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The Effect of Accreditation in Health Care Services: Case Study at HMO- Health Maintenance Organization in Israel

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INTRODUCTION

The healthcare sector is a critical component of a well-functioning society that formed any society, we can depend on it and is responsible for maintaining the health of the people, and to offer them the services they need. The nature of healthcare is such that it is a service on which the health of human beings depends and helps them to live a healthy life without suffering. Quality is something that is universally desired by individuals in every kind of product or service. However, there is no aspect of society in which quality is as essential as in healthcare because if the person has a good health he will do his best to serve his society and he will be a benefit citizen to his society and country. Poor quality of services in healthcare can be the cause of physical harm or even death for a patient. As such, the ramifications of quality are nowhere as serious as in the particular domain of medicine and healthcare.

The importance of quality in healthcare services has been recognized since ancient times and we know that the ancients used it to keep themselves healthy. The Hippocratic Oath was the first code of conduct established for medical practitioners. One of the key ethical standards that a physician is obligated to uphold, under the Hippocratic Oath is “Do not harm.” This simple principle contains the essence of quality healthcare practices and is just as relevant today as in the past. However, quality concerns in healthcare have existed for as long as these ethical standards and codes of practice have. In the literature, harm, negligence, and poor quality of healthcare service have been identified by several studies, including Jha, Prasopa -Plaizier, Larizgoitia, and Bates (2010), and Wilson et al. (2012). Medical errors in the healthcare services are a serious and dangerous issue that threatens the well-being and life of patients. Different authors (Chun &Bafford, 2014; Ingraham et al., 2010; Smits, Supachutikul & Mate, 2014) have proposed a number of different strategies and methods for promoting the quality and safety of patients. Nonetheless, the debate concerning which method offers the best solution to the continuing problem of good quality healthcare services and patient safety is still in desperate need of a definite conclusion. One such strategy that has been identified by many researchers is that of accreditation. According to Gershy-Damet et al. (2010), WHO defines accreditation as a systematic assessment of a healthcare organization, the focus of which is the quality of performance measured and compared against the desired level of quality and performance. Accreditation is performed against established quality standards for healthcare organizations. It is believed that there is a link between accreditation and the actual quality of healthcare services that a healthcare organization is capable of delivering to its patients.

Accreditation of healthcare organizations, institutes, and hospitals dates back to the 19th century. Although recent times have seen a surge in accreditation being sought by hospitals all over the world, accreditation is not a new concept. In the 1860s, the first notable quality assessments of hospitals were performed by the Florence Nightingale, who used hospital data for estimating the quality of services that a hospital is capable of delivering. Accreditation is a process that takes place among a variety of methods of checking and standardizing the quality of services provided by healthcare organizations. The term "accreditation" in this sense means the participation of a particular medical institution or healthcare organization in the process of an independent evaluation of institutions and organizational structures of the healthcare system, based on officially established standards. Chassin and Loeb (2011) stated that the purpose of accreditation is to evaluate the organization of services and

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processes on which the quality of work depends. Prior to the 1980s, the term "accreditation" applied to the healthcare system as a voluntary activity that allowed all institutions of the system, especially hospitals, to compare their organizational processes and procedures with accepted standards.

Chun and Bafford (2014) mention that the main emphasis of accreditation was on safety procedures. According to Hojjati and Vahdani (2010), organizations that can reach the high accreditation standards provide good quality of care in a safe and secure environment; enable the organization to reduce risks and errors in relation to patient as well as staff; and enhance the ability of service providers to find out the organization's weaknesses and strengths. The healthcare system operates in a complex environment that is subject to changes on a constant basis. Accreditation ensures that healthcare organizations can adhere to high standards of quality in spite of the changes and challenges that the sector may be facing at any given point in time (Schmaltz et al., 2011). The healthcare accreditation programs that organizations undergo include cyclical or episodic evaluations that measure the performance of the organization in comparison to the developed standards of quality practice (Sunol, Nicklin, and Whittaker, 2009). Accreditation is becoming increasingly common all over the world. The healthcare sector of different countries is making use of accreditation to evaluate the standards of quality that their services are currently providing. Chassin and Loeb (2011) point out that accreditation is sought by healthcare organizations since it signifies that the organization is following high international standards of quality. Therefore, healthcare organizations that are successfully accredited increase their image as an organization as they become more recognized in society for their quality of services. This is another factor that is leading to increased attention and energy being devoted to healthcare organizations toward accreditation all over the globe (Williams et al., 2017). Jha et al. (2010) state that accreditation serves as a critical component in healthcare systems of more than 70 countries worldwide

The analysis of the literature reveals that different authors have considered the impact of accreditation from the varying point of views. Some authors have focused on outcomes of accreditation as it affects patient satisfaction. On the other hand, some studies have given greater emphasis to overall organizational quality, such as Alkhenizan and Shaw (2011). Still, other studies have considered the structural and procedural effects of accreditation. Owing to the variety of different methodologies and standpoints from which the impact and relationships of accreditation between certain quality outcomes have been analyzed, the academic data is considerably rich in this field of study. As a result, it is possible to evaluate the views of different authors taking into account the various factors and aspects of healthcare quality about healthcare quality. The outcomes considered by most of the research studies conducted on accreditation can be categorized into two major types. One type consists of those studies that utilize objective measures to evaluate improvement in healthcare organizations, while the other type is more focused on the subjective perceptions and experiences of patients and people involved (Sack et al., 2011). The studies based on evaluation using objective criteria utilize certain indicators to measure the effect of accreditation on some particular aspect of the organization or the organization as a whole entity. In these studies, the association between accreditation and the quality measures selected is evaluated by employing some suitable statistical method. The objective that these studies commonly have is to identify any definite improvements or regression in the quality of healthcare organizations in response to accreditation. In case the relationship is found to be positive, it is taken as an indication that the accreditation has resulted in improvement in some aspect of the organization.

On the other hand, the studies that focus on the human element of the organization by taking into account the experience or perception of staff, patients, or surveyor rely on the verdict of the study participants to arrive at a conclusion for the research. Although this approach lacks the rigorousness and objectivity of the former approach, where quantitative techniques of analysis are utilized, it can nonetheless reveal important insights that quantitative methods may fail to identify (Alkhenizan & Shaw, 2011). These studies, therefore, possess value as they allow the researcher to evaluate the impact of accreditation by using a combination of both objective and relatively subjective measures to understand the intricacies of the relationship that exists between different key variables. Multiple research studies have investigated the impact of accreditation over the last few years. There is a great variation in the conclusions of each of this study, leading to a lack of consensus in this domain. Some studies report having found a positive relationship between accreditation and clinical quality of a hospital, while others report that such a relationship remains inconclusive at best. In this section, some of the existing published literature will be discussed to determine the views of different authors and researchers concerning the impact of accreditation.

Alkhenizan and Shaw (2011) conducted a detailed systematic review with the aim to find out the impact of accreditation on the quality of hospitals. According to these researchers, the evidence in favor of a positive relationship between accreditation and the quality of healthcare is highly is considerable. The researchers evaluated the results of various other studies conducted in different parts of the world. For instance, one study that was examined by the authors was performed in South Africa. In South Africa, the Council for Health Services Accreditation of Southern Africa (COHSASA) is responsible for setting healthcare standards.

The study analyzed the impact of accreditation on intervention hospitals in South Africa. It was found that it took an average time of 2 years for healthcare organizations to improve their compliance with the COHSAS standards and, in turn, improve the quality of healthcare services. The quality measures employed in this study involved several quality indicators including nurse perceptions of clinical quality and patient satisfaction. The researchers found no increase in patient satisfaction before and after accreditation. However, clinical quality was found to have been positively impacted by accreditation.

The authors further examined an analytical study conducted on the Zambia Hospital Accreditation Program. The study was able to find a positive association between improvement in quality standards and accreditation. Alkhenizan and Shaw (2011) also considered an analysis performed in 23 hospitals in Australia, whose performance was evaluated for a period of over two years. The result of the analysis revealed that the physical facilities and safety of the organizational environment, in general, were significantly improved after accreditation. The overall impacts on the quality of healthcare services and the degree of compliance with established standards of quality care have been, on average, positive according to the analysis of Alkhenizan and Shaw (2011).The positive relationships observed by Alkhenizan and Shaw (2011) are also supported by Hinchcliff et al. (2012) who highlight that accreditation positively impacts the individual aspects of a hospital's performance. However, the study of Sack et al. (2010) is supported by other authors, such as Brubakk et al. (2015), who claim that it is inconclusive whether accreditation is linked with improved effectiveness of healthcare service. According to Brubakk et al. (2015), the evidence as to the effectiveness of accreditation in promoting the quality of services in hospitals is lacking. As a result of this insufficiency of evidence, it is not possible, in the view of the authors, to propose any definite strategy that healthcare organizations should implement for improving quality of services. Similarly, Mumford et al. (2013) claim it is difficult to draw any definite conclusions as to the effectiveness of accreditation as far as patient safety and quality of care are concerned. The researchers suggest that the results of cost-benefit analysis pertaining to the impact of accreditation on quality of services remain unclear.

Wagner, McDonald, and Castle (2012) studied the relationship between accreditation and certain quality measures in nursing homes in the US. This study was conducted cross-sectional, where different hospitals were compared for their quality, and over time. When the quality outcomes were compared between accredited and non-accredited hospitals, it was found the accredited hospitals were followed improved standards of quality in healthcare service. Similarly, when the same hospitals that were compared before and after accreditation, several of the quality measures were found to improve. The most important finding of the study was that there were no cases in which the effect of accreditation was found to be negative on the quality of services in a nursing home.

Shaw et al. (2010), in their study of European healthcare organizations, analyzed the challenges being faced by organizations concerning accreditation over time. In the survey, it was identified that healthcare organizations that were accredited a relatively long ago in the past become financially independent and highly professional. These organizations become firmly established, and in a sense, stagnant, as they do not show any significant expansion or growth in their operations, activity, and market. On the other hand, organizations the organizations that are newly accredited seek financial support from government or other bodies. These organizations are also affected by policies relating to accreditation, which acts as one of the main considerations that organizations seeking accreditation need to make. The authors conclude that healthcare organizations in Europe face multiple challenges related to sustainable accreditation, including funding, financial constraints, policy support, and market size.

The impact of accreditation on hospital quality in developing countries deserves special consideration. This is because developing countries suffer from different kind of challenges compared to their more developed counterparts (Gershy-Damet et al., 2010). There is a belief that in developing countries, the financial burdens often render accreditation a counterproductive solution to the quality issues existing in healthcare organizations (Haj-Ali et al., 2010). The study of Saleh et al. (2013) examines the impact of accreditation in Lebanese hospitals, focusing on the financial aspects of the process. These authors ask whether accreditation is worth the costs and financial burdens associated with it. The research highlights that in developing countries like Lebanon, accreditation can be highly cost-intensive. The hospitals that were considered in the study reported dealing with an increase in expenses caused by accreditation. This is because, due to accreditation, hospitals have to invest considerably in the training of staff, maintenance of infrastructure, the maintenance, and procurement of equipment, etc.

Saleh et al. (2013) observe that the increased expenditure occurs because the accreditation demands the introduction of certain facilities in the hospital, which in turn demands significant additional resources. This is because as new facilities are opened, it requires staff, equipment, infrastructure, and space to keep it functioning. As a result, there is a direct increase in expenditure, as a hospital has to invest in staff, materials, and other important resources. Nonetheless, the majority of the hospitals that were considered by the study in Lebanon expressed positive opinions about accreditation, recognizing that it is a valuable investment. This is despite the fact that, for most hospitals in developing countries such as Lebanon, the costs associated with accreditation are considerable enough to warrant

significant contemplation before any initiatives toward accreditation are taken. There is, therefore, a disparity between the perceived benefits of accreditation and the financial infeasibility of seeking accreditation.

STUDY OBJECTIVES

Examine the change resulting from the implementation of Accreditation Program in HMO in Israel by study the effect of applying ACI Standards on Quality improvements.

H 0: The introduction of accreditation program at HMO in Israel does not bring quality improvement.

H1: The introduction of accreditation program at HMO in Israel bring quality improvement.

METHODOLOGY

The methodology of this study depends on the aims and objectives and the overall nature of the study. Here the study is focused on examine the changes resulting from the introduction of accreditation in healthcare services in Israel. The research will adopts quantitative approach aimed to determine the effects of each variable on another. Quantitative studies are often called empirical or statistical studies and these studies include the measurement of signs and quantitative results. Quantitative research allows researchers to obtain data from respondents to understand this topic.

STUDY DESIGN

For the purpose of addressing this gap in the literature, this study design included applying a descriptive correlational approach and using cross-sectional survey to collect data from managers, staff, and healthcare administrators involved in the accreditation process at health care services in Israel.

Population

In this Quantitative study, purposive sampling was used to select the participants. Those who had knowledge about accreditation and those responsible for performing accreditation in health care services were included in the study. This research took place at HMO- in Israel which is located in Israel. Although the organization employed close to 4,000 employees representing the total population for this study. These employees worked at the 21 health centers (HCs) as well as the headquarters (HQs) as the organization implemented the accreditation program. Employees were managers, administrative staff, doctors, nurses. This diverse composition enabled the research to assess the accreditation impact from a variety of angles, from both frontline and management levels as well as from the perspectives of both healthcare providers and administrators.

PROCEDURES

As such, Creswell proposed that the foundation of determining decisions regarding participation would lead to a sound research study. The quantitative data in this study will collected using Pomey's (2003) questionnaire which was adapted from Shortell's. The study evaluated the changes taking place due to the intervention of accreditation. There is a total of approximately 4,000 employees in the organization. 100 participants will included in the study. Participants will received an invitation via e-mail asking them to participate in the academic research study. In the email message the researcher will informed participants of the purpose of the study and a link to do the survey electronically. Participants will also give the option of responding by sending the surveys back in a paper-type format using internal mail messengers in the organization, which will authorized by the upper management.

Finally, the invitation emphasized that participation will voluntary, as participants had to provide their consent prior to taking the survey and had the choice to refuse or accept to complete the questionnaires. The results of the collected questionnaire will then entered into an Excel spreadsheet, which enabled the researcher to give representation for each participant, as one row in the spreadsheet along with his/her demographic data. Lastly, the Excel file was imported into SPSS software for analysis.

DATA COLLECTION

The survey was sent out to randomly certain HMO in Israel employees and the participants were given 1 days to respond. An e-mail invitation was sent out to participants inviting them to complete the study**.** The invitation clarified the purpose of the study and included a link to do the survey electronically using the online survey tool**.**

Table 1: Characteristics of Respondents

Demographic Details	Variable	N	Total	Percentage
Gender	Male	70	100	70%
	Female	30		30%
Age	<=45	60	100	60%
	>45	40		40%
Years in the Organization	<=10	56	100	56%
	>10	44		44%

Managerial Position	Yes	67	100	67%
	No	33		33%
Clinical Team	Yes	58	100	58%
	No	42		42%
Member of QMD	Yes	80	100	80%
	No	20		20%
Involved in last Accreditation	Yes	31	100	31%
	No	69		69%
Managerial Position	Yes	67	100	67%
	No	33		33%
Clinical Team	Yes	58	100	58%
	No	42		42%
Member of QMD	Yes	80	100	80%
	No	20		20%
Involved in last Accreditation	Yes	31	100	31%
	No	69		69%

Occupation Variables	N	%
Director, Manager, Project Manager, Head	20	20%
Coordinator	13	13%
Other Administrator	17	17%
Physician, Dental	10	10%
Nursing	12	12%
Pharmacy, Laboratory, Radiology, Other Clinical	11	11%

To what extent does the introduction of (ACI) accreditation bring Improvement Quality at HMO in Israelin Israel?

At first, the quality of care section of the questionnaire, which contains the quality improvement components, was analyzed, to see how quality was generally perceived by HMO in Israelemployees. Next, the findings were compared against demographic variables. The same analysis was done on the impact of accreditation section, that is, overall findings.

Employees Perception of the Quality of Care

Data analysis of the part of quality of the management section generated the results as shown in Table 2, Interpretation of the mean scores total explained that the strengths in the quality of care were leadership (4.11) and Standard Deviation (0.68). As indicated in the definition of the mentioned scales, leadership relates to the leaders' focus and emphasis on quality values and the extent to which quality values are integrated in the management system of the organization. Quality results indicates that the organization recently achieved significant improvements in quality and performance in the care provided to clients as well as in administrative areas like finance and human resources, as reported by the employees. The areas of weakness relative to other scales in the organization were customer satisfaction (3.75) and human resource utilization (3.67).The human resource utilization scale score indicated that employees did not perceive themselves receiving adequate training and education on quality improvement (Shortell, 1999). In conclusion and as observed through data interpretation, most of the scales under quality of care had high scores, which meant that employees perceived the organization with significant improvements in the areas of quality and performance.

Table 2. Employee Perception of Quality improvements

Quality Scales	Mean	Standard Deviation	Range
Leadership	4.11	0.68	3.64
Information and Analysis	3.90	0.62	3.01
Strategic Quality Planning	3.87	0.78	3.03
Human Resources Utilization	3.66	0.81	3.75
Quality Management	3.98	0.69	3.05
Quality Results	4.03	0.65	3.24
Customer Satisfaction	3.75	0.74	4.00

Findings in relation to demographics

- Years in the organization: Employees who had worked in the organization more than 10 years more favorable perception about the leaders (p-value= 0.04).
- Participation in last accreditation: Analysis showed that there was a significant difference between those who were involved and those who were not involved in accreditation for the information and analysis (p-value = 0.005), human resource utilization (p- value = 0.00), quality management (p- value = 0.002), quality results (p- value= 0.002) and customer satisfaction (p- value = 0.002) scales. Employees who were involved in accreditation had more favorable perception of the mentioned scales.
- Work location: Under work location, there were significant discrepancies between front line employees and management- level ones. Front line staff had more favorable perception for all scales (p-value <0.001).
- Clinical Team Member: Both (clinical, non-clinical staff) had the same perception about quality except for the human resources and customer satisfaction parts, where the clinical team had more favorable responses.

Table 3. Perception of Quality Improvements in relation to Demographics

Quality Scales	Years in Organization			Involvement in Accreditation			Work Location			Clinical Team Member		
	<=10 years	> 10 years	P-value	Yes	No	P-value	HQ	HC	P-value	Yes	No	P-value
Leadership	3.96	4.13	0.04	4.03	3.95	0.43	3.85	4.16	<0.001	4.04	3.97	0.40
Information and Analysis	3.93	3.97	0.68	3.99	3.81	0.05	3.72	4.15	<0.001	4.00	3.87	0.12
Strategic Quality Planning	3.82	3.86	0.69	3.90	3.64	0.10	3.62	4.03	<0.001	3.90	3.75	0.11
Human Resources Utilization	3.66	3.70	0.75	3.78	3.38	0.00	3.37	3.95	<0.001	3.81	3.52	0.01
Quality Management	3.91	3.96	0.55	3.98	3.77	0.02	3.74	4.09	<0.001	3.98	3.87	0.18
Quality Results	3.99	4.13	0.11	4.09	3.87	0.02	3.87	4.18	<0.001	4.06	4.00	0.44
Customer Satisfaction	3.76	3.87	0.29	3.86	3.61	0.02	3.52	4.04	<0.001	3.91	3.66	0.01

Accreditation Impact

The scores of the means for all parts of this parts showed that employees agree on the positive impact of accreditation on the organization. Following the methodology of Pomey (2003), questions one and two were combined under the preparation phase scale as they related to implementation of accreditation requirements and preparation for the final survey. Questions three to five were combined and labeled under the recommendations scale as they addressed accreditation recommendations. Questions six to eight were categorized as internal changes as they spoke to improvements happening internally due to accreditation, and

questions nine to eleven addressed changes influenced by external.

As showed in Table 4, the overall impact of accreditation mean was 4.17. For the preparation phase, it was 4.20, which meant that employees were aware of and involved in the changes that were happening in preparation for accreditation. For the recommendations part, it was 4.12, indicating employees' awareness of accreditation recommendations. For the internal changes, the mean was 4.23, which suggested that staff saw the benefit of accreditation in improving the quality of care, in the values shared in the organization, as well as in the use of internal resources. For the externally-oriented changes, it was 4.08, this was relatively high as well, indicating that staff were confident in accreditation's positive impact on addressing issues brought in by external factors like population needs and working with external stakeholders. For the valuable tool part it was the highest value, 4.31, and this was an indication of employees' belief that the organization was more responsive to change due to accreditation.

Table 4. Employees Perception of Accreditation

Accreditation Scales	Mean	Standard Deviation	Range
Overall Impact	4.17	0.56	3.00
Preparations	4.21	0.68	3.50
Recommendations	4.12	0.66	3.00
Internal Changes	4.23	0.67	3.00
Externally Oriented Changes	4.08	0.71	4.00
Valuable Tool	4.31	0.58	3.00

DISCUSSION

Impact of ACI Accreditation on Quality Improvement?

This question addressed what extent the introduction of accreditation brought quality improvement changes in the corporation. Analysis done on the quality of care and accreditation impact led to answering this Question.

Quality of care: For this section, findings under the seven components, leadership, information and analysis, strategic quality planning, human resources utilization, quality management, quality results, and customer satisfaction showed that employees provided considerably high ratings since all scores had a high value ranging between 3.79 and 4.03. The reading of the scores suggested that the areas of strengths under quality of care were leadership and quality results.

A high leadership score, according to the descriptions of the cited scales (Shortell, 1999), indicated that the organization's leaders had a strong focus and stress on quality values, and that quality values were integrated into the organization's management system. The organization's quality and performance in client care, as well as administrative areas like finance and human resources, improved significantly, according to the quality result scores.

The weakness area were customer satisfaction and human resource utilization.

Using a scale of 5, the customer satisfaction score (3.75) showed that HMO in Israelcould do better in assessment of patient needs and expectations and in addressing patients' complaints. The human resource utilization scale score (3.66) Employees did not believe they were receiving appropriate training and instruction on quality improvement, according to the survey (Shortell, 1999).

Interpretation of the involvement in accreditation scores in relation to quality of care scores showed that ratings of accreditation involvement were linked to ratings of quality of care. Employees who were involved in accreditation had more favorable perception of quality. Specifically, there was a significant difference between employees who were involved in accreditation and those who were not for the information and analysis, human resource utilization, quality management, quality results, and customer satisfaction scales.

Comparison between accreditation and quality showed that whenever employees were involved in accreditation work, they had a better perception about areas in quality relating to leadership, finance, continuous quality improvement efforts, and collection of data and measurements. These results led to the conclusion that accreditation did influence the development of quality improvement practices at the organization and thus had a positive impact on quality. The findings complemented what was stated in the literature about the positive impact of accreditation on quality improvement (Alkhenizan and Shaw, 2011; Lanteigne, 2009; Snyder and Anderson, 2005).

Accreditation impact: For the accreditation impact Parts, results showed that, overall employees agreed on the positive impact of accreditation on the organization.

Interpretations of the findings showed that: (a) employees were aware of and involved in the changes that were happening in preparation for accreditation (a score of 4.21), (b) they were aware of the recommendations (a score of 4.11), (c) they saw the benefit of accreditation in improving the quality of care, in the values shared in the organization, as well as in the use of internal resources (a score of 4.22), (d)

they were confident in accreditation's positive impact on addressing issues brought in by external factors like population needs and working with external stakeholders (a score of 4.09) , and (e) they believed that the organization was more responsive to change due to accreditation (a score of 4.32). These findings were in line with the literature review which showed a positive correlation between accreditation and quality as stated by Baker (1997), who suggested that there was a prevalence of quality programs during the 3 years preceding accreditation in hospitals. Beaumont (2002), determined that there was a direct relationship between adopting quality programs and working on accreditation. Results of this study provided support to Snyder and Anderson (2005) who found that improved compliance of healthcare organizations with the requirements of accreditation was a tangible indication of the organizations' effectiveness.

The findings also showed a link between accreditation and strategic quality planning and which correlated with Lanteigne's (2009) literature about the effect of accreditation on causing changes that influence relational and strategic changes in organizations. Alkhenizan and Shaw (2011) also encouraged health professionals and organizations to pursue accreditation since accreditation proved to be a motivation tool that supports the quality of health services (Alkhenizan & Shaw, 2011). Salmon et al., (2003) also stated that hospitals who were working on accreditation showed a higher compliance rate with quality standards in comparison to hospitals that were not working on accreditation.

Results of this research showed that employees who were involved in accreditation work had better perception of accreditation's overall impact. This finding agrees with Greenfield and Braithwaite (2009) and Rheaume (2001) who found out that accreditation was shown to be effective whenever there were strong involvement and commitment from staff. These results also aligned with the benefits of accreditation listed by ACI (2009). Analysis of the results indicated that employees saw the benefit of accreditation in strengthening teamwork and cooperation which was in line with Greenfield et al. (2011) stated that healthcare professionals were found to be supporters of accreditation and considered the process as an effective quality improvement tool that reinforced transparency and team work. However, the results are also in line with the concern raised by Sack et al. (2011) about customer satisfaction. Sack et al. (2011) found that successful accreditation was not associated with better quality, as revealed by the view of the patients. Greenfield, Pawsey and Braithwaite (2012), argued that improvement initiatives were only observed when organizations were preparing for the survey.; The initiatives did not have a long lasting effect over time, which contradicted what is generated in this study especially that this research was conducted after one year of attainment of accreditation (Greenfield et al., 2012). The study also conflicted with the findings of Sack et al. (2011) who argued that implementation of accreditation standards did not provide evidence of improvement in quality, which likewise was an absolute opposition of the findings of this study.

RECOMMENDATIONS

- Accreditation programs can be valuable long-term resources for health-care organizations. Accreditation can help businesses improve by providing guidance and support. Organizations should not strive for perfection when it comes to meeting standards and other accrediting program requirements. This is implausible, or at least it hasn't been observed yet. Instead, organizations should use accrediting programs as a point of reference for regularly questioning and evaluating the systems and processes in place.
- Healthcare administrators want to know how to strengthen organizational skills in increasing the quality and safety of health services by gaining more understanding about this enterprise. According to the findings of employee training, the organization's management should place a greater emphasis on staff training in order to raise staff understanding of quality improvement activities.
- Employees' positive perceptions of accreditation and quality of care demonstrate the importance of involving employees in accreditation at all stages, from preparation to recommendations and maintaining compliance with requirements, as well as the value of having a group culture that allows employees to feel valued.

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