 2. The extent of doctors and nurses perception of accreditation standards related to: Management and leadership.

No	Clause	Arithmetic average		Standard deviation		The relative importance	
		Doctor	Nurse	Doctor	Nurse	Doctor	Nurse
1	The manager provide highly visible leadership in maintaining an environment that supports quality improvement	3.84	4.01	0.85	0.78	7	5
2	The top management is a primary driving force behind quality improvement efforts.	3.94	4.03	0.80	0.88	5	4
3	The managers allocate available hospital resources (e.g. finances, people, time and equipment) to improving quality.	3.98	4.13	0.80	0.80	4	1
4	The managers participate in activities to improve the quality of care and services	4.11	4.10	0.73	0.78	1	3
5	The managers have demonstrated an ability to manage the changes (e.g., organizational, technological) needed to improve the quality of care and services.	3.93	3.90	1.00	0.92	6	6
6	Managers have a thorough understanding of how to improve the quality of care and services.	4.03	3.84	0.90	0.91	3	7
7	The managers generate confidence that efforts to improve quality will succeed.	4.11	4.10	0.87	0.83	2	2
Total		3.99	4.02	0.63	0.82		

Table 3. The extent of doctors and nurses perception of accreditation standards related to: Strategic planning for quality

No	Clause	Arithmetic average		Standard deviation		The relative importance	
		Doctor	Nurse	Doctor	Nurse	Doctor	Nurse
1	Doctors and nurses are given adequate time to plan for and test quality improvements.	4.11	4.05	0.83	0.86	5	4
2	Each department and work group within hospital maintains specific goals to improve quality	4.23	4.19	0.72	0.76	1	1
3	The hospital's quality improvement goals are known throughout your unit	4.17	4.13	0.79	0.85	2	2
4	Doctors and nurses are involved in developing plans for improving quality	4.11	3.96	0.88	0.92	4	5
5	Heads of departments play a key role in setting priorities for quality improvement.	4.03	3.88	0.91	1.00	6	6
6	Doctors and nurses play a key role in setting priorities for quality improvement	4.14	4.13	0.76	0.89	3	3
Total		4.13	4.05	0.69	0.55		

Table 4. The extent of doctors and nurses perception of accreditation standards related to: Human Resource utilization.

No	Clause	Arithmetic average		Standard deviation		The relative importance	
		Doctor	Nurse	Doctor	Nurse	Doctor	Nurse
1	Doctors and Nurse are given education and training in how to identify and act on quality improvement opportunities based on recommendations from accreditation surveys	4.13	4.05	0.83	0.86	1	3
2	Doctors and Nurses are given continuous education and training in methods that support quality improvement.	4.01	4.19	0.85	0.76	2	1
3	Doctors and Nurses are rewarded and their efforts are recognized for improving quality.	3.95	4.13	1.03	0.85	4	2
4	Inter-departmental cooperation to improve the quality of services is supported and encouraged	4.00	3.96	1.09	0.92	3	4
Total		4.03	4.08	0.61	0.55		

Table 5. The extent of doctors and nurses perception of accreditation standards related to: Quality Management

No	Clause	Arithmetic average		Standard deviation		The relative importance	
		Doctor	Nurse	Doctor	Nurse	Doctor	Nurse
1	Over the past few years, the hospital has shown steady improvements in the quality of services provided by the administration (finance, human resources, etc)	4.21	4.02	0.85	1.16	1	1
2	Over the past few years the hospital as shown steady, measurable improvements in the quality of care provided to patients.	4.02	3.90	0.90	0.94	4	6
3	Over the past few years, the hospital has shown steady improvements in the quality of services provided by clinical pharmacy, and radiology.	4.03	4.01	0.93	1.10	3	2
4	The Hospital does a good job of assessing current and future patient needs and expectation.	3.99	3.94	0.78	0.95	5	4
5	Patients' complaints are studies to identify patterns and learn from them to prevent the same problems from recurring	4.05	4.00	1.01	0.99	2	3
6	The hospital uses data on patient expectations and/or satisfaction when designing new services	3.95	3.92	0.88	0.91	6	5
Total		4.05	3.96	0.68	0.75		

Table 6. The extent of doctors and nurses perception of accreditation standards related to: Accreditation process and implementation

No	Clause	Arithmetic average		Standard deviation		The relative importance	
		Doctor	Nurse	Doctor	Nurse	Doctor	Nurse
1	During the preparation for the last survey, important changes were implemented at the hospital.	4.03	3.99	0.93	0.88	11	11
2	You participated in the implementation of these changes.	4.10	4.10	0.85	0.92	7	8
3	You learned of the recommendations to your hospital since the last survey (if its' the case)	3.99	4.11	0.78	0.78	12	7
4	These recommendations were an opportunity to implement important changes at the hospital.	4.18	4.16	0.96	0.79	4	4
5	You participated in the changes that resulted from accreditation recommendations.	4.23	4.20	0.87	0.93	1	1
6	Accreditation enables the improvement of patient care.	4.21	4.19	0.90	1.01	2	2
7	Accreditation enables the motivation of staff and encourages team work and collaboration.	4.05	3.95	0.84	0.87	10	12
8	Accreditation enables the hospital to better respond to the populations needs.	4.08	4.01	1.05	0.88	8	10
9	Accreditation enables the hospital to better respond to its partners (other hospitals, diver's hospitals, private clinics, etc.)	4.07	4.05	1.03	0.93	9	9
10	Accreditation contributed to the development of collaboration with partners in the health care system.	4.11	4.14	0.96	0.95	5	5
11	Accreditation is a valuable tool for the hospital to implement changes	4.11	4.13	1.00	0.88	6	6
12	The hospital's participation in accreditation enables it to be more responsive when changes are to be implemented.	4.19	4.18	0.94	0.99	3	3
Total		4.12	4.10	0.69	0.81		

Table 7. Test results for one sample to test the attitudes towards accreditation standards from the doctor's point of view

Arithmetic average	Standard deviation	Value (t) calculated	Value (t) indexed	Degrees of freedom	Statistical significance	Result
4.04	0.50	13.220	1.960	39	0.000	Ha Acceptance

Table 8. Test results for one sample to test the attitudes towards accreditation standards from the nurse's point of view

Arithmetic average	Standard deviation	Value (t) calculated	Value (t) indexed	Degrees of freedom	Statistical significance	Result
3.98	0.59	10.423	1.960	39	0.000	

Table 9. Test results for one sample to test the attitudes towards accreditation standards from the doctors and nurses.

Job	Arithmetic average	Standard deviation	Value (t) calculated	Value (t) indexed	Degrees of freedom	Statistical significance	Result
Doctors	4.04	0.50	0.532	1.960	78	0.596	Ha
Nurses	3.98	0.59					Acceptance

Questionnaire

Doctors' and Nurses' Perception of accreditation standards in Jordanian private hospitals in Amman

Dear Doctor/Nurse,

The goal of this questionnaire is to assess the perception of doctors and nurses regarding the accreditation standards in private hospitals in Amman, answering the questionnaire does not require any research on your part, answer according to your opinion, perception and knowledge.

All of the answers provided will remain confidential and will only be used by members of the research team. Nothing within the results will permit identification of persons or institution.

Participation in this study is voluntary, and you therefore retain the right to abstain from responding. However, we highly recommend your participation as your input will provide us with a better understanding of the extent to which doctors and nurses have perception of accreditation in Jordanian hospitals.

Researcher

Management and Leadership					
	Strongly disagree	Disagree	Don't know	Agree	Strongly Agree
The manager provide highly visible leadership in maintaining an environment that supports quality improvement	1	2	3	4	5
the top management is a primary driving force behind quality improvement efforts.	1	2	3	4	5
The managers allocate available hospital resources (e.g. finances, people, time and equipment) to improving quality.	1	2	3	4	5
The managers participate in activities to improve the quality of care and services	1	2	3	4	5
The managers have demonstrated an ability to mange the changes (e.g., organizational, technological) needed to improve the quality of care and services.	1	2	3	4	5
Managers have a thorough understanding of how to improve the quality of care and services.	1	2	3	4	5
The managers generate confidence that efforts to improve quality will succeed.	1	2	3	4	5
Strategic planning for Quality					
	Strongly disagree	Disagree	Don't know	Agree	Strongly Agree
Doctors and nurses are given adequate time to plan for and test quality improvements.	1	2	3	4	5
Each department and work group within hospital maintains specific goals to improve quality	1	2	3	4	5
The hospital's quality improvement goals are known throughout your unit	1	2	3	4	5
Doctors and nurses are involved in developing plans for improving quality	1	2	3	4	5
Heads of departments play a key role in setting priorities for quality improvement.	1	2	3	4	5
Doctors and nurses play a key role in setting priorities for quality improvement	1	2	3	4	5
Human resources utilization					
	Strongly disagree	Disagree	Don't know	Agree	Strongly Agree
Doctors and Nurse are given education and training in how to identify and act on quality improvement opportunities based on recommendations from accreditation surveys	1	2	3	4	5
Doctors and Nurses are given continuous education and training in methods that support quality improvement.	1	2	3	4	5
Doctors and Nurses are rewarded and their efforts are recognized for improving quality.	1	2	3	4	5
Inter-departmental cooperation to improve the quality of services is supported and encouraged.	1	2	3	4	5
Quality management					
	Strongly disagree	Disagree	Don't know	Agree	Strongly Agree
Over the past few years, the hospital has shown steady improvements in the quality of services provided by the administration (finance, human resources, etc)	1	2	3	4	5
Over the past few years the hospital as shown steady, measurable improvements in the quality of care provided to patients.	1	2	3	4	5
Over the past few years, the hospital has shown steady improvements in the quality of services provided by clinical pharmacy, and radiology.	1	2	3	4	5
The Hospital does a good job of assessing current and future patient needs and expectation.	1	2	3	4	5
Patients' complaints are studies to identify patterns and learn from them to prevent the same problems from recurring	1	2	3	4	5
The hospital uses data on patient expectations and/or satisfaction when designing new services	1	2	3	4	5

Please put a circle around the right answer

ACCREDITATION PROCESS AND IMPLEMENTATION

	Strongly disagree	Disagree	Don't know	Agree	Strongly Agree
During the preparation for the last survey, important changes were implemented at the hospital.	1	2	3	4	5
You participated in the implementation of these changes.	1	2	3	4	5
You learned of the recommendations to your hospital since the last survey (if its' the case)	1	2	3	4	5
These recommendations were an opportunity to implement important changes at the hospital.	1	2	3	4	5
You participated in the changes that resulted from accreditation recommendations.	1	2	3	4	5
Accreditation enables the improvement of patient care.	1	2	3	4	5
Accreditation enables the motivation of staff and encourages team work and collaboration.	1	2	3	4	5
Accreditation enables the hospital to better respond to the populations needs.	1	2	3	4	5
Accreditation enables the hospital to better respond to its partners (other hospitals, divers hospitals, private clinics, etc.)	1	2	3	4	5
Accreditation contributed to the development of collaboration with partners in the health care system.	1	2	3	4	5
Accreditation is a valuable tool for the hospital to implement changes	1	2	3	4	5
The hospital's participation in accreditation enables it to be more responsive when changes are to be implemented.	1	2	3	4	5