

The Effect of Accreditation on Patient Satisfaction in Public Healthcare Delivery: A Comparative Study of Accredited and Non-accredited Hospitals in Kerala

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Abstract

Accreditation of a healthcare organisation stimulates ongoing improvement and enables the organisation to demonstrate a commitment to quality care. The healthcare accreditation process has an impact on physical infrastructure development and is not linked to overall patient satisfaction. This study examined patient satisfaction of accredited hospitals in Kerala in comparison to non-accredited hospitals by focusing on exploring the impact of accreditation on hospital service quality using patient satisfaction as an indicator. The study showed that there was no significant impact of accreditation on patient satisfaction and both accredited and non-accredited hospitals give identical scores for the variables of satisfaction. This implies that there should be a change in service delivery where non-accredited hospitals get a positive response on a par with accredited hospitals. To make accreditation a useful regulatory instrument, there is a need to assess quality based on patient outcome indicators at regular intervals. It is suggested that all levels of stakeholders should be included throughout the accreditation process.

Keywords

physical facility, hospital accreditation, public healthcare, patient satisfaction

Introduction

Health services may be viewed as one of the basic needs to be made available for a human being. The health component is directly related to the social development of any society and, therefore, poor health is an

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indicator of the deprivation of basic needs. Throughout history, improved health has been one of the main benefits of development, indicating the welfare of the society. Health and the healthcare system are fundamentally linked. To a large extent, the healthcare system has a crucial task in sustainable healthcare delivery by providing preventive and curative care. The health condition of society depends mainly upon the provision of an adequate and quality healthcare system. The healthcare system is a mirror image of the socio-economic development of the society. More accurately, it reflects the improvement in the standard of living overarching the components such as improved infrastructure, healthy food, better education, increased income, cleanliness and hygiene, availability of potable water, safe and comfortable accommodation, higher employment levels, health consciousness, and the prevention and control of disease. Thus, quality healthcare has become one of the most critical indicators over time periods, and hospital service quality can be evaluated based on its structure, process and outcomes. Structural quality evaluates health system characteristics (Almoajel, 2012). Internationally, since the 1970s, healthcare accreditation programmes and accrediting organisations emerged and developed to enhance the healthcare quality improvement activities (Almoajel, 2012). Viewing its importance, many countries are on the track of developing organisations and programmes which provide accreditation services.

Accreditation in Healthcare

Accreditation is a process of self-assessment and external peer assessment used by healthcare organisations to accurately assess their level of performance with established standards and to implement ways to improve continuously. Through accreditation, healthcare organisations confirm their commitment to quality improvement, patient safety, improved efficiency and the demonstration of accountability. Accreditation is a means of getting public recognition for a healthcare organisation by way of meeting predetermined national standards of operation (Pomey et al., 2005). The term 'accreditation' (applied to organisations rather than specialty clinical training) reflects the origins of systematic assessment of hospitals against specific standards '...accreditation is usually performed by a multidisciplinary team of health professionals and is assessed against published standards for the environment in which clinical care is delivered' (WHO, 2003: 58–59). Regardless of public and private sectors, a common platform has been proposed which covers many domains including community

healthcare, tertiary care, and healthcare systems as a whole (Pomey et al., 2005).

Accreditation is generally a voluntary programme in which trained external peer reviewers evaluate a healthcare organisation's compliance and compare it with pre-established performance standards (Alkhenizan and Shaw, 2011; Castillo and Conchada, 2010; WHO, 2003). Accreditation benefits all healthcare stakeholders such as medical and paramedical professional, patients and the public as a whole (Nicklin and Dickson, 2009). Accreditation forces the healthcare organisations to have introspection from the reports and recommendations of the accreditation team and consequently enables them to benchmark themselves with other healthcare organisations (Nicklin and Dickson, 2009).

Accreditation benefits all stakeholders. Patients are the biggest beneficiary. Accreditation results in a high quality of care and patient safety. The patients receive services from accredited medical staff. Rights of patients are respected and protected. Patient satisfaction is regularly evaluated. It raises community confidence in the services provided by the healthcare organisation. Finally, accreditation provides an objective system of empanelment by insurance and other third parties. Accreditation provides access to reliable and certified information on facilities, infrastructure and level of care (www.nabh.com).

It is an authorisation and guidance for the patients in selecting the most appropriate medical institution for the patients based on the maintenance of specific standards, medical ethics and quality. Agencies that provide accreditations to medical institutions in undeveloped countries strengthen the trust between users and service providers (Spasojević and Šušić, 2011). As there is no standard cost and quality for treatments, the only means for its reliability and authenticity are its international accreditations. Although it does not seem to be an essential parameter for developing nations, accreditation like JCI (Joint Commission International) and QHA (Quality Healthcare Advice) has a direct influence on the decision making in the process of people from the advanced countries such as the US and Canada. The absence of an appropriate hospital accreditation system may create a negative image and resistance and, of course, a resonance factor for hospitals especially among the patients who are looking for world-class care. It makes the comparison and assessment easier for an ordinary patient regarding safety and quality on a par with the advanced countries.

Accreditation and Indian Healthcare

The International Society for Quality in Healthcare (ISQua) has accredited “Standards for Hospitals” developed by the National Accreditation Board for Hospitals and Healthcare Providers (NABH, India), founded by the Government of India in 2006 as a benchmark for excellence in healthcare. NABH is a constituent board of the Quality Council of India, set up to establish and operate accreditation programme for healthcare organisations. The board is structured to cater to much-desired needs of the consumers and to set benchmarks for the progress of the health industry. The board, while being supported by all stakeholders including industry, consumers and government, has full functional autonomy in its operation (www.nabh.com). It is an apex national healthcare accreditation and quality improvement body, working on a par with global benchmarks. It operates accreditation and allied programmes in collaboration with stakeholders focusing on patient safety and quality of healthcare based upon national/international standards, through a process of self and external evaluation (www.nabh.com). The NABH has an exhaustive list of 500 plus discrete elements that need to be fully implemented and operational to get the NABH accreditation.

Accreditation and Healthcare of Kerala

The healthcare status of Kerala is on a par with western countries (Destination Kerala, 2015). Ayurveda has made Kerala a model for the outer world and played a significant role in social and economic development over several decades. A large chunk of revenue of Kerala is contributed by Ayurveda alone. Currently, Kerala has 29 private hospitals and five public hospitals accredited by NABH (www.nabh.com) and two Joint Commission International (JCI) accredited hospitals when compared with 2005 when there was no single hospital accredited. Qualitatively and quantitatively, healthcare facilities have been improved in Kerala for over a decade. The Government of Kerala has introduced a new accreditation programme called KASH (Kerala Accreditation Standards for Hospitals) for uplifting the quality standards and services given by the government hospitals in all care settings. KASH seems to have drawn inspiration from the new environment in the government hospitals that have gone through or are going through the NABH accreditation process. The standards were developed in such a way that the implementation of the programme is possible with modest investment in most of the healthcare institutions.

After the achievement of KASH, the individual hospitals may opt for higher standards viz., NABH, which require more investment and effort (NRHM, 2014). The primary emphasis of the Quality Assurance Programme is on sensitisation of healthcare organisations towards the importance of quality healthcare services, the involvement of staff for improving the quality of patient service, development, review and implementation of policies and procedures for implementation of the Quality Management System.

Objectives and Methodology of the Study

1. To identify the effect of accreditation on physical infrastructure in the public healthcare hospitals in Kerala.
2. To measure the effect of physical infrastructure in accredited public healthcare hospitals in patient satisfaction.

The study used a quantitative method approach, and the target population of the study was inpatients of accredited and non-accredited hospitals. A cross-sectional survey design where hospitals which are accredited by either NABH or CASH was employed. The study used stratified random sampling where the four strata were General Hospital (GH), Women and Children Hospital (W&C), Taluk Hospitals or Taluk Head Quarters Hospitals (THQ or THQH) and Community Health Centers (CHCs). Non-accredited public sector hospitals in the corresponding strata of accredited hospitals have been randomly selected to enable comparison with each other. Self-administered questionnaires were distributed to Inpatient (IP) wards at both accredited and non-accredited hospitals located in the Trivandrum region representing Southern Kerala, the Ernakulam region representing Central Kerala and the Kozhikode region representing Northern Kerala, to collect samples.

According to the Health Information Cell, Government of Kerala (2016-17), there were 6,920 beds in General Hospitals, 8,438 beds in Taluk Head Quarters/Taluk Hospitals, 5,662 beds in Specialty Hospitals including Women and Children Hospitals and 6,571 beds in Community Health Centers (CHCs). To get an authentic number of samples, 10 per cent of the number of beds from each stratum were included in the study. Since there is only one General Hospital with accreditation, 15 per cent of the number of beds has been taken as sample size. A total of 621 (309 from accredited and 312 from non-accredited) samples were analysed using SPSS 22.0. According to Saunders et al. (2003), a sample size of 300 is considered sufficient to represent a large population. All NABH accredited hospitals

and three KASH accredited hospitals have been randomly chosen for the study.

The instrument of research was a questionnaire consisting of two parts. The first part is for recording the socio-demographic profile and second was for grading the services available in the hospital under two constructs on a 5-point scale. Fourteen variables were grouped under the construct Physical Facility and five variables under the construct Patient Satisfaction. This grouping was based on the review of the relevant literature on factors influencing patient satisfaction which are imbibed in accreditation criteria. Each construct was measured using many items on a 5-points Likert scale. Reliability of the constructs was conducted and Cronbach's alpha values

Physical Facility (0.898) and Patient Satisfaction (0.769) were higher than the guideline value (0.6). The questionnaire was designed afresh with 26 items covering the two constructs by adopting previous critical studies in the area (Cheng et al., 2003; Joseph, 2012, 2016 and 2017; Mosadeghrad, 2012; Pai and Chary, 2012; Parasuraman et al., 1994) to suit the context of the study. The questionnaire was developed in the English language and subsequently translated into the Malayalam language. The data was collected from February 2018 to May 2018. Inpatients aged 16 years or older and patients who were admitted to medical wards and able to speak Malayalam or English were included in the study.

Results and Discussion

The average age group of patients of the public healthcare sector in Kerala was 18–30. About 31 per cent (122) of the patients in the non-accredited hospitals and 35.9 per cent (112) in the accredited hospitals were from the age group of 18–30. It was also found that 68 per cent (210) of patients in the non-accredited hospitals and 65.7 per cent in the accredited hospitals (205) were females. Seventy-nine per cent (243) of the patients in the non-accredited hospitals and 86.9 per cent (271) in the accredited hospitals were married. Concerning the patients' educational level, 48.2 per cent (149) in the non-accredited hospitals and 45.8 per cent (143) in the accredited hospitals recorded secondary school as their qualification.

The study included 14 items to evaluate the Physical Facility of the hospitals. The study showed that the mean score of all the variables under the Physical Facility of accredited hospitals was higher than that of non-accredited hospitals (Table.1).

Table 1. Mean Score of all the Variables under the Physical Facility

<i>Construct Physical Facility Items (Variables)</i>	<i>Independent Sample paired t-test</i>					
	<i>Accreditation Status of the Hospital</i>	<i>Mean</i>	<i>SD</i>	<i>t value</i>	<i>df</i>	<i>p-value</i>
Physical infrastructure of the hospital are appealing	Non accredited	4.05	0.946	-2.543	619	0.011
	Accredited	4.23	0.801			
Hospital location is very convenient	Non accredited	4.47	0.807	-0.975	619	0.330
	Accredited	4.53	0.712			
Bathroom and toilet are clean	Non accredited	3.74	1.121	-1.731	615	0.084
	Accredited	4.16	4.149			
Waiting area is comfortable	Non accredited	4.12	2.636	-1.149	618	0.251
	Accredited	4.38	3.009			
Equipment is most modern	Non accredited	3.57	1.142	-3.814	613	0.000
	Accredited	3.89	0.929			
Doctor consultation room is comfortable	Non accredited	4.33	2.970	-0.714	619	0.476
	Accredited	4.50	2.960			
Inpatient rooms and wards are comfortable	Non accredited	4.11	2.565	-1.111	618	0.267
	Accredited	4.27	0.766			
Staff are smart and clean	Non accredited	4.15	4.317	-0.692	619	0.489
	Accredited	4.32	0.748			
Hospital provides facility for recreation	Non accredited	3.46	3.201	-3.122	619	0.002
	Accredited	4.84	7.086			
Hospital provides facility for healthy food	Non accredited	3.85	3.225	-1.228	619	0.198
	Accredited	4.09	1.078			
Lighting of the hospital is sufficient	Non accredited	4.38	2.592	-0.703	618	0.482
	Accredited	4.54	3.003			
Ambulance service is available	Non accredited	4.03	1.236	-0.030	617	0.976
	Accredited	4.03	1.353			
Facility for emergency care is available	Non accredited	3.83	4.287	-0.429	617	0.668
	Accredited	3.94	1.210			
Parking space is adequate	Non accredited	3.96	3.113	-0.428	614	0.669
	Accredited	4.04	1.187			
Accredited Hospital (N=312)		Non accredited Hospital (N=309)				

The highest mean score was for hospital location with 4.47 (SD=.807) for the non-accredited and 4.53 (SD=.712) for the accredited which is followed by comfortable doctor, consultation room both for the non-accredited (M=4.33, SD=2.970) and for the accredited (M=4.50, SD=2.960). The mean difference is statistically significant for Physical infrastructure (t (618) = -2.543, $p=.011$), Most modern equipment (t (613) =-3.814, $p=.000$) and recreation facility (t (619) =-3.122, $p=.002$). The mean difference is statistically not significant for hospital location, clean bathrooms and toilets, comfortable waiting area, doctor consultation room, comfortable inpatient rooms and wards, smart and clean staff, healthy food, sufficient lighting, ambulance service, facility for emergency care and adequate parking space.

For the accredited hospitals, the correlation analysis indicated significant positive association between the dependent variables of patient satisfaction construct and independent variables under physical facility construct overarching various hospital quality dimensions with Spearman's correlation coefficient. Patient satisfaction is correlated significantly with Physical Facilities in the case of accredited hospitals (Spearman's rho = .702; $p < 0.05$) where the patient satisfaction is not correlated with physical facilities in the case of non-accredited hospitals (Spearman's rho = .531; $p > 0.05$). The finding validates the study of Haji-Ali et al. (2014) that the tangibility dimension - reflecting hospital structural aspects such as physical facility and equipment was found to be associated with patient satisfaction. That shows the financial expenditure for getting accreditation can be justified as it is tangible and felt by the patients.

Patient Satisfaction

Table 2 shows that the mean score of all the variables under patient satisfaction of non-accredited hospitals is higher than or equal to accredited hospitals except the variable 'My treatment was effective'. The mean value of 'My experience from the hospital was good', 'I will revisit the hospital for treatment', 'I will recommend this hospital', and 'overall satisfaction' of the non-accredited hospital is higher than the accredited. The mean score of only one variable overall satisfaction in the non-accredited hospital (M=4.33, SD=3.0284) is higher than that of the accredited hospital (M=4.28, SD=1.0602). The mean difference is statistically not significant for all the variables.

Table 2. Mean Score of all the Variables under the Patient Satisfaction

<i>Patient Satisfaction Variables</i>	<i>Independent Sample paired t-test</i>						
	<i>Accreditation Status of the Hospital</i>	<i>Mean</i>	<i>SD</i>	<i>t value</i>	<i>df</i>	<i>p-value</i>	
My treatment was effective	Non accredited	4.28	0.8499	-1.306	619	0.192	
	Accredited	4.50	2.9047				
I had good experience from the hospital	Non accredited	4.15	0.9566	0.901	619	0.368	
	Accredited	4.08	1.0316				
I will revisit the hospital for treatment	Non accredited	4.31	0.8576	-0.018	618	0.986	
	Accredited	4.31	0.8213				
I will recommend this hospital	Non accredited	4.33	0.9063	1.104	619	0.270	
	Accredited	4.25	0.9028				
Overall satisfaction	Non accredited	4.33	3.0284	0.276	617	0.782	
	Accredited	4.28	1.0602				
Accredited Hospital (N=312)		Non accredited Hospital (N=309)					

Comparison between Accredited and Non-accredited Hospitals-Construct wise

Table 3 shows that the mean score of accredited hospitals is higher in the case of physical facility construct (M=4.26, SD=0.9785) than in the non-accredited (M=4.52, SD=1.8519). Although it is a small difference, the effort and expenditure do not match with the healthcare delivery in accredited hospitals where physical facilities are much better for the patients. So it may be concluded that the humane approach is missing in accredited hospitals.

Table 3. Mean Score of Constructs

<i>Constructs</i>	<i>Independent Sample paired t-test</i>					
	<i>Accreditation Status of the Hospital</i>	<i>Mean</i>	<i>SD</i>	<i>t value</i>	<i>df</i>	<i>p - value</i>
Physical Facility	Non accredited	4.00	0.9729	-3.342	619	0.001
	Accredited	4.26	0.9785			
Patient Satisfaction	Non accredited	4.01	1.9916	-0.051	619	0.959
	Accredited	4.28	0.9478			
Accredited Hospital (N=312)		Non accredited Hospital (N=309)				

The mean scores of the construct patient satisfaction in both non-accredited and non-accredited hospitals are the same ($M=4.28$, $SD=0.9729$). The mean difference is statistically significant for physical facility but not significant for patient satisfaction ($t(619) = -0.051$, $p = 0.959$). This finding supports previous studies (Greenfield et al., 2008; Haj-Ali et al., 2014; Hayati et al., 2010; Heuer, 2004; Sack et al., 2011) that hospital accreditation had neither any significant effect on the level of patient satisfaction. Sustainability of service mainly depends on the experience of consumers (Hugo, 1998). Delivering high-quality service is the key for a sustainable competitive advantage (Angelova and Zekiri, 2011). Satisfaction is an overall effective response (Oliver, 1980) influenced by many direct and indirect interconnected factors which lead to trust and loyalty and manifested in the recommendation and revisit (Oppermann, 2000). Satisfaction means the intent to visit again and a satisfied patient will recommend to others (Choi and Chu, 2001; Kozak, 2001) and will result in word of mouth publicity (Cronin and Taylor, 1992). Patients with higher satisfaction are likely to be loyal and thereby recommend the hospital visited and will revisit the same for treatment. The dissatisfied patients may have to approach the profiteering institutions to satisfy their urgent healthcare needs where a lot of scarce resources have been invested in public sector healthcare institutions for getting accredited. A study conducted by the Intercontinental Marketing Statistics Institute for Healthcare Informatics in over 14,000 families across 12 states (including urban and rural areas) found that there is a shift from public to private healthcare due to dissatisfaction and they had observed that 85 per cent to 90 per cent are ready to return if the state of affairs improved in public health care (Kannan, 2013).

The study results are consistent with the previous studies (Greenfield et al., 2009; Sack et al., 2011; van Doorn-Klomberg et al., 2014) that even though hospital accreditation is a step towards total quality management, it is not necessarily a crucial factor in the quality of care, as measured by the patient's willingness to recommend and overall satisfaction (Sack et al., 2011). Although there are many different definitions of hospital quality, quality may be referred to as two single domains, the technical and interpersonal (El Jardali et al., 2008). If that is the case, although the first domain is excellent with the accredited public healthcare delivery, it may be inferred that the interpersonal domain fails in achieving the outcome from public healthcare institutions in Kerala through patient satisfaction.

It indicates that the humane approach has to be improved through patient centeredness, professionalism and staff services. To make accreditation a useful regulatory instrument, there is a need to assess quality based on patient outcome indicators at regular intervals. It is suggested that all levels of stakeholders should be included throughout the accreditation process, from frontline staff to senior management so that improvements can filter through the entire organisation (Pomey et al., 2004) that will lead to an organisational change in service delivery. If the interpersonal approach has become an integral part of organisational culture, then higher levels of patient satisfaction can be achieved.

Conclusion

Accreditation is a means of publicly recognising that a healthcare organisation meets pre-determined national standards of operation (Pomey et al., 2005). Accreditation has the potential to be consolidated as a system for quality management in the public health sector, with their purposes and clearly defined methods making it possible for government organisations to encourage the development of professional skills, cost management, increased structure, efficient management of care and appreciation among workers (Camillo et al., 2016). Prompt response to patients' queries and giving them support in all ways by thinking from a patient's perspective will change the service culture. It is very important to close the communication gap between patients and medical practitioners. It is to be understood that mere improvement in infrastructure may help to achieve a better outcome but there are many other aspects of service delivery which ultimately makes the difference. Hence accreditation has to give due importance to the interpersonal domain rather than staying behind the investment in the form of improved infrastructure.

Acknowledgement

This research work is part of the Minor Research Project funded by the Indian Council of Social Science Research (ICSSR), New Delhi.

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