



## Healthcare Professionals Perception about the Mediating Role of Accreditation Program in Hospitals

**B. Aarthy**, Research Scholar, Jamal institute of Management studies, Jamal Mohamed College, Affiliated to Bharathidasan University, Tiruchirappalli-620 020, Tamilnadu, India, [aarthyrajesh6@gmail.com](mailto:aarthyrajesh6@gmail.com)

**G. Kannabiran**, Professor (HAG), Department of Management Studies, National Institute of Technology Tiruchirappalli- 620 015, TamilNadu, India, [kannabiran.nitt@gmail.com](mailto:kannabiran.nitt@gmail.com)

**G. Suganya**, Guest Faculty Member, Bharathidasan school of Management, Bharathidasan University, Tiruchirappalli-620 020, Tamilnadu, India, [bmbdusuganya@gmail.com](mailto:bmbdusuganya@gmail.com)

### Abstract

**Aim:** The study aims to find the effect of quality assurance system on quality improvement outcomes in accredited hospitals and to observe the mediation role of accreditation program through the perception of healthcare professionals. **Method:** Structured questionnaire surveyed 440 healthcare professionals comprising of doctors, nurses, paramedical technicians and administrators of accredited hospitals in south India. Structural equation model used to test the effects and mediation of the constructs. **Results:** Healthcare professionals perception revealed that Quality assurance system was found to have a positive effect on quality improvement outcomes and accreditation program partially mediating the effect of Quality Assurance System. **Conclusion:** The study provides understanding to healthcare stakeholders about the positive impact of quality assurance system in augmenting quality improvement outcomes, emphasizing the positive mediation of accreditation program in augmenting the effects. **The implication for management:** Our study underscores the important of adopting multidimensional approach in effecting quality assurance system supported by accreditation program to embrace divergent quality improvement outcomes through the perception of healthcare professionals.

**Keywords:** Quality assurance system, Quality improvement outcomes, Accreditation

### I. INTRODUCTION

Globally service sectors are under unprecedented pressure to deliver improved quality of services while being customer-focused. Healthcare though witnessed struggle with paradoxes of diversified services with manifold goals, such as teaching medical and paramedical students and caring for patients, adopting to the newer trends and technological advancement to win over the competitions are also fronting high demand for quality assurance in services (Alkhenizan *et al.*, 2010). The COVID-19 pandemic highlights the importance of agility in adapting to systems that ensure quality even in emergency preparedness and response. Agility towards changes in the system of service delivery, education, training, capacity building and infrastructure development in healthcare is warranted in India (Meghana *et al.*, 2020).

India's public-private healthcare system is complex and of variable quality which is very dynamic and operates in an environment with rapid social, economic and technical changes. Nevertheless, the majority of healthcare system managers and policy-makers consider the use of approaches such as quality assurance assessment, quality control and quality improvement systems inevitable to win over the quality demand of the healthcare clientele (Alkhenizan *et al.*, 2010; Kamali K, 2014; Tabrizi *et al.*, 2014). These approaches suggest that care involves processes that interconnected which influence each other, and finally patient care outcome. It is apparent that a comprehensive Quality Assurance system focuses on process and improved outcomes in order to optimize the patient experience (Hollingworth and Dubé, 2009). The relationship between patient safety and the quality denotes that a comprehensive Quality Assurance program is needed for ensuring quality and safety in all processes of patient care (De Jonge *et al.*, 2011).

Fundamental focus is mandatory while acclimatizing effective quality systems that increase the effectiveness and efficiency of healthcare service quality. Among the means, countries around the world have pursued to improve quality assurance of healthcare service through accreditation. Accreditation has transformed as a foundation in present healthcare systems having more than 70 accreditation programs spreading across developed and developing countries both at national and international level, and the number increases rapidly (Jovanović, 2005; Greenfield and Braithwaite, 2008). Accreditation of healthcare organisations has drawn the attention of governments, healthcare providers, medical societies, managers, insurance companies and other concerned organisations (Scrivens, 1997; Alkhenizan and Shaw,

2011). Recently healthcare organisations and government authorities started showing exceptional interest in investing financial and human resources for ensuring continuous improvement of quality in the services which lead to attract varied accreditation programs. The objectives of accreditation encompasses the assessment and assurance of quality and safety in healthcare; development of quality culture through the participation of professionals in the process; attainment of external recognition and finally sustaining the quality status by continually adhering to the quality standards.

Though benefits have been realized by implementing these management tools, a comprehensive understanding of quality assurance system and accreditation program in causing desired outcomes is limited (Savitz *et al.*, 2000; Papadopoulos, Irena, Kalokerinou and Kouta, 2011). Available literatures on the impacts of accreditation in Healthcare organisations throws light on the fact that more intensive researches are necessary to determine if accreditation truly improves healthcare services delivery (Greenfield and Braithwaite, 2008). Because implementing quality assurance system and seeking accreditation happens in a compulsive intention instead of voluntary initiation. Compulsive implementation may lack focus on the envisioned outcomes. Thus the study is intended to assess the quality assurance system implemented in accredited hospitals more specifically to examine the effects on quality improvement outcomes. Further to explore the mediator role played by accreditation program in augmenting this effect.



Fig: 1 Conceptual frame work

## II. CONSTRUCTS AND FRAMING HYPOTHESIS

**Quality assurance system:** Quality assurance is “activities that are carried out to set standards and to maintain and improve performance so that the care provided is as effective and safe as possible” (Brown *et al.*, 1993). Traditionally developing countries were focusing on the delivery of healthcare services; however, it transformed into providing quality healthcare services (Peabody *et al.*, 2006). Nevertheless, information deficiency is noted on the healthcare quality assurance programs that are widely practiced (Leatherman *et al.*, 2010). Quality assurance programs have to be evaluated by the healthcare organisations for success and to govern whether the desired goals are achieved (Kaplan *et al.*, 2010).

Building quality assurance infrastructure that supports achieving quality improvement results have become prime focus of healthcare organizations. Such an infrastructure would enable them to provide sustainable and effective quality of care. This study examined the effective implementation of the quality assurance system supportive framework in terms of effective policies and procedures in place to ensure equipment and supplies availability for care delivery. It also examined whether quality assurance ensures proper tests to be carried out before introducing new services in the healthcare set up. Further checked if all staff in the healthcare organization practice documentation of problems relating to quality assurance.

Finally, it examined if quality assurance is regarded as a continuing search for quality improvement in accredited hospitals. Research shows that the employees' readiness in taking up quality improvement initiatives is very well supported and is proportionate to the quality culture built in that organization which encourages teamwork. All efforts of the stakeholders of healthcare envisage achieving an undistinguishable goal. To ensure each patient gets the highest quality of care, without detrimental to cost that which is accessible and appropriate indicates that quality has to be deeply embedded into the healthcare system (De Jonge *et al.*, 2011).

**Accreditation Program:** It could be understood from the works of literature available that "Accreditation is a voluntary formal process by which a recognized body evaluates and recognizes healthcare organisations that meet applicable pre-determined published standards" and pursue continuous improvement (Shaw, 2004; Pomey *et al.*, 2005; Pierre *et al.*, 2008). While hospital accreditation is defined as "a systematic assessment program of hospitals against accepted standards and certification is a confirmation of characteristics of an object, person, or organization against published standards" (Shaw *et al.*, 2010).

It is presently accepted that "quality measurement and assurance can be used to understand how well a service organization, i.e., a hospital has functioned in terms of outcomes like service quality over several years" (Labarère *et al.*, 2004). Participation in accreditation is considered a successful avenue for implementation of quality assurance and quality management practices in hospitals. This study observed whether it enables improved quality inpatient care delivered by the hospitals, motivates staff, and encourages teamwork and cooperation among the healthcare professionals. Most importantly, to understand and ensure if accreditation empowers the hospital to better respond to patient preferences was also focused. The focus was on accreditation, ensuring continuous training and development of all levels of human resources and finally if accreditation enables hospitals to improve their networking with others partners necessary for the sustenance of the healthcare organizations were examined in this study.

**Quality improvement Outcomes:** Quality improvement is an approach that started in the industry set up and migrated to the healthcare sector. It is considered as a management philosophy which includes many systems that involves all cadres of healthcare professionals to contribute towards continuous improvement in all the processes for achieving improved outcomes that finally benefits patients. It comprises the application of statistical methods and management tools to reduce duplication and wastages and finally reduce unwanted complexity in the work process. Quality improvement aims to match the needs and preferences of the patients and always tries to exceed the expectations families, healthcare workforce and the community in large (McCorry *et al.*, 2000). Many studies on the effects of quality improvement practices on various aspects of the healthcare organization such as financial performance, clinical outcome, quality improvement outcome, organization culture, climate, HR management have been done (Kaynak, 2003; Sadikoglu and Olcay, 2014). Our study explored whether the hospitals observed stable and computable improvements in patient satisfaction in the past years and has improved in the quality of services delivered by all support functions such as administration, quality, finance, HR, allied services. Not limited to that, it also explored if the hospital has improved the quality of clinical care provided to patients. Finally if the hospitals have taken efforts to maintained high-quality health services were also thrown light.

## The Relationship

A study in Jordan has revealed that the quality assurance systems a better predictor of quality results (El-jardali *et al.*, 2008). Study on the healthcare workers perception throws light on the fact that quality assurance ensures a cyclical pattern in assuring quality improvement outcomes (Henker *et al.*, 2018). During the present decade, Quality assurance has grabbed the attention of industrial practitioner and research scholars to consider it as a tool designed to enhance organizational performance. Such engrossed attention for quality assurance mechanisms was identified due to continuing global pressure from the consumers' end as their expectation for quality in goods and services is escalating rapidly (Kholopane and Mulongo, 2018). Not only in healthcare but in other sectors also quality assurance role in producing organizational performance has been explored (Al-Hayaly and Alnajjar, 2016). Another study focused on how knowledge management impacts the organizational performance and how quality assurance improves knowledge management in turn, as well to understand that quality assurance has a significant relationship with staff performance, management practices (Faller, 2018).

Quality assurance strategies have positively given way for obtaining accreditation and boosted the capacity of organisations in implementing accreditation standards. Experiences gained in implementing quality assurance system has augmented the accreditation seeking decision among organisations (Chen *et al.*, 2015). A study in gastro endoscopy unit found that the accreditation program can provide a means for detecting reasons for not meeting essential quality indicators. Another study revealed the role of accreditation in supporting quality outcomes (Spinzi, Milano and Capelli, 2020).

Further study (Ghareeb, Said and El Zoghbi, 2018) revealed the positive impact created by accreditation on quality of care which focused on human resources, top management, quality assurance management and quality results. Public health accreditation study showed public health department decision for accreditation has positively stimulated Quality Improvement and performance management (Siegfried *et al.*, 2018). This study insisted that as a result of undergoing the accreditation process, an immediate increase in quality improvement was evidenced in public health departments which comparing between accredited and non-accredited hospitals. In contrary, some findings were consistent with past research; for example, the link between accreditation and quality improvement. At the same time, other studies were not consistent regarding the link between quality assurance and other factors studies (e.g., job satisfaction (Yeager *et al.*, 2019).

However a study on quality improvement culture states that accreditation provides an organized framework for continuous improvement (Verma and Moran, 2014). Some study says, the accreditation process is generally a quality assurance process, frequently boosting quality improvement if adequately aligned with organizational priorities (Desveaux *et al.*, 2017).

In contra inconsistent results have been obtained by some researches on the impact of healthcare accreditation (Greenfield and Braithwaite, 2008; Nicklin, 2013). Such inconsistency in the results has raised the extensive call for rigorous evaluations of the impact of accreditation in the healthcare (Øvretveit and Gustafson, 2002; Mannion, Davies and Marshall, 2005). Though accreditation is widely used in many countries as they believe it is associated with variables contributing to clinical care and organizational outcomes, systematic research to examine its validity as a predictor of healthcare performance is lacking. Many studies in other countries showed the impact of accreditation in hospitals being significant and in significant as a mixed bag of results (Chatterjee, 2017). Thus this study intends to examine the role of accreditation program on the relationship between quality assurance systems and quality improvement outcomes with the intention to gain strong understanding on the role of accreditation.

### **Purpose of the study**

The study purpose has two parts to be explored;

A – The effect of the quality assurance system on Quality Improvement outcomes in accredited hospitals

B – Mediation role of accreditation program on the effect of the quality assurance system and quality improvement outcomes.

### **Hypotheses framed**

**H1:** Quality assurance system has a significant effect on quality improvement outcomes

**H2:** Quality assurance system has a significant effect on the Accreditation program

**H3:** Accreditation program has a significant effect on quality improvement outcomes

**H4:** Accreditation program mediates the impact of quality assurance systems on quality improvement outcomes.

## **III. METHODOLOGY**

The descriptive research design was followed to conduct the study in quality accredited hospitals in South India. Healthcare employees consisting of doctors, nurses, technicians who had minimum one year experience participated in the survey. A convenience sample of 480 healthcare professionals was approached and attained 440 valid samples for the study. The above mentioned constructed hypothesis model was tested using AMOS version 21, which is based on covariance-based structural equation

modelling. The total number of questionnaires returned with response included 440 out of the 480 resulting in an overall response rate of 91.6 %. The missing 60 potential participants did not answer the survey.

### Respondent profile

The characteristics of the 440 respondents that included 217 (49.3%) Doctors and 223 (50.7%) nurses amongst (56.1%) 247 respondent belongs to the age group between 25 - 35 years, 128 respondent between 46- 55 years ( 29.1%), 27 (6.5%) belongs to 56 - 60 years. Among doctors and nurses 142 (32.3%) were diploma holders, 132 degree holder (30%), 106 post graduated (24.1%), 60 were above postgraduates (13.6%), In years of experience in the same position, 175 (39.8%) had <5 years, 114 (25.9%) <10 years, 65 (14.8%) <15 years, 43 (9.8%) <20 and 30 years. Based on the hospital factors 105 (23.9%) respondents were from large-sized hospitals, 189 (43.9%) from medium-sized, 146 (33.2%) from the small-sized hospital. Based on accreditation status 215 respondents (48.9%) from full standards (entry-level), 147 (33.4%) from Small healthcare organization standards (SHCO) and the remaining (17.7%) 78 were from eyecare standards.

### Measures

Self-administered questionnaires obtained from the review of previous works of literature were used for the study for collecting data from healthcare professionals, including doctors, nurses and technicians. Socio-demographic information (age, education level, experience, quality role) and items that measured the extent of Quality assurance system, accreditation program and quality improvement outcomes were included. Three constructs such as Quality Assurance system, adherence to accreditation program, Quality improvement outcomes, were adopted based on the studies of (Shortell *et al.*, 1995; Pomey *et al.*, 2005; El-jardali *et al.*, 2008). Questions were rated using Likert's 5 point scale ranging from strongly disagree to agree strongly.

### Reliability

Through the pilot test, the reliability of the instrument was tested. This study observed Cronbach Alpha scores exceeding 0.70 for all selected dimensions. We could understand that Cronbach's alpha measures the overall correlation between dimensions. Sufficient reliability of the constructs used was assured using an alpha value of 0.7 or higher.

Estimation of Reliability using Cronbach's Alpha			
			items
1	Quality Assurance System	0.795	6
2	Quality Improvement Outcomes	0.837	6
3	Accreditation Program	0.889	5
	Total		17

Table: 1 Reliability test

### Hypothesis Testing

AMOS version 21.0 was followed for testing the structural equation modelling (SEM), theoretical models for the goodness of fit was analyzed based on the maximum likelihood. For assessing overall goodness of fit of a model chi-square ( $\chi^2$ ) statistic is considered as the most popular index. As per Cutoff criteria for fit indexes in covariance structure analysis (Hu and Bentler, 1999) states whether the samples and fitted covariance matrices do not differ from one another could be tested with chi-square. Root mean squared error of approximation (RMSEA) is one more widely accepted index which evaluates the test statistics to reveal how far the fitted model estimates the population covariance matrix per degree of freedom. A



value of RMSEA below 0.05 indicates a good fit and that values up to 0.08 are reasonable (Browne, M. W., & Cudeck, 1993).

The result showed that  $\chi^2$  statistic ( $\chi^2 = 425$ ) indicating significance (between 0.05 to 0.08) (Browne, M. W., & Cudeck, 1993). While checking the ratio of the  $\chi^2$  value to the degrees of freedom ( $\chi^2/df = 101$ ), it was observed to be close to 3. At the same time, when closely looking into other fit indices - CFI (0.933) and RMSEA (0.076) were also found to be within acceptable limits. This result suggests that the model has a good explanation of the observed covariance among the constructs. Overall, the results reveal that the model had acceptable goodness of fit. Path coefficients and significance level among the construct were examined to test the hypotheses.

### Direct Relationship

**H1:** Quality assurance system has a significant effect on quality improvement outcomes

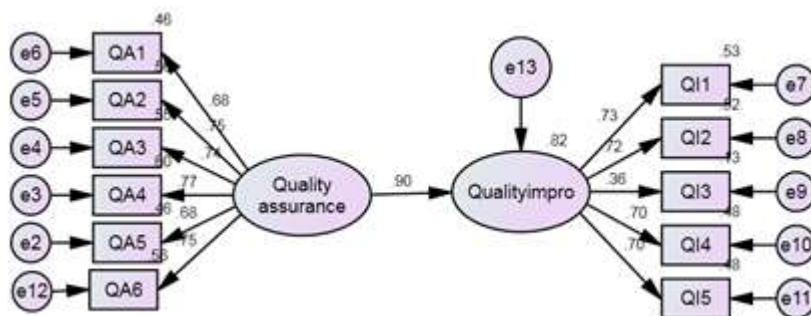


Figure: 2 Relationships between QA and QIO

**H2:** Quality assurance system has a significant effect on the Accreditation program

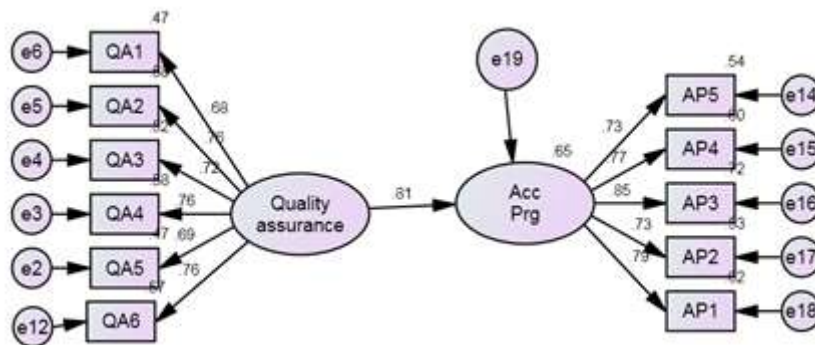


Figure: 3 Relationships between QA and AP

**H3:** Accreditation program has a significant effect on quality improvement outcomes

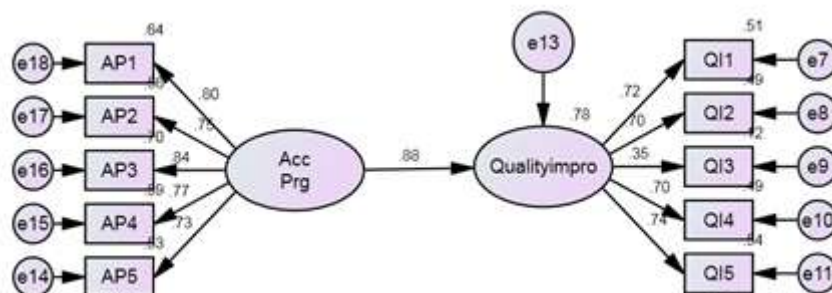


Figure: 4 Relationships between AP and QIO

Standardized regression weights, the direct effect for the model								
Relationships between variables				Standardized estimate	CR value	P-value	Status	Result
Hypothesized path direct effect								
H1	QA	→	QI	.905	14.239	0.000*	Significant	Supported
H2	QA	→	AC	.807	13.622	0.000*	Significant	Supported
H3	AC	→	QI	.881	14.793	0.000*	Significant	Supported

Table: 2 Result of standardized regression weights, a direct effect for the model.

The effect of quality assurance system implemented in accredited hospitals was positively significant ( $\beta=0.906$ ,  $\rho<0.05$ ) Table 2, indicates that Hypothesis 1 (H1) is accepted because 'Quality Assurance System ( $\beta = 0.905$ ,  $t = 14.239$ ) has a significant positive effect on Quality Improvement Outcomes'. Hence it is proved that the quality assurance systems implemented in accredited hospitals have a positive impact in producing quality improvement outcomes. Secondly, we observe that hypothesis 2 (H2) is also accepted as 'Accreditation Program ( $\beta = .807$ ,  $t=13.622$ ) significantly impacts Quality Improvement Outcomes'. Thus, we understand that the accreditation program has a significant positive impact on quality improvement outcomes in accredited hospitals. Thirdly we see that H3 'Quality Assurance System ( $\beta = .881$ ,  $t=14.793$ ) significantly impact Accreditation Program' and hence hypothesis 3 is accepted. Thus, quality assurance systems have a significant positive effect on accreditation program.

Thus, Quality assurance system has a significant positive impact on quality improvement outcomes in accredited hospitals. To further determine the effect of variables on others, indirect effects mediation test was performed.

#### Mediation test

The study also observed the mediation role played by Accreditation Program in augmenting the effects of Quality Assurance System in bringing Quality Improvement Outcomes through mediation test. The hypothesis for the same is as follows;

**H4:** Accreditation Program mediates the effect of Quality Assurance Systems on Quality Improvement Outcomes.

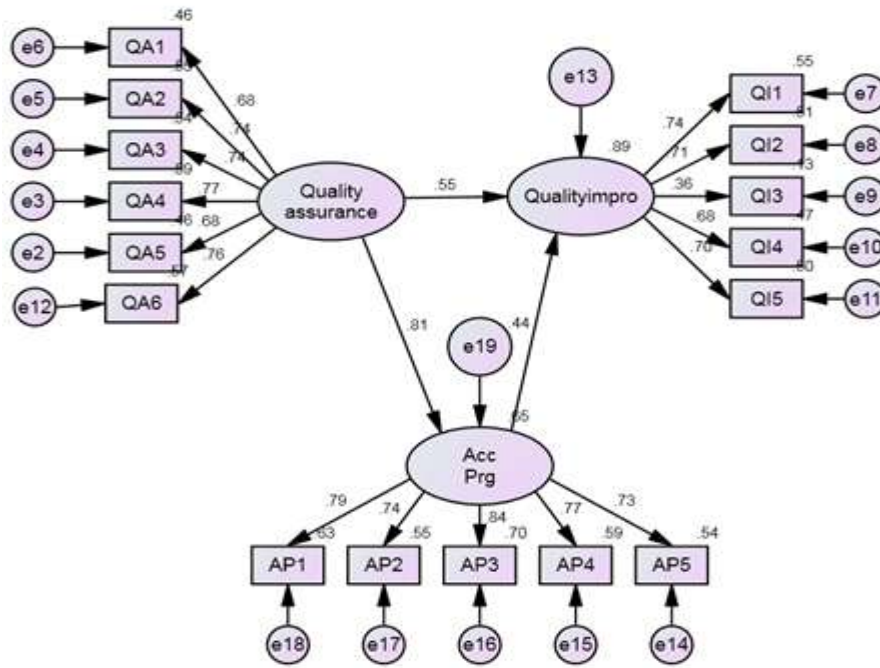


Figure: 5 Mediation of AP between QA and QIO

Hypothesized path Indirect effect				Beta estimates	Nature of Mediation	CR	P Value	Status	Result
	Exogenous	Mediation	Endogenous						
H4	QA	AC	QI	.551	Partial	8.139	0.000*	Significant	Supported

Table 3: Indirect effect

\* p < 0.005 Goodness of fit statistics  $\chi^2 = 425$  (df = 101, p < 0.001) RMSEA = 0.076

CFI = .933 NFI = .915

Table 3 shows H4 'Quality Assurance System is partially mediated by the Accreditation Program ( $\beta = .551$ ,  $t = 8.139$ ) in impacting Quality Improvement Outcomes; hence it is supported.

### Testing Mediation effect

Earlier study explained that regressions will clarify the mechanism that causes an observed relationship between an independent and dependent variable by including a third explanatory variable, commonly known as mediating variable and how the mediation role is played (Baron and Kenny, 1986).

While testing the mediation, one could observe either full mediation or partial mediation of the variable under study. After fixing the mediating variable, if the direct effect is statistically different from zero, we could understand that mediation effect is full. However, suppose we observe that the direct impact is reduced, but at the same time, it is still significantly different from zero. In that case, we could understand the mediating variable causes partial mediation.

The present study examined the relationship between independent variable "Quality Assurance System (QAS)" with dependent variable "Quality Improvement Outcomes (QIO)" by introducing a mediating variable that is "Accreditation Program (AP)" within the conceptual model. The test aims to identify whether the accreditation program plays a mediating role by causing an effect on the quality assurance system and quality improvement outcomes, as shown in table 4.



Quality Assurance without Accreditation Program	Constrained Model	Original Structural Model	Chi-square difference between constrained and original structural models
$\beta = 0.905, t=14.23$	$\chi^2=221.4, df=43$	$\chi^2=425.077, df=100$	$\Delta\chi^2 = 204.09$

Table 4. Testing the mediating effect of Accreditation program

The first part of the study tested the relationship between QAS and QIO without the mediator AP. The relationship ( $\beta = .905, t = 14.239$ ) proved to be significant without the presence of mediator AP.

Second, using chi-square statistics, the constrained model that fixed the QAS – QIO related to zero was estimated. Chi-square difference between the constrained model ( $\chi^2 = 221.4, df = 43$ ) and the original structural model ( $\chi^2 = 425.077, df = 100$ ) was obtained. The results showed the p-value for the chi-square difference ( $\chi^2 = 204.09, p < 0.05$ ) which is lesser than 0.05, indicating Accreditation Program is a partial mediator of the quality assurance system in accredited hospitals in causing quality improvement outcomes.

Mediation test concluded that accreditation program is a partial mediator of the quality assurance system in producing quality improvement results in the accredited hospitals studied.

#### IV. DISCUSSION

In terms of context, this study found that accreditation program plays a positive partial mediating role in augmenting the effects of quality assurance system in producing quality improvement outcomes in accredited hospitals. Positive significant effect of quality assurance system implies that hospitals have effective policies and procedures to support quality improvement outcomes in place, where quality assurance is viewed as a continuing search for quality improvement and whole healthcare professionals are encouraged to observe and document quality problems, new services are ensured of quality assurance before introduced and all equipment and supplies are scrutinized for quality assurance before installed.

Quality improvement outcome construct indicated that hospitals under study have shown stable and computable improvements in patient satisfaction, quality of clinical services provided to patients as well effective services provided by supportive services such as administration, marketing, finance and allied services.

Partial mediation role of accreditation program suggested accreditation has enabled improvement in patient care, developed of values shared by professionals, motivated staff encouraged teamwork, bettered utilization of the internal resources, supported hospitals to respond to the patients' needs in a better way, enabled contributions towards collaboration with other partners, finally helped healthcare organizations to be vigil and agile in responding to rapid changes.

In the light of available studies accreditation is accepted as an effective strategy for ensuring quality assurance. Qatar study results suggested that accreditation had influenced the quality improvement practices resulting in a positive impact on quality outcomes (Ghareeb, Said and El Zoghbi, 2018). Complementing the positive impact of accreditation on quality improvement has been noted in other studies (Alkhenizan *et al.*, 2010; Alkhenizan and Shaw, 2011). However some other studies had conflicting findings (Sack *et al.*, 2011; Abdel-Razik *et al.*, 2012) elucidating that improvement in quality was not evidenced in implementation of accreditation standards.

Findings of present study is analogous to those reported on the effect of accreditation in impacting or influencing outcomes of the healthcare organisations as well as on accreditation being a tool that supports the quality of health services (Alkhenizan and Shaw, 2011).

#### Theoretical Implications

This study indicates the importance of effective quality assurance system and appropriate accreditation program in accomplishing desired quality improvement outcomes. Presently healthcare organisations in India are furthered to quality accreditation status for brand stability and credibility.

The findings of this study contribute to reflect the following. Healthcare workers perception throws light on the fact that quality assurance ensures is a cyclical pattern in assuring quality improvement outcomes(Henker *et al.*, 2018). Ghareeb, Said and El Zoghbi, (2018)revealed the positive impact created by accreditation on quality of care which focused on human resources, top management, quality assurance management and quality results.It was also supported by Beitsch *et al.*, (2018). Further, they also revealed accreditation influence the quality improvement and performance management of healthcare organisations.Quality improvement culture and relationship between worker satisfaction with quality states that accreditation provides anorganized framework for continuous improvement(Verma and Moran, 2014; Yeager *et al.*, 2019).

Accreditation process is generally a quality assurance process, frequently boosting quality improvement if adequately aligned with organizational priorities (Desveaux *et al.*, 2017). In the light of a study on public health department voluntarily opting for accreditation it is apparent that experiences gained in implementing quality assurance system has augmented the accreditation seeking decision among the organization. On the other hand, study onthe patient dimension of quality found that the accreditation program can provide means for detecting reasons for not meeting essential quality indicators.It was also supported by the analysis of the study on voluntary public health accreditation (Beitsch *et al.*, 2018)that accreditation influence the quality improvement and performance management of healthcare organisations.

Contrary and inconsistent results have been obtained by some researches on the impact of healthcare accreditation(Greenfield and Braithwaite, 2008; Nicklin, 2013). These observations have raised the extensive call for rigorous evaluations of the effects of accreditation in the healthcare(Øvretveit and Gustafson, 2002; Mannion, Davies and Marshall, 2005).In Asia, only limited research regarding the impact of hospital accreditation is evidenced which indicates the need for future research (Agustine and Pujiyanto, 2019). Present study findings echoes insights for healthcare organisations that arepreparing for implementing accreditation. It also contributes to the efforts of understating the effects of the quality assurance system and role of accreditation in augmenting quality improvement outcomes in accredited south Indian hospitals.

### **Practical Implications**

Healthcare organizations should get a comprehensive conceptualizationof accreditation and its benefits afore to embrace quality accreditation status. The finding resonates that healthcare planners should understand the importance of designing and implementing an effective quality assurance system in line with accreditation standards to reap the real benefit out of it.

Accreditation standards are comprehensive as well specific too. Hospitals generally go for entry-level standards initially to gain experience and a further step forward after travelling quite far adopting full standards. During this initial stage of learning and experiencing healthcare organizations would not get a complete and comprehensive understanding of the benefits, this may prevent them from embracing the accreditation program voluntarily.

Accreditation status, when used correctly, could contribute to the business improvement of the healthcare organisations. However, incorrect usage can result in a stringent system that attracts the rebel thoughts of the workforce, making it complex to sustain.

From the point of the occupational role of the healthcare professionals it plays a pivotal part in focusing their attention on prioritizing features of the accreditation process. Motivation of healthcare professionals with collaborative and supportive opportunities would engage them positively in their organizations' accreditation activities. Their involvementwould be a measure of self-reinforcement which collectively supports, validates their learnings and contributes to their organizations performance. Enthusiastic participationof healthcare workforce in the accreditation process would build quality culture that not only benefit the organization but beyond the boundaries of the organization.

One must understand that accreditation does not bring-in instant results by just following the standards, but by complete conceptualization, understand the purpose, continuous survey readiness in adopting newer changes. The accreditation process should always encompass periodical self-assessment, mutual external review, building a quality culture which nurtures continuous quality improvement. All these

methods are necessary for the sustenance of the accreditation, which will consistently cause a positive impact on organization performance.

The study demonstrated that accreditation process initiates changes in the organization; nonetheless, it is the process of learning, and healthcare organisations invest to a great extent to conform to the initial accreditation assessments to gain utmost benefits. Even following audits in the initial years will be given more concentration in adhering to the standards of accreditation by taking significant steps to alleviate the nonconformance. However, after travelling a while in the quality journey, they find it much easier to adhere to the standards. To enjoy the benefits of the accreditation process, healthcare organisations must devise strategies to extract full benefits to the maximum over time. The positive impact of quality assurance systems on bringing out quality improvement outcomes shows that healthcare organisations are provided with the opportunity to reach a lofty goal of achieving excellence in organizational performance.

## V. CONCLUSION

The study result exhibits an effective quality assurance system that aids in bringing out desired quality improvement outcomes. Further to that accreditation program plays a partial mediator role in healthcare organisations in achieving quality outcomes. Understanding the benefits would accentuate the strategic planners and systems designers to pursue for accreditation status. Adherence to the accreditation standards and agility in adapting to changes would pave the way for sustainable quality assurance system. Ensuring the safety of all stakeholders of the healthcare would become a common concern in the organization that implements effective quality assurance systems in line with accreditation. It would only be prudent if healthcare organisations quickly adopt quality standards of the nation by implementing accreditation with all vigor. We conclude that the incremental growth of the healthcare organisations is highly feasible when accreditation standards have adhered to the fullest extent with complete understanding and conceptualization. This paper, although successfully achieved the set objectives, there are opportunities to further the research to explore in Government hospitals with accreditation. The study would reflect value to healthcare stakeholders in improving their capacity to weigh the significance of accreditation processes.

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