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Perceptions of Governance of Hospital Quality of Care and Accreditation in the United Arab Emirates: A Qualitative Study

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Abstract

Background: Hospital accreditation is frequently used as a tool for government directives to guarantee patient safety or quality of care. The study includes interviews with healthcare workers with different views and perceptions on accreditation experiences, performance, and governance of quality of care.

Methods: Semi-structured interviews were undertaken between June 2017 and December 2017 with 15 employees from four public acute care accredited Ministry of Health and Prevention hospitals in the United Arab Emirates. The interviews mainly highlighted the role played by the management in overseeing the quality of care in their respective hospitals. Perceptions of interviewees regarding factors that have influenced their present approach to governance in this area were also elicited. Thematic analysis was used to identify the major themes extracted from the interview transcripts.

Results: A total of four themes emerged from the analysis, namely (1) corporate (hospital) governance, (2) accreditation, (3) employees' satisfaction, and (4) quality management and performance. Interviews with health care employees emphasized the governance role, and employees affirmed that they had a well-structured governing body. Furthermore, the role of the hospital leadership was important in making the accreditation happen and in improving the quality of care of patients. Staff expressed strong support for implementation and development of hospital standards, along with requesting ongoing motivation and recognition.

Conclusion: The study demonstrated strong support for the development of local hospital's quality standards. Implementing quality improvement programs such as accreditation leads to enhanced quality of care in hospitals and better health outcomes. This study emphasizes the importance of having effective governance, top management commitment, and leadership side by side for effective implementation of accreditation.

Keywords: Accreditation; healthcare quality; hospital management; governance; UAE.

1. Introduction

Public hospitals account for most of the acute care provision in the United Arab Emirates (UAE). They play a vital role in the health system of the nation. Growing concerns over patient safety in hospitals and public accountability have triggered different regulatory overviews, reporting requirements, and quality improvement programs. Accreditation is an external process review that evaluates how staff accomplishes their goals in relation to established standards. These types of programs exist in several different forms and they are meant to direct an organization towards meeting societal objectives.¹ An external, specially trained group conducts a survey to evaluate compliance with predefined standards. The major objective of accreditation is to ensure and stimulate safe and high-quality care. Such goals are often accomplished based on both the nature of the controls and how well an organization applies the controls within a certain regulatory system. Programs of accreditation are purely regulatory control systems that examine the performance of organizations against explicit standards.²⁵ In several other countries, programs of accreditation represent endorsements of the provision of quality services.^{6, 7}

Improving the quality of hospital care often helps to achieve health-related sustainable development goals. One area of particular recent interest is leadership and governance by boards of directors who oversee hospitals. However, there are several other factors that may impact the quality of hospital care, such as health workforce shortages, weak governance and management, malfunctioning equipment, pharmaceutical shortages, quality improvement program deprivation, inadequate diagnostic capabilities, poor record-keeping and poor coordination of care with other facilities. Braithwaite⁸ has argued that the empirical evidence for sustaining different claims regarding the advantages of accreditations is also lacking at present. Several countries, including the UAE, have frequently used accreditation as a tool for government regulation to improve patient safety and to guarantee quality of care. Implementing accreditation standards is demanding for different organizations and individuals.⁹ Furthermore, empirical and theoretical evidence on accreditation is lacking, mainly in the emerging economies of the Middle East. Prior research studies have shown inconsistent results on the impact of accreditation. Consequently, there are extensive calls in the health care system for evidence to assess external systems for accreditations to fabricate rigorous assessments of their impact.¹⁰

Some major concerns that may impact staff retention and satisfaction in public health hospitals therefore present cause for concern. The foundational influences on the relationship between staff and manager are located under the governance domain. Fukuyama¹¹ demonstrated that good governance requires suitable levels of agency such as staff autonomy to assess decision-making. Therefore, it is critical for managers to make correct decisions and judgments regarding the work and motivation of their staff. Regulators often aim to encourage the implementation of change programs in healthcare organizations to improve financial or clinical performance. Despite the widespread use of accreditation in many countries, and the common belief that it contributes to improvements in organizational outcomes, there is limited scholarly research that establishes or explores this relationship.¹² Moreover, there has been emerging evidence on the governance and transformation of the healthcare system; however, there is a substantial gap in the literature on how some of the tools or governance mechanisms work, in what situations, and how they impact health system actors—predominantly the health workforce. Establishing mechanisms of governance and outcomes for the health workforce can help decision makers to develop plans and future initiatives.

Provision of best quality, patient-centric care has always been the main focus at the Ministry of Health and Prevention (MOHAP). To maintain this goal, MOHAP at the UAE launched its accreditation program in 2011 to improve quality across the continuum of care. Presently, MOHAP has achieved international accreditation for 52 facilities from both the Joint Commission International and Accreditation Canada. The national strategy of the UAE is to raise the quality of healthcare services to best international practice levels by 2021 to keep up with ongoing scientific progress in both managerial and medical aspects to continue improving the quality together with offering an integrated healthcare service.¹³ Furthermore, patients often seek superior quality services, while employees hunt for additional scientific or managerial services. For this reason, the significance of implementing quality programs and initiatives such as accreditation and governance arises, because of the need to improve quality in health services, maintain the rights of both patients and employees, and meet and exceed the expectations of customers. Therefore, this paper addresses the views and perceptions of employees from four public acute care hospitals on governance concerning quality of care generally and hospital accreditation experiences and employee performance specifically.

2. Methods

2.1. Study Design

A qualitative study design and in-depth interviews were used to collect data from the employees in four public Secondary care accredited MOHAP hospitals in the UAE.

2.2. Settings

The study took place in four secondary care hospitals. MOHAP governs a vast network of health services including 17 hospitals with around 2,550 acute and long-stay hospital beds that deliver the vast majority of the country's emergency and elective outpatient and inpatient care. These hospitals offer highly specialized and super specialized healthcare and they serve more than 60,000 patients a month in their Accident and Emergency Units. They also admit more than 6,500 to its inpatients' departments and serve more than 70,000 outpatients a month.

The four selected hospitals are acute, general hospitals that offer secondary services. They have bed capacities that range between 70 to 155 beds, and around 1,700 employees. The hospitals also offer core and specialized services for both nationals and non-nationals in the Northern Emirates in addition to accepting referrals from other Emirates in the UAE, from either private or government hospitals. Consequently, for our study, any Joint Commission International accredited acute care hospital operative under the MOHAP in the UAE and having received accreditation between 2013 and 2017 was eligible for the study. This period fits the study timescale.

2.3. Participants

Out of the 17 MOHAP hospitals, four were selected for the study, as they were the only hospitals accredited at the time of conducting the study, and they met the inclusion criteria. All employees in the four hospitals (healthcare professionals and administrators) were interviewed. We purposively selected 15 professionals for face-to-face interviews. We approached these professionals to assess their willingness to participate in key informant interviews on governance in MOHAP hospitals. These participants were included

because they were acquainted with the standard in use and they were available in the period before and after accreditation.

2.4. Data Collection Procedure and Tools

The investigator collected data directly from personal and real-life experience via semi-structured in-depth interviews. This method for data collection was used to acquire adequate knowledge based on the perceptions and experiences of the participants. The semi-structured interview approach involved the preparation of an interview guide that included a predetermined list of questions. The interview guide served as a checklist to ensure that the same questions were asked to all participants, but at the same time the interviewer had a great deal of flexibility. Structured open-ended questions supplemented with probing were used to elucidate deeper reflections and opinions of the participants on a one-to-one basis along with establishing and enhancing relationships with them to enable data provision. Interviews continued until data saturation was achieved. Extensive notes were also jotted down during interviews, and they were used subsequently to extract themes and to build an inventory of governance-related behaviors or practices that participants associated with management effectiveness in public hospitals.

2.5. Data Analysis

The data we acquired from the interviews were recorded, coded, transcribed, and analyzed to identify a set of key themes from the opinions articulated. The interviews were digitally voice recorded after securing interviewee consent. Interviews were conducted in both Arabic and English based on the respondents and they were transcribed verbatim immediately thereafter. Analysis of the transcriptions from 15 respondents identified four broad themes using thematic analysis. Throughout this process, the lead investigator regularly met with a research advisory group to discuss the developing framework for the data.

2.6. Ethical Approval

Ethical approval to conduct this study was sought and obtained from the relevant committees at both the academic and governmental levels, including Research Ethics Committee at MOHAP. Interviewees were assured of anonymity, and each gave written consent to participate. The data were stored on a password-encrypted laptop by the investigator. The data were only available to the researcher due to the principles of confidentiality and the secrecy of the respondents. These data were gathered without attached names, and audio recordings were deleted after transcription was completed.

3. Results

The findings of the study are organized below based on the themes that arose during the interviews. Direct quotes are used to exemplify and support points. Where necessary, some minor particulars have been altered to preserve the interviewees' anonymity.

3.1. Corporate (Hospital) Governance

Senior managers discussed their experience with changing the systems at their hospitals and strategies to facilitate the change necessary for new accreditation standards to be implemented. Embedding the new

standards and practices into the existing systems was considered the most efficient way to sustain practices and it was the most cited approach used by the executive leaders. The first measure included a well-structured governing body with a clear role, along with a clear mission, vision, and strategic and operational plans in place. Moreover, most of the respondents agreed that the executive committee and the executive leaders played a major role in the accreditation process and in their interactions with the hospital staff in establishing the hospital quality strategy. One hospital director stated that

“(It) enhanced my reputation among other directors.”

Another hospital director stated:

“Accreditation strengthened the relationship between the top management and the employees.”

When they were asked about who exerted the greatest impact and helped in accreditation and in quality improvement (QI) in the hospital, most of the respondents indicated the executive committee. However, top management suggested that the head of the quality department had the greatest impact. When the employees were asked about who had the greatest impact and helped in accreditation and QI in the hospital, most of the respondents named the executive committee and the top management as having the greatest impact. Yet, some respondents named the executive in charge of quality as having the greatest impact. One respondent specified:

“It is really important that the members of the executive committee are engaged in a real way and support the process of accreditation and ease all the challenges faced.”

Another participant stated that

“Our hospital director makes sure that patients’ safety issues are put on the agenda first and is a very good driving force for it.”

Across all employees, participants indicated their satisfaction with the hospital management, particularly in decision-making and on-the-job training. The following narrative emphasizes this:

“Our hospital management involves us in decision-making. We had departmental meetings where we provide our views. We also have on-[the-] job training sessions—all staff also takes health information system training.”

3.2. Accreditation

Most of the respondents affirmed that accreditation led to improvement in the quality of service provided in several areas; for example, implementing standards, policies and procedures, rules and regulations, improving documentation, and introducing quality programs and initiatives. Another frequently mentioned benefit of accreditation was making sound decisions based on facts through the adoption of key performance indicators, which are measured frequently and compared to other hospitals ‘results nationally and internationally, translating the improvements into patient satisfaction and enhancing patients’ trust in the hospital. Other mentioned benefits of accreditation included strengthened relationships between hospital departments and with other hospitals, as stated by one employee:

“A national program needs to be adopted to improve patients’ safety or to improve the communication between staff. Hence, accreditation can be a good choice for this. It’s a tool for changing the system of improvement in all aspects, such as patient safety and quality of health care services.”

One of the respondents perceived accreditation as an effective tool for enhancing safety, stating:

“Accreditation helps to improve the quality of work in my hospital. It was a big job that we had done at that time and it meant a lot for us and my team in the hospital.”

Another respondent viewed accreditation as a safety tool or as a process to enhance safety. Other employees believed that it was a tool to measure the quality of services, with a view to improving them.

“It’s the measurement tool for quality and safety, so it’s a tool to initiate the culture of safety and quality.”

Other interviewees believed that accreditation is a more valuable quality improvement tool than the previous initiatives that MOHAP used as improvement plans. This reflected a favorable attitude towards accreditation, with a belief that this was capable of promoting quality improvement, unlike past initiatives.

Another quote that reflected a positive attitude towards accreditation was from a hospital director who claimed:

“I think it is a way for a reality improvement. It’s a valuable tool to improve the quality of the health care system. It’s guidance in all aspects.”

The commitment and support from the management, establishing an accreditation committee to guide implementation, distributing tasks, effective teamwork, and supporting the continuous training and workshops were reported as keys for implementing smoother accreditation processes. Employees' interest and motivation toward accreditation was one of the enabling factors, as it was the first such experience for them. At the same time, employees and hospital managers reported facing many challenges in implementing the requirements of the accreditation and getting accredited. Limited financial resources and inadequate staff to carry out the workload of accreditation were the main challenges impeding the implementation of the standards. For example, financial resources were needed for infrastructure, equipment and IT, and staff.

Staff initially perceived accreditation as a vague process and they were worried about the preparation for accreditation, the increased workload, and being surveyed. However, the extensive training and workshops MOHAP provided and supported were successful in overcoming this challenge.

Resistance from staff was reported as a major challenge. One of the employees in a surgical ward stated that

“At the beginning, the concept was totally new for the staff and for all of us. To engage and motivate them and make them believe in the process and the importance of it was quite challenging, I found resistance from them.”

Some respondents stated that older staff members were more resistant to change. Others, however, thought there was no difference between the older and younger staff, and some suggested that younger staff were more challenging to engage with. Reasons included lack of motivation, fear of change, and unwillingness to learn the new system.

“Actually, we face many challenges when we meet with the staff and discuss progress in the preparation for the accreditation, like staff resistance, because they have [heavy] workload[s] and they don’t have time to work extra. Unfortunately, it is from the younger generations, because they are maybe lazy; they do not want anything as extra work without any rewards. Rewards are a very important issue for them.”

The need for financial support was suggested repeatedly for improving the implementation of accreditation, as one hospital employee illustrated:

“Financial support was needed to improve the infrastructure of the hospital, for improving the fire and alarm system, and providing the needed equipment.”

Another suggestion was made by a quality coordinator:

“Adequate and qualified employees were needed, carrying the extra workload, monitoring, supervising, and guiding the continuous implementation of improvements in order to maintain [the] sustainability of the developed measures, and [to] complete the development and implementation of all measures.”

Conducting follow-up meetings, communication, and collaboration with other hospitals were suggested for sharing experiences on implementing accreditation. Some employees suggested that training project managers and appointing local experts to train the staff could improve the delivery of services:

“One strategy to improve implementation is to establish a trainer program that includes experts from the UAE, from the different hospitals who are aware of the context of UAE government hospitals, in order to attain the accreditation successfully and with minimal findings.”

One hospital employee reported:

“Adequate resources, including human resources, are essential to handle the accreditation and [to] improve the quality of services at our hospitals, especially with the added workload on all the staff.”

3.3. Employees’ Satisfaction

The members of the executive committee headed by the hospital director and supported by MOHAP headquarters’ leaders described activities that empowered, motivated, and reinforced staff involvement in accreditation. Their actions to empower staff also included allowing them more power to authorize resources. Leadership walk rounds were considered as a particularly useful tool for shared dialogue and as a listening exercise involving both patients and frontline employees across the hospital. They further affirmed that the roles of the governing body and top management were key in making the accreditation happen by providing support to employees, empowering them, and facilitating the provision of resources. As stated by one of the respondents:

“We’ve got leadership rounds, and that made a big difference to identify the challenges on the wards and [to solve them].”

Since employee engagement is an important pillar for the success of an accreditation program, it was essential to ask the interviewees about their engagement in the accreditation process and to understand the necessary tasks. The members of the executive committee described activities that empowered, motivated, and reinforced staff involvement with the accreditation. Old staff and doctors were the most resistant people; therefore, convincing them, facilitating their engagement, and showing them the benefits of accreditation on the personal and facility level was necessary. Their constant communication with staff was critical to encourage and ensure their engagement with the program. Regular meetings with different committees based on the accreditation standards offered direction and support due to involvement from the hospital leaders.

One respondent explained her engagement in the accreditation preparation;

“I am the leader in this chapter, and I run the leadership committee. Its aim is to ensure that the requirements of the standard are well implemented, I was responsible for organizing, distributing, delegating, observing, and following up, and trying to improve the professionalism and [the] communication skills.”

Involvement and training of staff in the accreditation program helped in their motivation and engagement as stated by one of the respondents:

“In the beginning, we faced a difficulty, but later on when we were trained, everything was settled, [and] we became more interested in the accreditation process.”

The employees also indicated that training and education were provided to staff to prepare them better for the accreditation process, which helped employees to perceive accreditation as an opportunity for professional development and for providing high-quality services, as one employee mentioned:

"After training and understanding [the] accreditation process and requirements, it changed my whole perception. It changed the way I interact with people. It changed the way I manage things. I mean, my whole perception was different."

Accreditation helped to enhance communication and teamwork among staff and between staff, management, and patients. As one of the hospital's employee illustrated:

"Patients started feeling that doctors and nurses are communicating better with them and explaining to them what they need to know. Patients became more aware of their rights and felt that the healthcare providers became more involved in their healthcare."

The respondents highlighted the importance of their commitment and they believed that they acted as supports to staff implementing the accreditation standards. Some of the examples of their commitment included attending learning sessions, using leadership walk rounds as a particularly useful tool for ensuring the availability of safe culture, listening to staff and patients, integrating safety into the executive committee meeting agenda, such as occurrence variance reports and sentinel events at meetings and prioritizing them on the agenda. In addition, all the hospital staff agreed that the hospitals' top management acted as role models to others, and most agreed on the powerful effects of their visible commitment. According to hospital employees on executive committees, the top management was often called in to deal with the resistance of some staff. Many of the staff interviewed stated that the hospitals' management commitments and involvement made a significant contribution to the success of the accreditation process.

3.4. Quality Management and Performance

Both hospital employees and managers frequently reported monitoring the progress of the preparation for accreditation. The members of the executive committees monitored progress by reviewing set goals and performance measures, reviewing reports, and asking questions about some activities; in particular, patients' safety issues and challenges facing the effective implementations of JCI standards, which they discussed during meetings. Such outcomes were reviewed on a weekly or quarterly basis, depending on the hospital.

Monitoring was used not only to explore challenges, but also as a way of ensuring that targets were met. Regular meetings with different committees on the accreditation standards allowed joint oversight and offered direction and support. This was another provision of involvement and support from the hospital's leaders. Feedback from the committee to the senior management at the MOHAP level and the executive committee at hospital level on whether staff was complying with accreditation and standards prescribed activities exerted a powerful influence on staff engagement and accountability. This is because staff members were influenced by positive or negative responses from senior management.

For some of the interviewees, the use of data to monitor progress and the source of the data were important. However, there were different ideas on which data to use. For example, for one staff member, data had to come from both staff and patients:

"Measure the outcome on both the consumer and the employee and see the positive outcomes resulting from this process."

On the other hand, the patient view was an important issue. As another employee said:

“Frequent meetings with the staff and patients are essential to monitor the progress.”

4. Discussion

The findings of the study imply that accreditation is often associated with an improvement in healthcare quality, support service quality, and documentation. Improvements in quality may be accompanied by an increase in the satisfaction of employees. All the participants affirmed that they had a well-structured governing body with an essential role. The proper functioning of the governing body, as per all respondents, required the collaboration of all employees in different categories in implementing and making the organization's mission and vision clear to everyone, implementing the strategic and operation plan, facilitating the accreditation process, and making sure that employees comply with the standards, rules, and regulations.

Accreditation was seen to improve the quality of services delivered, in particular through standardizing delivery of services, improving the local healthcare culture, improving teamwork, and collaboration across the hospitals. Respondents agreed that professionals had a positive attitude towards the role of governing body and the top management in achieving the accreditation and fostering its impact. The results stressed that support from the management and strong leadership was crucial for improving quality of service in hospitals. Moreover, staff training was also important to help in overcoming resistance and improving experience. These findings are consistent with previous studies, which have indicated that accreditation has a positive impact on the hospital's quality performance. Schmaltz et al.,¹⁴ in a study of 3,891 hospitals in the United States, found that the likelihood that a hospital was a high performer in clinical quality measures between 2004 and 2008 was significantly associated with Joint Commission accreditation status. Another study explored the perceptions of nurses working at accredited hospitals in Lebanon. The findings suggested that hospital accreditation improved quality of care.¹⁵ Education and training of staff were critical for the implementation of accreditation.^{15, 16} Additionally, providing incentives, resources, and rewards and publicizing the names of centers were considered effective marketing tools, improving employees' satisfaction.¹⁷

Indeed, most of the scholars identified financial resources as a barrier to implementing accreditation. This barrier is major, as it affects several different aspects of the accreditation program, including staffing issues, information dissemination, and training.¹⁶ The authors found impediments in recruiting staff and acquiring equipment due to lack of financial resources. Another area that was highlighted in the interview was staff rewards and incentives. This was considered another essential to motivate staff to take on the extra workload.

Staff shortage was another issue. The accreditation process requires sustainability; thus, staff shortages represent major barriers to successful implementation and its sustainability, as noted by Ongori¹⁸ and Richman et al.¹⁹ Their findings suggest that enthusiasm and universal support for adopting standards can improve the quality and environment of care. Health workers' dedication to high-quality patient care in the four facilities was also evident. Upgrades were needed to improve patient care quality and to improve working conditions for health professionals, leading to improved morale, performance, and job satisfaction.

This study is the first of its kind both nationally and internationally investigating the effect of corporate governance on accreditation and hospitals' quality performance. However, the study had some limitations: the study only included four UAE government hospitals. The selection of only government hospitals made it

unclear how generalizable the findings are to other hospitals, such as private ones. It is therefore recommended that future research is replicated on a larger scale to include more government hospitals, private hospitals, and primary care institutions to get a more generalizable and reliable understanding. Moreover, this study is based on the perceptions of government hospitals employees, and no feedback was taken from patients. It is highly recommended that future research examine the impact of accreditation in conjunction with patient outcome measures from patients' perceptions. The decision to include semi-structured interviews as a method of data collection with key stakeholders proved to be challenging. Some of the respondents, particularly in higher ranking positions, had very little time to offer for interviews.

5. Conclusion

Governance for quality and safety is essential, and every member in the teams must know the function and purpose of leadership and accountability for good health and social care. Every individual, as part of a team, knows his or her responsibility, level of authority, and accountability structure. A culture of trust, openness, respect, and caring is evident among managers, staff, and service users. Having effective corporate governance is essential for all healthcare institutions. Implementations of accreditation programs has had a positive overall impact on hospitals, and it may lead to enhanced quality of care in the hospitals, patient safety, and better health outcomes. Additionally, the workforce is a mediating factor between health system outcomes and governance mechanisms, so rewarding staff members was essential to overcome resistance.

The findings showed that the corporate governance shown by the higher management across MOHAP significantly contributed towards the implementation of accreditation and improvement in the hospital quality performance. All the hospital directors and executives at the hospitals recognized the importance of their roles and they supported the accreditation process. This support made a significant contribution to the improvement of the quality performance of the hospitals, as stated by the employees.

5.1. Future Implications

Future studies should emphasize the development of a robust monitoring system across the country and among the different healthcare facilities of the UAE to ensure that hospitals are complying with the standards, continuously implementing them, and ensuring their sustainability, along with helping employees to measure and compare their own performance against standards that may lead to improvement in behavior.

6. Conflicts of Interest

The author declares that there is no conflict of interest regarding the publication of this article.

7. Acknowledgments

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